

# HLTINF006

Apply basic principles and practices of infection prevention and control



# **HLTINF006**

## **Apply basic principles and practices of infection prevention and control**

**Release 1**

**Learner Guide**

Aspire Version 1.1

## HLTINF006 Apply basic principles and practices of infection prevention and control, Release 1

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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



# Before you begin

This Learner Guide is based on the unit of competency *HLTINF006 Apply basic principles and practices of infection prevention and control*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

## How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

## Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> <li>• Understanding how documents are presented and being able to navigate through documents</li> <li>• Understanding industry- and job-specific terminology</li> <li>• Interpreting key information in relevant documents</li> <li>• Understanding routine workplace checklists and documentation</li> </ul>
Writing	<ul style="list-style-type: none"> <li>• Planning, drafting and writing reports and documents</li> <li>• Communicating through written letters, email and online</li> <li>• Recording progress; reporting incidents</li> </ul>
Oral communication	<ul style="list-style-type: none"> <li>• Clarifying instructions</li> <li>• Providing information</li> <li>• Supporting others through encouragement, negotiation and conflict resolution</li> <li>• Using body language to model desired behaviour and responding to others' body language</li> </ul>
Numeracy	<ul style="list-style-type: none"> <li>• Calculating costs, weights, measurements of height and distance</li> <li>• Interpreting measurements</li> </ul>
Learning	<ul style="list-style-type: none"> <li>• Understanding your job role, organisational procedures and legal responsibilities</li> <li>• Managing your work and seeing how well you are going</li> <li>• Making goals for yourself at work</li> <li>• Seeking professional development opportunities for continuous improvement</li> </ul>
Problem-solving	<ul style="list-style-type: none"> <li>• Identifying problems</li> <li>• Working out how to fix a problem using problem-solving processes</li> <li>• Reviewing the outcome</li> </ul>
Initiative and enterprise	<ul style="list-style-type: none"> <li>• Recognising opportunities to develop and apply new ideas</li> <li>• Generating ideas by thinking of new ways to do something</li> <li>• Making suggestions to improve work</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>• Working well with other people by cooperating, collaborating, encouraging and building rapport</li> </ul>



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> <li>• Planning your workload and commitments</li> <li>• Implementing tasks</li> <li>• Completing work on time</li> <li>• Knowing how to deal with hazards and risks</li> </ul>
Self-management	<ul style="list-style-type: none"> <li>• Understanding and applying decision-making processes</li> <li>• Reviewing your behaviour and the impact of your decisions</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• Efficiently using digitally based technologies and systems correctly and safely</li> <li>• Accessing, organising and presenting information</li> <li>• Using equipment correctly and safely</li> </ul>

Note: Not every unit of competency will contain all foundation skills.

## What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 The role of infection control	1A Identify infection risks and hazards	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Identify prevention and control measures to minimise risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Communicate and record hazards and risks	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Follow standard and transmission-based precautions	2A Personal hygiene practices	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Practice good hand hygiene	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Select and use personal protective equipment	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Follow cleaning and waste management procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 3 Respond to potential and actual exposure to infection risks within scope of own role	3A Respond to infection control risks and breaches	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Minimise contamination from exposure to infection risk	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Document and report on incidents and responses	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





## **Topic 1: The role of infection control**

- 1A Identify infection risks and hazards
- 1B Identify prevention and control measures to minimise risk
- 1C Communicate and record hazards and risks



# 1A

## Identify infection risks and hazards

**Community services settings, such as residential facilities, can be ideal places for the spread of infections and disease.**

The COVID-19 pandemic highlighted the increased risk of serious illness in vulnerable people, as well as the need to protect them from community infection. Older people and people with disabilities are more often prone to catching transmissible diseases, such as gastroenteritis, influenza and COVID-19, and may become sicker from these transmissible diseases than others in the community.

Measures to prevent and manage infection are, therefore, especially important in these settings and in other places where vulnerable people live and visit. These measures are called **infection control**.

### Infection control

Measures undertaken to prevent and minimise the level of infection in a healthcare environment.

Infection control is an important legal requirement of everyone working in community services settings, including managers, support workers, ancillary workers and visiting professionals. Be sure to encourage and support residents, clients, family members and visitors to take part in these practices wherever possible.

## Infection and disease

Infections and infectious diseases in humans are caused by the multiplication and invasion of tiny disease-causing microorganisms that gain entry to our body.

### Microorganism

A tiny cell which can sometimes cause disease and infection in people and animals.

A **microorganism** or microbe is a tiny cell that sometimes causes disease and **infection** in people and animals. Microorganisms are everywhere – in the air, on things that we touch every day and on our bodies. They are important to biology and to our environment. They perform many valuable functions, including:

- breaking down food and organic waste to return it to the soil for nutrients and fertilisation
- producing fuel and enzymes in our bodies
- providing essential gut health.

### Infection

The reaction of the body to its invasion by a disease-causing agent.

Microorganisms can multiply and live in a range of different conditions. Some are adapted to extremes, such as very hot or very cold conditions and high pressures.



## Pathogens

Some microorganisms have adapted to live and multiply in the human body in ways that cause illness, disease and even death. These types of microorganisms are called **pathogens**.

Pathogens can be classified into four groups according to their physical appearance and properties.

### Pathogen

A disease-causing microorganism.

Classification	Properties or features	Examples
Viruses	<ul style="list-style-type: none"> <li>Viruses infect and take control of host cells.</li> <li>Viruses can spread through person-to-person contact, body fluids, food and the air.</li> <li>Viruses typically cannot be treated with antibiotics – only antiviral drugs.</li> <li>In most cases, the body's immune system is responsible for dealing with viruses.</li> </ul>	<ul style="list-style-type: none"> <li>Human immunodeficiency virus (HIV)</li> <li>The common cold</li> <li>Influenza</li> <li>COVID-19</li> <li>Rotavirus</li> <li>Gastroenteritis</li> </ul>
Bacteria	<ul style="list-style-type: none"> <li>Bacteria are microorganisms – tiny living cells.</li> <li>Disease causing bacteria enter the body and multiply in/on the body.</li> <li>Most bacteria can be treated with antibiotics.</li> </ul>	<ul style="list-style-type: none"> <li>Whooping cough</li> <li>Multi-resistant Staphylococcus aureus (MRSA)</li> <li>Bacterial meningitis</li> <li>Tuberculosis</li> <li>Streptococcus</li> <li>Gastroenteritis</li> </ul>
Fungi	<ul style="list-style-type: none"> <li>Fungi are made up of larger cells than viruses and bacteria.</li> <li>A fungus usually spreads via a spore that meets infected skin or nails, or it may spread through bare skin contact in wet areas, such as toilets and bathroom surfaces.</li> <li>Fungi are treated with topical creams or antifungal medication.</li> </ul>	<ul style="list-style-type: none"> <li>Athlete's foot</li> <li>Thrush</li> <li>Candida</li> </ul>
Parasites	<ul style="list-style-type: none"> <li>A parasite is an animal, insect or micro-organism that feeds on or lives on/or inside another organism, including humans.</li> </ul>	<ul style="list-style-type: none"> <li>Malaria (spread by the parasite mosquitoes)</li> <li>Hookworms</li> <li>Lice</li> <li>Scabies</li> <li>Ringworm</li> </ul>

## The relationship between a pathogen and a host

### Host

The person or animal who 'hosts' or provides an environment for the pathogen to multiply on, such as on their skin or organs.

### Normal flora

'Good bacteria' that commonly live on the skin or in the digestive system, helping to protect our bodies from the growth of harmful pathogens, such as fungi, and aiding processes like digestion.

Virulence is a pathogen's or microorganism's ability to cause damage to a host.

Pathogens need human or other **hosts** to continue to live and multiply. Several types of microorganisms often colonise on humans without causing illness or disease and help to protect us from the growth of harmful pathogens, such as fungi. These are called **normal flora** (or 'good bacteria').

Pathogens can multiply and make use of their hosts through the processes of colonisation, infection and disease.

### Colonisation

Colonisation means that pathogens or other microorganisms are growing and multiplying on body sites exposed to the environment, such as a person's skin, mouth, intestines or airway, without causing harm or infection. For a microorganism or pathogen to cause a disease in a human, it must have been there long enough, or be virulent enough, to damage a host.

### Example

#### Colonisation by 'Golden Staph'

Staphylococcus aureus (or 'Golden Staph') frequently lives on our skin as normal flora, limiting the invasion of more harmful bacteria or fungi. However, Staphylococcus aureus can sometimes lead to infection when the skin has been broken, or when it enters the blood supply, especially when the host has a weakened immune system.

### Infection

Infection happens when the pathogen begins to cause swelling, inflammation, or other types of damage to localised body tissues in the area where it is multiplying.

Swelling and heat happen when our bodies try to fight the invading pathogen. It is the result of increased blood flow to the area, along with the presence of special blood cells designed to attack invaders. Inflammation can help to set up a type of 'exclusion zone'. Our immune system kills microbes and surrounding cells, leaving pus around the infection, which is discharged via an abscess to the outside of the skin.



## Example

### Infection with the common cold virus

The common cold virus will infect the upper respiratory tract of the host. The person will develop inflammation, redness, swelling and pain in the throat and upper airways.

## Disease

The immune response by our bodies can help us to fight the pathogen, but it can also provide an entry point into our bodies and blood stream for certain microorganisms, especially when the host is vulnerable, such as when they have lowered immunity or are older. When the microorganism enters our body and starts to cause harm, this is called an **infectious disease**.

Diseases can range from a mild illness, like the common cold, to conditions such as COVID-19 that can be fatal. Some infectious diseases trigger our body to initiate symptoms like mucous production, diarrhoea and vomiting. These are our body's attempts to remove the pathogens from our body. Some pathogens can take advantage of these process, helping them to spread from person to person via vomit, faeces, pus or sneezed droplets.

## Chain of infection

The **chain of infection** is series of conditions that need to be present for infection and transmission of disease to occur. If the chain is broken, the infection cannot spread.

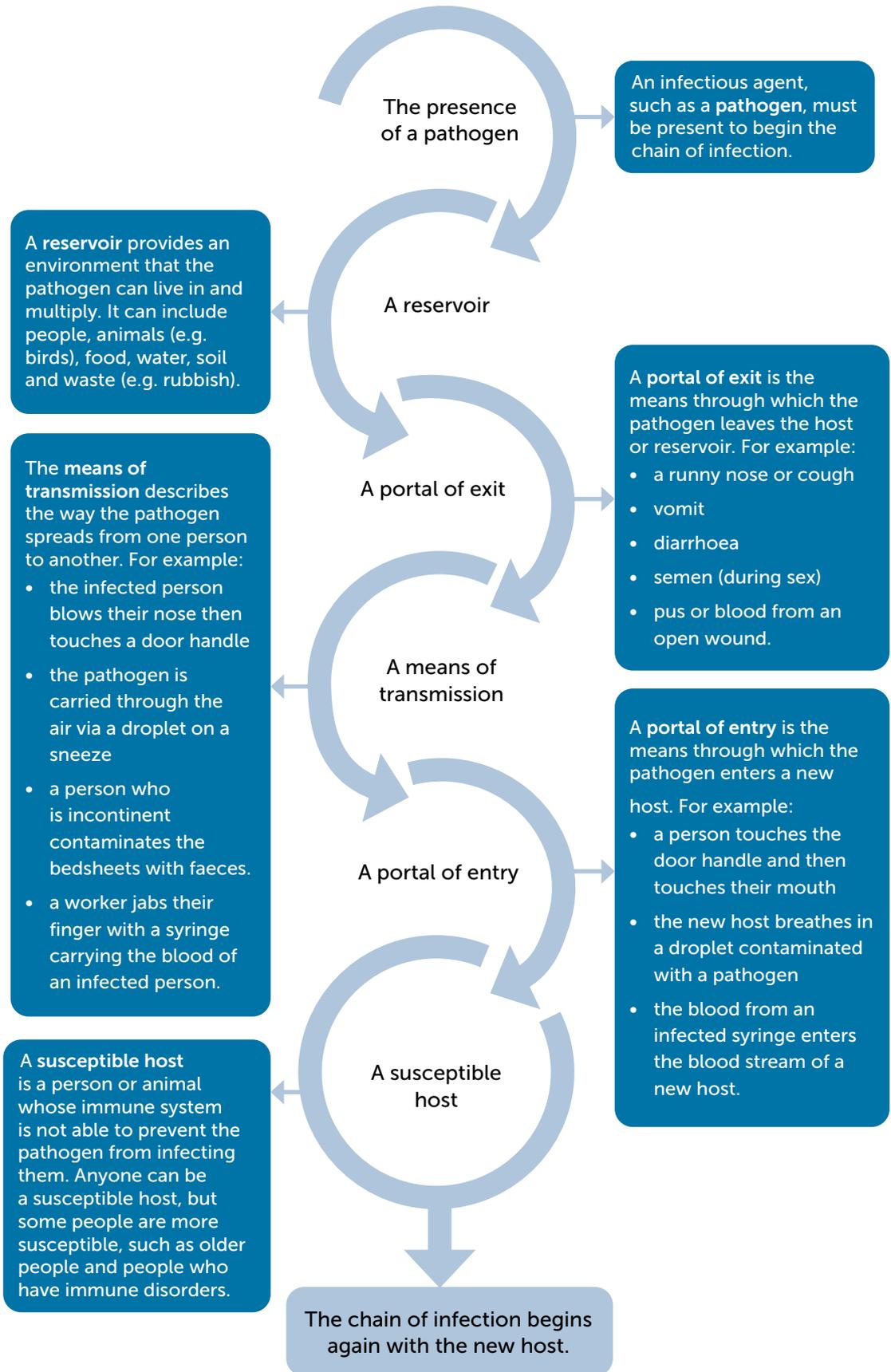
The diagram on the following page illustrates the parts of the chain that must be present for an infection to spread from one host to another.

### Infectious disease

Diseases caused by microorganisms such as bacteria, viruses, parasites and fungi, which can spread from one person to another.

### Chain of infection

A series of conditions that need to be present for infection and transmission of disease to occur.





### Video: Chain of infection

Watch this video on the chain of infection, which outlines how to protect yourself and others from COVID-19: [aspirelr.link/chain-of-infection](https://aspirelr.link/chain-of-infection)

Make a list of the advice provided in the video about ways to protect yourself from COVID-19.



## Means of transmission

Means of transmission refers to the way pathogens spread from one person to another. This can occur in several ways. Here are some examples.

### Direct and indirect contact

Direct contact with the microorganism can happen from touching the person and their body fluids. For example, touching a person infected with **conjunctivitis** and then touching your own eye.

Transmission can also happen through indirect contact, meaning there is no direct contact with an infected person; rather, transmission occurs through touching something that was touched by the infected person, such as door handles or tables.

### Airborne transmission

Some infections, such as the flu, the common cold, COVID-19 and tuberculosis, can spread through the air from droplet spray or airborne particles that come from coughing, spitting, talking or sneezing.

Droplets can live on the surface of benches and contribute to the contact transmission of diseases, such as contracting salmonella in food preparation areas (e.g. soiled kitchens). Droplets can also fall onto food and be ingested by people, or they can be breathed in and spread through respiratory transmission.

Some organisms are so small that they can remain in the air until a person inhales them into their respiratory system. Particles that float or are carried in the air include some types of gastroenteritis, rubella and anthrax.

**Conjunctivitis**  
A highly infectious eye condition, spread by the discharge and pus released by the eye during the infectious period.

### Video: Spread of infection

Watch the video to learn more about aerosols, droplets and airborne transmission: [aspirelr.link/youtube-spread-of-infection](https://aspirelr.link/youtube-spread-of-infection)

What is the main difference between aerosols and droplets?



## Bloodborne transmission

### Bloodborne

A disease or pathogen carried by the blood.

Some life-threatening diseases are **bloodborne**, such as HIV, hepatitis B and hepatitis C.

Pathogens carry disease from person-to-person when infected blood enters an opening into the body. This includes through an open or uncovered wound, or via a contaminated sharp, such as a needle that enters directly into a person's bloodstream.

Here is some more information on bloodborne diseases:

<p><b>HIV and AIDS</b></p>	<ul style="list-style-type: none"> <li>• HIV, the virus that causes AIDS (acquired immunodeficiency syndrome), does not live for very long and cannot reproduce outside of the body. The risk of HIV transmission from environmental contact with infected body fluids is very low.</li> <li>• HIV is a dangerous virus, and AIDS is often a terminal condition. Urgent action must be taken if a person encounters HIV-infected body fluids. Medication exists to reduce the likelihood of infection, but only if it is taken within three days of exposure.</li> <li>• Exposure to HIV can occur through infected body fluids encountering the mucous membranes of the body or entering the blood stream.</li> <li>• Read more about HIV and AIDs here: <a href="https://aspirelr.link/hiv-infection-and-aids">aspirelr.link/hiv-infection-and-aids</a></li> </ul>
<p><b>Hepatitis</b></p>	<ul style="list-style-type: none"> <li>• Hepatitis viruses have longer lifespans outside of the body than HIV, especially in wet conditions. Hepatitis A can survive for months in the right conditions, hepatitis B can stay infectious for up to a week and hepatitis C can survive for several days.</li> <li>• When an unvaccinated person is exposed to hepatitis A and B, they will require immediate medical treatment, usually in the form of a vaccine or immunoglobulin within two weeks of exposure. As there is no vaccine available for hepatitis C, a person who has been exposed should seek immediate medical attention.</li> <li>• Read more about the different types of hepatitis and immunisations available here: <a href="https://aspirelr.link/hepatitis">aspirelr.link/hepatitis</a></li> </ul>

## Vector transmission

Animals, insects or parasites can spread certain types of infectious diseases from human to human or from animal to human. One way they can do this is by biting an infected person and then spreading the disease, such as through their saliva. For example, malaria and Ross River virus are spread by mosquitoes, and scabies is caused by insects that live in bed linen and mattresses who bite people's skin, causing it to become infected.

Some diseases can be spread by birds through contact, such as by ingesting food or water contaminated with faeces from infected birds. An example is Avian Bird flu.



## Other transmission

Some diseases are transferred to humans from soil and water. For example, Legionnaires' disease can be transferred from soil and potting mix, and hepatitis C can be transferred from person to person through infected water.

## Vulnerability to disease

### Several factors increase the chance of people being infected with pathogens and becoming sick.

People who are more likely to contract, become sick with or die from an infection are called **susceptible hosts**. They include older people, people with a chronic illness and people with lowered immunity.

The immune system consists of cells that fight infection. White blood cells remember the type of infections that a person has previously been infected with and can quickly overcome them if they encounter them again. A person with a weakened immune system cannot fight infectious diseases well. In some cases, their immune system cannot fight them at all.

Some bacteria may have little or no effect on a healthy person but can have serious health effects on susceptible hosts.

#### Susceptible host

People who are more likely to contract, become sick with or die from an infection.

## Vulnerable clients or residents

People who are more vulnerable to disease include:

- people with diseases that affect the immune system, such as HIV or leukaemia
- people who have chronic medical conditions, such as diabetes, multiple sclerosis or arthritis
- people who are taking medications that suppress the immune system
- people over the age of 65
- young children and new-born infants who need to develop their immune systems; they rely on protection from their mother to support their immune systems via breastmilk
- some groups of people, including Aboriginal or Torres Strait Islander peoples, are known to be at higher risk of serious complications or death from conditions like COVID-19.

## Example

### Aged care facilities and susceptibility to infection

As we saw with COVID-19 infections, aged care facilities can be similar to a cruise ship, as both are ideal places for pathogens to multiply and spread. There are many reasons for this:

- Workers are constantly spreading viruses and bacteria as they move from person to person while in contact with body fluids.
- Older people are more likely to have weakened immune systems, which places them not only at greater risk of infection, but also at higher risk of serious illness.

### Workers at higher risk

Some support workers may have an increased risk of acquiring infections and have a responsibility to ensure their own health and wellbeing. Here are some examples of conditions that may put you at risk:

<p><b>Pregnancy</b></p>	<ul style="list-style-type: none"> <li>• You should not work around people who have certain infectious conditions, especially chickenpox, rubella, shingles or gastroenteritis.</li> <li>• Ask your supervisor to allocate you to other clients or residents when these conditions are present.</li> </ul>
<p><b>Immunosuppressant medication</b></p>	<ul style="list-style-type: none"> <li>• If you are taking medications that reduce your immunity, such as medications that prevent the rejection of donor tissue, or if you are having radiotherapy or chemotherapy, you are more at risk of contracting and becoming unwell from many different infections.</li> <li>• Talk to your doctor and your supervisor about your risk.</li> </ul>
<p><b>Immunodeficiency disorders</b></p>	<ul style="list-style-type: none"> <li>• The following autoimmune diseases may affect the function of particular organs in the body:                             <ul style="list-style-type: none"> <li>- Addison's disease (adrenal)</li> <li>- Autoimmune hepatitis (liver)</li> <li>- Coeliac disease (gastrointestinal tract)</li> <li>- Crohn's disease (gastrointestinal tract)</li> <li>- Diabetes Mellitus Type 1A (pancreas)</li> <li>- Rheumatoid arthritis (joints, less commonly lungs, skin, eyes)</li> <li>- Scleroderma (skin, intestine, less commonly lungs, kidneys)</li> <li>- Systemic Lupus Erythematosus (e.g. skin, joints, kidneys, heart, brain or red blood cells)</li> </ul> </li> </ul>



## Common infection hazards

**Infection hazards are situations where infections are more likely to spread.**

**Infection hazards** can pose risks to both workers and clients. You must be alert to infection hazards in the environment to help understand how they can be reduced.

Here are some examples of **infection risks** and hazards in community services' workplaces and the types of infections that can be spread:

<b>Being in contact with sharps</b>	Working in an environment where sharps, such as needles from injectable drugs, are used is an infection hazard. This is because: <ul style="list-style-type: none"> <li>• sharps injuries provide an entry point for bloodborne diseases, such as human immunodeficiency virus (HIV) and hepatitis</li> <li>• cuts allow bacteria to enter the body, which can result in infection and septicaemia (blood poisoning).</li> </ul>
<b>Handling body fluids</b>	Exposure to body fluids, such as blood, urine, faeces and vomit, can spread diseases such as: <ul style="list-style-type: none"> <li>• HIV/AIDS</li> <li>• hepatitis</li> <li>• gastroenteritis infections such as E. coli</li> <li>• MRSA.</li> </ul>
<b>Handling waste</b>	Waste can pose an infection risk if the items contain: <ul style="list-style-type: none"> <li>• body fluids like urine and faeces (there is a smaller risk if body fluids have dried)</li> <li>• food that might contain salmonella.</li> </ul>
<b>Aerosol equipment such as nebulisers</b>	Some diseases spread easily through the air, such as: <ul style="list-style-type: none"> <li>• COVID-19</li> <li>• influenza</li> <li>• meningitis, pertussis (whooping cough) and tuberculosis, which travel faster and farther through the air when an infected person is using aerosol equipment (e.g. nebulisers)</li> </ul>
<b>Providing personal care</b>	Close personal contact with clients can increase the likelihood that infections will spread, including: <ul style="list-style-type: none"> <li>• scabies</li> <li>• staphylococcus aureus</li> <li>• cellulitis</li> <li>• herpes (cold sores).</li> </ul>

### Infection hazard

A practice or situation that has the potential for an infection to spread and cause harm.

### Infection risk

The potential consequences of being exposed to infections, such as contracting a serious disease.

**Handling food**

Food can be a reservoir for infection. It poses an increased hazard when it has:

- passed its use-by date
- been contaminated
- not been stored appropriately.

Consuming contaminated food allows the bacteria to reach the gastrointestinal system, which can lead to adverse effects, such as diarrhoea, vomiting, dehydration and even death.

## Example

### Antibiotics and MRSA

Antibiotics are used to control infectious bacterial disease in people and prevent death or severe illness. Due to an overuse and inappropriate prescribing of antibiotics, some diseases and infections that were once easily treated are now resistant to our strongest antibiotic treatments.

**MRSA** is the most common of the antibiotic resistant infections that affect humans. In the past, *Staphylococcus aureus* (golden staph) was commonly treated with penicillin, but some forms of this bacteria are now penicillin resistant. These are termed methicillin-resistant *Staphylococcus aureus* (MRSA). MRSA can cause infections of the skin, as well as life-threatening infections of the brain, bones, lungs, heart, blood vessels and lungs.

MRSA is spread from a worker's hands to a person with an open wound. Hand-washing is one of the most effective ways to prevent the spread of MRSA.

**MRSA**

A common and harmful bacterium that is resistant to most types of antibiotics.



## Practice Task 1

### Question 1

Match each term about microorganisms and infections to its definition.

Parasite	Takes over host cells
Fungi	Grows through multiplication
Pathogen	Spreads through contact with infected skin or nails in damp or wet areas
Colonisation	Microorganisms present on the body site but are doing no harm
Virulence	A medical condition that interferes with normal health and wellbeing
Bacteria	When microorganisms enter the body and cause harm
Virus	A disease-causing microorganism
Disease	An animal, insect or microorganism that feeds on or lives on or inside another organism
Virulence	A pathogen's or microorganism's ability to cause damage to a host

### Question 2

Briefly outline the difference between direct and indirect contact for the transmission of infection.



**Question 3**

Provide at least one example of direct and indirect transmission of infection.

**Question 4**

Briefly describe the role of each of the following parts in the chain of infection:

- Reservoir
- Exit portal
- Means of transmission
- Portal of entry
- Susceptible host



### Question 5

Which of the following people are more likely to be vulnerable to infection? Tick all that apply.

- A person who has a compromised immune status due to cancer treatments such as chemotherapy
- A person with an open wound
- A person who is 78 years old
- Aboriginal or Torres Strait Islander peoples
- A young worker who has been vaccinated in the past year

### Question 6

Complete the following table by listing examples of infection risks in the work environment, and provide an example of how each can be prevented.

Hazard	Risks	Prevention
Sharps such as needles from injectable drugs are used		
Body fluids to clean up, such as blood, urine, faeces and vomit		
Waste products carrying urine and faeces		

# 1B

## Identify prevention and control measures to minimise risk

**Every workplace is legally obliged to have processes in place to identify and control infection hazards and risks.**

Every person in the workplace has responsibilities and obligations to control infection. This includes taking all reasonable steps to prevent the spread of infection and following instructions and procedures.

There are a series of established national standards and guidelines for the prevention and control of infection in aged care and health care settings.

<b>The National Safety and Quality Health Service (NSQHS) Standards</b>	<ul style="list-style-type: none"><li>• The NSQHS Standards must be met by Australian health care services. They also drive best practice in community services settings, such as aged care and disability services.</li><li>• Standard 3 focuses on prevention and control of healthcare-associated infections, such as MRSA, gastroenteritis and influenza. It aims to reduce preventable infections and help staff to manage infections when they occur.</li><li>• You can access it here: <a href="https://aspirelr.link/nsqhs-standard-3">aspirelr.link/nsqhs-standard-3</a></li></ul>
<b>Aged Care Quality Standards</b>	<ul style="list-style-type: none"><li>• Standard 3: Personal Care and Clinical Care refers to infection control. It requires services and workers to be vigilant in protecting clients or residents from infection by practicing careful hygiene procedures, and encouraging clients and residents to do the same.</li></ul>
<b>Australian Guidelines for the Prevention and Control of Infection in Healthcare</b>	<ul style="list-style-type: none"><li>• These guidelines are a nationally accepted approach to infection prevention and control. They help services to develop detailed procedures for infection prevention and control specific to the setting.</li><li>• You can read more about it here: <a href="https://aspirelr.link/nhmrc-infection-control-guidelines-pdf">aspirelr.link/nhmrc-infection-control-guidelines-pdf</a></li></ul>

The Aged Care Quality and Safety Commission has developed resources to support providers during the COVID-19 pandemic. These resources include:

- outbreak management guidance
- lessons learned by aged care providers experiencing outbreaks of COVID-19 in Victoria
- visitor access for residential aged care services
- infection control spot checks
- COVID-19 (coronavirus) information.

These resources can be accessed here: [aspirelr.link/covid-19-provider-resources](https://aspirelr.link/covid-19-provider-resources)



Here are some other resources providing guidelines and standards for infection control and prevention:

- ACSQHC Preventing and Controlling Infections Standard: [aspirelr.link/acsqhc-infection-control-standards](https://aspirelr.link/acsqhc-infection-control-standards)
- ACSQHC National guidelines for hand hygiene: [aspirelr.link/acsqhc-hand-hygiene-guidelines](https://aspirelr.link/acsqhc-hand-hygiene-guidelines)
- Australian Government Department of Health and Ageing guideline on the prevention and control of infection in residential and community aged care: <https://aspirelr.link/dss-infection-control-aged-care>

## The Aged Care Quality Standards and infection control

All aged care service providers need to regularly prove that they meet the **Aged Care Quality Standards**. These are the minimum requirements for a range of different types of support. All aged care workers must know and understand the standards well.

Standard 3: Personal Care and Clinical Care refers to infection control:

- Organisations are expected to assess the risk of infections and take steps to prevent, detect and control the spread. If the transmission of an infectious disease starts to occur, your service must increase their vigilance and response.
- Your service must appoint an infection of control lead (IPC lead) and provide training to all staff around infection prevention and control,
- When there is risk of infection being introduced to a facility, such as COVID-19, gastroenteritis or influenza, staff and visitors must be screened before entry.
- Aged care workers must have influenza and COVID-19 vaccinations and your service must keep records of these vaccinations. They also need to promote the benefits of the vaccinations to you.
- You must be supported to understand how to reduce the risk of increasing resistance to antibiotics.
- Your service must tell government authorities about outbreaks of infectious diseases.

### Aged Care Quality Standards (ACQS)

The eight industry standards that must be followed by all aged care providers.

Find out more about the Aged Care Quality Standard 3: Personal Care and Clinical Care here: [aspirelr.link/acq-standard-3](https://aspirelr.link/acq-standard-3)

## Worker responsibilities

Support workers are often the most important link in infection control procedures because they often have direct contact with clients and residents.

Infection control policies and procedures outline how you can minimise the potential for infection for yourself and the people you support.

Part of your responsibility includes helping the people you support to follow recommendations for preventing infection. This involves reminding and helping clients and residents to wash their hands before entering and after leaving communal spaces, such as day rooms, and to help them to maintain good hygiene practices, such as daily hygiene routines.

## Duty of Care

### Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

**Duty of care** refers to your responsibility to act in a reasonable way to protect others from harm, whether as part of your job role or while undergoing training. If you identify that an individual is at risk of harm from infection, you are legally responsible to act to minimise this risk. Supervisors, managers and experienced staff will have a higher level of responsibility than less experienced staff.

Your duty of care includes the following:

- Never leave a person lying or sitting in soiled clothes or incontinence pads.
  - Conduct regular checks if the person is unable to communicate this to you. If they do let you know that they are soiled, respond immediately. Leaving a person for long periods with their skin in contact with urine or faeces is not only uncomfortable, but can lead to rashes, infections and breaks in the skin.
- If you are concerned about an infection control risk, inform your manager.
- Speak up if you need more training in infection control practices, or if you do not have adequate access to **personal protective equipment (PPE)** or other equipment necessary to follow policies.

### Personal protective equipment (PPE)

Pieces of clothing and equipment that are designed to protect the human body from physical, chemical or biological hazards.

### Additional support worker responsibilities relating to COVID-19, gastroenteritis and influenza

All aged care workers must be immunised against COVID-19 and influenza. There are very few exceptions permitted. This also applies to home, community and disability workers in many settings.

You must be vigilant in stopping the chain of infection at all points of contact, or potential contact, during times of outbreak or when there is the potential for outbreak. This includes washing your hands and wearing PPE, according to the instructions you are given.

You must report hazards or risks for infection as soon as you become aware of them. This includes reporting signs of fever or respiratory illness in clients or residents.



### Additional support worker responsibilities relating to COVID-19, gastroenteritis and influenza

You must report breaches in policies, such as when a staff member is handling body fluids without gloves. Reporting helps to prevent the incident happening again, and it highlights the need for additional training and support.

You have the responsibility to stay home when you are unwell.

## Manager responsibilities

Your managers have a very important duty of care to you and the people you support, by making sure that you have the training and resources you need to work safely.

Here are some examples of the responsibilities of managers:

<p><b>Screening of staff and visitors</b></p>	<p>The managers of services like residential aged care facilities must have procedures in place for screening all workers and visitors at times of increased risk, such as when there is an outbreak of COVID-19 in the community, or when there is gastro gastroenteritis or suspected gastroenteritis in the service. This can include:</p> <ul style="list-style-type: none"> <li>• asking for proof of vaccination prior to entry</li> <li>• screening for fever and other signs</li> <li>• asking questions about symptoms of infection</li> <li>• refusing entry to people who are at high risk or when the facility is in lockdown.</li> </ul>
<p><b>Staff vaccination</b></p>	<p>Residential aged care service managers must, by law, collect and document proof of your vaccination status, and they must make regular reports to The Aged Care Quality Commission about the status of COVID-19 vaccinations and staff and resident infections.</p> <p>They must also help you to understand the importance of vaccinations and the ways in which they control the spread of COVID-19 and influenza.</p> <p>If you are not vaccinated, they must suspend your employment and you must not enter the facility.</p> <p>To learn more about vaccination requirements for health workers, here is a link to a Victorian government website: <a href="https://aspirelr.link/healthcare-workers-vaccination-requirements">aspirelr.link/healthcare-workers-vaccination-requirements</a></p>
<p><b>Providing the right training</b></p>	<p>You must have regular infection control training. You must review updated information that relates to your job role, such as updates to COVID-19 requirements.</p> <p>If you feel that you need additional training, speak with your manager and organise support..</p>

<p><b>Providing the right resources and equipment</b></p>	<p>You must have adequate supplies of equipment to do your job safely, including to help you minimise the spread of infection.</p> <p>Your service must supply you with:</p> <ul style="list-style-type: none"> <li>• PPE (e.g. gloves)</li> <li>• cleaning chemicals to suit the environment</li> <li>• procedures for you to follow</li> <li>• posters and signs to remind you and others about the requirements for hand-washing and other measures.</li> </ul>
<p><b>Supporting you when you are unwell</b></p>	<p>Your service managers must not insist or encourage you to come to work when you are unwell.</p> <p>It is not your responsibility to cover your shift, and you should not be made to feel guilty for staying home to protect others from infection.</p>
<p><b>Reporting notifiable infections to the government</b></p>	<p>Services must by law report the existence or outbreaks of certain infectious conditions.</p> <p>Under the <i>Public Health Act 1997</i>, aged care facilities must notify Communicable Disease Control if they have:</p> <ul style="list-style-type: none"> <li>• two or more cases of gastroenteritis (diarrhoea and/or vomiting) or influenza among residents and/or staff in a 24-hour period</li> <li>• suspected or confirmed cases of COVID-19</li> <li>• other infectious diseases or food poisoning from a list of notifiable conditions.</li> </ul> <p>Read here about the types of diseases that must be reported and the requirements for each state and territory across Australia: <a href="https://aspirelr.link/infection-reporting-requirements">aspirelr.link/infection-reporting-requirements</a></p>

## Infection Prevention and Control Leads

All residential aged care services must appoint at least one nursing staff member as an **infection prevention and control (IPC) lead**. This person helps to lead other staff in preventing and responding to infectious diseases, including COVID-19 and influenza. The IPC lead must work onsite in the facility and they must have completed specific training, including COVID-19 training.

### IPC lead

A nurse who is specially appointed to help train and guide all staff in understanding and following infection control procedures.

Read here about the roles of IPC lead personnel in aged care residences: [aspirelr.link/ipc-lead-aged-care](https://aspirelr.link/ipc-lead-aged-care)



## Practice Task 2

### Question 1

Suggest two actions a support worker who works with vulnerable people should take if they are feeling unwell and have a fever.

### Question 2

Suggest two actions a manager should take if a support worker says they are feeling unwell and have a fever.



**Question 3**

Provide two examples of the responsibilities aged care managers have to ensure staff comply with vaccination requirements.

**Question 4**

Name two standards or guidelines that outline your infection control obligations.

# 1C

## Communicate and record hazards and risks

**Good communication is one of the most important factors in the prevention and management of infection hazards and risks.**

Healthy workplaces foster an environment that encourages workers to discuss infection control often in all community services settings. Speaking with others about concerns, problems, opportunities or ideas helps to increase awareness, reduce anxiety and ensure that the most effective controls are in place and working well.

### Working with others to put control measures in place

Your infection prevention and control responsibilities include taking all reasonable steps to prevent the spread of infection and following instructions and procedures.

Your employer will have outlined and provided you with these in their infection control policies and procedures guideline. These will have been written to reflect the established national standards and guidelines for the prevention and control of infection in aged care and health care settings.

Risks need to be controlled according to the level of harm they could cause – and the likelihood that they could happen. A **risk assessment matrix** can help you and your managers decide how high the risk is, and how urgently it needs to be controlled.

You can read more about hazards and risks in healthcare and social assistance industries here: [aspirelr.link/hazards-risks-health-industry](https://aspirelr.link/hazards-risks-health-industry)

**Risk assessment matrix**  
Matrix used to work out a risk-rating for a particular hazard.

### The hierarchy of control

When you and your colleagues are approaching an infection control risk, it is good practice to use the hierarchy of control to decide the safest possible way to manage the risk.

The hierarchy of control asks you to consider the most effective controls possible, working your way through the lower levels of control until you find one or more measures that effectively control the risk.



<b>1. Elimination</b>	<p>The best way to reduce any risk is to remove or eliminate the hazard altogether. This is not always possible but should be considered as a first option.</p> <p>For example:</p> <ul style="list-style-type: none"><li>• outsourcing linen services to an external company to reduce the risk of infection to domestic and laundry staff</li><li>• having an older person with an infectious disease transferred to hospital to eliminate the chance of it spreading to other residents.</li></ul>
<b>2. Substitution</b>	<p>If it is not reasonable or possible to eliminate the hazard, you might consider substituting the work practice with a different way of doing it.</p> <p>For example:</p> <ul style="list-style-type: none"><li>• using disposable wound dressing equipment rather than reusable instruments to reduce the risk of MRSA spreading from a contaminated wound</li><li>• having staff and family meetings online to avoid close contact during times of COVID-19 transmission in the community.</li></ul>
<b>3. Isolation</b>	<p>Isolating people from the hazard by distance or barriers can help to reduce some risks.</p> <p>For example:</p> <ul style="list-style-type: none"><li>• isolating residents with COVID-19 in a separate wing or area, away from residents who are not infected</li><li>• isolating a resident with gastroenteritis in their own room and with their own bathroom and equipment.</li></ul>
<b>4. Engineering controls</b>	<p>Engineering controls involves changing the environment or equipment to help reduce the risk.</p> <p>For example:</p> <ul style="list-style-type: none"><li>• retractable needles</li><li>• plastic screens separating reception areas from the public</li><li>• air purification and ventilation systems.</li></ul>
<b>5. Administrative controls</b>	<p>Administrative controls rely on managers changing and supporting human behaviour through policies, training and instruction.</p> <p>For example:</p> <ul style="list-style-type: none"><li>• signs to remind staff to wash their hands</li><li>• staff training when a new infection has entered the community.</li></ul>
<b>6. PPE</b>	<p>PPE provides back-up for higher level control measures, so it is the last measure on the hierarchy. PPE is often one of the most effective ways to reduce the spread of infection.</p> <p>For example:</p> <ul style="list-style-type: none"><li>• using P2/N95 masks when there is the potential for the spread of respiratory diseases.</li></ul>



## Example

### Using control measures to reduce risk

Ivan and his team have admitted Mr Anand, a new resident to the facility. Mr Anand has hepatitis C, an infectious bloodborne condition. He also has dementia and is diabetic, which means nurses need to provide him with regular injections of insulin. Support workers are concerned that they might come into contact with used needles or contract hepatitis C in other ways, such as via Mr Anand's saliva or blood.

The staff talk to the nurses and doctors about how the condition is spread and how it can be controlled. They use this knowledge and the hierarchy of control to put in place steps to reduce the risk of harm to staff and other residents.

- 1.** They consider whether it is possible to eliminate the risk altogether by outsourcing any of the high-risk tasks, such as administering insulin injections. While it is impractical to outsource the injection of insulin to outside of the facility, they decide that they can use a flash glucose monitoring system, which uses sensor technology to test glucose levels without needing to prick a finger.
- 2.** They consider whether they could use substitution to reduce the risk. The manager agrees to purchase retractable needles to replace the needles that are currently being used.
- 3.** The staff consider whether isolation would be an option to reduce risk. Since hepatitis C is a bloodborne disease, isolating Mr. Anand from other residents or staff is not necessary, and would not be useful in this case. This layer of control is irrelevant to this situation.
- 4.** The staff discuss whether engineering controls might help. They consider placing a small sharps bin in Mr Anand's bathroom, so that needles can be placed directly there. However, they decide that this would increase the risk since Mr Anand has dementia; a sharps bin that he could access might lead to him removing needles and placing them where they could cause harm. This level of control is irrelevant to this situation.

5. Administrative controls, the next level on the hierarchy, are considered. The managers agree to provide additional training to support staff, to help them to understand how hepatitis is and is not spread, and the everyday measures that staff might need to take. They also agree to support all staff to make it easier for them to obtain their required series of hepatitis vaccinations.
6. PPE is discussed next. Some staff are concerned that they should wear gloves and a mask whenever they are caring for Mr Anand. The staff are assured that this level of protection is unnecessary for his condition. However, they require that all staff wear gloves when they are concerned that they might come into contact with Mr Anand's blood, such as when administering insulin and supporting him to clean his teeth.

## Record and report hazards and risks

### **Speak up early when you have worries or concerns, and document what you have seen or heard, so that it can be acted on correctly.**

Recording and reporting on risks or concerns can also help the work team to act early on new hazards and risks. Documenting may mean that you write notes in a person's care or support plan so other workers can read about the risk and actions that were, or are, required. You will need to speak to a supervisor or team leader about what you have observed. This may need to happen immediately, depending on the likelihood of the risk causing harm, or it can be discussed during a team meeting or in a workplace health and safety meeting.

You have a duty of care to identify and act on infection control risks before they cause harm (within the scope of your responsibilities and job role). This means understanding the policies and procedures required as part of your job role and knowing when to report information to a more senior or experienced colleague to gain advice on actions that need to be taken.

This might include:

- when you become aware of a new infection or signs of infection in yourself or in clients or residents, such as when a resident has an episode of diarrhoea
- when you have an idea for improving something in the workplace, such as moving waste bins to a place where they are more accessible
- when you have questions about an infectious condition that has developed in the service, such as when a resident has scabies, and you want to know how you can reduce the risk of infecting yourself and others



- when you have concerns that something is not being done well or according to regulations, or is ethically wrong, such as when a staff member is heard encouraging a resident not to get vaccinated because of something they read on Facebook.

If there has been an incident or accident, you may be required to complete an incident report and provide a copy to the organisation. These documents will be discussed in a following topic.

## Practice Task 3

### Question 1

Number each step from 1 to 5 in the order you would follow to implement control measures.

	Engineering controls
	Elimination
	Isolation
	Substitution
	Administrative controls

### Question 2

Identify the name of the document record used to determine the likelihood and consequences of a certain risk.



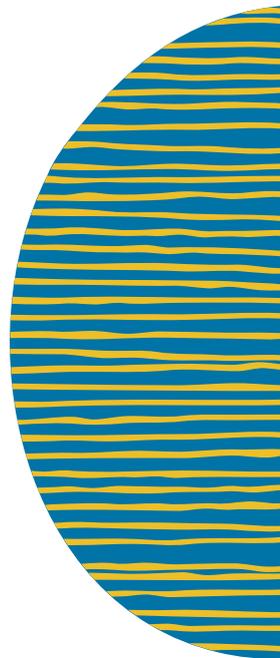
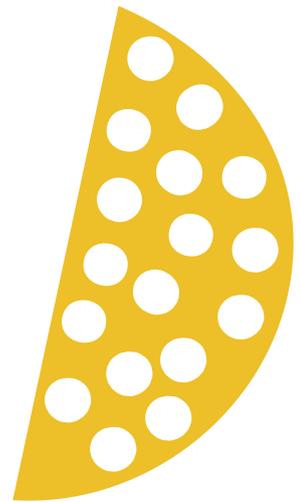
**Question 3**

Provide an example of a situation where a worker must communicate to a supervisor or senior colleague about an infection risk they have identified.



## Summary

- Measures to prevent infection are especially important in settings where vulnerable people live and visit.
- Infections and infectious diseases in humans are caused by the multiplication and invasion of tiny disease-causing microorganisms that gain entry to our body.
  - Disease causing microorganisms are called pathogens and have adapted to live and multiply in the human body in ways that cause illness, disease and even death.
- The chain of infection is series of conditions that need to be present for infection and transmission of disease to occur; if the chain is broken, the infection cannot spread.
- People who are more likely to contract, become sick or die with an infection are called susceptible hosts.
- Part of your responsibility includes helping the people you support to follow recommendations for preventing infection.
- Your duty of care refers to your responsibility to act in a reasonable way to protect others from harm, within your job role and training.
- If you identify that an individual or another person is at risk of harm from infection, you are legally responsible to act in a way that minimises this risk.
- Managers have a duty of care to staff, and the people being supported to ensure that workers have the training and resources needed to prevent and control infection.
- Communicating infection control concerns, problems, opportunities or ideas can help to increase awareness, reduce anxiety and ensure that the most effective controls are in place and working well.
- Risks need to be controlled according to the level of harm they could cause and their likelihood.





# Learning Checkpoint 1

## The role of infection control

### Part A

1. Complete the table by listing at least one property or feature of different microorganisms and then provide an example for each.

Classification	Features	Examples
Viruses		
Bacteria		
Fungi		
Parasites		



**2. Briefly outline the difference between a colonisation, infection and disease.**

**3. Match each chain of infection term to its description.**

Portal of exit	A disease-causing microorganism (pathogen) is present
Portal of entry	Provides an environment for a pathogen to live and multiply, which can include people, animals or birds, food, water, soil and waste, such as rubbish.
Infectious agent	A way for a pathogen to leave the host or reservoir, such as a runny nose or vomit
Susceptible hosts	A way for a pathogen to enter a new host; for example, a person touches a cup and then touches their mouth
Reservoir	People more likely to contract, become sick or die with an infection



**4. Which of the following statements relate to the chain of infection?**

Tick all that apply.

- Insects or parasites are vectors because they spread infectious diseases by biting an infected person and then spreading the disease to another person.
- Bites from animals are a common way for pathogens to spread among people.
- Birds spread infection when people eat or drink contaminated water or food.
- Waste can pose an infection risk if they contain body fluids like urine and faeces.
- If the chain of infection is broken, an infection cannot spread.
- For a pathogen to cause a disease in a human it must be virulent enough to cause damage to a host.

**5. List four sources that provide information about your role in identifying infection risks and hazards at work.**

**6. Identify three responsibilities workers have for infection prevention and control.**



**7.** Identify three responsibilities managers or team leaders have for infection prevention and control.

**8.** Provide an example for each of the different modes of transmission and identify one control measure that can be used to prevent the spread of infection for each:

- Airborne droplets
- Touching a contaminated object
- Direct contact with skin
- Contact with body fluids
- Food, water or soil
- Animals or birds



## Part B

Read the case study, then answer the questions that follow.

### Case study

Fatima is a support worker for an NDIS provider. Last week, she noticed that the sling she was using to transfer a person out of bed had a tear that had been patched, making it difficult to clean the sling properly. Fatima was concerned because her client had an infected wound, and she does not want it to be spread to other clients who also use the sling.

1. Identify the hazard and risk Fatima identified in her work environment.



- 2.** Briefly outline how the infection might be spread indirectly to other clients if the sling is not cleaned properly.

- 3.** Identify at least two ways Fatima could communicate (both verbal and written) about the controls needed to minimise the risk she identified.

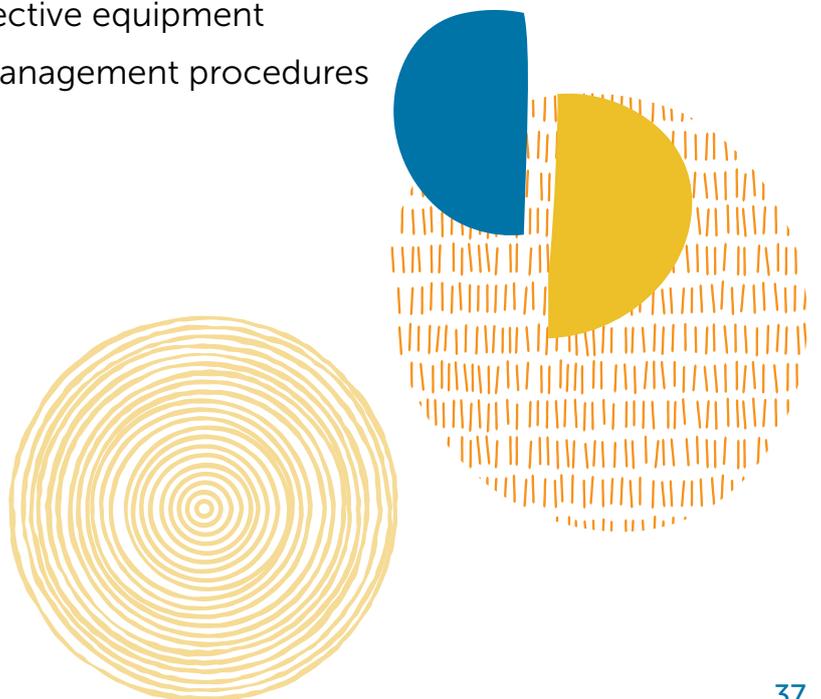
- 4.** Identify at least one other hazard that might lead to the spread of infection between clients.





## **Topic 2: Follow standard and transmission-based precautions**

- 2A Personal hygiene practices
- 2B Practice good hand hygiene
- 2C Select and use personal protective equipment
- 2D Follow cleaning and waste management procedures



# 2A

## Personal hygiene practices

**Additional precautions are used when you need to add an extra layer of protection from infection.**

In the past, it was only considered necessary for a worker to protect themselves from people with known infections. For example, when a person in care was known to have an infection like hepatitis. The person was isolated, and great care was taken to wear gloves, gowns and masks when providing them care. Less care was taken around people without signs of infection. The problem with this thinking was that staff were overprotected from known infections but vulnerable to catching or spreading infections that the person may not be aware they had. The larger risk was not the person with hepatitis but the person who appeared well, so no precautions were taken when supporting them.

### Standard precautions

The work practices required to achieve a basic level of infection prevention and control.

### Transmission-based precautions

Precautions that are sometimes used in addition to standard precautions to add an extra layer of protection from infection.

Recognising the flaws in this approach led to a new set of protocols called **standard precautions** and **transmission-based precautions**.

## Standard precautions

Standard precautions are the basic level of protection that is used with every person you support, regardless of whether they have a known infection or pose a high infection risk. When standard precautions are used without exception, you are providing yourself and other staff and clients with protection from a wide range of infections.

There are three standard precautions:

### 1. Wash your hands carefully between contact with a client or their belongings.

Hand-washing is the single most important measure to reduce the transmission of infection.

Wash your hands:

- before and after contact with each client or resident
- before and after eating or smoking
- following contact with any blood or body fluids
- after going to the toilet and blowing your nose
- immediately after removing gloves
- between tasks and procedures on the same person.



<p><b>2. Wear gloves whenever there is the possibility of contact with body fluids.</b></p>	<p>You do not have to wear gloves every time you touch or attend to a person. However, if there is a possibility that you might come into contact with their body fluids, you must wear gloves.</p> <p>Body fluids include:</p> <ul style="list-style-type: none"> <li>• blood</li> <li>• urine</li> <li>• faeces</li> <li>• pus</li> <li>• vomit</li> <li>• saliva</li> <li>• semen or vaginal fluids (e.g. when you are changing a bed)</li> <li>• wound discharge.</li> </ul>
<p><b>3. Dispose of biological waste in the correct way.</b></p>	<p>Any waste that might contain body fluids must be placed into a yellow (biological waste) receptacle.</p> <p>This can include:</p> <ul style="list-style-type: none"> <li>• soiled pads (e.g. continence pads)</li> <li>• blood-stained dressings</li> <li>• used catheter bags used to collect urine.</li> </ul>

## Transmission-based precautions

Transmission-based precautions (sometimes called additional precautions) are used in addition to (and not instead of) standard precautions. These are used when you become aware of an additional level of risk, including when:

- a client has an infection, or is suspected of having an infection, for which standard precautions might not be enough, such as gastroenteritis, flu, COVID-19 or MRSA
- there is an outbreak, or risk of an outbreak, of an infectious disease in a facility
- you are performing tasks with a high-infection risk, such as emptying a catheter bag or assisting a client to go to the toilet.

Here are some examples of transmission-based precautions:

Precaution	Reason
<p><b>Gowns and aprons</b></p>	<p>These are worn to protect your clothing from becoming soiled, which could lead to body fluids being spread to your hands and to other clients.</p>
<p><b>Masks</b></p>	<p>When a person has a known or suspected respiratory or viral infection, a mask can help to prevent you breathing in droplets or particles in the air.</p> <p>Masks have been a front-line protection against the spread of COVID-19, and should also be worn by staff who are attending a client or resident who has flu, a cold or gastroenteritis.</p>

Precaution	Reason
Protective eyewear and face shields	Goggles and face shields protect you from body fluids being splashed or coughed into your eyes or face. They are an important defence for workers supporting a person with COVID-19 and should be used when emptying the catheter bag of a person with a urine infection, such as Pseudomonas or MRSA.
Isolation	Isolation means containing a person or people to a room or area where they are not in contact with people who do not have the condition. This is an important measure for people with highly contagious conditions, such as scabies, COVID-19, gastroenteritis, measles or chicken pox.
Wearing gloves at all times	While standard precautions require you to wear gloves only when you might potentially come into contact with body fluids, transmission-based precautions specify wearing gloves whenever you are with the infected person, or when you are in their room. Hands must be washed when gloves are removed and after each significant contact or visit with the person.

Read about standard and additional precautions here: [aspirelr.link/standard-transmission-precautions](https://aspirelr.link/standard-transmission-precautions)

## Personal hygiene practices

**One of the most simple but effective ways to prevent the spread of infection is by maintaining personal hygiene, particularly hand-washing.**

Personal hygiene practices are the things you do every day to ensure that you remain healthy and prevent the spread or transmission of potential pathogens and diseases to others. Good personal hygiene includes:

- showering and grooming daily, such as keeping hair clean, brushed and tied back
- wearing clean clothing or uniforms every day
- washing your work clothing after each wear
- safe respiratory and cough etiquette
- not attending work when ill



- washing your hands often with soap and water before and after blowing your nose, eating and after going to the toilet
- using alcohol-based hand sanitisers when you cannot use soap and water
- avoiding touching your eyes, nose and mouth while you are at work
- cleaning and disinfecting items you take to work, such as mobile phones, keys, wallets and ID lanyards.

### Video: Hygiene practices

Watch this short video about hygiene practices that help stop the spread of COVID-19: [aspirelr.link/youtube-hygiene-practices](https://aspirelr.link/youtube-hygiene-practices)

Make a list of the things you can do to stop the spread of viruses.



## Daily routines

Personal hygiene routines include showering both before and after each shift at work, particularly if you have been involved in personal care tasks that involve body fluids, or if there is a known infection at your workplace.

It also involves preventing the spread of germs via your clothes or uniform by:

- wearing a clean uniform each day
- changing into your everyday clothes immediately after you finish work or when you get home
- laundering your clothes at the end of each day in a machine on a hot cycle with detergent
- drying work clothes on the hot setting of a clothes dryer, or in the direct sun.

## Respiratory hygiene and cough etiquette

Cough etiquette refers to being respectful of others when you are coughing, sneezing or blowing your nose. If you are coughing or sneezing:

- cover your mouth and nose with a tissue or, if you do not have time to collect a tissue, cough or sneeze into your elbow
- dispose of the tissue immediately in the nearest waste receptacle
- avoid touching your eyes or face
- wash your hands straight away.

## Example

### Follow the procedures for respiratory hygiene and cough etiquette

Sally works as a support worker for the local council, providing services to the disability community. She was concerned about spreading COVID-19 after hearing that some people without symptoms could transmit the virus, causing them to be unaware that they were infectious. The local council arranged an education session for the support workers on how to keep both themselves and the people they provide support to as safe as possible.

A registered nurse provided information on how to prevent the spread of infection through the correct use of PPE and hand-washing. Information was given regarding the procedure to follow if a support worker had a respiratory illness. The brochure covered information related to hand-washing, coughing etiquette and how to notify the council if somebody experiences a respiratory illness.

### When you are unwell

If you go to work when you are unwell, you risk spreading infection to other staff and clients. Stay away from the workplace and from vulnerable clients when you feel the first symptoms of a respiratory infection or gastroenteritis. You have a duty of care to inform your supervisor you are unwell and avoid work until you are completely recovered.

Some conditions require you to wait for a period after your symptoms end before returning to work. For example, if you have gastroenteritis, you must wait 48 hours after the last episode of diarrhoea or vomiting before returning to work.

### Hand care

Hand-washing techniques will be discussed in the next section but there are other things that can be done to prevent the spread of infection from open wounds.

Always cover open wounds like cuts or abrasions with a suitable cover, such as a bandaid or other covering. Skin needs to be intact; when it is open to the environment, it allows an entry point for microorganisms, including pathogens, to enter the body and establish themselves, which leads to infection.



Germs often prefer warm, moist or dark places to breed. Under your fingernails or under jewellery, where your skin remains moist, can be an ideal breeding ground for germs. Fingernails need to be maintained and kept short with smooth nails. Fingernails in this condition are less likely to spread infection.

Jewellery or watches should be worn minimally or avoided altogether and rings removed from fingers. You may even elect to wear them on a fine chain, so long as this does not put you at risk of a client or resident pulling on it. If you wear a watch, clean it frequently.

## Example

### Hand care to cover cuts and abrasions

Marissa is a home and community support worker. She is cutting carrots at Mrs Millar's house when she nicks her hand with the knife. She washes her hand with running water and dries the area with a disposable paper towel before covering the cut with a bandaid. Maria applies a coloured waterproof dressing and waits until the bleeding has stopped before resuming food preparation.

She checks that the food and preparation items are not contaminated, then thoroughly washes the knife and chopping board and returns to the task of preparing Mrs Millar's evening meal.

## Practice Task 4

### Question 1

Explain the difference between standard and transmission-based precautions.



**Question 2**

Identify two ways to prevent the spread of infection when you are feeling unwell and beginning to cough and sneeze.

**Question 3**

Which of the following statements are effective personal hygiene practices? Tick all that apply.

- Use very hot water when showering to kill potential pathogens.
- Wear a freshly laundered uniform or set of clothes to every new shift.
- Insist the workplace provide dry cleaning services for uniforms and work clothing.
- Return to work after being unwell if the symptoms of the disease or illness have disappeared.
- Use a tissue for coughing and immediately place it in a waste bin.
- Keep wounds uncovered at work so they will heal faster.

**Question 4**

Briefly outline why keeping fingernails clean and removing jewellery and watches are considered part of infection control practice.

# 2B Practice good hand hygiene

**Hand hygiene significantly reduces the number of microorganisms, so they are not transferred to your mouth or nose, objects you touch, or to other people.**

Hand hygiene refers to washing your hands and using alcohol-based sanitisers and gloves. Workplaces have policies and requirements that need to be followed as to when and how often hands need to be washed.

Washing with soap and water physically removes germs, and the fluids that contain them, so they go down the sink of the hand wash basin. Alcohol-based hand rubs (sometimes called hand sanitisers) applied to the surface of the hands can kill most, but not all, types of bacteria and viruses. However, they have the added benefit of being able to be used when there is limited hand-washing equipment available, and they continue to kill microbes for up to several minutes after they have been applied.

## The 5 key moments for hand hygiene

The Australian Commission on Safety and Quality in Health Care has produced guidelines and standards through the National Hand Hygiene Initiative (NHHI) to help ensure that good hand-washing procedures are followed.

You can read more about the initiative at: [aspirelr.link/acsqhc-nhhi](https://aspirelr.link/acsqhc-nhhi)

One initiative the standard aims to achieve is educating staff about when to perform hand hygiene while providing support to a client or resident.

### The five moments for hand hygiene

1. Before touching a client or resident
2. Before a procedure
3. After a procedure or exposure to body fluids
4. After touching a client or resident
5. After touching the client's or resident's surroundings

You can see an interactive image with links to videos of the 5 Moments for Hand Hygiene here: [aspirelr.link/five-moments-hand-hygiene](https://aspirelr.link/five-moments-hand-hygiene)

During direct client care or support, you should also practice hand hygiene:

- when you first arrive at work
- before and after eating, smoking or touching your face
- after coughing, sneezing or blowing your nose
- after using the toilet
- before and after your break
- at the end of your shift.

### The correct hand hygiene product

Soap solutions used in facilities are usually either liquid, gels or foams with antimicrobial properties. Non-antimicrobial soap may be used when you are working with only one client at a time, such as when you are visiting their home.

Wash with soap and water when:

- your hands are visibly dirty or contaminated with body fluids
- after using the bathroom
- after removing gloves.

In other situations where your hands are visibly clean – such as when entering the facility, returning from a break or getting into your car after a home visit – you can use an alcohol-based hand rub.



Source: [https://www.researchgate.net/figure/Hand-washing-technique-by-World-Health-Organisation-WHO\\_fig1\\_318391092](https://www.researchgate.net/figure/Hand-washing-technique-by-World-Health-Organisation-WHO_fig1_318391092)



Hand-washing procedure
1. Wet your hands with water.
2. Apply enough soap to cover all hand surfaces.
3. Rub your hands together, palm to palm.
4. Interlace your fingers.
5. Rub the backs of your fingers against the opposite palm with your fingers interlocked.
6. Clasp each thumb in the opposite palm and rotate in a circular motion to clean between your thumb.
7. Rub each palm with your index and middle fingers in a circular motion.
8. Dry your hands with a single use towel.
9. Place the towel carefully in the waste bin.



Source: <https://www.who.int/campaigns/world-hand-hygiene-day/2022>

**Video: Correct hand-washing technique**

Watch this video on the correct hand-washing technique: [aspirelr.link/handwashing-procedure](https://aspirelr.link/handwashing-procedure)



What is the suggested time it should take to wash hands using the method outlined in the video?

Make a list of the equipment and facilities required to perform an effective hand wash.

### Hand sanitiser technique (rub for 20 to 30 seconds)

1. Apply a palmful of sanitiser in a cupped hand.
2. Rub your palms together in a circular motion.
3. Place your palms over each other, interlacing your fingers.
4. Rub the backs of your fingers against the opposite palm with your fingers interlocked.
5. Clasp each thumb in the opposite palm and rotate in a circular motion to clean between your thumbs.
6. Rub each palm with your index and middle fingers in a circular motion.
7. Allow your hands to dry.

You can read more about alcohol-based hand rubs here: [aspirelr.link/alcohol-based-hand-rubs](https://aspirelr.link/alcohol-based-hand-rubs)

## Breaks in the skin or skin conditions

Wearing gloves does not replace the need for hand hygiene because gloves do not provide complete protection against hand contamination. Microorganisms may gain access to your hands via small defects in gloves, or by contamination of the hands during glove removal.

If you have a cut or break in your skin, you may be exposed to additional risk when germs enter the cut. Cover the cut completely with a transparent film dressing, and wear gloves over the top, such as when preparing food or providing personal care.

## Hand care

Some skin conditions can result from hand-washing. If you suspect that you may have an allergy to hand-washing solutions or to gloves, you might consider one or more of the following:

- Talk to your supervisor about trialling other brands or types of hand washing solutions and use soft, good quality paper towels. Some brands of hand wash solution contain skin emollient to minimise the risk of skin irritation and drying.
- Ask your workplace to provide you with hypoallergenic gloves that suit sensitive skin.
- Avoid products with fragrances or preservatives.
- Avoid washing your hands immediately before or after using an alcohol-based hand rub – it is not necessary to do both together.
- Do not put on gloves while your hands are still wet or still drying from a hand rub.
- Use cold or warm water when washing hands and avoid really hot water.



Some skin conditions, like psoriasis or dermatitis, expose the person to additional risk of infection.

See some photographs of skin conditions like contact dermatitis and psoriasis here:

- [aspirelr.link/contact-dermatitis](https://aspirelr.link/contact-dermatitis)
- [aspirelr.link/psoriasis](https://aspirelr.link/psoriasis)

Moisturise your hands throughout a shift with a sorbolene product, simple oil-containing lotions to soothe skin or a barrier cream to keep moisture in can protect hands from drying and becoming irritated, which may prevent skin breakdown. This can also be done at home to build protection from drying.

Alcohol-based hand rub is less irritating than hand-washing, and studies have shown that it can actually improve the condition of your hands. True allergy to alcohol-based hand rub is rare. If you develop skin irritation from hand hygiene products, notify your supervisor or your IPC lead. You may need to follow up with a visit to an occupational dermatologist or your GP if symptoms persist.

If you are prone to dermatitis, the following link can provide you with help to reduce your risk of infection in the workplace: [aspirelr.link/dermatitis-reduce-risk-infection](https://aspirelr.link/dermatitis-reduce-risk-infection)

## Practice Task 5

### Question 1

Suggest three things that you can do to maintain and care for your skin, including when there is a break in the skin.



**Question 2**

List the 5 moments for hand hygiene.

**Question 3**

Which of the following statements are correct? Select yes or no for each one.

a. Alcohol-based hand rubs are used because they kill all types of bacteria and viruses.	Yes / No
b. Facilities where care is provided to others generally use liquid, gel or foam that has antimicrobial properties.	Yes / No
c. Soap and water is used to wash hands when they are visibly dirty or contaminated with body fluids.	Yes / No
d. An alcohol-based hand rub can be used when hands are visibly clean.	Yes / No
e. If there has been any contact with a client, the soap used must be labelled non-antimicrobial.	Yes / No

**Question 4**

Identify at least two differences in the techniques used for a hand wash and hand rub.

# 2C

## Select and use personal protective equipment

**Wearing compliant personal protective clothing and equipment will help to protect you and the people you support.**

Organisations providing care to people are required by law to provide appropriate clothing and equipment to staff that meets the relevant Australian standards. PPE provides protection to workers, other staff, and vulnerable clients and residents. If the person you are supporting has a reduced immunity, such as when they are on chemotherapy drugs, you may also be asked to wear PPE to protect the person from any infections that you might be carrying, rather than the other way around.

PPE must be used correctly to be effective. It is a worker's duty of care to understand the organisation's policies and procedures for PPE, including what and when it is required and how it should be used.

The Australian Commission on Safety and Quality in Health Care has developed national guidelines for **donning** and **doffing** PPE for health and aged care settings. These have been developed with experts to reduce the chance of cross-infecting clothing or skin while removing PPE that might be contaminated by the virus.

Here is a link to a poster used in the aged care setting outlining the correct use of PPE for aged care staff caring for residents with COVID-19: [aspirelr.link/ppe-use-aged-care-covid-19](https://aspirelr.link/ppe-use-aged-care-covid-19)

### Donning

Putting on PPE such as gowns, masks, eye protection and gloves.

### Doffing

Taking off PPE with particular regard for the order in which it is removed.

## Gloves

Gloves should be worn whenever there is the possibility of contact with body fluids, when a person has or may have a known infectious disease, or when you are instructed by your supervisor. This can include:

- while assisting a person to wipe after using the toilet
- when changing soiled linen, clothes or continence pads
- when washing the person's groin in the shower or where you might touch body fluids (e.g. faeces, urine, blood or vomit)
- while cleaning the person's teeth or dentures
- when cleaning spills of body fluids from the floor or other surfaces, such as when the person has been incontinent
- while emptying a catheter bag, bedpan or bottle
- when helping a person to use a tissue
- when applying creams, drops or lotions
- when dressing a wound.

Hand hygiene should be performed before putting on gloves and after removing them. Gloves must never be reused and must be discarded after use into a waste bin.

Gloves do not need to be worn at all times or when there is little risk of contact with body fluids or infection, such as when supporting a person outside of their personal care routines. Wearing gloves for too long can cause your hands to become dry and damaged, increasing the chance of skin breakdown and infection. Gloves that have not been changed or removed at the correct time can be just as effective at spreading germs than if you were not wearing them at all.

Gloves should be removed or changed:

- between moving from different clients or residents
- during the care of a client or resident, when you might have been in contact with body fluids.

## Example

### Wearing gloves when in contact with body fluids

Simon is a disability care worker. He knows that he will be required to help the nurse change a client's colostomy bag.

Simon washes his hands and puts on disposable gloves. At the end of the procedure, he removes his gloves, places them in a waste bin and washes his hands again.

## Gowns and aprons

Gowns are worn to protect your clothing or uniform if there is a possibility of splatter or contamination on clothes or skin, or if there is a known or possible infection, such as COVID-19, gastroenteritis, scabies or influenza (the flu).

When using a gown over your uniform:

- remove the gown while still in the client's room, just before you leave
- take the gown off in a way that tucks the exposed outer surfaces of the arms and front into a ball to prevent the spread of germs.



## Glasses, goggles and face shields

Glasses, goggles and face shields should be worn when your eyes might be exposed to splatter. This includes:

- procedures that could generate splashes or sprays of urine or other body fluids, such as emptying a catheter bag
- when attending to a client who has a respiratory infection, such as the flu or COVID-19.

Here are some guidelines for the effective use of glasses, goggles and face shields:

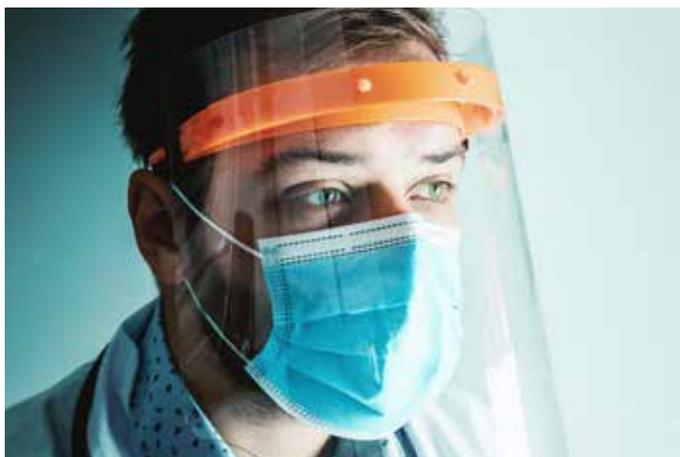
- Protective glasses cannot be worn over prescription glasses.
- Goggles are the preferred alternative for people who need prescription glasses to see.
- Before putting on glasses or goggles, check that they are not damaged and that they fit correctly.
- Do not touch the outer surface of the glasses, goggles or face shield.
- Remove the PPE by touching the arms or band.

## Masks

A surgical mask is worn to protect you and others from the spread of respiratory infections. Surgical masks are often enough to protect you during casual interactions with other people at times of risk. This can include when you are brushing a person's teeth if they are at risk of spitting, when performing suctioning of a person's mouth or airways, or when assisting a person who is vomiting.

However, a P2/N95 mask is much more effective when you are in close contact with people who have or might have infectious respiratory diseases like COVID-19 or influenza. You must never re-use your mask – they are for single use only.

If you are helping to assist a person who is isolating due to a respiratory illness, you will also need to wear a face shield to help prevent the transmission of infection. This will usually be required until a negative test swab is obtained.



According to the Australian government, the advantages of wearing a face shield includes allowing:

- protection from droplet spray directly in front of the wearer (but not to the sides or underneath the shield)
- the wearer's face and facial expressions to be seen, which may be important when caring for some residents, such as people with disability
- the possibility that they may be cleaned, disinfected and reused (depending on the manufacturer's instructions)
- providing eye protection that a surgical mask cannot give.

The limitations to face shields are that there may be gaps to the sides and underneath the shield which may allow virus-laden droplets to infect mucous membranes (e.g. mouth, nose, eyes). Therefore, wearing both a mask and face shield offers you the most protection.

You can read about how to put on (donning) and remove (doffing) a face shield here: [aspirelr.link/face-shields-quick-guide](https://aspirelr.link/face-shields-quick-guide)

## Fit checking a surgical face mask

### Fit check

A check to make sure that a face mask is fitting correctly when you first place it on.

A **fit check** is a simple way to make sure your mask fits correctly every time you place one on. Always refer to the manufacturer's instructions for fit checking of individual brands and types of P2/N95 respirators.

To fit check your face mask:

1. Place the mask on your face so the top rests on your nose and the bottom is secured under your chin.
2. Place the top strap or ties over your head and position it high on the back of the head.
3. Pull the bottom strap over your head and position it around your neck and below your ears.
4. Place your fingertips from both hands at the top of the nosepiece. Using two hands, mould the nose area to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece.
5. Cover the filter with both hands or a piece of plastic and breathe in sharply. The mask should draw in towards your face as you breathe in. You can ask another worker to help you to check this movement if you are not able to see it yourself.
6. If it does draw in as you breathe in, the seal is not firm enough, and it will need to be readjusted. Readjust the respirator and repeat the process.



You can access information about fitting a P2/N95 respirator at:

- [aspirelr.link/fit-p2-respirator-mask](https://aspirelr.link/fit-p2-respirator-mask)
- [aspirelr.link/p2-n95-fit-check](https://aspirelr.link/p2-n95-fit-check)

Fit testing is a way to make sure you are wearing the best mask for your face shape and size. It is performed by professionals using a specially designed machine, and many workplaces, including aged care workplaces, are regularly included in fit-testing programs run by states and territories as part of the Respiratory Protection Program.

Read more about the NSW Respiratory Protection Program here: [aspirelr.link/nsw-respiratory-protection-program](https://aspirelr.link/nsw-respiratory-protection-program)

### Video: Fitting a face mask

Watch this video developed by the WHO developed for use during the COVID-19 pandemic: [aspirelr.link/how-to-wear-a-face-mask](https://aspirelr.link/how-to-wear-a-face-mask)

Make a list of the steps involved in putting on and removing a mask correctly.



## Techniques and the sequence for applying, fitting and removing PPE

### Video: Using PPE in aged and disability settings

Watch these videos and list the steps a worker can take to minimise the risk of transferring infections to people with disability or in an aged care facility: [aspirelr.link/using-ppe](https://aspirelr.link/using-ppe)

Watch the video to identify the correct procedure for donning and doffing various PPE: [aspirelr.link/ppe-aged-care](https://aspirelr.link/ppe-aged-care)



Some types of PPE are single use only, and others are designed to be worn again.

PPE	Safe disposal
Face Shields and eye protection	<ul style="list-style-type: none"> <li>• Reusable.</li> <li>• Place into a marked waste receptacle. They will need to be cleaned and sanitised before reusing.</li> </ul>
Masks and respirators	<ul style="list-style-type: none"> <li>• Single use only.</li> <li>• Dispose in the general waste or a special waste receptacle during an outbreak of infectious disease.</li> </ul>

PPE	Safe disposal
Gloves	<ul style="list-style-type: none"> <li>• Single use only.</li> <li>• Dispose in general waste, one glove carefully turned over the other.</li> </ul>
Gowns	<ul style="list-style-type: none"> <li>• Disposable plastic gowns are single use only. Dispose in general waste or specially marked receptacles.</li> <li>• Linen gowns are washed and sanitised before next use. Place in general or infectious linen skips, depending on the reason for wear.</li> </ul>
Bootees	<ul style="list-style-type: none"> <li>• Shoe coverings are generally for single use only.</li> <li>• Dispose in general waste unless otherwise instructed.</li> </ul>

## Practice Task 6

### Question 1

Which of the following is an appropriate use of PPE when a client is vomiting? Tick all that apply.

- Putting on gloves when you are about to wipe up the spilled vomit.
- Wearing protective glasses when the person is vomiting.
- Telling a manager you are fearful of becoming sick.
- Wearing a surgical face mask to wipe up the spilled vomit and clean the area.
- Washing your hands before and after cleaning an area infected with vomit.
- Wearing a gown to wipe up the spilled vomit and clean the area.

### Question 2

Which of the following statements are correct? Select yes or no for each one.

a. Without touching the front of the face shield, expand the elastic of the face shield thumbs and place the elastic behind your head, so that the foam rests on your forehead.	Yes / No
b. Remove a gown in the hallway outside of the client's room and just after leaving.	Yes / No
c. Remove a gown in a way that prevents the spread of germs on the surface you will touch to remove the gown.	Yes / No
d. Wash hands before and after putting on and removing gloves, and place used gloves in a waste bin.	Yes / No
a. Face masks have the advantage of being able to be used more than once after they have been fit tested.	Yes / No

# 2D

## Follow cleaning and waste management procedures

**Older people are often at higher risk of developing infections from bacteria and viruses that commonly exist in the environment.**

Being vigilant about hygiene practices means keeping surfaces clean and observing food safety procedures to protect people from infections, such as the common cold, flu, COVID-19, gastroenteritis and many other transmissible diseases.

Organisations provide policies and procedures that guide staff as to when, how and who is responsible for carrying out surface cleaning duties. Workers will be required to complete documents for cleaning schedules that indicate when tasks have been completed.

### Routine environmental cleaning

**Microorganisms can live and breed in the crevices and grooves of hard and soft surfaces that multiple clients or residents come into contact with.**

Major cleaning tasks can be the role of dedicated cleaning staff. However, all support workers have the responsibility to identify and to keep the client's or resident's environment safe and clean before, during and after care routines.

Routine cleaning refers to cleaning that is performed as part of the support worker's job role, while they work through their tasks. These can include:

- cleaning a client's or resident's bathroom after use
- cleaning a table or tray table after the person has finished eating.

The following table contains information about carrying out a range of cleaning duties that you might be responsible for completing.

<p><b>Damp-dusting of surfaces</b></p>	<ul style="list-style-type: none"> <li>• Dirt, dust and debris can hold germs and provide an environment where pathogens can survive and multiply. They can then act as a barrier that inhibits the effects of detergents/ disinfectants. Cleaning agents and disinfectants will not be able to clean or disinfect surfaces unless they come into direct contact with the surface.</li> <li>• Damp-dusting means using an approved damp cloth to remove dirt and dust from surfaces, such as benches, equipment, shelving, etc.</li> <li>• The cloth must be clean and lint-free to prevent other germs contacting the surface during cleaning.</li> </ul>
<p><b>Floors</b></p>	<ul style="list-style-type: none"> <li>• Carpeted areas should be vacuumed. You should only use vacuums that are well maintained, have no visible signs of casing, cord or plug damage and are fit for use. Vacuums must have a filter to reduce the likelihood of bacteria becoming airborne.</li> <li>• Hard floors should be swept using a brush and a pan; any dust or debris must be disposed with general waste unless it has been contaminated with clinical or related waste. Floors should then be mopped using warm water and detergent.</li> <li>• Some floors, such as the floors in food preparation areas, must be cleaned more frequently. Use a mop, water and detergent.</li> </ul>
<p><b>Wet areas</b></p>	<ul style="list-style-type: none"> <li>• Wet areas are rooms that have running water. Examples include communal toilets, ensuite bathrooms, kitchens, laundries and areas where bedpans are handled.</li> <li>• Wet areas are more likely to be ideal places for germs to breed. They are also the places where body fluids are present, such as toilets, pan rooms and showers.</li> <li>• They must be cleaned after each use, especially when they are used by more than one person.</li> </ul>

### Completing a cleaning log or checklist

Cleaning logs contain information about what must be cleaned and when it must be cleaned. After cleaning, a tick, your initials, and the time and date indicate when and who completed the relevant cleaning task. This helps other workers and coordinators establish which cleaning tasks have been completed and which ones still need to be done.



## Example

### Following routine cleaning procedures

Steve works in the community with NDIS clients. He provides personal care, although many of his tasks involve cleaning and assisting with personal laundry and meal preparation. Steve's clients include people who have had a spinal injury and need help with personal care.

Here is his description of the cleaning procedures he follows:

1. Clean the bathroom daily after the shower and wipe all surfaces and dry them. Once a week do a thorough clean and make sure that there is no mould on the tiles in the shower.
2. Assist the client to change the bedding once a week. Place the bedding in the washing machine and hang on the clothesline or in the clothes drier. Check the linen to make sure it is in good condition, not badly patched or torn, as this can cause pressure areas for people who do not have good sensation.
3. Clean the kitchen by wiping down surfaces and mopping the floor, then vacuum and dust.

## Selecting the right equipment

Detergent and warm water is suitable for cleaning most areas and equipment after it has been used by a client. However, cleaning a surface does not necessarily mean that it is free of germs.

Stronger cleaning products can be used when cleaning surfaces soiled with body fluids, or when a higher level of disinfection is needed.

Sanitisers kill all pathogens, except for bacterial spores, and are used to clean equipment. Food grade sanitisers are used in food preparation areas.

The following table outlines commonly used products for cleaning different surfaces in different areas.

<b>Cleaning</b>	<ul style="list-style-type: none"> <li>• Cleaning simply means removing visible waste, debris, dirt and dust.</li> <li>• Cleaning can be done manually by wiping the equipment with water, a cloth and detergent.</li> </ul>
<b>Disinfecting</b>	<ul style="list-style-type: none"> <li>• Disinfecting means applying heat or chemicals to destroy germs.</li> <li>• Disinfectants are effective in killing bacteria and viruses where there has been or might have been contamination from body fluids.</li> </ul>

**Autoclave**

A machine that uses steam under high pressure and high temperatures to kill harmful bacteria, viruses, fungi and spores.

**Sterilising**

- Equipment is sterile when all microbes have been removed. This is important for some equipment that is shared between residents in a facility, such as reusable bedpans, or for instruments used to attend to wounds. Many organisations use **autoclaves** to disinfect equipment.
- Sterilisation can be achieved through steam, dry heat or chemicals. Sterilised items can be placed in sterilisation cassettes (a container for medical items) or sterilisation wraps (material used to wrap sterilised instruments).

**Cleaning shared areas and equipment**

Shared equipment used in personal care must be cleaned and sanitised after each use. This includes:

- shower chairs
- toilet risers
- hoisting equipment
- transfer boards and swivel boards.

Always use gloves and other PPE when cleaning areas, such as toilets and showers in a wet area like a bathroom. Never leave floor surfaces wet. Always use a clean cloth or paper towel to dry surface areas. If drying a large area, use several cloths or sheets of paper towel. You may need to place a sign to alert others to the fact that an area may still be wet.

If you are cleaning a shower that is used in a communal bathroom, start with the higher areas of the walls and work your way downwards. Use a spray, warm water and a cloth to wash down tiles.

**Reprocessing reusable equipment or instruments**

Apart from larger pieces of equipment such as transfer equipment and shower chairs, some smaller types of equipment are permitted to be reprocessed and reused, under certain conditions.

For example, you might be permitted to reuse:

- metal scissors and other metal instruments used in wound care or nail care if they have been processed in an autoclave
- respiratory equipment, such as nebuliser machines if they have been sanitised according to strict procedures
- metal cutlery and eating utensils if they have been sanitised at high temperatures, such as in a commercial dishwasher
- metal or plastic bedpans or urinals, if they have been processed in high temperature pan flushing machines that are serviced regularly.

You can download guidance about environmental cleaning and disinfection principles for health and residential care facilities for coronavirus (COVID-19) here: [aspirelr.link/covid-19-disinfection-principles](https://aspirelr.link/covid-19-disinfection-principles)

## Handling linen and clothing

Linen or clothing that has been contaminated may be a potential source of infection. You can inadvertently disperse bacteria and viruses in the air when handling and moving linen from beds or moving soiled clothing. Never shake or throw these items but place them carefully into the laundry basket or another bin provided for this purpose.

Used linen and clothing is washed at temperatures above 60°C to kill bacteria. In facilities, it should be washed in a commercial washer.

Clean linen must be stored in a clean dry place that prevents contamination; in many residential facilities, linen is stored in a cupboard or on a covered trolley for this purpose. It should be rotated so it is constantly used, with newly laundered linen going to the back or bottom of the pile.

### Principles for handling used linen

Wear gloves when handling used linen.

Place used linen carefully into a laundry receptacle, usually called a linen skip. Never place it on the floor or on another resident's bed, chair or belongings.

When you are finished with the skip, move it to a dirty area, such as the pan room or laundry area.

Linen soiled with body fluids should be placed into special yellow, leak-proof laundry bags designated for contaminated or infectious linen.

Wash your hands after handling used linen.

## Enhanced cleaning

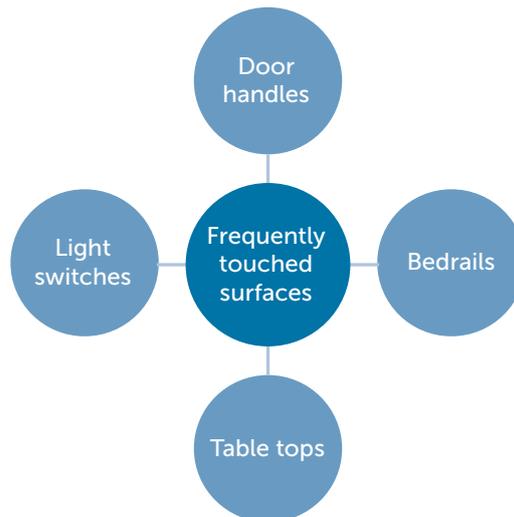
**Coronaviruses like COVID-19 can survive on surfaces for many hours, but cleaning and disinfection will kill them.**

When there are actual or suspected cases of highly contagious or dangerous pathogens in a client's home or in a facility, your service will require you and other staff to move to enhanced cleaning procedures.

**Enhanced cleaning** is another layer of protection that complements regular cleaning schedules. Enhanced cleaning means protecting surfaces that are frequently touched, or that may become contaminated, even if they look clean.

### Enhanced cleaning

Cleaning procedures put into place when there is an outbreak or possible outbreak of an infectious disease, such as gastroenteritis, scabies, flu or COVID-19.



There are also increased requirements for using PPE while you are cleaning during an outbreak of an infectious disease. This will depend on the type of disease present. For example, you might be required to wear gloves, gown and mask during outbreaks of gastroenteritis, and the addition of a face shield while cleaning surfaces during COVID-19 outbreaks.

Here are examples of enhanced cleaning requirements during COVID-19 outbreaks in residential accommodation facilities:

Type of surface	Cleaning requirements
Frequently touched surfaces	<ul style="list-style-type: none"> <li>• Clean and disinfect frequently throughout the day, using detergent and disinfectant or disinfectant wipes.</li> <li>• Scrub the surfaces by hand, rather than simply spraying.</li> </ul>
Surfaces not touched frequently	<ul style="list-style-type: none"> <li>• Surfaces that are not touched regularly are still provided with an increased cleaning routine. For example, floors, ceilings, walls, blinds are cleaned to a frequent schedule, or when visibly dirty or dusty.</li> <li>• These must be cleaned regularly, such as daily, using detergent or detergent wipes.</li> <li>• Damp mopping is safer than sweeping or dry mopping because particles are not as likely to be thrown into the air.</li> </ul>
Areas that have occasional direct contact with clients or residents or where germs may have landed.	<ul style="list-style-type: none"> <li>• Take care to clean and disinfect these surfaces as soon as possible after use, or when they may be contaminated.</li> <li>• A terminal clean in may be needed (see below).</li> </ul>
An area that has been heavily contaminated by a resident with COVID-19	<ul style="list-style-type: none"> <li>• Regular thorough cleaning and disinfection to remove the virus. This includes the cleaning and disinfection of all surfaces, furniture (including all surfaces of the bed and mattress) and fittings.</li> </ul>

A set of routine and enhanced cleaning procedures can be located at The Commonwealth Department of Health: [aspirelr.link/enhanced-cleaning-procedures](https://aspirelr.link/enhanced-cleaning-procedures)

## Aseptic techniques

A **sterile** surface is a surface that has no living microorganisms present. Most parts of the internal human body are sterile. When germs enter some parts of our body, including our blood stream, bladder and internal organs, they can multiply and we can become extremely unwell.

**Aseptic techniques** are sometimes called ‘no-touch’ techniques. They are the procedures you use to avoid contaminating a sterile environment that will be in contact with internal tissue or open wounds.

Aseptic techniques are used when it is important to keep certain surfaces sterile, such as those that will be in contact with the human body. It is cleaning beyond clean and disinfectant routines. In health and community services, aseptic techniques are most often used when you or other workers or professionals, such as nurses, are performing procedures that involve the internal structures of the body. This may include a range of practices from simple wound dressings to complex surgical procedures. Some of these procedures are not often performed in residential aged care facilities but can be performed in some high needs’ environments.

For example:

- when putting on gloves and using sterile instruments, swabs and dressings to clean or dress an open wound or burn
- when inserting a urinary catheter
- when inserting a needle, such as for an injection or blood sugar test
- when cleaning or caring for a surgical wound, such as a tracheostomy (an opening into the airways) or an ileal conduit (an opening into the bladder).

The level of aseptic practices needed to keep the person’s body tissues free from contact with any germs will depend on the type of procedure you are performing and how invasive it is.

Administering an injection with an insulin pen can involve only a few steps that prevent you from touching the surface of the needle. However, in a more complex surgical procedure, more steps will be required to maintain **asepsis** while the person’s tissue is exposed.

The following page lists some common examples:

### Sterile

A surface that has no living bacteria, spores or pathogens present.

### Aseptic technique

A technique used to avoid contaminating a sterile environment with any germs.

### Asepsis

A surface free from all living disease-causing bacteria, fungus or viruses.

**Surgical scrub**

An extended hand-washing procedure that involves scrubbing the hand and arms for an extended period with disinfectant washes. This procedure is more common in health and acute settings than in residential aged care or general community or disability settings.

<p><b>Aseptic field</b></p>	<p>An aseptic field creates a sterile environment around the area where the procedure will be performed. This can be achieved through:</p> <ul style="list-style-type: none"> <li>• keeping doors closed in the room in which the procedure will be done, and minimising the movement of other people in and out of the room</li> <li>• washing your hands using a <b>surgical scrub</b> before putting on sterile gloves</li> <li>• using alcohol to sterilise the skin of the client or resident</li> <li>• using only instruments and equipment that have been sterilised</li> <li>• surrounding the area with sterile drapes</li> <li>• avoiding passing your arms or other body parts across the sterile area.</li> </ul>
<p><b>Aseptic barriers</b></p>	<p>Aseptic barriers prevent germs from entering the aseptic field. They can include:</p> <ul style="list-style-type: none"> <li>• keeping sterilised instruments inside plastic wrappers until they are used to prevent contamination before use</li> <li>• sterile gloves</li> <li>• sterile gowns and masks.</li> </ul>
<p><b>Aseptic touch</b></p>	<p>While you are setting up a sterile field, you can only touch sterile objects and surfaces. You must not touch any items that are not sterile with a sterile item or with your gloves. This means that you might need another person who has washed their hands to help you. For example:</p> <ul style="list-style-type: none"> <li>• putting on a sterile gown without touching the front of the gown or other non-sterile surfaces with your hands</li> <li>• putting on sterile gloves without touching any outer glove surfaces</li> <li>• having another person help you to unpackage sterile items from a non-sterile plastic wrapper so that the sterile surfaces remain untouched.</li> </ul>

**Terminal cleaning**

Cleaning the room or area of a resident who has been discharged to hospital or who has died.

**Terminal cleaning**

**Terminal cleaning** refers to cleaning the room or area of a resident who has been discharged to hospital or who has died. When the person has had an infectious disease like COVID-19, terminal cleaning procedures must be especially thorough. It requires both the cleaning and disinfection of everything in the room, and there may be a waiting period before the room can be used again.



## Steps for a terminal clean in the presence of COVID-19

1. Remove any personal items and dispose or seal them in double bags. Throw away disposable items and rubbish.
2. Clean and disinfect equipment before removing it from the room with detergent followed by disinfection. Use a TGA-listed hospital-grade disinfectant that is labelled as being able to kill viruses or a bleach solution.
3. Remove bed screens, privacy curtains and window curtains, and send them for laundering or dry cleaning.
4. Clean and disinfect all surfaces and furniture, including all surfaces of the bed and mattress.
5. Mop the floor.
6. Soft furnishings must be steam cleaned, such as by a contractor.
7. Remove PPE and perform hand hygiene.
8. In a separate area, put on fresh gloves and protective eyewear, then clean any reusable cleaning equipment such as mop handles and buckets. Return them to the cleaners' room or storage area or throw the items away if they are disposable.
9. Remove gloves and other PPE and perform hand hygiene.

## Managing waste, including contaminated waste

### **Always wear appropriate PPE when handling, separating and disposing of waste.**

Disposing of waste in the right receptacle will minimise the potential for infections being passed to surfaces and equipment where people may get infected. Managing waste appropriately will minimise the potential for contact and reduce the risk of accidental release.

Guidelines for wearing PPE must be followed; if you are unsure, ask your supervisor. If you notice other workers are not wearing the appropriate clothing, notify your supervisor or speak to the worker.

In hospital or nursing homes, there are many rules for safely handling wastes, such as discarded sharps, human tissue and waste and chemical waste. For the protection of clients, workers and members of the public, clinical and related waste should be stored in areas that are accessible only to authorised people. These areas should be clearly labelled, lockable and accessible only to people who need to access the area as part of their job role.

Some larger facilities have temporary storage areas for waste or refrigerated areas for waste that will be kept on site for longer than three days. In an aged care facility or disability service, a laundry or special purpose room may be used to place used equipment while it waits to be cleaned, and for storage of waste, such as dirty linen and towels. Special bins can be used for used bandages, incontinent pads and paper towels.

Waste containers in aged care facilities are colour coded. The colour of each container acts as a visual reminder of the type of waste that is appropriate to place in each.

Type of waste	Receptacle colour	Examples
Sharps	Yellow sharps bin (hard plastic)	<ul style="list-style-type: none"> <li>Used needles</li> <li>Lancets used for diabetes finger prick tests</li> </ul>
Clinical or biohazard waste	Yellow bag or bin	<ul style="list-style-type: none"> <li>Soiled dressings</li> <li>Waste soiled with faeces, vomit or blood</li> <li>Used continence pads</li> </ul>
General waste	Green or black bin or bag. The type of container chosen will depend on the volume of waste and whether the waste is dry or wet.	<ul style="list-style-type: none"> <li>Food waste</li> <li>Plastic packaging</li> <li>Paper towel waste</li> <li>Sometimes the items listed as general waste fall into other categories. For example, if linen is soiled with blood from someone with an infection, it becomes clinical waste.</li> </ul>

Biohazards are wastes that might contain body fluids and infectious diseases.

### Biohazard signage

The internationally recognised biohazard symbol is made up of three interlocking open circles (often, but not always, enclosed within a triangle). In Australia, biohazard warning signs generally show a black symbol on a yellow background.



### Example Handling waste

Nico, an aged care worker, finds a used incontinence pad on the floor of a client's bedroom.

Nico puts on disposable gloves before picking up the incontinence pad, sealing it and the gloves in a plastic bag and disposing of the bag in the bin outside. He then washes his hands thoroughly.



## Sharps handling and disposal

An injury from a sharp often happens because sharps have not been handled or disposed of correctly. For example, a needle might accidentally have been left in a resident's bed clothes, and then bundled with linen into a linen bag. Cleaning staff might then be jabbed by the needle through the bag.

Used sharps are referred to as medical waste. There are special rules about how medical waste must be thrown out. Used sharps must be placed in a hard plastic container that meets certain standards.

Here is the procedure for disposing of sharps:

- Immediately place discarded needles and syringes into puncture-proof sharps containers only.
- Never try to replace the cap on a needle.
- Place the sharp end first into the container, i.e. pointing it away from the body.
- Drop the item in rather than push; do NOT place your hand inside the sharps container.
- Ensure the sharps container is properly closed.
- Replace these containers when approximately 75 per cent full or according to the manufacturer's instructions.

Read more information from the Queensland Government on ways to prevent needlestick injuries: [aspirelr.link/needlestick-injuries](https://aspirelr.link/needlestick-injuries)

## Cleaning a blood or body fluid spill

A support worker is unlikely to have to manage contaminated waste, but in case of an accident or spill, they should know how to clean potential contaminated waste, such as blood, urine, faeces or vomit.

If you encounter a spill, you must focus on containing and cleaning up the spill, but also ensure you take precautions against the risk of infection.

A spill kit is used to clean spills of blood from floors or surfaces. The kit contains gloves, an apron, a face mask, absorbent granules, disposable wipes and towels, a disposable scoop, a clinical waste bag and guidelines for use.

After you have cleaned the spill, use a mop and bleach and leave the area to dry.

Read about the equipment required to clean blood and body fluids: [aspirelr.link/body-fluid-spills](https://aspirelr.link/body-fluid-spills)

### Video: Manage body fluid spills

Watch the video on the management of body fluid spills in a care setting and take notes on the five steps outlined in the animation: [aspirelr.link/youtube-body-fluid-spills](https://aspirelr.link/youtube-body-fluid-spills)



#### Infection control procedure for spills of body fluids

1. Isolate the area.
2. You must wear appropriate PPE, including goggles, gloves and a plastic apron. You may need to wear disposable shoe coverings if there is massive blood contamination on floors.
3. Soak up the fluid with paper towels.
4. The spill area must be covered with a granular chlorine releasing agent for a minimum of 10 minutes. The granules and any waste should be removed using cardboard placed in a plastic bag and disposed of.
5. Spills of human waste in bathrooms and toilets can be hosed off into the sewerage system and area flushed with water and detergent. The area should then be disinfected with an appropriate product.
6. Broken glass and sharps should be removed using forceps.
7. A mixture of one part bleach to 10 parts water should be applied for 10 minutes.
8. The area should be washed with hot water and detergent.
9. Dry the area using paper towels. The affected area must be left clean and dry.
10. Paper towels and gloves should be disposed of appropriately.
11. Wash your hands.
12. Contaminated clothing should be rinsed in cold running water, soaked in bleach solution for half an hour, and then washed separately in hot water and detergent.

### Example Clean body fluid spills

Jenna and Maureen are support workers in an aged care facility. Ms Arkinstall has urinary incontinence and wets a large area of the floor when going to the toilet. Jenna helps Ms Arkinstall to return to her room for a wash and a change of clothes. While Jenna does this, Maureen cleans up the spill.



She puts on disposable gloves and an apron, and then collects a mop and fills a bucket with a solution of warm water and detergent. She follows the instructions on the detergent bottle to make sure she uses a ratio of detergent to water that will be both safe and effective.

Maureen places a sign to alert staff, clients and visitors that the floor is wet and may be slippery. She mops the wet area thoroughly with the water and detergent solution. When the area is clean, Maureen leaves the sign in place and disposes of the water and her gloves and apron in a yellow bin. She then washes her hands thoroughly. She makes sure to return and remove the warning sign when the floor has completely dried.

## Practice Task 7

### Question 1

Suggest one reason for routine cleaning, and list two situations when routine cleaning should be undertaken in a residential facility.

### Question 2

Explain why it is important to follow organisation guidelines for surface cleaning and to remove dirt, dust and debris before cleaning with a disinfectant.



**Question 3**

Briefly outline the purpose of asepsis techniques, and provide an example with your response.

**Question 4**

Briefly outline the difference between cleaning, disinfecting and sterilising equipment.

**Question 5**

Match each term about the safe disposal of waste to its description.

Disposal of sharps such as a blood sugar lancet
Disposal of general waste such as packaging
Disposal of waste that might contain body fluids, such as a soiled wound dressing

A green or black bin
A special labelled hard plastic yellow container
A yellow bin or bag labelled biohazard

**Question 6**

Which of the following statements relate to cleaning procedures? Tick all that apply.

- Cutlery can be reused if it has been sanitised at high temperatures in a dish washing machine.
- Used linen can be placed in a neat pile on the floor near the door so it can be removed by cleaning staff.
- Linen soiled with body fluids should be placed into special yellow leak-proof laundry bags designated for contaminated or infectious linen.
- Enhanced cleaning is another layer of protection performed as extra steps to regular cleaning.
- Clinical and related waste should be stored in areas that are accessible only to authorised people.
- A support worker is not required to manage a blood or body fluid spill and should alert cleaning staff to clean the potential contaminated waste.



## Summary

- Standard precautions are the basic level of protection that you must take with every person you support, no matter who they are or what level of infection risk they might have.
- Transmission based precautions or additional precautions are sometimes needed on top of standard precautions to add an extra layer of protection from infection.
- Personal hygiene practices are the things you do every day to ensure that you remain healthy and to prevent the spread of germs and diseases from your hands or uniform.
- Washing your hands with soap and water physically removes germs and the fluids that contain them from your hands and sends them down the sink.
- Alcohol-based hand rubs (sometimes called hand sanitisers) applied to the surface of the hands can kill most, but not all, types of bacteria and viruses.
- Personal protective equipment (PPE) is clothing and equipment designed to protect the human body from physical, chemical or biological hazards.
- Sanitisers kill all pathogens except for bacterial spores, and are used to clean equipment.
- A spill kit is used to clean spills of blood or other body fluids from floors or surfaces.
- When there are actual or suspected cases of highly contagious or dangerous pathogens in a client's home or in a facility, your service will require you and other staff to move to enhanced cleaning routines
- Disposing of waste in the right receptacle will minimise the potential for infections being passed to surfaces, people, pests and food.



## Learning Checkpoint 2

### Follow standard and transmission-based precautions

#### Part A

1. Provide an example of when standard precautions are sufficient and one example of when transmission-based precautions might be needed.

2. Identify at least one type of PPE that is required in both routine and enhanced cleaning and outline how their use differs between each situation.



**3. Match each type of PPE with the situation where they must be used.**

You are supporting a person who is coughing and sneezing	Gloves
You are supporting a person who has a confirmed case of COVID-19	Gown or apron
You are supporting a person who has gastroenteritis, and you are entering their room to check how they are feeling	Face mask
You are emptying a person's catheter bag	Face shield

**4. Which of the following relate to respiratory hygiene and cough etiquette?**

Tick all that apply.

- Do not attend work while symptoms are present.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Do not put your hands in contact with your eyes, nose or mouth.
- Wear a gown when in contact with people you are supporting.
- Wash your hands in soap and water after sneezing or coughing.
- Place the used tissue in a waste bin immediately after use.

**5. List three guidelines for managing and disposing of sharps.**



**6. Number each step from 1 to 9 in the order to follow for a routine hand wash.**

	Clasp each thumb in the opposite palm and rotate in a circular motion to clean between the thumb
	Interlace fingers
	Dry hands with a single use towel
	Add soap to cover the hands.
	Place the towel carefully in the waste bin
	Rub each palm with index and middle fingers in a circular motion
	Wet hands with water.
	Rub your hands together, palm to palm
	Rub the backs of fingers against the opposite palm with your fingers interlocked

**7. Number each step from 1 to 7 in the order to do a hand rub.**

	Clasp each thumb in the opposite palm and rotate in a circular motion to clean between your thumbs
	Rub each palm with your index and middle fingers in a circular motion
	Rub the backs of your fingers against the opposite palm with your fingers interlocked
	Allow your hands to dry
	Apply a palmful of sanitiser in a cupped hand
	Rub your palms together in a circular motion
	Place your palms over each other, interlacing your fingers



8. Which of the following statements are correct? Select yes or no for each one.

a. Routine cleaning involves cleaning areas such as communal toilets, ensuite bathrooms, etc	Yes / No
b. Cleaning logs contain information about what must be cleaned and when it must be cleaned.	Yes / No
c. Equipment is sterile when all microbes have been removed.	Yes / No
d. Equipment that is shared amongst clients must be single use and never reprocessed or reused.	Yes / No
e. The use of a blood spill kit means that enhanced cleaning procedures are not required.	Yes / No
f. Aseptic techniques are used when it is important to keep certain surfaces sterile that will be in contact with the human body.	Yes / No

## Part B

Read the case study, then answer the questions that follow.

### Case study

Julie is a home and community support worker who assists older people in their homes with daily living tasks. Today she is with Mrs Baker, who has recently spent time in hospital with pneumonia. Mrs Baker still has a cough because of her recent illness and there are many used tissues in and around the bed. Some of the tissues contain blood after a nosebleed.

Julie has a cut on her middle finger that she covers with a waterproof dressing before donning gloves and wearing a mask.

Julie then assists Mrs Baker with personal care, laundry and some meal preparation. She collects the dirty linen and clothing from Mrs Baker's bedroom and puts it in the washing machine. She removes her gloves and throws them in the bin before washing her hands and moving into the kitchen to prepare lunch for Mrs Baker.



**1.** Explain why Julie takes the following precautions before preparing lunch for Mrs Baker:

- Covers her cut finger
- Removes her gloves
- Washes her hands

**2.** Identify at least three personal hygiene practices Julie should follow, including cleaning her work uniform.



**3.** Suggest two other actions Julie can take to maintain hand hygiene.

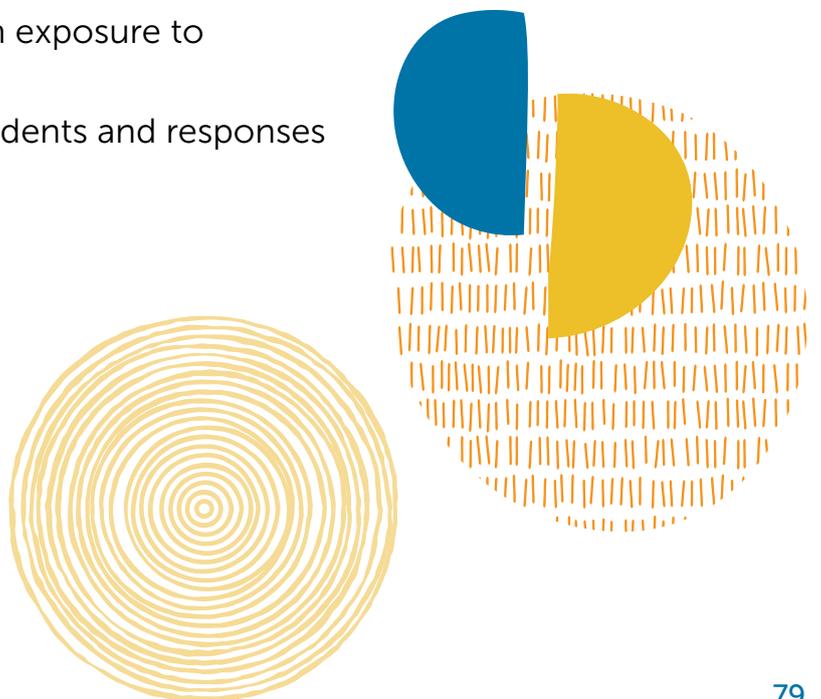
**4.** Briefly outline how Julie should remove her gloves after helping Mrs Baker. Provide a reason for her to follow this procedure.

**5.** Briefly explain how Julie should dispose of the general waste in Mrs Baker's home.



## **Topic 3: Respond to potential and actual exposure to infection risks within scope of own role**

- 3A Respond to infection control risks and breaches
- 3B Minimise contamination from exposure to infection risk
- 3C Document and report on incidents and responses



# 3A Respond to infection control risks and breaches

**Despite prevention measures being in place and used correctly, infectious conditions can still enter a service or facility and be spread to staff and the people they support.**

You cannot control everything that might lead to an infection, and neither can your workplace. Infections can enter a service and be spread as a result of people interacting with each other in various environments in the community, such as events, shopping centres, visiting others and from interactions with animals and pests.

As discussed in earlier topics, your responsibilities and obligations to infection prevention and control include taking all reasonable steps to prevent the spread of infection. This includes following instructions by senior staff and following procedures provided by the employing organisation.

Reporting to a manager or supervisor about potential and actual breaches in procedure might seem like an additional task in a busy schedule. However, consider the potential damage to others' health and even the life-or-death consequences of widespread harm to the vulnerable people you support if an infectious condition were to spread. This is particularly important where people share accommodation or living spaces, such as residents in a facility.

## Assess the risk and take appropriate immediate action

**Risk assessment**  
Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.

A **risk assessment** involves determining the likelihood and severity of harm from infection control hazards.

In many cases, the infection risks are known, and actions are taken as part of an organisation's procedures to eliminate or control the risk. For example, cleaning up blood or vomit using a spill kit while wearing the correct PPE. Sometimes a risk assessment is carried out to identify the following:

- the nature of the harm that could be caused by the hazard
- the likelihood of this harm occurring
- how serious the harm could be.

When this information is obtained, a set of actions can be taken to control the risks. The urgency of the action to be taken depends on the likelihood and severity of the harm.



According to SafeWork Australia, there are four steps for managing WHS risks:

<b>Step 1: Identify hazards</b>	Find out what could cause harm.
<b>Step 2: Assess risks</b>	If necessary, understand the nature of the harm that could be caused by the hazard, how serious the harm could be and the likelihood of it happening. This step may not be necessary if you are dealing with a known risk with known controls.
<b>Step 3: Control risks</b>	Implement the most effective control measure that is reasonably practicable in the circumstances and ensure that it remains effective over time.
<b>Step 4: Review control measures</b>	Review the control measures to ensure they are working as planned.

## Assess the level of risk

Each situation should be carefully considered with the aim of assessing which situations are more likely to cause injury or harm and how serious the injuries or harm might be.

It is important to focus on the situations likely to cause the most injuries or the worst injuries or harm to health. These should have high priority. If something is high risk, do something about it immediately.

Each risk will have a different chance of happening and a different effect. Some risks are more likely to happen but might only affect a few people, while other risks are more likely to happen and will affect more people. For example, a person who has influenza and is not isolating will spread the virus to other people in the vicinity, especially if they are older or immunocompromised.

The support worker's role is to consider the hazards that are likely to happen and what might be the consequences. For example, the support plan states that all clients with a respiratory illness must show evidence of a negative test for COVID-19 before leaving isolation in their homes, as the risk of spreading the virus will be high. If the risk of the hazard occurring is low but the consequence is death, then the risk should be assessed as having a high priority. This is also applicable to COVID-19, as some individuals with underlying conditions may not recover from the disease despite hospitalisation.

Risks are usually assessed as being high, medium or low, as indicated in the table on the following page.

### Levels of risk

High risk is when someone will probably be injured. For example, people not wearing masks or maintaining social distancing from individuals showing symptoms of a respiratory illness.

Medium risk is when there is a chance that someone may get hurt. For example, a support worker caring for a person with hepatitis B: the support worker wears PPE correctly, is immunised and observes strict hand-washing.

Low risk is when there is little chance that someone will be hurt or become infected. For example, a person has MRSA in a surgical wound, but the wound is covered by a dressing, strict hand-washing is observed, and all equipment is wiped down after use.

Read more about hazards and risks in healthcare and social assistance industries here: [aspirelr.link/hazards-risks-health-industry](https://aspirelr.link/hazards-risks-health-industry)

## Communicate a breach or potential risk in infection control

A supervisor or manager must be told when you are concerned that there has been a breach in infection control procedures. Communicating a breach includes not only when there is a known or suspected infection or **outbreak** of an infection, but also when there is the potential or risk of a breach. This could be a breach in procedures; for example, when a process is not followed or short cuts are taken, leaving open a risk for infection.

The method used to communicate will depend on the urgency and circumstances of the breach. A verbal description directly to a manager or supervisor as soon as possible might be required after a needle stick injury or contact with infected body fluids, such as a blood spill splashing onto a staff member's face. A written report may be required to allow the manager to obtain the information they need to improve practices. This might be notes added to the person's care or support plan or a separate incident report or notes for discussion at a team meeting.

In Topic 1, you learnt that managers in certain health and community services settings are responsible for reporting some types of infectious conditions to government departments. Apart from reporting actual or suspected conditions like COVID-19, gastroenteritis and influenza, they must also report when there is an outbreak of certain types of infectious diseases, such as when two or more people in a facility have gastroenteritis, influenza, food poisoning, MRSA and other infectious conditions.

#### Outbreak

When two or more people have an infectious condition or food poisoning that can be linked to each other.



## Incidents or concerns that must be reported

Here is a list of examples of issues or incidents that may require reporting to a supervisor or manager. Always confirm with a supervisor the requirements of the organisation.

- Hand hygiene procedures have not been followed, such as hands not being washed between contact with clients or not wearing gloves when in contact with body fluids.
- Food storage or cooking methods are being performed that can lead to food poisoning, such as meals being reheated, or food not refrigerated.
- Used bed linen is being stored in a hallway or a room not designated for this use.
- A sharps injury occurs when a staff is cleaning a client's room.
- A blood spill is not being cleaned up as it should, such as not using the blood spill kit or bleach.
- A client whose personal hygiene or domestic cleanliness is not being monitored and maintained.
- A client's behaviour leads to a breach in infection control, such as a person with dementia leaving faeces or a wet pad in communal areas of a facility.
- Unclean equipment is being used, such as a sling or lift.

## Seek advice on actions to take

The actions taken to reduce or remove the risk will be outlined and provided by your manager in the infection control policies and procedures. These documents will reflect the established national standards and guidelines for the prevention and control of infection in various care settings.

Immediate actions suggested by a supervisor or manager after a risk or potential risk might be to:

- don PPE, such as a gown and face shield
- isolate the person
- do an enhanced clean of an area
- isolate an area for enhanced cleaning
- remove contaminated or damaged equipment
- complete an **incident report**.

### Incident report

A report that documents any unusual problems, incidents or other situations that may lead to undesirable effects or to not complying with workplace policies and procedures or practices.

Recommendations may follow a breach to ensure the risk is minimised or removed and does not happen again. These actions might include:

- discussing the incident in a team meeting
- reviewing staff schedules and rosters to ensure senior colleagues are available for supervision
- reviewing staff training, such as donning and doffing PPE or cleaning a blood spill
- reviewing and/or rewriting procedures that are unclear or difficult to follow
- inviting a specialist or guest speaker to speak to the group at a team meeting
- conducting an investigation into maintenance and the correct and hygienic storage of equipment or linen
- conducting an investigation by a WHS representative, manager or authority, such as the department of health

## Example

### Reporting a breach in infection control

Naomi is a cook at an aged care facility. She returns after her weekend off and completes a temperature check on the freezer and refrigerator. She discovers that the fridge has not been keeping food within the safe temperature range. Naomi reports the problem to her manager, who instructs her to remove and dispose of all the perishable food in the fridge.

She completes an incident report and organises for a repair to be done on the fridge.

## Action for an exposure to body fluids

It is possible during your work to be splashed or contaminated by body fluids.

For example:

- splashing urine into your eyes while emptying urine from a catheter bag
- exposing an open sore on your hand to faeces, vomit or blood
- having a client or resident spit into your mouth or nose.
- getting a sharps injury like a cut or prick in the skin caused by a used needle or other sharp item.



If a splash exposure occurs to your mouth, nose or skin or a general injury becomes contaminated by a body fluid, you must flush the area with large amounts of water to reduce the risk of infection.

Needlestick or cut exposures require the use of soap and water to wash the injury. Exposure that occurs to the eyes requires irrigation with clean water, a saline solution or sterile irrigant.

Following the above, you should then:

- remove any soiled clothing to minimise exposure
- report the injury to your supervisor as soon as possible
- complete and submit an incident/accident report
- see a doctor, who might commence a series of antiviral medications, vaccinations and/or a blood test to rule out infection.

Source: <https://medlineplus.gov/ency/patientinstructions/000442.htm>

## Example

### Being bitten

Marissa is working with Freya, who is 10 and has an intellectual disability. Freya becomes distressed and upset while Marissa is trying to help her to dress, and bites Marissa on the arm, breaking the skin.

Marissa washes the bite thoroughly. She contacts her supervisor and fills out an incident report form. She sees her GP the following day. Marissa also writes a description of the incident in Freya's file notes so that this information can be used in a behaviour support plan (BSP), so others supporting Freya understand the situation leading to the incident and can develop strategies to support Freya when she gets upset.



## Practice Task 8

### Question 1

Provide an example of a high, medium and low risk injury.

### Question 2

Briefly outline why it is necessary to communicate a potential breach in infection control, in addition to an actual breach.



### Question 3

Which of the following statements relate to communicating a breach in infection control? Tick all that apply.

- The report of a breach can be delayed if there are other more important tasks to be completed.
- A manager needs to be told if there is dirty bed linen being stored in a passageway.
- A breach in infection control leading to a risk to a client's health can be noted in the person's care or support plan.
- Workers are responsible for reporting infectious conditions to government departments.
- An immediate action after a breach could include doing an enhanced clean of an area.

### Question 4

Identify two ways to respond to the following infection control risks:

- A resident's eyes are exposed to a urine splash.
- A resident gets a stick injury from another resident who is checking their blood glucose.

# 3 B

## Minimise contamination from exposure to infection risk

**When an infection has been confirmed or suspected, infection control measures prevent further contamination of people, materials and equipment.**

Control measures were discussed in Topic 1. The hierarchy of control is used to decide on the safest possible way to manage and minimise the risk of infection spreading to others. When an infection has been identified, the most effective level of control is isolation and the use of PPE.

1. Elimination – eliminate the hazard altogether.
2. Substitution – substitute the work practice with a different way of doing it.
3. Isolation – isolate people from the hazard by distance or barriers.
4. Engineering controls – change the environment or equipment.
5. Administrative controls – managers changing and supporting human behaviour through policies, training and instruction.
6. PPE – the most effective way to reduce the spread of infection.

### Noticing signs and symptoms of infection

**Identifying a possible infection in a person before it becomes more serious can minimise exposure to others.**

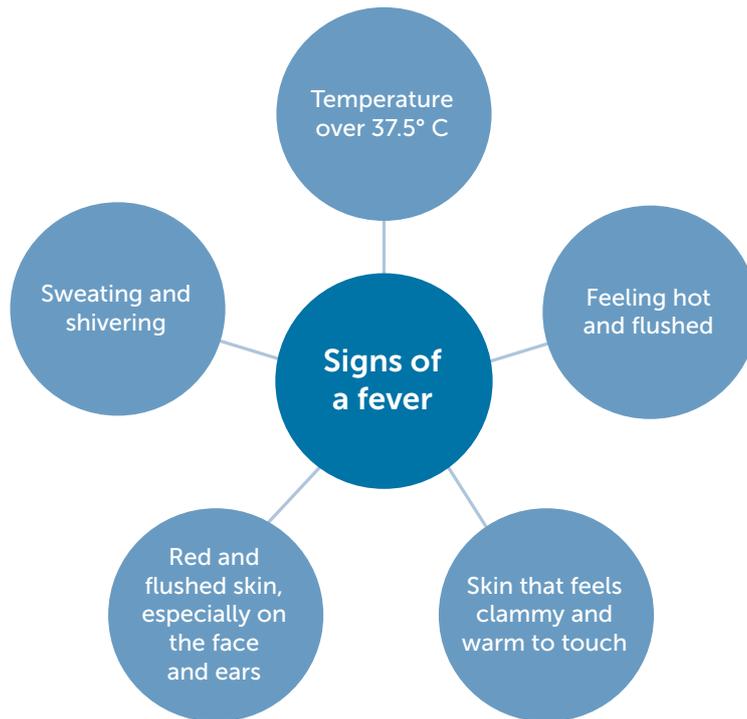
An infection may be spread by staff if they are unknowingly carrying a disease, or it can be spread from one infected client or resident to another (and also to staff who have contact with the person).

Looking for possible symptoms in others that you noticed in one client or resident may indicate signs of an infection. Support workers who are familiar with the people they support are often in an ideal position to recognise when the person is not their 'usual self'.

Some common symptoms of many different types of infectious illnesses include fever and tiredness (sometimes called '**lethargy**'). A fever means the person has a higher-than-normal body temperature.

#### Lethargy

A medical term used to describe extreme tiredness and weakness and is often a sign of illness.



If you see signs of a fever or other signs of infection in a client or resident, report them as soon as they are suspected, so a doctor can inspect the person.

## Incubation period

Some infections, such as gastroenteritis and COVID-19, have long **incubation periods**. This is the period of time between when the person first comes into contact with the pathogen and when they begin to feel unwell. During the incubation period, a person can feel well but may be spreading the infection to others before they know they are infectious.

### Incubation period

The period of time between when you first contract a virus or pathogen and when you start to feel unwell.

## Example

### Report exposure to an infectious illness

Manuel is a home and community worker. His teenage son has had a positive COVID-19 test and is isolating at home. Manuel has no symptoms of the condition, but he knows that COVID-19 has a long incubation period, during which he could be infectious. Because he has been at work over the past few days, he notifies his manager as soon as possible.

The manager tells Manuel that he must stay at home and isolate and cannot return to work until he is cleared by his doctor.

If you have had gastroenteritis, do not return to work until 48 hours after diarrhoea and vomiting have ceased, because you can continue to shed particles of the virus, even when you feel better.

## Outbreaks of infectious disease

### **Outbreaks of an infectious disease in a residential setting can trigger an infection control management plan.**

When an outbreak is suspected, your service will put in place an infection control management plan. The outbreak will be investigated, and there will be consultation between the infection control professionals, nurses, doctors and the health department in your state or territory.

The way the outbreak is contained and managed will depend on the type of infection and the way it is transmitted. Successful outbreak management is based on a combination of standard and transmission-based precautions.

The response might include any or all of the following:

Response	Examples
Restricting or putting conditions on visitors	<ul style="list-style-type: none"> <li>Restricting or stopping visitors</li> <li>Signs at service entrances to inform visitors of special requirements</li> <li>Screening visitors for fever or testing them, such as COVID-19 testing</li> <li>Instructing visitors to only attend if they are well</li> </ul>
Implementing transmission-based precautions	<p>An organisation might ask staff to wear additional PPE when at work, or when working with people who are infected. For example:</p> <ul style="list-style-type: none"> <li>a mask</li> <li>gloves and a gown</li> <li>increased hand hygiene.</li> </ul>
Enhanced environmental cleaning	<ul style="list-style-type: none"> <li>The service might increase the frequency and thoroughness of environmental cleaning.</li> <li>Surfaces likely to be touched by infected residents and workers, including door knobs, tray tables, chairs and personal care equipment might need to be disinfected as well as being cleaned.</li> </ul>



Response	Examples
Isolation	<ul style="list-style-type: none"> <li>Residents affected by an infectious disease might need to be isolated from other residents.</li> <li>The room will be identified as an isolation room with signs and instructions at the door.</li> <li>The resident will not share bathrooms or other facilities.</li> <li>Equipment such as blood pressure cuffs, hoists slings and shower chairs are kept with the resident and only used by that person.</li> <li>The door should be kept closed if the condition is airborne.</li> <li>You may be instructed to wear a gown, gloves and other PPE when you enter the room, and to doff them and wash your hands before leaving.</li> <li>Contaminated PPE should be removed and disposed of before leaving the room.</li> </ul>
Cohorting	<ul style="list-style-type: none"> <li><b>Cohorting</b> means keeping residents who are infected with the same condition to one area and preventing them from coming into contact with other residents. For example, a specific wing or part of a facility with a shared living area might be separated from other parts of the facility.</li> <li>When residents are cohorted, the same staff will also be allocated to the resident cohort and will not mix with residents who are well.</li> </ul>
Restricting movement within the facility	<p>Restricting movement of residents during an outbreak reduces the risk of further transmission. If a resident who is infected needs to be transported or transferred, there might be special considerations, such as:</p> <ul style="list-style-type: none"> <li>ensuring that infected areas of the resident's body are covered</li> <li>asking the resident to wear a mask while being moved.</li> </ul>
Single use equipment	<p>During outbreaks, residents might be provided with single-use items, including plastic cutlery and paper plates, to prevent utensils from transferring disease.</p>
Exclusion	<p>Exclusion might include excluding infected residents from taking part in group activities or shared mealtimes, or reducing or stopping shared activities during the outbreak.</p>
Lockdown	<p>During serious outbreaks, the facility might be locked down. This means:</p> <ul style="list-style-type: none"> <li>no visitors are permitted to enter the service</li> <li>staff and visiting health professionals are screened before entry</li> <li>residents are not permitted to leave and then return to the facility.</li> </ul>

**Cohorting**  
 Keeping residents who are infected with the same condition to one area and preventing them from coming into contact with other residents.

## Separate clean and contaminated zones

**When residents are being isolated or cohorted, contaminated and clean zones will be separated.**

Separating clean and contaminated zones ensures that records, materials and equipment do not act as vectors for the infection. Documents, medication charts and client files are left in clean areas and restricted from contaminated zones. Equipment is cleaned and disinfected before being taken into clean areas.

Zones may be set up outside an isolation room or outside an area where infected residents have been cohorted. This system has been widely used for the first time in aged care facilities during the COVID-19 pandemic. It is mostly put into place when the facility is in lockdown.

Zones are colour coded so that all staff can recognise the required procedures for each zone.

Here is a set of standard zone colours used when a facility is in lockdown:

<b>Red zone</b>	<p>Red zones are areas in which all residents, equipment, furnishings, records and materials are considered to be contaminated.</p> <p>When staff move from a red zone to another zone, they must follow strict procedures for donning and doffing, as you saw in Topic 2.</p>
<b>Amber zone</b>	<p>Amber zones are quarantine areas. They hold residents who have been close contacts or who are suspected to have an infection.</p>
<b>Green zone</b>	<p>Only staff and residents who have been screened and cleared are permitted in green zones.</p>
<b>Blue zone</b>	<p>Blue zone areas are areas where staff are not required to wear full PPE. For example:</p> <ul style="list-style-type: none"> <li>• nurses' stations</li> <li>• corridors</li> <li>• staff lunchrooms</li> <li>• meeting rooms</li> <li>• drug rooms</li> <li>• sterile stock rooms</li> <li>• office spaces.</li> </ul>

When staff are moving between zones, there will be strict procedures that they must follow. This includes handwashing, donning and doffing, disposing of waste, and sterilising any equipment that must be taken from a contaminated zone.



## Clean and contaminated storage areas

Clean stock and equipment are always kept in a separate room from areas that might contain body fluids or contaminated waste, even when there are no active cases of infection in the facility.

### Sterile room

A clean room in which medications, medical supplies and other clean or sterile stock are kept is sometimes called a 'sterile room'. You must never enter this area wearing potentially contaminated PPE or carrying waste of any kind.

A sterile room is used to store items such as:

- clean dressings and dressing trays
- medications and medication records
- syringes and other medication equipment
- a drug fridge to store medications, such as eye drops at low temperatures
- sterile gowns and gloves used for aseptic wound dressings.

### Pan room or utility room

Used linen and waste is placed in a utility room. This room is designated to hold potentially contaminated equipment and waste and is often called a pan room or utility room. It holds materials and equipment such as:

- a pan sluice or pan flush
- rubbish bags
- sharps containers
- skips holding used linen
- bedpans and bottles
- any container or material containing body fluids such as vomit.

## Use of PPE to minimise contamination

**Careful donning and doffing of PPE prevents cross contamination of a known infection between the surfaces of the PPE, your own body and other surfaces and equipment.**

Donning and doffing (discussed in Topic 2) is the timing, order and methods for putting on and taking off PPE. These procedures are especially important when you are entering the room of a person in isolation, such as person who has or is suspected of having COVID-19.

During an outbreak of an infectious condition, there will be special procedures in place for putting on and removing PPE while you move between clean and contaminated zones.

Here are some guidelines on the use of PPE developed by The Australian Commission on Safety and Quality in Health Care.

**Before entering the resident's room:**

1. Perform hand hygiene.
2. Put on your gown.
3. Put on your respirator.
4. Put on protective eyewear.
5. Perform hand hygiene.
6. Put on your gloves, covering the cuffs of the gown with the edges of the gloves.

Before entering the room and performing care, do not touch the front of the respirator or mask. If your mask or other PPE becomes wet, damaged or soiled, leave the room and replace it.

Keep the doors of the room closed wherever possible.

**Before leaving the room after providing care:**

It is especially important to follow the exact order outlined in the guidelines to continue to protect yourself from the virus. You will begin to doff your PPE just before leaving the room and continue outside the room.

1. Remove and dispose of your gloves.
2. Perform hand hygiene.
3. Remove and dispose of your gown.
4. Leave the room.
5. Perform hand hygiene.
6. Remove your eye protection.
7. Perform hand hygiene.
8. Remove and dispose of your respirator.
9. Perform hand hygiene.



**At the end of your shift:**

Change into clean clothes before you leave work and place your clothes into a bag.  
Shower and wash your work clothes when you arrive home.

Source: [https://www.safetyandquality.gov.au/sites/default/files/2021-08/poster\\_-\\_ppe\\_use\\_-\\_high\\_risk\\_covid\\_transmission\\_-\\_aged\\_care.pdf](https://www.safetyandquality.gov.au/sites/default/files/2021-08/poster_-_ppe_use_-_high_risk_covid_transmission_-_aged_care.pdf)

## Example

### An outbreak of COVID-19

An aged care facility has two confirmed cases of COVID-19. The facility has been placed into lockdown, which means that there is no movement of visitors or residents to or from the service. This measure is taken to prevent the infection spreading further to other vulnerable residents for who the infection is often fatal.

The two confirmed cases are separated into a red zone, with dedicated staff who will only work in this area. Staff in this area must use careful donning and doffing procedures of full PPE when entering and leaving the red zone. Residents who were in close contact with these two residents are nursed in an amber zone while they await COVID-19 test results.

Authorised staff and visiting health professionals are screened each day for COVID-19. Staff must wear masks in all areas of the service. There is an increased cleaning and disinfection protocol in place.



## Practice Task 9

### Question 1

Identify at least three steps that can be taken to minimise the contamination of people, materials and equipment during a COVID-19 outbreak in a residential facility.

### Question 2

Which of the following statements relate to procedures for donning and doffing PPE during an outbreak of an infectious condition? Tick all that apply.

- Before entering the resident's room, wash hands and then wash them again after PPE has been donned.
- Keep doors open to allow the circulation of fresh air wherever possible.
- Following procedures for donning and doffing PPE is needed while moving between clean and contaminated zones.
- PPE is removed just before leaving the room after providing care and continues outside the room.
- At the end of a shift, change into clean clothes when you arrive home.



**Question 3**

Match each zone term, used when infected residents have been cohorted, to its description.

Blue zone	Residents, equipment, furnishings, records and materials are considered to be contaminated.
Green zone	Quarantine areas that hold residents who have been close contacts or who are suspected to have an infection.
Red zone	Only staff and residents who have been screened and cleared for infection are permitted.
Amber zone	Areas where staff are not required to wear full personal protective equipment (PPE).

# 3C

## Document and report on incidents and responses

**Document incidents and responses and report them according to organisational policies and procedures.**

Your service will be required to demonstrate to health authorities that staff are acting appropriately to prevent the spread of infection between vulnerable clients or residents. The protocols the service has in place will be outlined in their infection control policies and procedures. This includes how reporting needs to occur, the documentation that needs to be completed and how the organisation will manage an outbreak.

Here are examples of people who may require reports and who you might report your concerns to, or ask questions to help your understanding of infection control:

Responsible Person	What you might report
IPC Lead	The IPC lead will help staff to understand and follow procedures. They can also be the first person you call on when there has been a breach or lapse in infection control procedures.
Supervisor	Your supervisor can help you to respond in the most effective way to a new risk that you are unfamiliar with. They should also be notified as soon as possible when you notice something that could lead to the spread of infection.
Family member or family carers	The family are part of the person's support team. If you work in a person's home, the family and carers need to know when something might pose an infection risk to the person. This could include: <ul style="list-style-type: none"><li>• food poisoning risks</li><li>• blocked toilets that could lead to faecal matter in the environment</li><li>• signs of infection that might need to be treated by a doctor, such as a fever that may indicate a urinary tract infection or signs of a respiratory condition.</li></ul>
The person's general practitioner (GP)	In some work roles, you will have the responsibility to ensure that the person you support sees a doctor when needed, and that the GP is aware of any signs of infection. For example, you might report to a doctor: <ul style="list-style-type: none"><li>• when the person has a fever</li><li>• a wound that does not heal or that has developed pus</li><li>• redness, swelling, itchiness or rashes on the person's body.</li></ul>



Responsible Person	What you might report
Your own general practitioner	<p>Your work role means you work with vulnerable people. Therefore, you must seek medical treatment and advice when you develop any signs of what could be an infectious condition. This can include:</p> <ul style="list-style-type: none"> <li>• a fever</li> <li>• a respiratory condition</li> <li>• pain, redness or swelling in your mucous membranes, such as your mouth or throat</li> <li>• an itch or a rash.</li> </ul>
Responsible people and authorities	<p>If you develop signs of COVID-19 or another notifiable illness, follow the correct procedures to notify the responsible people and authorities.</p> <p>This might include:</p> <ul style="list-style-type: none"> <li>• informing your workplace immediately if there is a chance that you have been at work while infectious</li> <li>• following government requirements for reporting a positive rapid antigen test.</li> </ul>

## Recording incidents and responses

Writing down what you have seen or heard can help piece together a larger picture so that doctors, nurses, managers and other workers can see the issues or patterns that keep repeating, which lead to breaches or risks of infection control breaches.

Here are some examples:

Client records	<p>Record any signs or symptoms of infectious conditions that the person you support might develop, no matter how small.</p> <p>This can include:</p> <ul style="list-style-type: none"> <li>• a chesty cough or increased sputum</li> <li>• nausea, vomiting or diarrhoea</li> <li>• a fever or feeling hot to touch</li> <li>• complaints of feeling unwell or tired.</li> </ul>
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<b>Incident reports or near miss forms</b>	<p>Incident report forms are used to document and report incidents and near misses (situations where a person has nearly experienced harm).</p> <p>For example, you might complete an incident report when:</p> <ul style="list-style-type: none"><li>• a person has vomited on carpet which needs to be cleaned properly</li><li>• a person has been bleeding and has left a trail of blood that might have been exposed to other residents</li><li>• a resident with dementia has bitten someone</li><li>• there has been a breach in procedure, such as a visitor entering the facility who was later found to be unwell</li><li>• a group of residents claim to be feeling nauseous after a meal and it is possible that they have developed food poisoning.</li></ul>
<b>Infection control meetings</b>	<p>Committees, team meetings and other forums give staff the chance to discuss infection control risks and provide suggestions for policy and procedure improvements.</p>
<b>Client's file notes</b>	<p>You might record in the client's or resident's file notes a particular action you took to prevent a known infection from being spread to other people, such as using an aseptic technique to dress a wound.</p>
<b>Record sheets, sign in sheets or checklists</b>	<p>You might be asked to record the results of a screening test, such as your temperature and a negative COVID-19 test, onto a sign-in sheet at the beginning of each shift.</p>

When you are completing a written report, provide all available details, including:

- a clear description of what you saw or heard
- the location of the risk, hazard or incident
- who was present when the risk was discovered
- what you did to reduce the risk.



## Example Incident report

Workplace incident report					
Report no.:		Date form completed:		Date of incident:	
Person affected					
Name:					
Address:					
Telephone number:		Mobile number:			
Witness					
Name					
Address:					
Telephone number:					
Details of injury					
Date of injury:		Time:			
Description of incident by witness:					
Signature of witness:				Date:	
When was the injury reported?				Time:	
Name of the person the injury was reported to:				Position:	
Internal records only – to be completed by manager/HSR					
Details of action by management:					
Date ceased work:		Time ceased work:			
Total time lost (days, hours, minutes):					
Details of preventative measures taken: (to be completed by health and safety representative):					
Signed:		Date:			



## Practice Task 10

### Question 1

Which of the following statements need to be included in a report about an infection control hazard or exposure? Tick all that apply.

- A concise description of what happened
- The location of where the incident occurred
- When the incident took place
- The name of the person who created the hazard or was infectious
- First aid provided and/or medical treatment sought

### Question 2

Match each person to whom reports would be made to with their correct description.

Family member or family carers	This person is a direct report and should be notified as soon as possible when you notice something that could lead to the spread of infection.
The person's general practitioner	They are part of the person's support team and need to know when something might pose an infection risk to the person.
Responsible people and authorities	This person can diagnose disease from signs of infection.
Supervisor	The first person you call on when there has been a breach or lapse in infection control procedures.
IPC lead	These people are responsible for following up on government requirements for reporting infectious diseases.



**Question 3**

Provide at least three examples of the different methods used to document and report infection control risks and incidents.

A large, empty rounded rectangular box with a thin black border, intended for the user to write their answer to the question.



## Summary

- Inform a supervisor or manager when you are concerned that there has been a breach in infection control procedures, and seek advice on actions that you must take.
- The actions taken to reduce or remove risks will be outlined and provided by your manager in the infection control policies and procedures.
  - These reflect the established national standards and guidelines for the prevention and control of infection in care settings.
- Let your supervisor know when you notice a change in a person who is presenting signs that might mean they have an infectious condition.
- Separate clean and contaminated zones ensure that records, materials and equipment do not act as vectors for the infection.
- An outbreak means that there are two or more people with the condition that can be linked to each other.
  - This can include two or more people in a facility with gastro, influenza, food poisoning, MRSA and other infectious conditions.
- When an outbreak is suspected, your service will put in place an infection control management plan.
- Recording and reporting help the work team to act early on new hazards and risks.
- Speak up early whenever you have any worries or concerns.
  - When you are completing a written report, provide all available details



## Learning Checkpoint 3

### Respond to potential and actual exposure to infection risks within scope of own role

#### Part A

1. List three control measures a support worker should take if there is an exposure risk to infection caused from an open wound.

2. Which of the following statements relate to control measures for clean and contaminated zones? Tick all that apply.

- Residential facilities are designed and built with separated areas or zones for keeping clients apart.
- Residents who have been a close contact of a person with an infection such as COVID-19, but who are not a confirmed case, stay in an amber zone.
- Donning and doffing of PPE can be done in any zone, so long as it is done correctly.
- Clean bandages and wound dressing equipment is kept in a utility room.
- Dirty linen is kept in a skip in the utility room.



## Part B

Read the case study, then answer the questions that follow.

### Case study

Rebecca works as a support worker for the local council. One of her clients has a chronic leg ulcer that is dressed with a bandage every day after a shower. Rebecca is mindful of the need to maintain a clean and hygienic environment and is accompanying the nurse to do a survey of the house for safe work practices, including infection control.

Rebecca and the nurse note the following things in her client's house:

- The dressing materials are stored next to a rubbish bin that contains used dressing material and used tissues.
- The client's files are kept on a bench in the kitchen next to the sink where food is prepared and dirty dishes are stacked.

1. Suggest two actions Rebecca can take to minimise contamination of the dressings and reduce the risk of infection that she has identified to her client in the home environment.



**2.** Briefly outline the role of each of the following people in helping Rebecca respond to a breach in infection control.

- A supervisor
- GP
- IPC Lead
- Family or carer
- Responsible person or authority, such as the health department

**3.** Provide an example of the document and reporting methods Rebecca can use to communicate to others about the risk to infection control identified.





# Glossary

## **Aged Care Quality Standards (ACQS)**

The eight industry standards that must be followed by all aged care providers.

## **Asepsis**

A surface free from all living disease-causing bacteria, fungus or viruses.

## **Aseptic technique**

A technique used to avoid contaminating a sterile environment with any germs.

## **Autoclave**

A machine that uses steam under high pressure and high temperatures to kill harmful bacteria, viruses, fungi and spores.

## **Bloodborne**

A disease or pathogen carried by the blood.

## **Chain of infection**

A series of conditions that need to be present for infection and transmission of disease to occur.

## **Cohorting**

Keeping residents who are infected with the same condition to one area and preventing them from coming into contact with other residents.

## **Conjunctivitis**

A highly infectious eye condition, spread by the discharge and pus released by the eye during the infectious period.

## **Doffing**

Taking off PPE with particular regard for the order in which it is removed.

## **Donning**

Putting on PPE such as gowns, masks, eye protection and gloves.

## **Duty of care**

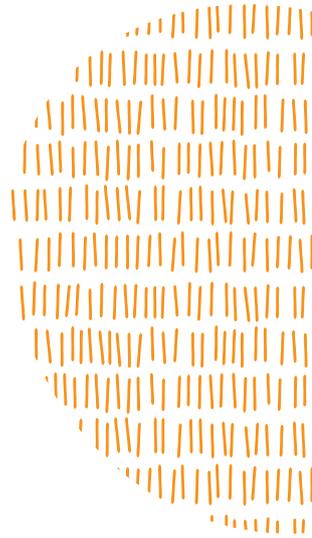
A moral or legal obligation to ensure the safety and wellbeing of other persons.

## **Enhanced cleaning**

Cleaning procedures put into place when there is an outbreak or possible outbreak of an infectious disease, such as gastroenteritis, scabies, flu or COVID-19.

## **Fit check**

A check to make sure that a face mask is fitting correctly when you first place it on.



### **Host**

The person or animal who 'hosts' or provides an environment for the pathogen to multiply on, such as on their skin or organs.

### **Incident report**

A report that documents any unusual problems, incidents or other situations that may lead to undesirable effects or to not complying with workplace policies and procedures or practices.

### **Incubation period**

The period of time between when you first contract a virus or pathogen and when you start to feel unwell.

### **Infection**

The reaction of the body to its invasion by a disease-causing agent.

### **Infection control**

Measures undertaken to prevent and minimise the level of infection in a healthcare environment.

### **Infection hazard**

A practice or situation that has the potential for an infection to spread and cause harm.

### **Infection risk**

The potential consequences of being exposed to infections, such as contracting a serious disease.

### **Infectious disease**

Diseases caused by microorganisms such as bacteria, viruses, parasites and fungi, which can spread from one person to another.

### **IPC led**

A nurse who is specially appointed to help train and guide all staff in understanding and following infection control procedures.

### **Lethargy**

A medical term used to describe extreme tiredness and weakness and is often a sign of illness.

### **Microorganism**

A tiny cell which can sometimes cause disease and infection in people and animals.

### **MRSA**

A common and harmful bacterium that is resistant to most types of antibiotics.

### **Normal Flora**

'Good bacteria' that commonly live on the skin or in the digestive system, helping to protect our bodies from the growth of harmful pathogens, such as fungi, and aiding processes like digestion.

**Outbreak**

When two or more people have an infectious condition or food poisoning that can be linked to each other.

**Pathogen**

A disease-causing microorganism.

**Personal protective equipment (PPE)**

Pieces of clothing and equipment that are designed to protect the human body from physical, chemical or biological hazards.

**Risk assessment**

Determining the likelihood a hazard will cause harm, injury or ill-health and determining its possible consequence.

**Risk assessment matrix**

Matrix used to work out a risk-rating for a particular hazard.

**Standard precautions**

The work practices required to achieve a basic level of infection prevention and control.

**Sterile**

A surface that has no living bacteria, spores or pathogens present.

**Surgical scrub**

An extended hand-washing procedure that involves scrubbing the hand and arms for an extended period with disinfectant washes. This procedure is more common in health and acute settings than in residential aged care or general community or disability settings.

**Susceptible host**

People who are more likely to contract, become sick with or die from an infection.

**Terminal cleaning**

Cleaning the room or area of a resident who has been discharged to hospital or who has died.

**Transmission-based precautions**

Precautions that are sometimes used in addition to standard precautions to add an extra layer of protection from infection.

