

Appendix 1 – Model infection control plan for veterinary practices

Adapted from National Association of Public Health Veterinarians (NASPHV) Veterinary Infection Control Committee (VICC) 2010

This plan should be adapted to your practice in keeping with local, state and federal regulations. A modifiable electronic version is available on the website of the Australian Veterinary Association at www.ava.com.au.

Clinic: _____

Date of plan adoption: _____

Replaces plan dated: _____

Date of next review: _____

Infection Control Officer: _____

This plan will be followed as part of our clinic's routine practices. The plan will be reviewed at least annually and as part of new employee training.

Personal protective actions and equipment

Hand hygiene: Wash hands before and after each patient encounter and after contact with faeces, blood, body fluids, secretions, excretions or articles contaminated by these fluids. Wash hands before eating, drinking or smoking; after using the toilet; after cleaning animal cages or animal care areas; and whenever hands are visibly soiled. Wash hands after removing gloves even if not visibly soiled.

Alcohol-based gels may be used if hands are not visibly soiled, but handwashing with soap and running water is preferred. Keep fingernails short. Keep handwashing supplies stocked at all times. Staff responsible _____.

Correct handwashing procedure:

- Wet hands with running water
- Place soap in palms
- Rub hands together to make a lather
- Scrub hands vigorously for 20 seconds
- Dry hands with a disposable towel
- Turn off tap using the disposable towel

Correct use of hand rubs:

- Place alcohol-based hand rub in palms
- Apply to all surfaces of hands
- Rub hands together until dry

Use of gloves and sleeves: Wear gloves or sleeves when touching faeces, blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin. Wear gloves for dentistry, resuscitations, necropsies, and obstetrical procedures; when cleaning cages, litter

boxes and contaminated environmental surfaces and equipment; when handling dirty laundry; when handling diagnostic specimens (e.g. urine, faeces, aspirates, swabs); and when handling an animal with a suspected infectious disease. Change gloves between examination of individual animals or animal groups (e.g. a litter of puppies) and between dirty and clean procedures on the same patient. Gloves should be removed promptly and disposed of after use. Disposable gloves should not be washed and reused. Hands should be washed immediately after glove removal.

Note: Gloves are not necessary when examining or handling normal, healthy animals.

Facial protection: Wear facial protection whenever splashes or sprays are likely to occur. Use a face shield, or goggles worn with a surgical mask. Wear facial protection for the following procedures: lancing abscesses, flushing wounds, dentistry, resuscitation, nebulisation, suctioning, bronchoscopy, wound irrigation, obstetrical procedures, and necropsies. Use a surgical mask when cleaning with high-pressure sprayers.

Respiratory protection: Wear a disposable P2 respirator or other particulate respirator when investigating abortions in equines, small ruminants or significant poultry mortality, when handling ill psittacine birds, and in any other circumstance where there is concern about aerosol transmission.

Protective outerwear: Wear a protective outer garment such as a lab coat, smock, non-sterile gown, or coveralls when attending animals and when conducting cleaning chores. Outerwear should be changed and laundered daily. These should also be changed whenever soiled, after handling an animal with a known or suspected infectious disease, after working in an isolation room, and after performing a necropsy or other high-risk procedure. Impermeable outerwear should be worn during obstetric procedures and necropsies and whenever substantial splashes or large quantities of body fluids may be encountered. Shoes or boots should have thick soles and closed toes, and be impermeable to water and easily cleaned. Disposable shoe covers should be worn when heavy quantities of infectious materials are present or expected. Promptly remove and dispose of shoe covers and booties when leaving contaminated work areas. Clean shoes or boots between farm visits. Keep clean outer garments available at all times. Staff responsible

_____.

Injections, venipuncture and aspirations: Wear gloves while performing venipuncture on animals suspected of infectious disease and when performing soft tissue aspirations. Staff responsible _____.

Bite and other animal-related injury prevention: Take precautions to prevent bites and other injuries. Identify aggressive animals and alert clinic staff. Use physical restraints, muzzles, bite-resistant gloves, and sedation or anaesthesia in accordance with clinic policy. Plan an escape route when handling large animals.

- Do not rely on owners or untrained staff for animal restraint. Notify _____ if there concern or personal safety.
- When bites or scratches occur, wash the site with soap and water immediately. Report all bites and other injuries to _____ (Infection Control Officer) who will also maintain the incident report log.
- If medical attention is needed contact _____ (health-care provider)
- Bite incidents will be reported to _____ (public health agency) as required by law. Telephone number: _____.

Protective actions during veterinary procedures

Intake: Avoid bringing aggressive or potentially infectious animals in through the reception area. If they must come through the main entrance, carry the animal or place it on a gurney so that it can be taken directly into an exam room.

Examination of animals: Wear appropriate protective outwear and wash hands before and after examination of individual animals or animal groups (e.g., a litter of puppies). Wear facial protection if a zoonotic respiratory tract infection is suspected. Potentially infectious animals will be examined in a dedicated exam room and remain there until diagnostic procedures and treatments have been performed.

Needlestick injury prevention: Do not bend needles, pass an uncapped needle to another person, or walk around with uncapped needles. Do not recap needles except in rare instances when required as part of a medical procedure or protocol. Dispose of all sharps in designated puncture-proof sharps containers. Dispose of the used syringe with attached needle in the sharps container when injecting live vaccines or aspirating body fluids. For most other veterinary procedures, use the needle removal device on the sharps container and dispose of the syringe in the regular trash. Do not transfer sharps from one container to another. Replace sharps containers before they are completely full. Staff responsible:

Dental procedures: Wear protective outerwear, gloves, mask, and facial protection when performing dental procedures or working nearby (such as when monitoring anaesthesia).

Resuscitation: Wear gloves and facial protection. Use a manual resuscitator, anaesthesia machine or ventilator to resuscitate animals. Do not blow directly into the mouth, nose or endotracheal tube of the animal.

Obstetrics: Wear gloves and/or shoulder-length sleeves, facial protection, and impermeable outerwear. Do not blow directly into the mouth of a nonrespiring neonate.

Necropsy: Wear cut-resistant gloves, facial protection and impermeable outerwear. Only necessary personnel are allowed in the vicinity of the procedure. Wear a respirator when using a band saw or other power equipment. If an animal is suspected of having a notifiable infectious or a foreign animal disease, consult with a government veterinarian before proceeding with a necropsy. Contact information for the government veterinarian or emergency disease hotline _____.

Diagnostic specimen handling: Wear protective outerwear and gloves. Discard gloves and wash hands before touching clean items (e.g. medical records, telephone). Eating and drinking are not allowed in the laboratory.

Environmental infection control

Isolation of infectious animals: Animals with a contagious or zoonotic disease will be housed in isolation as soon as possible. Clearly mark the room or cage to indicate the patient's status and describe additional precautions. Only equipment needed for the care and treatment of the patient should be kept in the isolation room, and there should also be dedicated cleaning supplies. Disassemble and thoroughly clean and disinfect any equipment that must be taken out of the room. Discard gloves after use. Leave reusable personal protective equipment (e.g., gown, mask) in the isolation room. Clean and disinfect or discard protective equipment between patients and whenever contaminated by body fluids. Bag potentially contaminated materials before removal from the isolation room. Use disinfectant footbath before entering and leaving the room. Limit access to the isolation room. Keep a

sign-in log of all people (including owners or other non- employees) having contact with an animal in isolation.

Staff responsible _____

Cleaning and disinfection of equipment and environmental surfaces: Wear gloves when cleaning and disinfecting. Wash hands afterwards. First, clean surfaces and equipment first to remove organic matter, and then use a TGA-registered hospital disinfectant, applied according to manufacturer’s instructions. Clean and disinfect animal cages, toys, and food and water bowls between animals and whenever visibly soiled. Clean litter boxes once a day. Use the checklist for each area of the facility (e.g., waiting room, exam rooms, treatment area, kennels) that specifies the frequency of cleaning, disinfection procedures, products to be used, and staff responsible.

Handling laundry: Wear gloves when handling soiled laundry. Wash animal bedding and other laundry with standard laundry detergent and machine dry. Use separate storage and transport bins for clean and dirty laundry.

Decontamination and spill response: Immediately spray spills or splashes of bodily fluids, vomitus, faeces or other potentially infectious substance with disinfectant and contain it with absorbent material (e.g., paper towels, sawdust, cat litter). Put on gloves and protective outerwear (including shoe covers if the spill is large and may be stepped in) before beginning the clean-up. Pick up the material, seal it in a leak-proof plastic bag and clean and disinfect the area. Keep clients, patients and employees away from the spill area until disinfection is completed.

Veterinary waste: _____

Rodent and vector control: Seal entry portals, eliminate clutter and sources of standing water, keep animal food in closed metal or thick plastic containers, and dispose of food waste properly to keep the facility free of rodents, mosquitos and other arthropods.

Other environmental controls: There are designated areas for eating, drinking, smoking, applying make-up and similar activities. These activities should never be done in animal care areas or in the laboratory. Do not keep food or drink for human consumption in the same refrigerator as animal food, biologics, or laboratory specimens. Dishes for human use should be cleaned and stored away from animal care and animal food preparation areas.

Employee health

The following personnel are responsible for developing and maintaining the practice’s infection control policies, keeping records, and managing workplace exposure and injury incidents.

Staff responsible:

Record keeping: Current emergency contact information will be maintained for each employee. Records will be maintained on immunisations and exposure and injury incidents. Report and record changes in health status (e.g. pregnancy) that may affect work duties.

Australian Bat Lyssavirus pre-exposure vaccination: All staff with bat contact must be vaccinated against rabies, followed by rabies boosters, in accordance with the

recommendations of the Australian Immunisation Handbook.

Tetanus vaccination: Tetanus immunisations must be up to date. Report and record puncture wounds and other possible exposures to tetanus. Consult a health care provider regarding the need for a tetanus booster.

Q fever vaccination: an accredited medical practitioner needs to be contacted to provide a blood test and vaccination against *Coxiella burnetii*.

Seasonal influenza vaccination: Unless contraindicated, veterinary personnel are encouraged to receive the current seasonal influenza vaccine. **Check with the Australian Department of Health and Ageing for current recommendations**

Staff training and education: Infection control training and education will be documented in the employee health record.

Documenting and reporting exposure incidents: Report incidents that result in injury, illness or potential exposure to an infectious agent to _____.
The following information will be collected for each exposure incident: date, time, location, person(s) injured or exposed, vaccination status of the injured person(s), other persons present, description of the incident, the status of any animals involved (e.g., vaccination history, clinical condition, diagnostic information), first aid provided and plans for follow-up.

Pregnant and immunocompromised personnel: Pregnant and immunocompromised employees are at increased risk from zoonotic diseases. Inform _____ if you are concerned about your work responsibilities, so that accommodations may be made. Consultation between the supervising veterinarian and a health care provider may be needed.

The following information is attached to this infection control plan:

- List of reportable or notifiable veterinary diseases and where to report
- State and local public health contacts for consultation on zoonotic diseases
- Public health laboratory services and contact information
- Emergency services telephone numbers – fire, police, animal control, poison control, etc
- List of APVMA-registered disinfectants
- State occupational health and safety regulations
- State department of primary industries contact information and regulations
- Local animal waste disposal and biohazard regulations
- Useful resources

