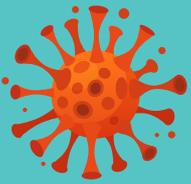
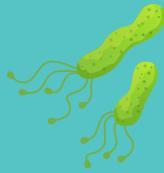


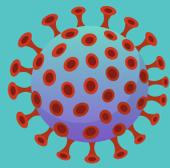
Infection Control



Human immunodeficiency virus



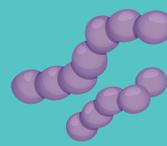
Helicobacter pylori



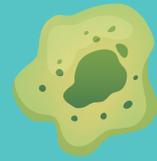
Coronaviridae



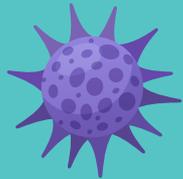
Staphylococcus aureus



Pneumococcus



Chlamydia pneumoniae



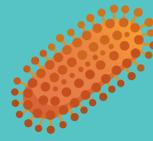
Varicella-zoster virus



Lactobacillus



Vibrio cholerae



Rabies lyssavirus



Clostridium tetani



Treponema pallidum



Haemophilus influenzae



Meningococcus



Yersinia pestis



Hepatitis A



Bacillus anthracis



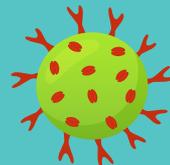
Mycobacterium tuberculosis



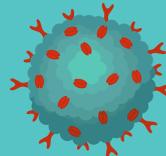
Anaplasma



Salmonella



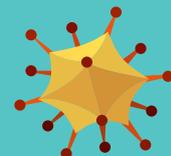
Rotavirus



Measles virus



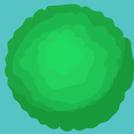
Zika virus



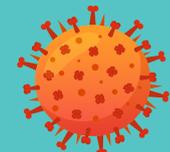
Adenovirus



Bacteriophage



West Nile virus



Influenzavirus



Bifidobacterium



Saccharomyces boulardii



Streptococcus Thermophilus



In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

OUR PROMISE

“

**Premium Quality,
without compromise.
It's the Premium Health
promise.**



Phillipa Wilson

Founder & Managing Director of Premium Health

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Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

INFECTION CONTROL

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE.....	6
INFECTION CONTROL.....	7
What is an infection?.....	8
COVID-19.....	9
How are infections spread?	10
INFECTION CONTROL - HOW TO KEEP OURSELVES SAFE	14
Standard precautions and transmission-based precautions	14
Standard precautions.....	14
Hand hygiene and hand care	14
Applying standard precautions when caring for a casualty	17
Personal protective equipment (PPE).....	17
C.Diff and Norovirus.....	18
Droplet precautions.....	18
COVID-19.....	19
Airborne precautions	19
Managing the physical environment.....	19
C.Diff and Norovirus.....	19
Handling and disposing of sharps and other clinical waste...	20
Safe method for disposal (when equipment is unavailable)..	21
Management of blood and body fluid spills	21
Procedures for blood and body fluid spills	22
Shared equipment.....	23
Office environment – sharing of equipment.....	23
COVID-19.....	23
Routine environment cleaning	23
Cleaning equipment	25
Linen management	25
Waste disposal.....	25
General waste	25
Clinical waste	26
Food hygiene.....	28
Vaccination	28
APPENDIX 1: REFERENCES	29
APPENDIX 2: DONNING & DOFFING	31

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

This resource has been designed to assist people to understand infection and infection control in accordance with public health measures. The resource will discuss safe work practices including the use of personal hygiene practices and equipment, management of needle stick injury, management of blood and body spills and the safe disposal of syringes and contaminated waste, from a general workplace to a supported environment. There is considerable discussion with respect to COVID-19 and the public health practices to reduce transmission.

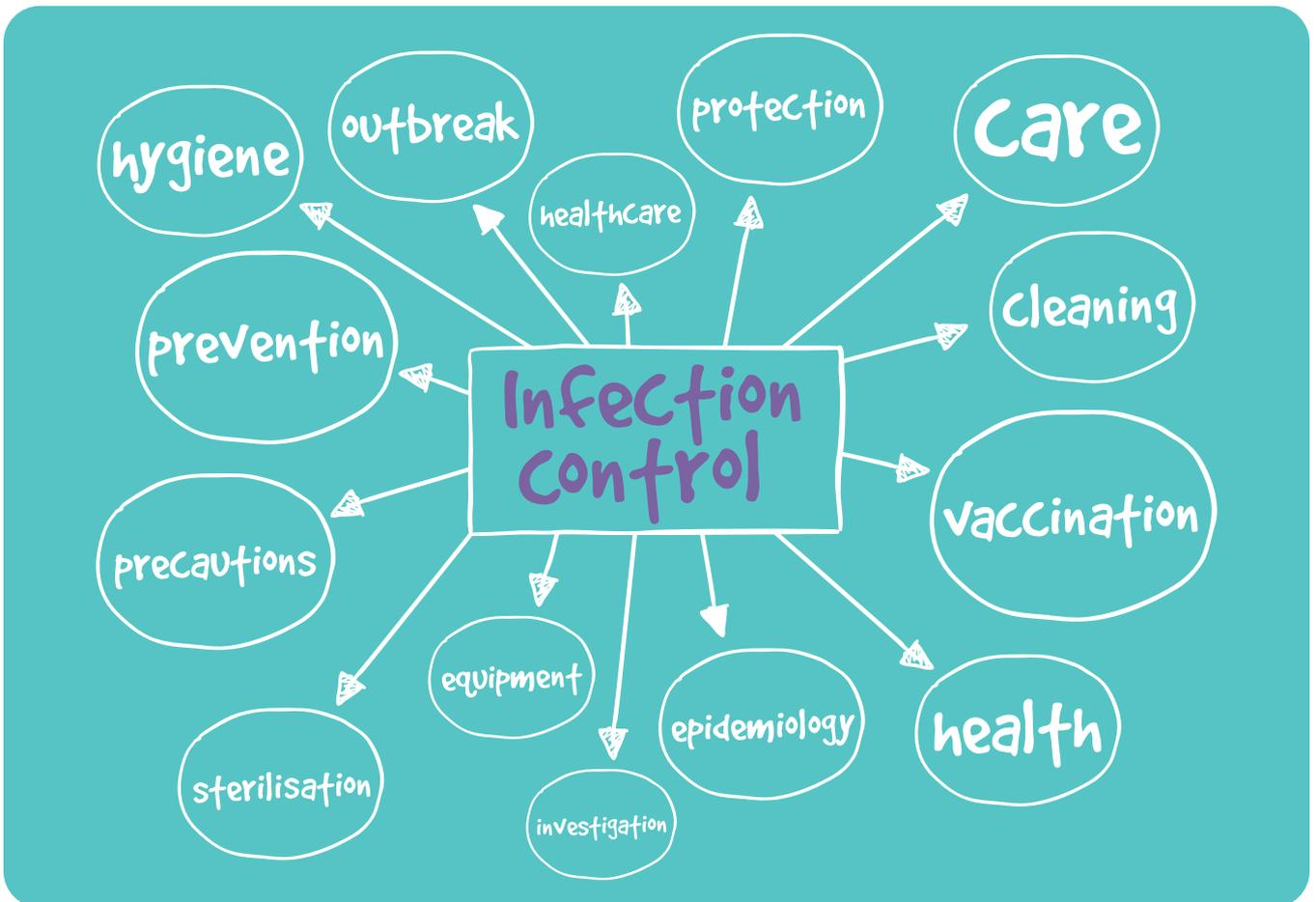
Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake our evaluation which will be discussed by our trainer during the course.

Premium Health's customer service

We offer you an on-going service in relation to your course and invite you to call our office on **1300 721 292** or email us on customerservice@premiumhealth.com.au.

For more information about Premium Health and our health care, mental health and first aid courses, please access our website www.premiumhealth.com.au



INFECTION CONTROL

Australian Workplace Health and Safety Laws require employers to understand and identify hazards in their workplaces, assess the risk of these hazards and implement controls to eliminate or reduce the risk of these hazards.

The Coronavirus (COVID-19) pandemic has highlighted that infection prevention and control is an essential element of identifying, assessing and controlling the risks not only in the healthcare setting but in all workplaces.

To maintain a safe working environment, it is important now more than ever to understand and utilise effective infection prevention and control procedures, because although medical research and treatment continue to evolve rapidly, so do the microorganisms that cause infectious diseases.

WHAT IS INFECTION CONTROL?

Infection control refers to procedures and activities aimed at preventing or minimising the risk of transmission of infectious diseases. Successfully controlling this risk in the workplace is straightforward and is based on good hygiene measures and a range of practices set in place recognising that infectious agents are part of the everyday environment.

Preventing or minimising the risks of transmission from person to person, person to environment or environment to person involves understanding:

- what is an infection?
- how are infections spread?
- what everyday practices can we use to protect ourselves?
- what practices can we use to minimise the spread of infections?

WHAT IS AN INFECTION?

An infection is the invasion and growth of harmful microorganisms in the body and occurs when microorganisms, also known as pathogens or infectious agents, gain entry to a person's body in sufficient quantities and overcome the body's natural defence mechanisms. They then multiply in the body's tissues, producing poisonous substances such as toxins, which cause harmful damage to the body's cells and tissues, resulting in an infection. An infection can be localised to a specific region of the body, or systemic where it spreads and damages other parts of the body.

Types of microorganisms that cause infections in human include:

- **Bacteria** are single cell organisms that have the ability to reproduce rapidly in many different environments. Not all bacteria cause infections and we have many harmless bacteria living on our skin and in our gastrointestinal tract, which are commonly known as normal flora. Some infectious bacteria responsible for causing illnesses in humans include pneumonia, whooping cough, bacterial meningitis, tuberculosis and UTIs.

Bacterial infections are treated with antibiotics, however the emergence of multi drug resistance bacteria highlights the need for effective infection control practices. VRE (Vancomycin Resistant Enterococcus) and MRSA (Methicillin Resistant Staphylococcus Aureus) are examples of multi drug resistant bacteria, which are able to survive despite treatment with strong antibiotics.

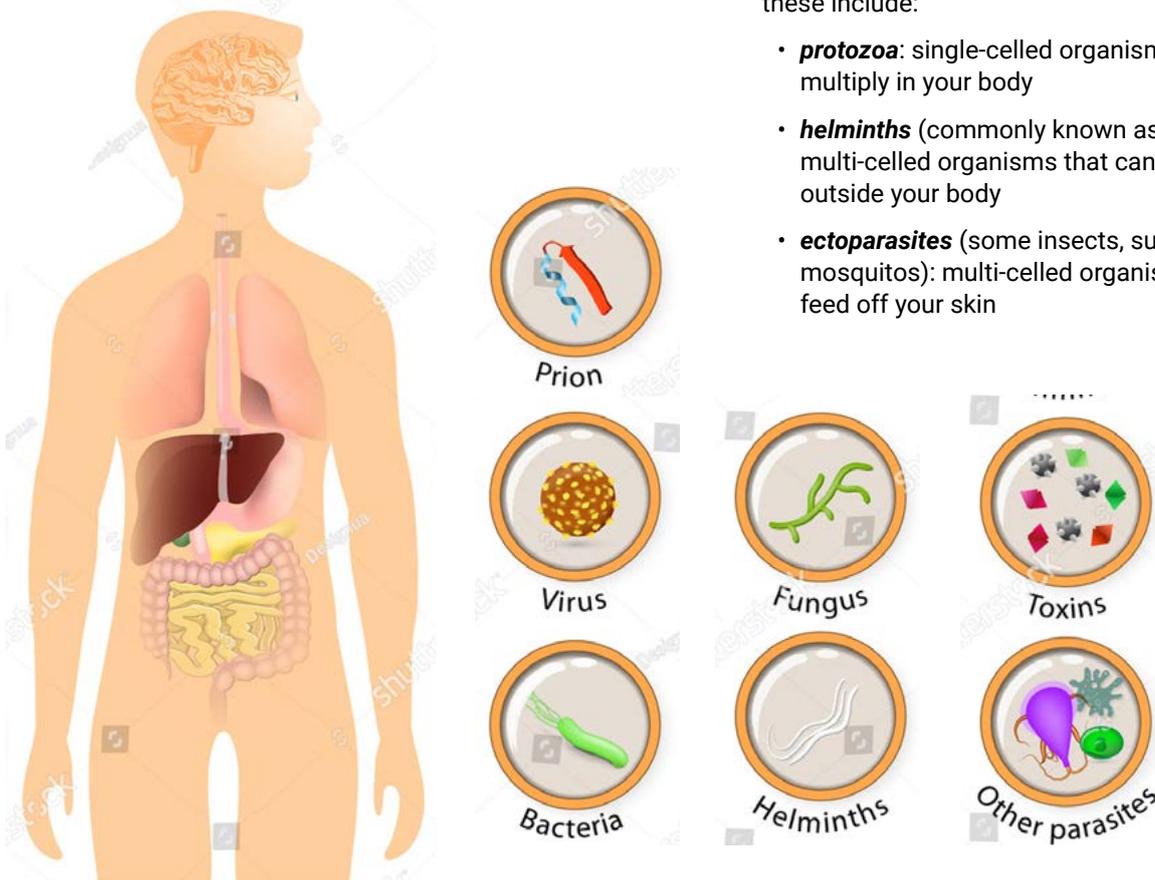
Types of pathogen

- **Viruses** are even smaller than bacteria and are made up of a piece of genetic code (DNA or RNA) and protective protein coat. Viruses are not living organisms, they cause infections by invading cells within your body and using components within the cell to replicate, producing more viruses. Once the replication process is complete, new viruses are released from the cell, usually damaging, or destroying the infected cells.
- **Antibiotics** do not kill viruses and therefore are ineffective as a treatment for viral infections, they may however be useful if a secondary bacterial infection is also present. Antiviral medications can sometimes be used, depending on the virus involved. Infections caused by viruses include hepatitis B, HIV, norovirus, influenza, dengue fever and COVID-19.
- **Fungus** can be single cell or multicellular organisms and cause damage by decomposing and absorbing organic matter using enzymes. Many fungal infections develop in the upper layers of the skin, causing infections such as athlete's foot, ringworm and thrush. Fungi commonly reproduce by spreading spores, which can be inhaled lead to internal fungal infections, such as pneumonia.

Fungal infections are treated with antifungals.

- **Parasites** are organisms that live on or in a host organism and get their food from or at the expense of their host. They can be spread through many ways, such as contaminated soil, water, food, blood, as well as via sexual contact and insect bites. There are three main classes of parasites that can cause disease, these include:

- **protozoa**: single-celled organisms that can live and multiply in your body
- **helminths** (commonly known as worms): larger, multi-celled organisms that can live inside or outside your body
- **ectoparasites** (some insects, such as ticks and mosquitos): multi-celled organisms that live on or feed off your skin





The damage in the body caused by the microorganism manifests in signs and symptoms. These may be general or specific to a particular infectious disease. Common general signs of infection may include:

- temperature
- chills and sweats
- lethargy
- loss of appetite
- body aches and pains (including headaches)
- nausea and vomiting

Some examples of specific sign of infection may include:

- blocked or runny nose with a common cold
- cough or shortness of breath with influenza or respiratory tract infections
- diarrhoea with gastroenteritis
- burning on urination and passing urine frequently with urinary tract infections
- pain, redness, swelling, discharge, or heat with skin or wound infections
- rashes with chicken pox or measles

When someone acquires an infection, it commonly follows a progressive course of 4 stages:

- **incubation period:** time from initial contact with a pathogen until the first appearance of symptoms
- **prodromal period:** from onset of general signs and symptoms to onset of disease specific signs and symptoms
- **acute period:** disease specific signs and symptoms manifest
- **convalescent period:** recovery period after acute symptoms of infection have gone

The presence of a microorganism does not always result in signs or symptoms. When no significant injury or damage has occurred to the body's cells and tissues and a person has no signs or symptoms, they are said to be asymptomatic. Asymptomatic people can still pass along the microorganism to others without knowing it.

Therefore it is important to remember that a person can be infectious (able to pass on the microorganism) in all these situations:

- without ever becoming unwell
- before getting ill
- during the illness
- after recovery – acting as a carrier passing the infectious agent to others or shedding it into the environment



COVID-19

COVID-19 is an infectious disease caused by a coronavirus and has been seen in countries across the world.

Coronaviruses are a large family of viruses that cause respiratory infections, that can range from the common cold to more serious diseases.

Other coronaviruses seen in humans previously include Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

Most people infected with COVID-19 will only experience a mild to moderate respiratory illness and will recover without requiring any special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness, requiring hospitalisation. However new variants, such as the Delta variant, are causing serious illness in children and young adults. Symptoms can range from mild illness to pneumonia.

Common symptoms include:

- fever
- cough
- sore throat
- shortness of breath.
- runny nose
- loss of sense of taste or smell

Other symptoms can include acute blocked nose (congestion), headache, muscle or joint pains, nausea, diarrhoea, vomiting, loss of appetite and fatigue.

Symptoms can appear in people within 2 to 14 days of exposure to the virus. Infected people are contagious up to two days before symptoms appear, and often remain contagious for 10 to 20 days, depending upon their immune system and the severity of their illness.

Some infected people may even remain asymptomatic for their entire infectious period.



COVID-19 SYMPTOMS



COUGH



FEVER



SHORTNESS OF BREATH



SORE THROAT



HEADACHE

HOW ARE INFECTIONS SPREAD?

Microorganisms may be passed to another person and enter their body via many different pathways and cause damage, these include:



blood and body fluids (nasal secretions, sputum, urine, vomit, semen and vaginal fluid) through direct contact with blood or body fluids either through broken skin or splashes to the mucous membranes of the eyes, mouth, nose, or genitals



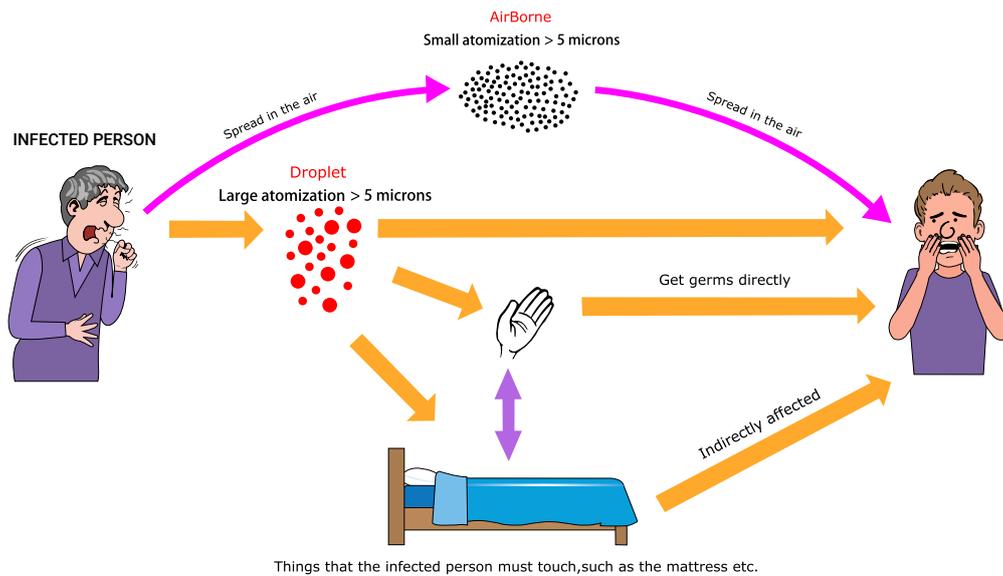
respiratory droplets inhaled when another person coughs or sneezes



airborne transmission of respiratory secretions



faeces of an infected person; faecal bacteria may be spread by hands to mouth or inanimate objects and spread to another person (faecal/oral route)



contaminated surfaces may also spread microorganisms from hands to mouth

The ways infections are spread can be categorised into direct and indirect transmission:

Direct

- contact
- droplet

Indirect

- airborne
- vehicle borne
- vector borne

By understanding each type of transmission we can more easily protect ourselves and others from the spread of infectious diseases.

Direct transmission - contact

Contact transmission occurs when infectious microorganisms are physically transferred from an infected or colonised person to another person.

This may occur by skin to skin contact, kissing or sexual intercourse. The microorganism then enters the body via mucous membranes or broken skins and sores.

Examples of infectious diseases that are transferred by direct contact transmission include:

- gastroenteritis
- conjunctivitis
- impetigo
- head Lice
- shingles
- MRSA
- scabies
- most sexually transmitted diseases or STI's

Blood borne infections such as hepatitis B and C and HIV occurs through direct contact transmission of contaminated blood, semen, or vaginal fluids only. This may occur when broken skin or mucous membranes (e.g. wounds, scratches, bites, eyes and needle stick injuries) come in contact with contaminated fluid.

Hepatitis is an inflammatory disease of the liver that can be caused by a variety of infectious viruses, these can lead to many health problems and in some cases can be fatal.

There are five main strains of the hepatitis virus, Hepatitis A, B, C, D and E. The most common types of viral hepatitis in Australia are hepatitis A, B and C.

Hepatitis A is transmitted through food, drinks or objects contaminated by the faeces of an infected person. Symptoms can last several weeks but people usually recover completely.

Hepatitis B is spread when the infected body fluids of someone with hepatitis B comes in contact with the blood stream of another person. Most adults recover without specific treatment. However, about 5-10% of infected adults develop a chronic hepatitis B infection, which slowly damages the liver (cirrhosis), leading to liver failure and in some cases.

Hepatitis C is transmitted when blood from an infected person enters another person's bloodstream. The most common way of transmission in Australia is through sharing drug injecting equipment. If untreated, hepatitis C can cause severe scarring (cirrhosis) and damage to the liver, which can have long-lasting health effects.

HIV (human immunodeficiency virus) damages the body's immune system, making it difficult for the body to fight off infections and some cancers. It is transmitted through blood, semen, vaginal fluid or breast milk of an infected person. If untreated, HIV can lead to a severely damaged immune system known as AIDS (Acquired Immune Deficiency Syndrome), this is diagnosed when someone with HIV develops diseases caused by organisms that don't usually affect healthy people. Current HIV treatment is very effective, and most HIV positive people live normal lives. HIV prevention treatment is commonly used by individuals in high risk groups.

TYPES OF VIRAL HEPATITIS ICONS SET

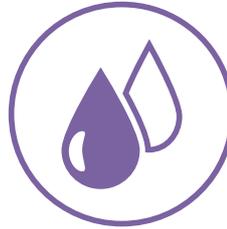
HEPATITIS A virus (HAV)

transmitted by consuming food or water that has been contaminated by feces.



HEPATITIS C virus (HCV)

transmitted through direct contact with infected bodily fluids (injection drug use and sexual contact)



HEPATITIS B virus (HBV)

transmitted through puncture wounds or contact with infectious bodily fluids (blood, saliva or semen).

Injection drug use,
sex with an infected partner.



HEPATITIS D virus (HDV)

transmitted through contact with a puncture wounds or infected blood



HEPATITIS E virus (HEV)

is typically caused by ingesting fecal matter.

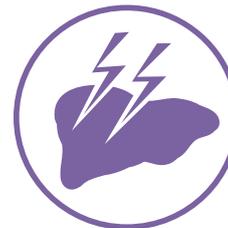


NON-VIRAL HEPATITIS

is liver inflammation caused
by toxins, drugs, or other harmful chemicals



autoimmune disease



Direct transmission - droplet

Droplet transmission occurs when droplets containing infectious microorganisms are propelled through the air, when person coughs, sneezes, talks or laughs. The microorganisms then land on another person and enter their body via their mucous membranes (i.e. nose, mouth, eyes). The droplets are relatively large and can travel only short distances (approx. to 1- 2 meters). Infected droplets that land on common surfaces may live on the surface for long periods of time, therefore additional cleaning will be required.

Examples of infectious diseases that are transferred by droplet transmission include:

- COVID-19
- influenza
- common cold
- hand, foot, and mouth disease
- whooping cough
- rubella
- mumps
- meningococcal disease

Certain medical procedures, such as airway suctioning, nebulisers, cardiopulmonary resuscitation, can turn droplets into aerosols, making the infection airborne. Therefore, care should be taken when performing these procedures on those who have a suspected or confirmed infectious disease that is transmitted via droplets.

COVID-19 transmission

Coronavirus is spread through droplet transmission. Larger droplets fall to the floor after few seconds; however, tiny particles can remain in the air and accumulate in places, especially where people gather, and poor ventilation is present. This is why wearing masks, performing hand hygiene, following coughing and sneezing etiquettes and physical distancing play essential roles in preventing COVID-19.

Indirect transmission - airborne

Airborne transmission occurs when infectious microorganisms are carried by dust or other small particles floating in the air, created during breathing, coughing, talking, or sneezing. These particles remain suspended in the air and can be widely dispersed over longer distances by air currents, which are then inhaled by susceptible individuals.

Control of airborne transmission can very difficult, as it requires control of airflow through special ventilation systems. Examples of infectious diseases that are transferred by airborne transmission include:

- tuberculosis
- chickenpox
- measles
- COVID-19 (see information regarding medical procedures above)

Indirect transmission - common vehicle (including fomites)

Indirect transmission can occur when infectious microorganisms are passed from an infectious person on a contaminated object such as food, water, furniture, surfaces, bedding, clothing, and hands and then passed onto a susceptible person.



Any infectious microorganism that can survive for prolonged periods outside the body can be transmitted through indirect transmission. This mode of transmission is why hand hygiene, equipment cleaning, safe food handling and general workplace cleaning is an essential part of infection control.

Common infectious diseases that cause outbreaks because of common vehicle transmission include:

- gastroenteritis (including C.Diff and Norovirus)
- COVID-19
- hand, foot, and mouth disease
- impetigo

Indirect transmission - vectors

Vectors are living organisms that can transmit an infectious microorganism between humans or from animals to humans. Mosquitoes, flies, rats or other vermin may act as vectors. The vector may itself be infected (mosquito) or act as a carrier of the agent (flies, rodents).

Examples of infectious diseases that are transferred by vector transmission include:

- malaria
- dengue fever
- Ross River virus
- yellow fever
- zika
- Murray Valley encephalitis



INFECTION CONTROL - HOW TO KEEP OURSELVES SAFE

Infection control is about taking steps to minimise the transmission of infectious agents from person to person, person to environment or environment to person.

Successfully controlling the risk of infection in the workplace is straightforward. It is based on good hygiene measures and a range of practices set in place recognising that infectious agents are part of the everyday environment.

STANDARD PRECAUTIONS AND TRANSMISSION-BASED PRECAUTIONS

Universal blood and body fluid precautions ("Standard Precautions") were originally developed by the US Centre for Disease Control and Prevention (CDC) in 1985 - 1987 mainly in response to the HIV/AIDS epidemic and the urgent need to protect health care workers from blood borne infections in their working environments. This approach emphasised the universal use of blood and body fluid precautions regardless of a patient's presumed infectious status.

Standard precautions are applied as routine to all patients, clients and casualties when providing care or first aid to protect the support worker or first aider from all potential infectious agents found in blood or body fluids. However when standard precautions are deemed not sufficient to protect us from various infectious agents due to their modes of transmission, additional precautions or "Transmission-based precautions" may need to be applied in certain settings.

STANDARD PRECAUTIONS

Standard precautions are work practices designed to achieve a basic level of infection control and minimise the risk of infection amongst people. They include safe systems for handling blood (including dried blood), body fluid secretions (excluding sweat) and excretions. They apply in any care setting when providing hygiene care or performing procedures, as well as in the first aid setting when treating casualties regardless of diagnosis or presumed infection status. This means that everyone is treated in the same way.

Standard precautions include:

- personal hygiene practices (including hand hygiene and hand care)
- personal protective equipment (PPE)
- handling and disposing of sharps and other clinical waste

- reprocessing of reusable equipment and appropriate use of disinfectants
- environmental controls including cleaning, blood, and body spills management

HAND HYGIENE AND HAND CARE



Healthy intact skin provides an excellent barrier to infection and is our most powerful defence against infectious agents is our own bodies. We can greatly minimise the likelihood of being infected with a lot of infectious agents by employing

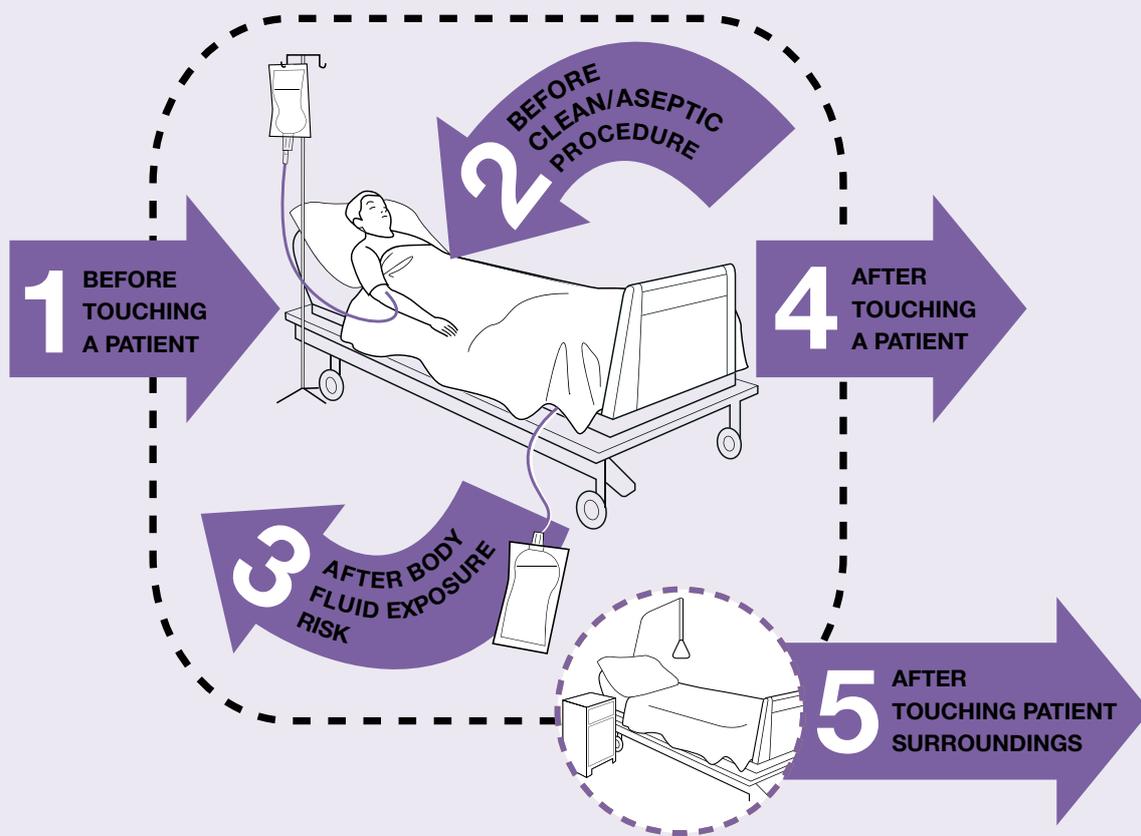
good hand hygiene practices into our everyday lives. However, when to wash our hands and how to wash the hands is not always well understood or practiced.

Hand washing is our most powerful defence against infection, as hands touch many surfaces and can pick up infectious agents. Once contaminated, hands can transfer these to your eyes, nose, or mouth. From there, they can enter your body and make you sick. Therefore it is recommended to avoid touching your eyes, mouth, and nose without first performing hand hygiene.

In the healthcare environment we use the 5 moments of hand hygiene to remember when to wash our hands.

5 MOMENTS FOR HAND HYGIENE ARE:

- 1 Before touching a client/client
- 2 Before a procedure
- 3 After the procedure or exposure to bodily fluids
- 4 After touching the client/client
- 5 After touching a client/client's surroundings



Hands should also be washed:

- Before commencing your shift or following breaks.
- Before and after eating or smoking.
- After toileting or personal hygiene.
- After coughing or sneezing.
- Before leaving work for the day.
- Before, during and after preparing or handling food.
- After handling rubbish.
- Before handling any instruments or equipment.
- After removing gloves.
- When your hands are visibly dirty.

Effective hand hygiene can be performed by hand-washing with liquid soap and water, followed pat-drying hands with paper towel or by using alcohol-based hand rubs (ABHR). ABHR are a convenient alternative to hand washing for busy workers or those who travel as part their job; however it is important to remember that it should not replace hand-washing when our hands are visibly soiled.

The way we wash our hands is just as important as when we wash our hands, this ensures that we don't miss frequently forgotten areas when performing hand hygiene. A systematic method of hand washing can help reduce the risks of not effectively cleaning the hands.

As shown in the World Health Organization posters, the recommended method to follow is:

- Wet hands and wrists and apply soap.
 - right palm over left, left over right
 - palm to palm fingers interlaced
 - back of fingers and apposing fingers
 - rotational rubbing of left and right thumbs
 - rotational rubbing of fingertips into palms
- Repeat until hands are clean (15-20 sec).
- Rinse well .
- Pat dry with paper towel.

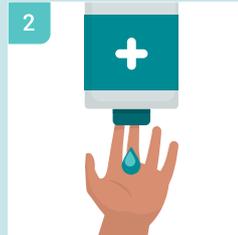


HOW TO WASH YOUR HANDS

PROTECT YOURSELF AND OTHERS AGAINST INFECTIONS



1 WET HANDS



2 APPLY SOAP



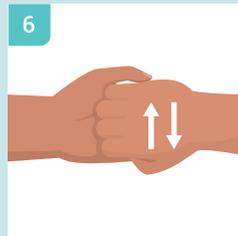
3 RUB HANDS
PALM TO PALM



4 LATHER THE BACKS
OF YOUR HANDS



5 SCRUB
BETWEEN YOUR FINGERS



6 RUB THE BACKS
OF FINGERS ON
THE OPPOSING PALMS



7 CLEAN THUMBS



8 WASH FINGERNAILS
AND FINGERTIPS



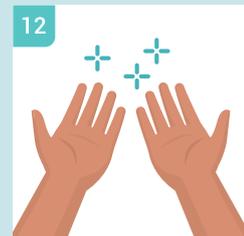
9 RINSE HANDS



10 DRY WITH
A SINGLE USE TOWEL



11 USE THE TOWEL
TO TURN OFF THE FAUCET



12 YOUR HANDS ARE CLEAN

APPLICATION OF HAND SANITIZER



1 APPLY THE PRODUCT ON
THE PALM OF ONE HAND



2 RUB HANDS TOGETHER



3 COVER ALL SURFACES
UNTIL HANDS FEEL DRY
(20 SEC)

Hand care is also very important because healthy intact skin provides a barrier to infection, however, when our skin is not intact from cuts and wounds, or is dry and cracked skin, the barrier it provides against infectious agents is compromised and places a person at risk of getting an infection.

Breaks in the skin should be covered with a waterproof dressing to protect it and the regular use of moisturising cream is also recommended to prevent skin from drying and cracking, further compromising the integrity of our skin.

Other recommendations that can decrease the risk of picking up infectious agents include:

- removal of rings and other jewellery
- nails should be short and clean, avoid artificial nails as they can contribute to increased bacterial counts
- repeated hand washing and wearing of gloves can sometimes cause irritation or sensitivity, therefore it is recommended to seek medical advice if you are having any issues
- to minimise chapping of hands, use warm water and pat hands dry rather than rubbing them
- cuts and abrasions should be covered by water-resistant occlusive dressings that should be changed as necessary

APPLYING STANDARD PRECAUTIONS WHEN CARING FOR A CASUALTY

Before treatment:

- Assess the situation for bleeding, secretion or excretion of body fluids.
- Perform hand hygiene.
- Check hands and cover cuts and abrasions with watertight dressings.
- Wear disposable gloves if there is bleeding, secretion or excretion of body fluids or if injury is suspected. Gloves are not necessary for contact with intact skin.
- Obtain sterile or clean dressings and equipment whenever possible.

After treatment:

- Dispose of any contaminated dressings into a yellow plastic bag.
- Dispose of any sharp objects into rigid containers. (Final disposal should be according to workplace policy).
- Clean blood spots and spills by isolating area if possible AND using the blood and spills procedure appropriate to the size of the spill.
- Perform hand hygiene.

Rings, jewellery, and artificial (acrylic) nails

There is minimal hard evidence that proves jewellery poses an increased infection risk to staff or clients. Nevertheless, poorly maintained (uncleaned) rings, nails and jewellery will harbour microorganisms that may be passed onto clients.

Jewellery may also be a physical danger to either the client or health care worker during direct client care (e.g. necklaces may be caught in equipment or bracelets cause injury during client handling).

Rings with sharp surfaces (e.g. gemstones) and sharp fingernails can cause physical injury to clients, as well as puncturing gloves which can compromise your own safety, and therefore should be removed from hands when providing care to clients.

Artificial nails have been implicated in several outbreaks of health care associated infection and should be avoided by all health care workers with direct client contact.

Each workplace will have policies regarding the wearing of jewellery (including 'body piercings'), artificial nails or nail polish that consider the risks of transmission of infection rather than cultural preferences.



PERSONAL PROTECTIVE EQUIPMENT (PPE)

Standard precaution may require the use of personal protective equipment (PPE). This may include gloves, eye protection and rescue breathing protective shields.

Gloves

Should be:

- non allergenic to the user
- available and easily accessible within your workplace if required, and at first aid stations or in first aid kits
- put on before treating any client or casualty where contact with blood, other body fluids or non-intact skin and mucous membranes is likely
- always change between clients or casualties, never use AHBR over gloves
- changed if torn or punctured
- removed promptly after use and perform hand hygiene before touching non-contaminated items and/or environmental surfaces

Eye protection or face-shields

Eye protection in the form of goggles should be available in first aid kits and face-shields available at first aid stations. Both should be made available in your workplace where splashes or sprays of blood and other body fluids are likely.

Eye protection should also be worn by those working in the care or supported health care environment when performing tasks that may cause body fluids splashes (e.g. catheter or stoma bag changes, connecting/disconnecting feeding tubes, etc.)

Rescue breathing protective shield

A plastic protective shield can be used during cardiopulmonary resuscitation. Ideally the shield should provide a sturdy, flexible, non-slip plastic barrier between rescuer and casualty with a filter allowing the delivery of expired air from the rescuer while ensuring none of the casualty's secretions pass into the rescuer's mouth.

Protective clothing

Protective clothing (waterproof overalls, plastic aprons, gowns, overshoes, and masks) should be available at workplace settings and first aid stations for treatments involving contact with blood, other body fluids (except sweat), or non-intact skin and mucous membranes and managing blood and body fluid spills.



Transmission-based precautions

In some workplaces, such as care facilities and supported independent living centres, transmission-based precautions may be required when specific infectious agents are present. Depending on the type of infectious agent that is present or suspected, different precautions related to the mode of transmission will need to be adopted in addition to the standard precautions already being used.

If the use of transmission based precautions are required in your workplace, further training on the correct method Donning (putting on) and Doffing (taking off) PPE safely should be undertaken.

See Appendix 2



Contact precaution

When confirmed or suspected infectious agents transmitted via contact transmission are present in the workplace, contact precaution will need to be adopted. Contact precautions include:

- standard precautions
- gloves
- hand hygiene
- long sleeved gown

C.DIFF AND NOROVIRUS

Clostridioides difficile (C.Diff) is a spore-forming bacteria that can cause symptoms ranging from diarrhoea to life-threatening inflammation of the colon. Most commonly affects older adults in hospitals and long term care facilities. People are more likely to get C. diff while on antibiotics and shortly after, as antibiotics can kill the good bacteria in the intestines allowing the opportunistic C.Diff to invade.

Norovirus is a highly contagious form of gastroenteritis, that is commonly linked to outbreak in residential care facilities, hospitals, schools and childcare centres. Outbreaks can occur at any time of the year but are more common during winter.

Both C.Diff and Norovirus are transmitted via contact transmission and an outbreak will require the adoption of contact precautions to contain them.

It is very important to note that alcohol based hand rubs will NOT kill either of these infectious agents and hand washing with SOAP and WATER is the only effective method to removed them from your skin.

DROPLET PRECAUTIONS

When confirmed or suspected infectious agents transmitted via droplet transmission are present in the workplace, droplet precaution will need to be adopted. Droplet Precautions require a Surgical Mask to be worn. It is also recommended when working in the healthcare setting that contact precautions are also be adopted, as large droplet can land on clothing and be passed onto other clients or patients. Goggles or face shields may also be recommended in some workplaces if the exposure risk is deemed high or during outbreaks such as the COVID-19 pandemic.



COVID-19

As a result of the COVID-19 pandemic the public in many areas of Australia, have been required to adopt droplet transmission-based precautions as part of their everyday lives to protect themselves and others.

This has required people in high risk geographic locations to wear face masks in various settings, to help reduce the spread of transmission.

In addition, the 1.5m social distancing recommendation has also been introduced, as well as maximum capacity limits to enclosed spaces.

Please check your local government website for the current recommendation.

AIRBORNE PRECAUTIONS

When an individual has or is suspected of having an infectious disease which is transmitted via airborne transmission, they may require transport to a hospital. This is because those supporting the individual are often required to wear specialised masks (N95 or P2). In some cases the individual to be cared is placed in a negative pressure room which reduces the spread of particles into the general environment.

MANAGING THE PHYSICAL ENVIRONMENT

Many infectious agents can be found in our general work environment and direct links can be made, especially during outbreaks, between poor environmental hygiene and the transmission of infectious agents. This can occur through direct contact with contaminated equipment/surfaces or indirectly, by hands that are in contact with contaminated equipment or environment and then passed on to a susceptible host.

Most of the time environmental surfaces can be safely decontaminated, without using harmful or dangerous chemicals, however, regular cleaning of equipment and surfaces is necessary, in addition to the cleaning required after spills.

Using detergent and water, followed by rinsing and drying, in all cleaning processes, including where blood and body fluid spills are involved, is the most useful method for removing infectious agents from surfaces and is the first line of attack in environmental infection control.

- detergents help loosen the infectious agents on surfaces
- mechanical cleaning (dishwashers) will physically reduce the number of infectious agents on a surface
- rinsing with clean water will remove loosened infectious agents and detergent residue from a surface
- drying makes it harder for infectious agents to survive or grow



Most infectious agents will not survive for long periods on clean surfaces when exposed to air and light, therefore routine cleaning with detergent and water should be enough to reduce infectious agents. However, hospital grade disinfectants (such as sodium hypochlorite – hospital strength bleach) may be useful in some situations, for example large spills, or during outbreaks, when particular infectious agents are suspected or known (eg. Multi-resistant organisms, COVID-19, and finally C.Diff, Norovirus), as they have been shown to inactivate various blood borne and gastrointestinal viruses.

A risk assessment of the environment, the spill, the risk of disease transmission, the surface area and potential hazards should be performed when using these products. If a disinfectant is required, particularly during the implementation of transmission-based precautions, a Therapeutic Goods Administration (TGA) listed hospital grade disinfectant with specific claims or sodium hypochlorite must be used. The disinfectant chosen must have label claims against the organism of concern and be compatible with the surface material where the spill has occurred to avoid damage to the surface.

C.DIFF AND NOROVIRUS

When supporting a person with or during an outbreak of C.Diff or Norovirus, hospital grade disinfectant or disinfectant wipes should be checked that they have been approved to be used against C.Diff and Norovirus. Many products used in the healthcare setting will NOT kill C.Diff and Norovirus and a specialist product maybe required.

Daily cleaning and disinfecting of each client's environment with a sporicidal agent such as a sodium hypochlorite (bleach) is essential.

These chemicals like any other require the workplace to keep safety data sheets for WHS/OHS requirements.

HANDLING AND DISPOSING OF SHARPS AND OTHER CLINICAL WASTE

When handling sharp items (such as syringes with needles or blades), you should never pass the sharp from person to person and no attempt should be made to bend, break, recap or otherwise attempt to alter the sharp in any way. As this will greatly increase the likelihood of a needle stick injury.



Sharps should only be handled with appropriately designed tongs (or similar equipment). In the absence of such equipment, workers should not attempt to improvise (e.g. use a stick). It is safer to dispose of the sharp by holding the barrel of the syringe with latex or vinyl gloved hand. Dispose of in rigid containers (yellow rigid containers designed for the purpose, labelled Biological Hazard and bearing a biological waste hazard sign) and incinerated according to workplace arrangements by a licensed contractor. If no container is available place needle end first into a plastic bottle (drink container) screw on lid and take to your local council office.

Clinical wastes such as gauze swabs, used bandages and wound dressings which are visible soiled with blood or body fluids from first aid treatments or client care should be placed in yellow plastic bags designed to meet clinical waste disposal specifications and incinerated according to workplace arrangements by a licensed contractor.



Sharp items and clinical wastes have the potential to expose people to blood borne diseases in workplace situations. Medium-sized to large workplaces should have written workplace protocols and appropriate equipment for safe sharps and clinical waste handling and disposal.

In all other situations, common sense should prevail when handling and disposing of sharps and wastes.

If a needle stick injury or splash exposure occurs the following actions should be performed immediately:

- Promptly flush the wound (needle stick injury) under running water (do not squeeze the wound).



- Removed contaminated clothing (splash exposure).
- Wash any wounds using warm water and liquid soap (except for the eyes, mouth, and nose).
- Rinse the eyes, mouth, and nose (if affected) thoroughly with warm water (without soap) or saline.
- Alcohol-based hand rinses or foams (60-90% alcohol by weight) can be used on the skin only when water is not available (not on eyes, mouth, and nose).
- Thoroughly pat-dry the area.
- Apply a sterile waterproof dressing (such as an adhesive plaster), as necessary, and apply pressure through the dressing if bleeding is still occurring.
- Follow procedure in handling and disposal of sharps and other clinical wastes and place the syringe in a sealed container.
- Seek medical aid.

Workplace first aid procedures should also be adhered to:

- Follow workplace policies and/or ensure employee is provided with immediate medical advice by a registered health professional and offered access to a trauma counselling service.
- Document the incident.
- Accompany the employee to the doctor and ensure the doctor is provided with the sealed container with the syringe inside (if needle stick injury.)
- Ensure that confidentiality of the incident and anonymity of the injured person is maintained.

- If a customer or non-employee has received the needle stick injury provide immediate first aid, then give the sealed container with the syringe inside to injured person and encourage the person to seek immediate medical advice.



Safe Work Australia: National Code of Practice for the Control of Work Related Exposure to Hepatitis and HIV (blood-borne) Viruses [NOHSC: 2010 (2003)] 34-5

SAFE METHOD FOR DISPOSAL (WHEN EQUIPMENT IS UNAVAILABLE)

Sharps

- Obtain a rigid walled container (e.g. glass or plastic jar, soft drink bottle with lid preferably).
- Take the container to the sharp.
- Pick up the syringe with a single use disposable latex or vinyl gloved hand by the barrel or "fat" end.
- Do not hold the container while putting the sharp into it as there is a risk of needle stick injury.
- Drop sharp into the container pointed end first .
- Seal the container.
- Contact can be made to the local council or health service for collection/disposal information.

Clinical waste

- Use two intact plastic bags, one inside the other.
- Take the bags to the waste.
- Put on gloves.
- Place clinical waste (cotton wool, bandages, tissues, resuscitation protective shield) in the bag.
- Touching the outside of one glove peel down and scrunch into gloved hand, then with ungloved (clean) hand peel glove from the inside capturing both gloves and drop into waste bag.

- 1** Pull contaminated glove from rib downward, turning inside out.
- 2** Remove and dispose of contaminated glove.
- 3** Using clean hand place fingers under glove and turn inside out.
- 4** Roll downward and dispose of contaminated glove.

- Tie the bags at the neck
- Wash hands.
- Contact the local council or health service for collection/disposal information.

MANAGEMENT OF BLOOD AND BODY FLUID SPILLS

The prompt removal of blood and body substance spots and spills, followed by cleaning and disinfecting the contaminated area is an important part of infection control practice and should follow these basic principles:

- Always use standard precautions.
- Spills should be removed before the area is cleaned (adding cleaning liquids increases the size of the spill and should be avoided).
- Avoid creating aerosols (a fine mist or droplets) by spraying cleaning products on spilled materials.
- Where emergency procedures or urgent transport is required, spill should be attended to as soon as safe to do so.

Using these principles, the management of spills should consider the:

- Nature of the spill (blood, vomit, urine, faeces, sputum)
- Infectious agents most likely to be involved
- Size of the spill (spot, small, large spill)
- Type of surface (carpet, solid flooring, furniture)
- Area involved (contained area or public space within a building, outside) AND
- Whether there is any likelihood of bare skin contact with the soiled surface.

When spillages occur on soft furnishings, a detergent solution can be used to clean the area. Soft furnishings can also be wet vacuumed; however every effort must be made to air the room to allow drying of the furnishing before reuse. Alcohol solutions should not be used to clean spillages.



PROCEDURES FOR BLOOD AND BODY FLUID SPILLS

Spot cleaning

- Select appropriate PPE.
- Wipe up spot immediately with a damp cloth, tissue or paper towel.
- Discard contaminated materials.
- Perform hand hygiene.

Small spills (up to 10cm diameter)

- Select appropriate PPE.
- Wipe up spill immediately with absorbent material.
- Place contaminated absorbent material into impervious container or plastic bag for disposal.
- Clean the area with warm detergent solution, using disposable cloth or sponge.
- Wipe the area with sodium hypochlorite and allow to dry.
- Perform hand hygiene.

Large spills (greater than 10cm diameter)

- Select appropriate PPE.
- Cover area of the spill with an absorbent clumping agent and allow to absorb.
- Use disposable scraper and pan to scoop up absorbent material and any unabsorbed blood or body substances.
- Place all contaminated items into impervious container or plastic bag for disposal.
- Discard contaminated materials.
- Mop the area with detergent solution.
- Wipe the area with sodium hypochlorite and allow to dry.
- Perform hand hygiene.

Source: The Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

Note: The contents of a disposable spills kit are listed in The Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

SHARED EQUIPMENT

Any equipment that is shared amongst people can act as a vehicle for infectious agents to be transferred between staff and clients. Some examples of possible contaminated equipment may include temperature monitoring probes, blood pressure cuffs, shower chairs, commodes, TV remotes, hoists, activities equipment, games, books. Shared equipment should be cleaned with a detergent solution or appropriate cleaning wipes after each use.



OFFICE ENVIRONMENT – SHARING OF EQUIPMENT

In the workplace or first aid setting, equipment that has come into contact with blood and body fluids should be cleaned using disposable gloves and detergent and water or hospital grade disinfectant wipes. Common disposable equipment should be used in all first aid kits (tweezers/forceps, bandages etc) and for cleaning equipment, including spills kits, to eliminate the need for cleaning and disinfection.



Where non-disposable and other specialised equipment (hand operated resuscitators, oxygen, and automated external defibrillators) are used and are contaminated with blood and body fluids they should be cleaned in a manner appropriate to the equipment using the manufacturers guidelines.



COVID-19

Surfaces, equipment, and resources that are shared amongst people should be wiped down regularly with surface wipes to help minimise the spread of COVID-19 and other common infectious agents.

ROUTINE ENVIRONMENT CLEANING

The cleaning requirements for general surface can be divided into two groups.

- (1) High touch surfaces: a surface that is touched often by multiple hands and at risk of being contaminated and of spreading germs.



- (2) Minimally touched surfaces: a surface that is touched less often for example, glass windows, ceilings, curtains, or floors.

HIGH TOUCH SURFACES IN COMMON AREAS

- light switches
- door handles
- push plates
- railings
- lift buttons
- counters
- hot desks
- shared phones and computer keyboards
- shared office equipment buttons
- EFTPOS machines and sign-in touch screens

HIGH TOUCH SURFACES IN KITCHENS

- tap handles
- soap dispenser pumps
- dining tables
- seat arms and backs
- water fountain buttons
- fridge, cupboard and drawer handles
- microwave and electrical appliance buttons.

HIGH TOUCH SURFACES IN BATHROOMS AND TOILETS

- door handles
- door locks and push plates
- basin and shower tap handles and benches
- soap dispenser buttons
- hand dryer buttons
- toilet and urinal flush buttons
- toilet lid and seat front
- sanitary bin lids
- safety railings in accessible toilets

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High touch surfaces routine cleaning:

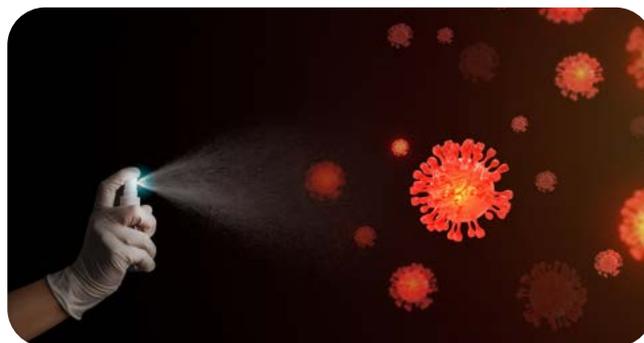
- routine cleaning of frequently touch surfaces is recommended
- shared equipment should be clean between each person
- communal work surfaces and other frequently touched surfaces should be cleaned at least daily or when visibly soiled
- spills should be cleaned up as soon as practical
- surfaces in client's personal spaces should be clean at least daily
- a neutral detergent and warm water solution should be used for all routine and general cleaning
- when a disinfectant is required for surface cleaning, the manufacturer's recommendations for use and WH&S/OH&S instructions should be followed
- wet areas such as toilets, sinks, washbasins, baths, shower cubicles, all fittings in washroom facilities and surrounding floor and wall areas should be cleaned at least daily and more frequently as required
- cleaning methods should avoid the generation of aerosols
- separate cleaning of clean and dirty areas (e.g. hand basins and toilets) and work from clean to dirty, from high to low

Horizontal surfaces – ledges and floors:

- clean ledges and floors thoroughly as often as needed; this will be dependent on the frequency of use
- dry mopping or dusting is not recommended. Damp mopping using a machine, or a double bucket method is preferred
- change solution and clean mop head when soiled to reduce the possibility of transferring microorganisms from one place to another
- bathrooms may be damp mopped daily and scrubbed regularly according to the level of use
- vacuum cleaners should have filters (to 3 micron size) to prevent discharge of bacteria from the exhaust
- carpets should be changed regularly and as necessary. Carpets should be vacuumed daily and shampooed regularly

Wall, blinds, and curtains:

Walls, blinds, and curtains should be cleaned regularly and when they are visibly soiled. Curtains should be laundered or dry cleaned according to manufacturer's recommendation as required.



CLEANING EQUIPMENT

Cleaning equipment must be in good condition and stored clean and dry. Buckets emptied, washed, and dried after each use and stored upside down. Mop heads, cleaning cloths and damp dusting cloths must be changed when visibly soiled.

Cleaning items (including solutions, water, buckets, cleaning cloths and mop heads) should be changed routinely. They should also be changed immediately following the cleaning of blood or body substance spills, or after cleaning isolated clients' rooms during an outbreak. These items should be washed/cleaned in detergent and warm water, rinsed, and stored dry between use. Mops with detachable heads should be laundered between use.

LINEN MANAGEMENT

When handling client's linen, separate storage and handling of clean and dirty linen will reduce the potential for transmission of infectious agents from this source. Although soiled linen may be a source of infectious agents, careful collection, storage, and transport will minimise the possibility of contamination. Clean linen should always be transported and stored separately from dirty linen. Soiled linen should be handled as little as possible to reduce the possibility of airborne contamination.

When collecting dirty linen:

- Soiled linen must be placed into the linen bag at the location where it was used.
- Linen bags should be filled to 75% capacity and the securely closed.
- If the linen contains enough liquid contaminants (urine, faeces or blood) to cause leaking through the linen bag, enclose in a large clear strong plastic bag. This outer bag should be securely closed.
- No categorising or labelling of the soiled linen is required.
- Soluble inner bags are not required.

Note: Care should always be taken to ensure that no sharps or other objects are discarded into linen bags.

When laundering onsite:

- Hot water (at least 71°) is recommended, if low temperature (less than 70°) laundry cycles are used, disinfectant chemicals suitable for low temperature washing should be used at the appropriate concentration.
- Refer to Australian/New Zealand standards for laundry practice to ensure that the methods used are compliant with these standards.



WASTE DISPOSAL

A waste disposal policy is used to encourage the careful handling of all waste and reduce the potential for injury or illness associated with inappropriate handling and transport. Waste is categorised at point of use according to the way in which it must be handled. Heavy penalties are applied for failure to comply to appropriate waste disposal; therefore it is important to ensure that local requirements for waste management are met.

To comply with the requirements of the Australian/New Zealand Standard in Management of Clinical and Related Wastes (AS/NZ3816:2018), every individual generating wastes must understand the correct category and method of disposal. The categories of waste that may affect your workplace are listed below:

- general (includes confidential and recyclable)
- pharmaceutical
- cytotoxic
- hazardous
- clinical

In most cases, workplaces will only need general and/or clinical waste. General waste, the largest category by volume, can be compared to domestic waste for general collection and goes to landfill.

The second largest category of waste is clinical waste. Clinical and related wastes are categorised below and are treated differently to general waste. Clinical, pharmaceutical and cytotoxic waste, collected separately in appropriately designed containers, are incinerated.

GENERAL WASTE

General waste can be described as anything that would be considered as household or domestic waste. This is the type of waste that would usually be disposed of via household rubbish bins and collected by the area council weekly waste management service. General waste may be further separated into confidential waste, recyclable items, and green waste.

CLINICAL WASTE

Clinical waste is defined in the **Australian and New Zealand Standard: Management of Clinical and Related Waste** as:

"-sharps, human tissue waste, laboratory waste, animal waste resulting from medical or veterinary research or treatment, which has the potential to cause disease, and waste as specified by the establishment when arising from any source" AS/NZS 3816:1998

Clinical waste is discarded into approved sharps containers (complying appropriate Australian Standards), yellow mobile garbage bins or yellow bags. These receptacles for Clinical Waste are colour coded yellow with a black biohazard symbol. Clinical waste may include any or all the items listed below:

- any sharp* object which can cause injury
- needles*, needle syringe combinations
- containers of blood and body fluid
- human tissue
- laboratory specimens/cultures
- any other material so classified by the WHS/OHS or Quality Management Committee/ or the nominated Infection Control Coordinator

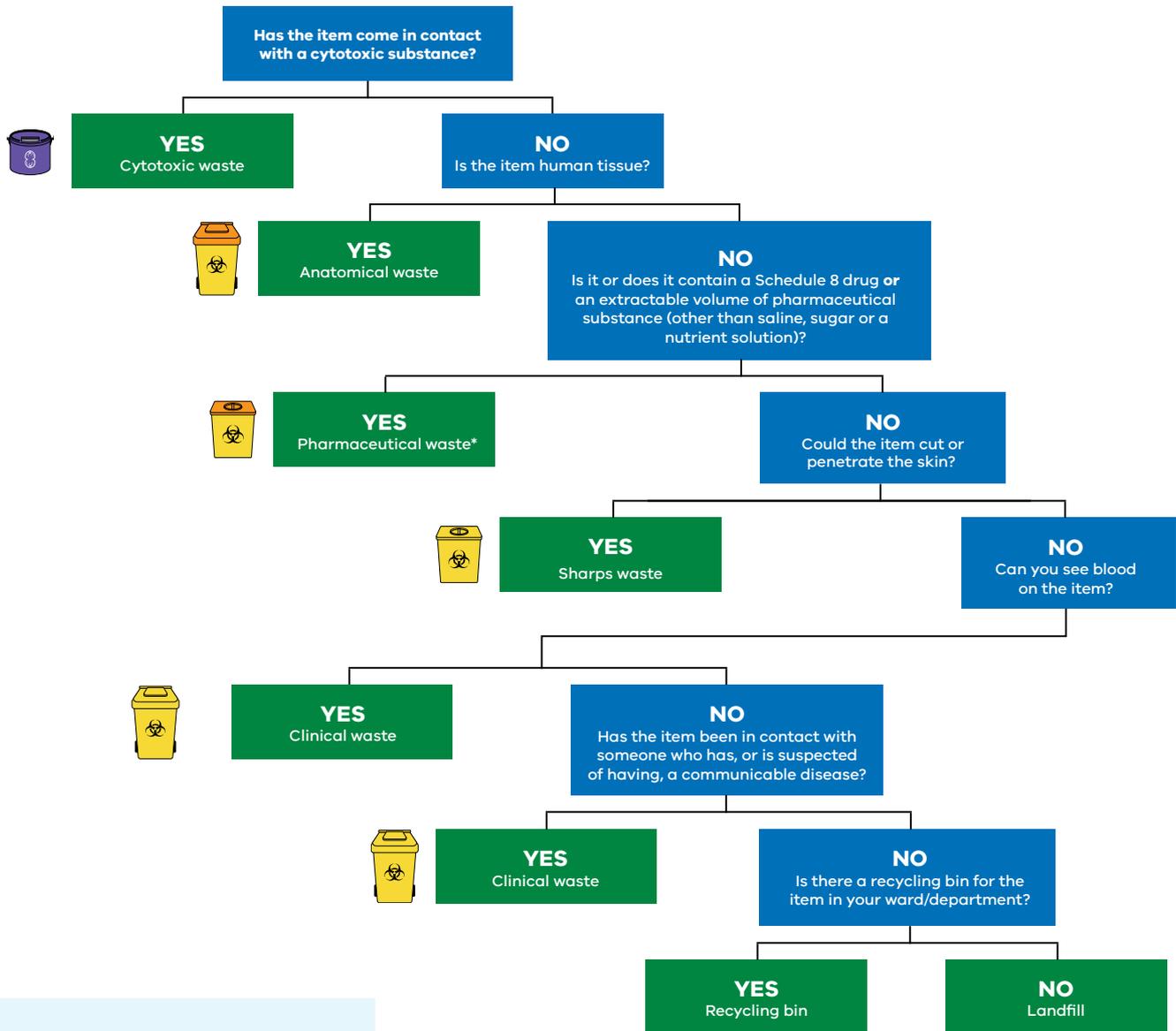
* Sharps must be discarded into designated yellow puncture resistance containers that comply with Australian standards.

Note: To reduce the cost of waste disposal, do not mix general waste with clinical waste.



Sharps should never be included in general waste.

WASTE DECISION TREE



Do the **CAPS-BBI**

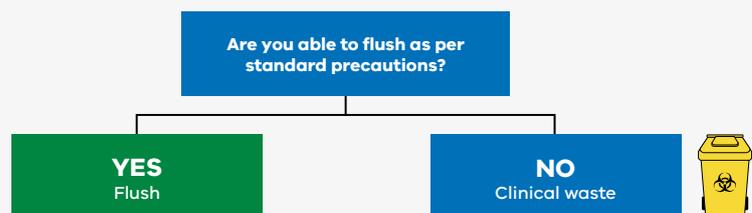
If the item is/contains:

Cytotoxic
Anatomical
Pharmaceutical
Sharp
Blood
Body fluid
Infectious

it must go into a cytotoxic, anatomical, pharmaceutical, sharps or clinical waste bin.

Body fluids (including bulk body fluids)

Note: Faeces, urine, vomit, sputum and meconium **are not** body fluids.



* Schedule 8 drugs must be destroyed in accordance with the Drugs, Poisons and Controlled Substances Regulations 2017

FOOD HYGIENE

Food hygiene describes regulated standards of food handling and management that are to be practiced by staff to ensure that food is safe for residents, staff and visitors. It is a requirement of safe food handling standards that food preparation staff must:

- Comply with hand hygiene practices before handling food or utensils.
- Avoid direct touching of raw or prepared food, by utilising tools or gloves.
- Advise the supervisor of any gastrointestinal illness.

The food handling standards describe how raw food, meat and dry goods must be stored and at what temperature ranges.

It is recommended that all food should be purchased from reputable sources. On delivery, food must be:

- Inspected for damage.
- Protected from contamination.
- Stored immediately at the appropriate temperature.
- Dry goods should be stored above floor level and away from chemicals.



Food should never be used past its expiry or best by date.

Food handlers are required to undertake formal training before working with food.

VACCINATION

Vaccination is a simple, safe, and effective method of infection control. It utilises your body's natural defences to significantly reduce the risk of contracting an infection when exposed to it or from infecting someone else.

Vaccines work by introducing your body to a small amount of the infectious agent (a dead or weakened form), your body then initiates a defence against the infectious

agent and produces antibodies against the disease. Antibodies remember the disease and how to fight it, therefore if you are exposed to the infectious agent in the future, your immune system can quickly destroy it before you become unwell.



Vaccinations are available for a range of diseases including COVID-19, Hepatitis A and B, and seasonal influenza. Other common vaccinations include those given as part of the childhood vaccination schedule such as chicken pox, diphtheria, tetanus, measles, mumps, rubella, and polio.

Some vaccinations provide protection for long periods of time, while others such as the influenza vaccine will provide protection for a shorter time. Consult your doctor regarding vaccination. Not all diseases have vaccinations available, most notably HIV and Hepatitis C.

Workers and first aiders, who may be exposed to blood or body substances, should be vaccinated against hepatitis B prior to, or as soon as possible after employment commences.

In other people maintenance of protective levels of immunity against diphtheria, tetanus (ADT), measles, mumps, rubella (MMR), and polio. If you are unsure of your vaccination status, your GP can advise and check your antibody levels via a simple blood test.

In accordance with National Health and Medical Research Council (NHMRC) recommendations, Influenza vaccination, particularly during outbreaks, should also be considered.

There may be instances where some workplaces adopt a vaccination policy to maintain protective levels of immunity to provide greater protection for all staff and people with whom they may support against infections.

Some circumstances, for example pregnancy or illness, may require special consideration.



APPENDIX 1: REFERENCES

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National Code of Practice for the Control of Work Related Exposure to Hepatitis and HIV (blood-borne) Viruses [NOHSC: 2010 (2003)]

www.safeworkaustralia.gov.au/Pages/default.aspx

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Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010

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Victorian Infection Control Professionals Association

Mailing Suite 22

www.vicpa.org.au

Department of Health, Victoria

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Australian and New Zealand standards cont.

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Hand hygiene Australia

<http://www.hha.org.au/>

World Health Organisation (WHO)

<http://www.who.int/en/>

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How to put on (don) and take off (doff) your personal protective equipment (PPE)

How to put on (don) your personal protective equipment (PPE)

Important: Put on all PPE before entering the patient zone	
	<p>1. Perform hand hygiene</p> <p>Wash hands with soap and water or use an alcohol-based hand rub</p>
	<p>2. Put on gown</p> <p>Close gown using ties or Velcro closures at the back of the neck and waist</p>
	<p>3. Put on surgical mask/respirator</p> <ul style="list-style-type: none"> • Secure ties or elastic bands at the middle of the head and neck. If loops at side of mask, secure over your ears • Fit flexible band to nose bridge • Ensure mask is fitted snug to face and below chin • If using a P2/N95 respirator, conduct a fit check. Always refer to the manufacturers' instructions for fit checking of individual brands and types of respirators
	<p>4. Put on protective eyewear / face shield</p> <p>Place protective eyewear / face shield over eyes/face and adjust to fit</p>
	<p>5. Put on gloves</p> <p>Extend to cover cuff of long-sleeved gown</p>

How to **take off (doff)** your personal protective equipment (PPE)

Important: Remove all PPE before exiting the patient zone

	<p>1. Remove gown and gloves</p> <ul style="list-style-type: none"> Gown front and sleeves and the outside of the gloves are contaminated – DO NOT TOUCH Grasp gown in the front and pull away from your body so that the ties break, touching the outside of the gown only with gloved hands While removing the gown, fold or roll the gown inside-out into a bundle As you are removing the gown, peel your gloves off at the same time, only touching the inside of the gloves and gown with your bare hands Place gown and gloves into a waste bin or receptacle
	<p>2. Perform hand hygiene</p> <ul style="list-style-type: none"> Wash hands with soap and water or use an alcohol-based hand rub
	<p>3. Remove protective eye wear</p> <ul style="list-style-type: none"> Outside of protective eye wear or face shield is contaminated – DO NOT TOUCH Remove protective eye wear or face shield from the back (if has elastic band) or by the side arms without touching the front of the eye wear / shield. If disposable – place into a waste bin or receptacle If non-disposable – place into receptacle designed for reprocessing
	<p>4. Remove surgical mask/respirator</p> <ul style="list-style-type: none"> Front of mask/respirator is contaminated – DO NOT TOUCH Grasp bottom ties or elastic band of the mask/respirator, then the ones at the top Remove without touching the face Dispose of mask/respirator into waste bin or receptacle
	<p>5. Perform hand hygiene</p> <ul style="list-style-type: none"> Wash hands with soap and water or use an alcohol-based hand rub.

Find out more www.dhhs.vic.gov.au/coronavirus

If you are concerned, call the

Coronavirus hotline 1800 675 398 (24 hours)

Please keep Triple Zero (000) for emergencies only

To receive this publication in an accessible format email COVID-19@dhhs.vic.gov.au

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- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
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