

Policy Purpose

To effectively prevent, manage and control associated infections within the massage therapy clinic setting using the knowledge of National infection control guidelines.

The National Health and Medical Research Council's (NHMRC) Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010) provides recommendations that outline the aspects of infection prevention and control. This document can be found here:

https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare.pdf

Policy Scope

This policy applies to all health care providers, whether it be therapists, managers, administration staff as part of a duty of care and ethical responsibility to limit the risk from infections for themselves, other staff and clients.

Policy Content

Every reasonable attempt will be made to prevent the spread of infection at Total Muscle Harmony by using a variety of infection control measures as outlined below to decrease the risk of transmission. Principals in preventing the transmission of infection will be by identifying all possible sources of infection; safe handling and disposal of potentially infection material and the protocols for care of possible infectious clients.

1. Hazard Identification and Risk Control

1.1 At the start of each work shift an assessment of both clinic and treatment room will take place by the practice manager and therapist. Hazards are to be identified, recorded on the hazard & incident report form & in a log book, and remedied or minimised prior to clients or staff entering &/or using the room.

1.2 Using the hierarchy of control and risk management process, we will specifically look at identifying potential hazards such as:

- physical work environment
- equipment, materials and substances used
- work tasks and how they are performed
- work design and management

From there, the list will be worked as per the hierarchy of control to:

- Eliminate the hazards (Level 1)
- Substitute the hazard with something safer (Level 2)
- Isolate the hazard from people
- Reduce the risks through engineering controls
- Reduce exposure to the hazard using administrative actions (Level 3)
- Use personal protective equipment

- 1.3 In the likelihood of spills on counter tops or floors, the incident can be fixed easily and done straight away, therefore the timeframe is immediate.
- Other incidents such as ripped carpet or damaged equipment will require more planning to resolve. In this incidence we will prioritise action and focus on minimising the risks as reasonably practicable.
- All hazards and incidents must be reported as soon as practicable after the event to the practice manager and recorded by completing a hazard & incident report form for a hazard assessment to be investigated.
- 1.4 Using the hazard & incident form (and log book recordings), a data spreadsheet will be created and maintained to input and track statistics. This will also allow historical events to examine whether more precautions should have been taken. An evaluation review meeting every 6 months will be undertaken and revised as necessary.

2. Personal Hygiene

- 2.1 The following policy is based on guidelines as outlined by AMT, a copy of which is available for all new staff joining Total Muscle Harmony any revisions necessary will be reviewed on a monthly basis at the practice meeting or as necessary. Massage therapists are required to maintain personal hygiene as follows:

- Wash and dry hands before and after client contact using soap. Use of anti-bacterial gel during treatment with the same client is acceptable.
- Dry hands with single-use paper towels.
- Ensure hair is tied back to prevent contact with clients or oil/balms.
- Keep nails short and avoid wearing any jewelry that may come in contact with clients.
- Shower daily and use low scent deodorants, body sprays or perfumes.
- Wear enclosed shoes, clean and tidy uniform with shirts tucked in to avoid contact with clients.

3. Personal Protective Equipment

- 3.1 If a therapist or staff member is known to have an infectious condition that could be transmitted by direct or indirect contact with a client, staff member or general public, they are to immediately inform the practice manager of such and will not be available for work. Should a minor incident arise such as a cut or abrasion to the hand or body, the following personal protective equipment (PPE) is in use at the clinic to reduce the potential transmission of infection.

- Band-aids and gloves, changing between each client.
- Hair ties and clips to prevent contact with clients.
- Linen bag for removal of used towels and sheeting.
- Disposable spatulas to remove product from jar-type container.
- Anti-bacterial gel, table spray, tissues, paper towel, baby wipes, disposable gloves and gowns, P95 particle respirator mask, eyeglasses with half and full faced clear eye shields.
- Disposable sharps containers

4. Infectious Material

4.1 Whilst the risk of exposure to body fluids is reasonably low. The risk of diseases from bacteria and transmission by airborne, droplet and surface or human contact is relatively high, infections or diseases may stay active on towels, table linen, tissues and equipment surfaces.

4.2 Procedures to reduce the risk of transmission include but are not limited to:

- Removal of towels to the linen bag.
- Disposable gloves and gown are to be worn to remove soiled towels immediately to the washing machine and cleaned on a hot water cycle with detergent.
- Disposable gloves and gown are to be worn to remove used tissues and paper towel and immediately disposed of into the lidded rubbish bin. All rubbish bins are to be tied closed and removed at the end of clinic to the green wheelie bin.

5. Contamination

5.1 All surfaces are a contamination risk and require hygienic cleaning frequently as does equipment surface's and items used that are in direct or indirect contact.

5.2 Contamination risks will be minimised by regular cleaning with the following procedure:

Between clients:

- Massage table surface and bolsters are to be wiped down with paper towel using anti-bacterial spray.
- Clean towels, table linen, pillow cases, hot water bottle cover or ice pack cover are to be replaced after each client.
- Lotion/balm containers are to be wiped down with anti-bacterial wipes.

6. Cleaning and Maintenance

6.1 Cleaning schedule to include the following areas:

Before and after each treatment:

- Wipe down any surfaces contacted during treatment.
- Clean table after each client if contact is made with table surface.
- Clean oil bottle after each client to prevent contamination from bottle to clean bottle.

Daily cleaning:

- Damp dust all other surfaces daily including venetian blinds and window sills.
- Vacuum of floors, moping of tiled floor surfaces, washing of bathroom toilet & hand basins.
- At end of shift, wipe down of surfaces within the clinic and reception areas.
- At end of shift, empty and replacement of rubbish bin liners.

Weekly cleaning:

- Clean walls and fittings including curtains regularly and when soiled.
- Clean and dry all cleaning equipment before storage.

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6.2 At each monthly practice meeting, all equipment items will be inspected and noted if replacement or repair is required as part of a maintenance schedule. These items include shiatsu chair, electric massage table, stool, hot stone basin, hot towel warmer (free standing and basin), portable massing unit, lights and air conditioner, washing machine, dryer and microwave oven.

7. Compliance and Credibility

7.1 All policies & procedures will be reviewed as necessary at each monthly practice meeting. An annual review of the entire manual will be completed in January of the following year.

Amendments and updates are to be finalised into the binder and copies handed to each employee within 1 week from the date of the practice meeting.

Each policy & procedure will be on separate pages, organised in a manual and contained in a three D ring binder. After updates have been revised a new copy will be printed, noting the date of change and the reason for change on the revised policy page. Amendment to the Document Control spreadsheet noting the updated document version will also be completed.

7.2 Consultation and update or improvement of these policies and procedures, will be with any staff employed in attendance of the practice meeting, and a general agenda included to raise items to be addressed. A signed acknowledgement from each employee to confirm that the new changes are read and understood also replace previous versions will be included into the binder

7.3 The policy and procedures contained within this Infection Control Action Plan are in accordance with the AMT guidelines for Code of Practice. Updates to policy and procedures will be noted and revised as each review is released by AMT and as per industry guidelines.

8. Record keeping and confidentiality

8.1a Record keeping is broken into two elements –

- Client personal information (incl health history),
- Policy and procedure (incl updates).

As part of a professional practise and evidence-based health care, records are kept in a safe, locked cabinet. All client information is treated as private and confidential.

- We obtain personal information to identify the client, to obtain health history and information including medications, to identify indications for and or contraindications to treatment.
- Consent must be given – either verbal or written to gain acceptance of treatment (verbal) or to release treatment for referral (written).
- We will record the chronology of treatments and outcomes, which will provide accurate client care together with assessment procedures, treatment plans, treatment evaluations and include client feedback and recommendations.
- We will meet legal, professional and statutory requirements and provide information for the investigation of complaints, Insurance and medical reports and provide evidence of care before a court of law.
- We will allow clients to access their health record without unreasonable delay or expense.

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Client record cards will be maintained in the following way:

- Client intake form must be written clearly and legibly in ink. Using a single, solid line to cross out any mistake and draw a solid line through any blank spaces.
- Client intake form is to include client history, medications & supplements, primary care giver and personal contact details including occupation, history of massage therapy and lifestyle information .
- Entries on the client history card are to be accurate and concise statement of fact or clinical judgments relating to assessment, treatment and professional advice.
- Entries on the client history care are to be documented in a chronological order and do not include prejudicial, derogatory or irrelevant statements about the client.
- Records are to be held securely, and safe guarded from damage, loss or accessed from an unauthorised person/s for a minimum period of 7 years, this also includes electronic records. For clients under 18 years, records must be retained for 7 years after the client turns 18 years old.
- After 7 years, records will be disposed of by a secure manner to maintain complete confidentiality, that is, they will be shredded. A register will be maintained to record the disposal including the name of the person, period covered by the health information and date of disposal.

8.1b A password protected excel spreadsheet on the clinic laptop with backup USB will be used to maintain a register of documents. Documents recorded will note Hazards & incidents, policy and procedure updates including required retention period.

8.2 Database example entry

Document title	Version No / Date	Date Created/Modified	Reason for Creation/Modification	Folder Update	Responsibility	Retention Period
Hazard/Incident Report Form	V01	05-05-18	New Incident	06-05-18	Suz Wenzel	7 years
Infection Control Action Plan	02-10-18	Modified 7/3/18	AMT Policy update	11-03-18	Suz Wenzel	7 years
Client Record- Mary Smith	15-07-11	Disposal 15/7/2018	Disposal - 7 years	15-07-18	Suz Wenzel	7 years
Client Record - James White	13-03-18	Information Release	Bupa Insurance claim	13-03-18	Suz Wenzel	7 years

8.3 All hazards and incidents must be reported as soon as practicable after the event to the practice manager and recorded by completing a hazard & incident report form and log book.

9. Implementation

9.1 Implementation of the Infection Control Action plan is the responsibility of Practice Manager and therapist – Suz Wenzel.

9.2 The Infection Control Action Plan will be reviewed monthly and a copy will be available for any other therapist or staff member working within the clinic. The log book, noting the meeting agenda and requested changes to policy or procedures will be available and updated with copies of revised version on request.

Agenda includes:

- Hazard Identification and Risk Control
- Personal Hygiene
- Supply and procure of PPE
- Transport and disposal of infectious material
- Contamination identification of risks
- Cleaning and maintenance schedules
- Writing, implementing and compliance of policy and procedures
- Record keeping and all administrative duties with the day to day running of the clinic
- how you will communicate and monitor these responsibilities.

10. Privacy

10.1 In November 2001, the Federal Privacy Act 1988 was extended to cover the private sector throughout Australia. The legislation applies to the collection of personal information in the massage therapy setting.

- We are to comply with the 10 National privacy principles in the Federal Privacy ACT 1988.
- We will treat all client information as private and confidential and protect client records securely.
- We will not discuss a client's personal information or medical information with other clients, family, friends or care giver.
- We will obtain written consent from the client, before releasing information to the client or third party, ie another practitioner or insurer.
- We will respect the client privacy in the massage room and leave the room for the client to dress and redress in private.
- We do not make intimate or sexual comments or gestures at any time. We do not engage in a romantic relationship with clients or social media with the client.
- We will be transparent in all dealings with a client and explain how and why their health information will be used and stored during a treatment; we will discuss a treatment plan and accept their consent to continue or refuse treatment.
- We will make immediate access for the client to obtain their health information without unreasonable cost or delay.

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Exception to confidentiality:

- When there is a threat to the client's safety ie Medical emergency or safety of others.
- When written consent has been given by the client or parent/guardian if under 18 years old for release to the client or third party, or when permitted or compelled by law to disclose information (subpoena).

11. COVID-19 (Updated 25th April, 2020)

The clinic will be closed for 30mins after each patient to ensure the following occurs:

Routine Environmental Cleaning: Frequently touched surfaces – Door handles, tabletops, light switches.

- Clean frequently touched surfaces with detergent solution as per manufacturer's instructions or using detergent/disinfection wipes.

Minimally touched surface – Floors, ceilings, walls, blinds.

- Clean general surfaces and fitting when visibly soiled and immediately after any spillage. Use detergent solution/wipes as per manufacturer's instructions are adequate for cleaning general surfaces and non-patient care areas. Damp mopping preferable to dry mopping. Walls and blinds should be cleaned when visibly dusty or soiled. Window curtains should be regularly changed in addition to being cleaned when soiled. Sinks and basins should be cleaned on a regular basis.

Risk Management:

Each patient prior to attending clinic will be screened appropriate questions relating to their health:

- Ask if they have any respiratory symptoms – headache, myalgia, runny or stuffy nose, vomiting, diarrhoea or returned travel from OS in the last 14 days (Interstate is ok).
- Keep a record of conversation question/answer response, date and time – in case of contact tracing.
- If they answer yes, then they must not come for their appointment. If No, then they may enter the premises. Use of mask by patient is acceptable.
- When entering the premises, hand hygiene is to take place and use of hand sanitiser to be used or use the nearby hand wash basin.
- The waiting area will be closed to the treatment room, only 1 person plus therapist is to be in the treatment room (exception is under 18 yo patient). 1.5m distance to be maintained in the treatment room.
- At the completion of the treatment, client will dress, observe hand hygiene and use hand sanitiser again. Equipment or items touched will be cleaned with wipes and therapist's hands sanitised before touching patient or anything else.
- Payment to be contactless with HICAPS/EFTPOS machine.
- Linens are to be removed and washed immediately in hot water with antibacterial wash and detergent.
- Clinic is closed for 30 mins to clean all surfaces as outlined above.

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Sneeze/cough etiquette and respiratory hygiene by Therapist:

- Cover your cough or sneeze with a tissue and dispose of tissue immediately.
- Or cough/sneeze into the bend of your elbow.
- Wash your hands or use alcohol based hand sanitiser.
- Practice physical distancing by standing more than 1.5m (if possible – 2 arms length) and if unwell, avoid contact with others

As sourced from: <https://www.health.gov.au/news/launch-of-the-coronavirus-covid-19-campaign>

Fact sheet for COVID-19 cleaning and disinfection recommendations:

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/information-for/industry-and-businesses/resources-and-fact-sheets-for-industry/covid-19-cleaning-and-disinfection-recommendations?fbclid=IwAR2moXs9xA0EyhQcEh2u8cQslcQuYiSAaKU8hLMhdM8dijhon0hRsRxwML8>