

Respiratory Infection Prevention and Control Manual

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AH&MRC
Aboriginal Health & Medical
Research Council of NSW

Acknowledgement of Country

The Aboriginal Health & Medical Research Council (AH&MRC) acknowledges that we operate and function on the Lands of the Gadigal and Bidjigal people of the Eora Nation. We pay our respect to these Lands that provide for us and acknowledge and pay respect to the Ancestors that walked and managed these Lands for many generations before us. We recognise the traditional owners' past injustices, and their ongoing fights for land rights, social justice, and cultural freedoms. Their sovereignty and land was never ceded.



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Glossary

ABHR	Alcohol-based hand rub
ACCHO	Aboriginal Community Controlled Healthcare Organisation
AH&MRC	Aboriginal Health and Medical Research Council
ARI	Acute Respiratory Infection
ARS	Acute Respiratory Symptoms
COVID 19	Coronavirus 19
HCW	Health care worker
HVAC	Heating, Ventilation & Air Conditioning
IPAC	Infection Prevention and Control
NSW	New South Wales
PCR	Polymerase chain reaction
PPE	Personal protective equipment
POC	Point of care
RAT	Rapid antigen test
RSV	Respiratory Syncytial Viruses
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
TGA	Therapeutic Goods Administration

Purpose

The purpose of the AHMRC Infection control manual is to assist those working in ACCHO's to have easy access to the most up-to-date information to help prevent the spread of COVID-19 and other acute respiratory infections (ARIs) including influenza, Respiratory Syncytial Viruses (RSV) and other respiratory pathogens. This manual will provide guidance on infection prevention requirements, the use of personal protective equipment (PPE), and transmission prevention strategies to ensure high standards of infection prevention and control are implemented within ACCHOs.

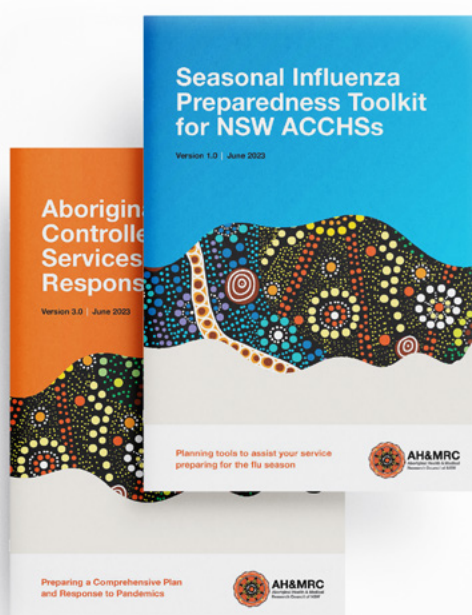
AH&MRC's Infection Control Manual has been developed utilising New South Wales Clinical Excellence Commissions' Infection Prevention Manual² and the RACGP Infection and Control Guidelines.¹ AH&MRC has adapted the relevant information and guidance from these resources for use in Aboriginal Community Controlled Healthcare Organisation's (ACCHOs).

This manual will continue to be updated if and when Commonwealth and NSW health departments make changes to COVID-19, Influenza and Acute Respiratory Infections (ARI) policies.

The AH&MRC's Infection Control Manual should be used in conjunction with:

[AH&MRCs Seasonal Influenza Preparedness Toolkit](#)

[Aboriginal Community Controlled Health Services Pandemic Response Toolkit](#)



Infectious disease transmission

Infectious diseases are caused by microorganisms such as Bacteria, Viruses, Fungi, Protozoa and Prions.¹ Common respiratory infections are mainly caused by viruses such as COVID-19, Influenza and RSV. These viruses are transmitted from one individual to another when the microorganism is released from the respiratory tract of an infected person (e.g. coughing, sneezing) and is transferred through the environment to another susceptible person.^{1,2}

In healthcare settings, major modes of transmission are:

- **Contact: Direct or Indirect**
- **Droplets**
- **Airborne**

Contact transmission is the most common method of transmission of respiratory viruses, bacteria and parasites in healthcare. It occurs when there is direct or indirect (contaminated object or a person) contact with blood and body substances (e.g. mucous).^{1,2}

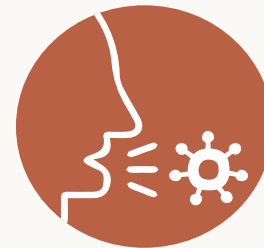
Droplet transmission is caused by exposure of a susceptible person to droplets produced by an infected person (coughing/sneezing or through procedures) who is within 1.5 metres. Infections caused by bacteria such as pertussis and meningococcal infection, and respiratory viruses can be transmitted by droplets.^{1,2}

Airborne transmission occurs when aerosols produced by an infected person (coughing, sneezing or even through procedures such as suction and nebuliser use) are inhaled by a susceptible person. These aerosols can remain in the air for for a longer period than droplets. Adequate ventilation and air handling such as Heating, Ventilation & Air Conditioning (HVAC) system filters e.g. HEPA filters, can reduce the occurrence of transmission.

The transmission of infectious microorganisms is not always limited to one mode. Respiratory infections such as Influenza and COVID-19 can be transmitted by all three modes mentioned above. Close contacts who are within 1.5 metres are at greater risk than people who are >1.5 metres away.¹



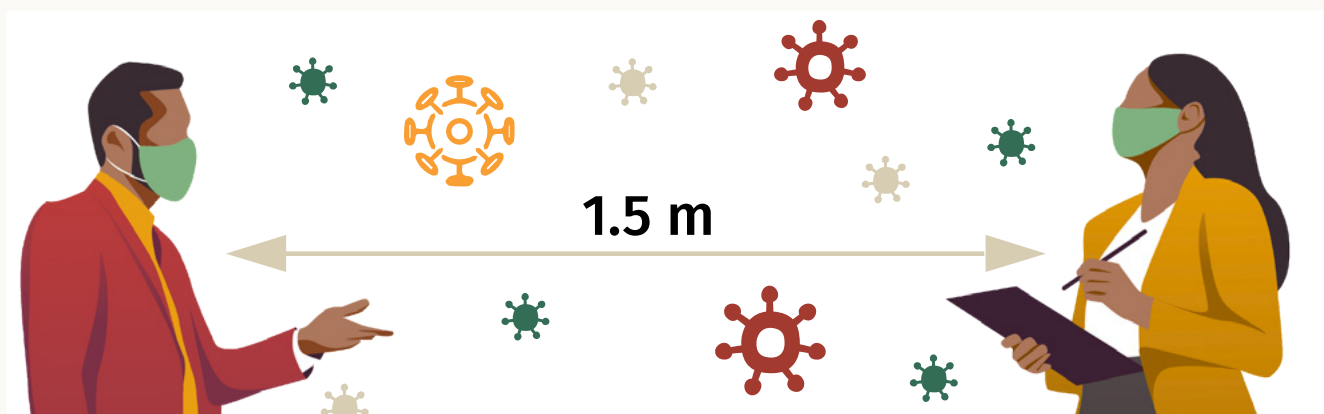
Contact Transmission



Droplet Transmission



Airborne Transmission



Safe Working Principles

Aboriginal Community Controlled Health Organisations (ACCHOs) have a responsibility to follow safe working principles for the benefit of their communities. All members within the organisation including health professionals should be educated and competent in infection prevention and control within their health care facility.¹

Infection Prevention and Control (IPAC) principles are based on:

- **Risk assessment and Planning**
- **Establishing policies for maintaining IPAC procedures**
- **Education and Training for staff**

All members of the health facility should be involved in the IPAC program, but it is recommended that an Infection Prevention and Control Coordinator role be included in one staff member's duties to be responsible for the co-ordination of infection prevention and control activities.

Key tasks the IPAC coordinator is responsible for:

- **Assessing the risks of infection transmission**
- **Drafting, Finalising and Reviewing the IPAC policies and procedures**
- **Organise training and education**
- **Monitoring compliance with staff members**
- **Educating and monitoring patients**
- **Ensuring cleaners compliance with IPAC protocols**

Risk Assessment and Planning:

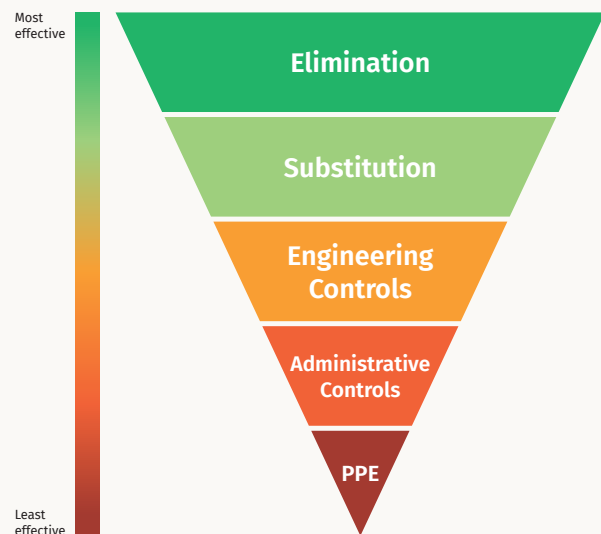
IPAC is a part of the health service's risk management and must be incorporated into all levels of the organisation.¹

- **Organisation wide – policies and procedures, staff training, follow up, monitoring and reporting.**
- **ACCHO Department or program based – applying risk management to every situation**
- **Individual – clinical decision-making and training and education**

Regular IPAC risk assessment should be performed at all healthcare sites by the IPAC Coordinator to identify and pre plan control measures to reduce the risk of cross-infection and transmission of disease.³

The assessment is intended to identify infection risks, estimate their probability and identify potential consequences.

The **hierarchy of controls framework** below aids risk assessment and planning in Infection prevention and control.



Heirachy of Control Ranking	Examples of control measures to prevent transmission
Elimination Reduce the opportunities for the virus to be introduced	<ul style="list-style-type: none"> • Vaccination • Routine and targeted surveillance • Symptomatic staff do not come to work • Remote working
Substitution Find alternative ways of providing care that reduce the potential for transmission	<ul style="list-style-type: none"> • Administer aerosolised medicine with spacers instead of nebulisers • Substitute in-person appointments with telehealth services, when appropriate
Engineering Controls Use physical barriers and other forms of hazard reduction	<ul style="list-style-type: none"> • Ventilation and improved air changes • Negative pressure rooms • Isolation of patients
Administrative Controls Reduce the opportunities for the virus to be introduced	<ul style="list-style-type: none"> • Hand hygiene • Cleaning and disinfection • Signs, posters, information sheets • IPAC guidance documents • Training and education of staff • Continuous Quality Improvement
PPE	<ul style="list-style-type: none"> • Standard PPE to prevent exposure • Additional PPE provides physical barrier to prevent transmission when a patient has known infection

Risk management plans should not be limited to on-site assessment but also, off-site management (E.g. home visits and outreach activities) as well.

A [risk matrix](#) can be used to identify the level of risk and to address the situation by using the following steps:

- **Identifying the risk**
- **Identifying likely transmission routes**
- **Quantify the impact**
- **Need for risk reduction**
- **Methods for reducing risk**

All ACCHOs should be able to assess the situation, limit the risks in their setting and make decisions on the next steps toward prevention methods.

ACCHO IPAC Framework for Respiratory Protection

(See diagram on page 6)

Baseline level (**green**) provides the minimum IPAC measures for preventing and managing Acute Respiratory Infections (ARIs) and COVID-19 which should be everyday practice in an ACCHO.

Amber and **Red** levels provide guidance for escalation of preventative/management strategies for ACCHOs based on levels of transmission risk.

Changes to risk level should be assessed by the ACCHO staff member(s) responsible for infection control; the assessment may take into consideration directions made by the NSW Health Secretary for NSW Health facilities which will be reflected in the NSW Clinical Excellence Commission's [Infection and Prevention Control Manual COVID-19 and other Acute Respiratory Infections](#).⁴

Policies and Procedures:

Every ACCHO should have their own policies and procedures including triage protocols and tools to help clinic staff and patients to understand their own role and responsibilities related to infection prevention and control.

Two main resources ACCHOs should use when preparing policies and procedures are:

- **[Standards for General practice](#) provides the directions for quality improvement and risk management in health care practices.**
- **Infection prevention and control guidelines provides [information](#) on how to plan and implement high standards of Infection prevention and control in workplaces.**

IPAC policies for the ACCHOs should include education for staff and patients, training for staff, appropriate documentation, management processes, infection control protocols, and environmental cleaning policies.¹

Education and Training for Staff:

All staff must understand their role and responsibility in minimising the spread of infection. When providing education on infection prevention and control, ACCHOs must ensure their staff receive regular training enabling them to perform preventive measures and implement protocols.¹

Key components of IPAC education include:

1. **Standard vs Transmission based precautions - what they are and when to use.**
2. **Hygiene Procedures and techniques e.g. hand hygiene, respiratory hygiene, aseptic techniques, etc**
3. **PPE - selection use and disposal**
4. **Environmental Cleaning and decontamination**
5. **Policies and Protocols for the ACCHO - where to find relevant resources.**
6. **Patient Education and promotion of infection control**

ACCHO IPAC Framework for Respiratory Protection

	ACCHO	COMMUNITY ADVICE
 <p>GREEN Baseline Infection Prevention and Control Measures</p>	<p>Implement strategies to reduce risk of exposure. (testing and antiviral medications)</p> <p>Standard precautions and Transmission based precautions.</p> <p>Monitoring and Management of cases</p> <p>Review and organize outbreak management plans and notification process.</p>	<p>Stay home if symptomatic.</p> <p>Be up-to-date with Vaccination for Flu/ COVID 19</p> <p>Take a test and stay home if symptomatic or confirmed COVID 19/or other ARI</p> <p>Prevention and control measures (Such as wearing masks, hand hygiene etc.)</p>
 <p>AMBER Tier 1 Low to Moderate Transmission Risk</p>	<p>All staff and Patients to wear masks including non-clinical areas, shared spaces and during transit.</p> <p>Testing for suspected and symptomatic patients.</p> <p>Zoning patients as required.</p>	<p>Wear a mask and practice hand hygiene at all times.</p> <p>Additional preventive measures at home and at outdoor settings such as social distancing, use of hand sanitizer etc.</p>
 <p>RED Tier 2 High Transmission Risk</p>	<p>All Patients to wear masks including non-clinical areas and shared spaces.</p> <p>All clinical staff providing direct clinical care to wear P2/N95 respirators and eye protection</p> <p>Surveillance testing for clinical staff</p> <p>Limit number of staff and patients in each area of your ACCHO including waiting areas and consultation rooms.</p> <p>Encourage use of telehealth for patients.</p>	<p>Follow outbreak management plans as directed by your health care provider.</p> <p>Wear masks and practice precaution methods at all times.</p> <p>Utilise telehealth appointments where possible.</p> <p>Get tested if symptomatic.</p>

Levels of precaution

Standard Precautions:

Standard precautions are routine practices followed by ACCHOs to achieve a basic level of Infection prevention and control regardless of the status of the patient and should be applied at all times.⁵

All staff in ACCHOs who have contact with blood and bodily secretions, must follow standard precautions regardless of the patient's infection status.¹

Standard precautions include:

- **Hand Hygiene**

See [Appendix 1](#)

- **Use of Appropriate PPE**

See [Appendix 1](#) and [Appendix 2](#)

- **Respiratory hygiene and cough etiquette**

Maintaining respiratory hygiene and cough etiquette reduces the spread of respiratory particles that could be infectious. Hand hygiene practices also should take place after each contact with respiratory secretions or contaminated objects. If hands are visibly contaminated hand washing is recommended, if not alcohol-based hand rub can be used to maintain hand hygiene.

Respiratory hygiene and cough etiquette should be followed by all staff members and the patients and includes:

- **Covering your nose/mouth with single-use disposable tissues to contain respiratory secretions.**
- **Disposing of the tissues to the nearest waste bin.**
- **If you do not have any tissues or wipes, coughing or sneezing into your inner elbow is better than using your hand.**
- **Clean your hands thoroughly immediately after contact with respiratory secretions or contaminated materials. Keep contaminated hands away from eyes, nose, and mouth.**

- **Safe use and disposal of sharps**

Use of sharps in practices put health workers at

risk of injury and infection transmission. Sharps may be contaminated by biological substances or hazardous substances. All sharps should be considered contaminated unless known to be sterile.

Safe handling, transport and disposal of sharps is necessary for safety of all staff working in the ACCHO. Sharps containers for disposal must be appropriately placed in each clinical room or area.

All sharps injuries must be reported to the designated senior practice staff who may be required to report it to the work health and safety authority in their state or territory.

- **Routine Environmental Cleaning, Appropriate waste management & Appropriate linen handling and laundry process**

IPAC policy must have a cleaning policy which includes staff responsibilities, methods, frequency, and products used for cleaning, laundry, and waste management.

Avoiding reusable linen where possible is preferred. When using reusable linen standard precautions must be applied where recommended products and procedures must be followed.

Waste management should be carried out in line with the state or territory regulations and meet national standards for management of clinical and related wastes. t

- **Appropriate re-processing of reusable medical devices**

Re-processing of reusable medical devices is an important aspect of IPAC. IPAC for each ACCHO should include policies and procedures for each phase of re-processing medical equipment. ACCHOs can preferably choose to reduce the amount of reusable medical equipment after assessing the ACCHO's' capacity. Re-processing can be outsourced or kept as an on-site process.

If the ACCHO elects to keep re-processing on-site, the facility should have a segregated area, well-trained staff and well-planned procedures to protect the area from contamination. More importantly, it should be onsite only if the [current relevant standard](#) can be met by the ACCHO.

If the ACCHO chooses to outsource the re-processing of reusable medical equipment, they should have evidence

that the service meets the current relevant standards with documentation of their scope of service, procedure for re-processing, safe transportation of medical equipment back to the ACCHO, and how to track the re-processing system.¹

- **Aseptic techniques**

Standard aseptic technique is focused on minimising the risk of introducing or transmitting infections through clinical procedures. Clinical procedures can vary from dressing a wound or ulcer, taking a biopsy, inserting, or removing hormonal implants, suture removal or venipunctures.

Standard aseptic precautions and protocols must be followed by clinicians before, during and after the procedure.

Steps of standard aseptic technique:

- **assess the risk of infection transmission**
- **ensure sterile equipment are ready to use**
- **perform appropriate hand hygiene before and after the procedure**
- **use appropriate PPE**
- **establish, and maintain aseptic field during the process**
- **removal of PPE**
- **appropriate disposal and cleaning of the reusable equipment**
- **appropriate disposal of clinical waste**

Transmission-based precautions:

Transmission-based precautions are **additional** infection control practices used to reduce further spread of infections during an outbreak. These precautions should be used with Standard precautions mentioned in the section above. Transmission based precautions are used to provide additional barriers when the infectious patient is known, or the infectious microorganism is known. Precaution measures will also depend on the route of transmission.⁵

One of the key transmission-based precautions is immunisation for vaccine preventable diseases. It is recommended ACHHO's Implement a policy which includes immunisation requirements for all staff which can be supported by offering these immunisations to staff at the workplace.

Transmission-based precautions include:

- **Contact precautions**

Contact precautions effectively reduce direct and indirect contact transmission of an infection which cannot be controlled just by using standard precautions.

- **Appropriate use of PPE before attending to the patient.**
- **Physical distancing measures for the patient suspected with an infectious disease.**



- **Droplet precautions**

Droplet precautions effectively reduce the risk of infection through droplet transmission.

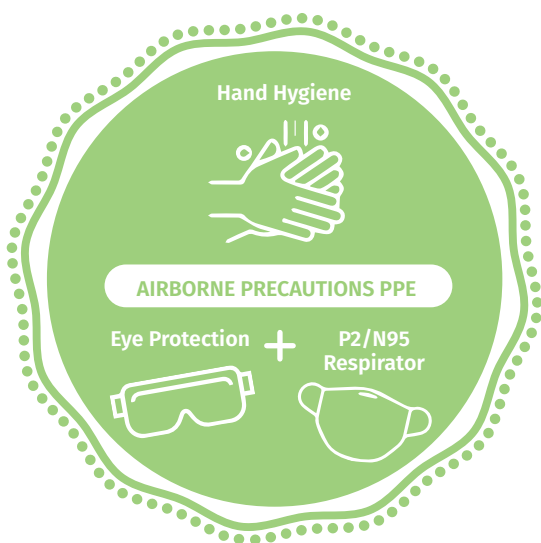
- **Appropriate use of fluid repellent PPE.**
- **Hand hygiene practices immediately after attending to a patient.**
- **Physical distancing measures for the patient suspected with an infectious disease.**
- **Encourage the infectious patients to always wear a mask and practice respiratory etiquette.**



- **Airborne precautions**

Airborne precautions effectively reduce the risk of infection through airborne transmission, where the aerosols remain infectious for a prolonged time.

- **Appropriate use of PPE including respirators (P2/N95 respirators) during outbreaks and eye protection**
- **Implementing processes to minimise exposure to other patients at the ACCHO e.g. isolation room**
- **Ensure single use equipment will be used on infectious patients and/or reprocess the reusable equipment before use for the next patient.**

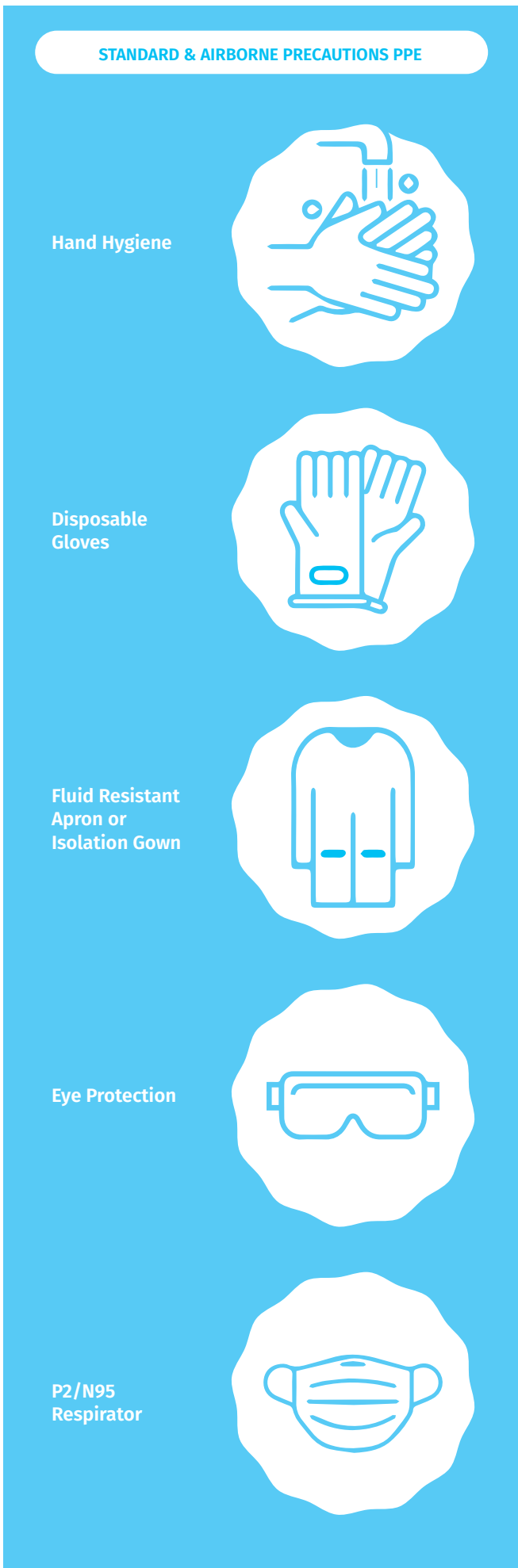


It is important to communicate the patient's infectious status for all the health professionals involved in patient care so the appropriate preventive measures will be maintained.

ACCHOs can develop and implement transmission-based precautions and protocols using the AH&MRC resources such as:

- **[Aboriginal Community Controlled Health Services Pandemic Response Toolkit](#)**
- **[AH&MRCs Seasonal Influenza Preparedness Toolkit](#)**

For more information about when to use PPE see the RACGP document: [When to use personal protective equipment](#)

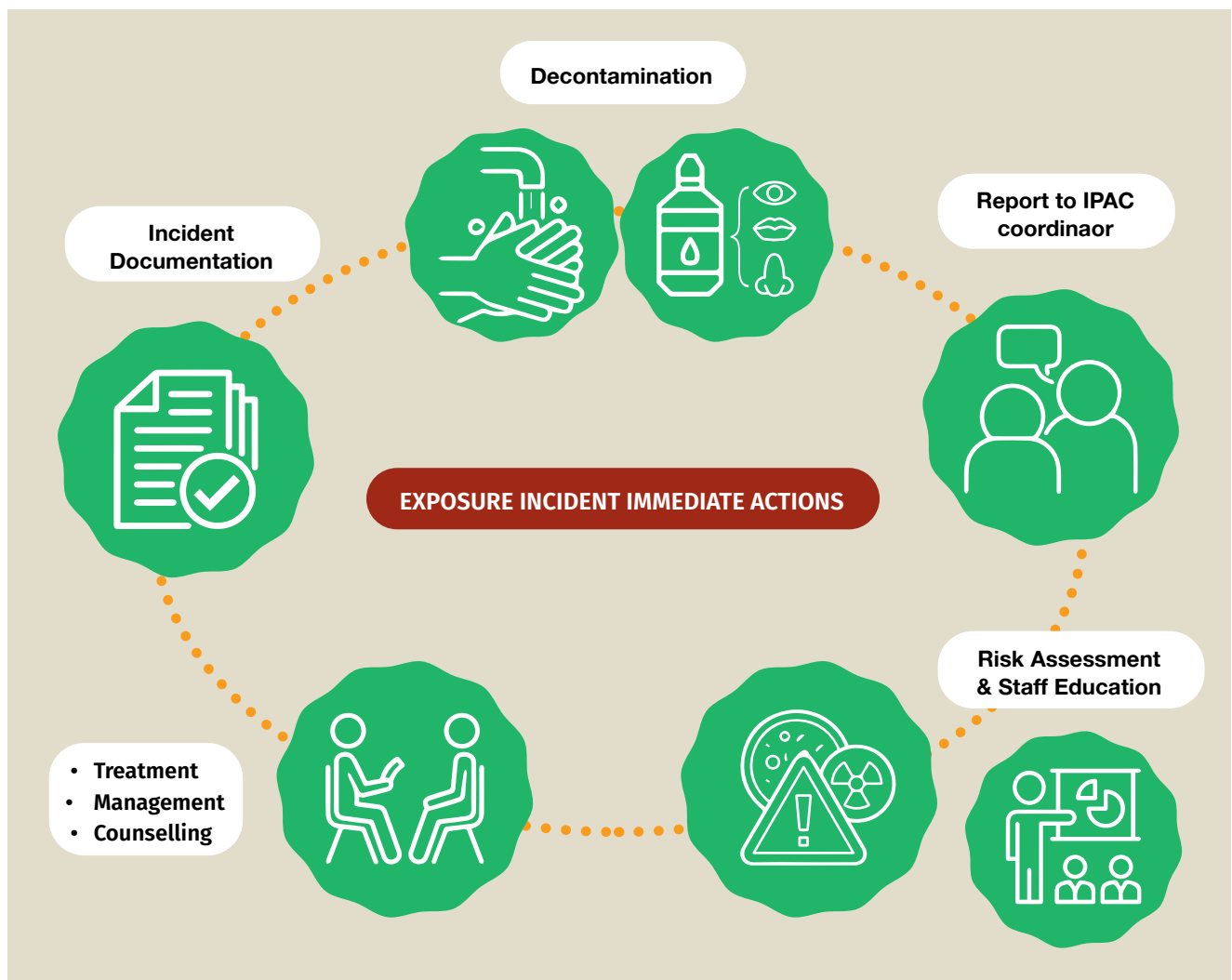


Managing Exposure Incident Involving a Staff Member or a patient

If a staff member has been exposed to blood or body substance, then immediate assessment and management must take place to reduce the risk of infection.¹

Immediate actions include:

- **Decontamination of the exposed area**
 - Skin: with soap and water or a skin disinfectant product
 - Mouth, nose, or eyes: rinse well with water or saline
- **Report the exposure to the IPAC coordinator**
- **Risk assessment to proceed with the next steps of IPAC including risk reduction and staff education**
- **Appropriate treatment and management including testing and counselling as required**
- **Incident documentation**



Disease Response

Disease response includes monitoring and reporting notifiable conditions to the state authorities.¹ ACCHOs must have procedures in place to make sure notifiable diseases are reported and managed according to the health directions given by the state authorities. Updated procedures and protocols must be followed, and staff must be educated and trained to perform duties such as contact tracing.

All frontline ACCHO staff, clinical or non-clinical, should be educated and trained to triage and manage a suspected or confirmed patient who presents at the ACCHO.¹ This includes how and when to implement transmission-based precautions for a suspected infectious disease.

Triage Processes

The Aboriginal Community Controlled Health Organisation (All Phases) triage algorithm included in the [AHMRC Pandemic Response Toolkit](#) can be used by ACCHOs as an example to support infection prevention and control process.⁸

Triage Algorithm: Aboriginal Community Controlled Health Organisation (All Phases)

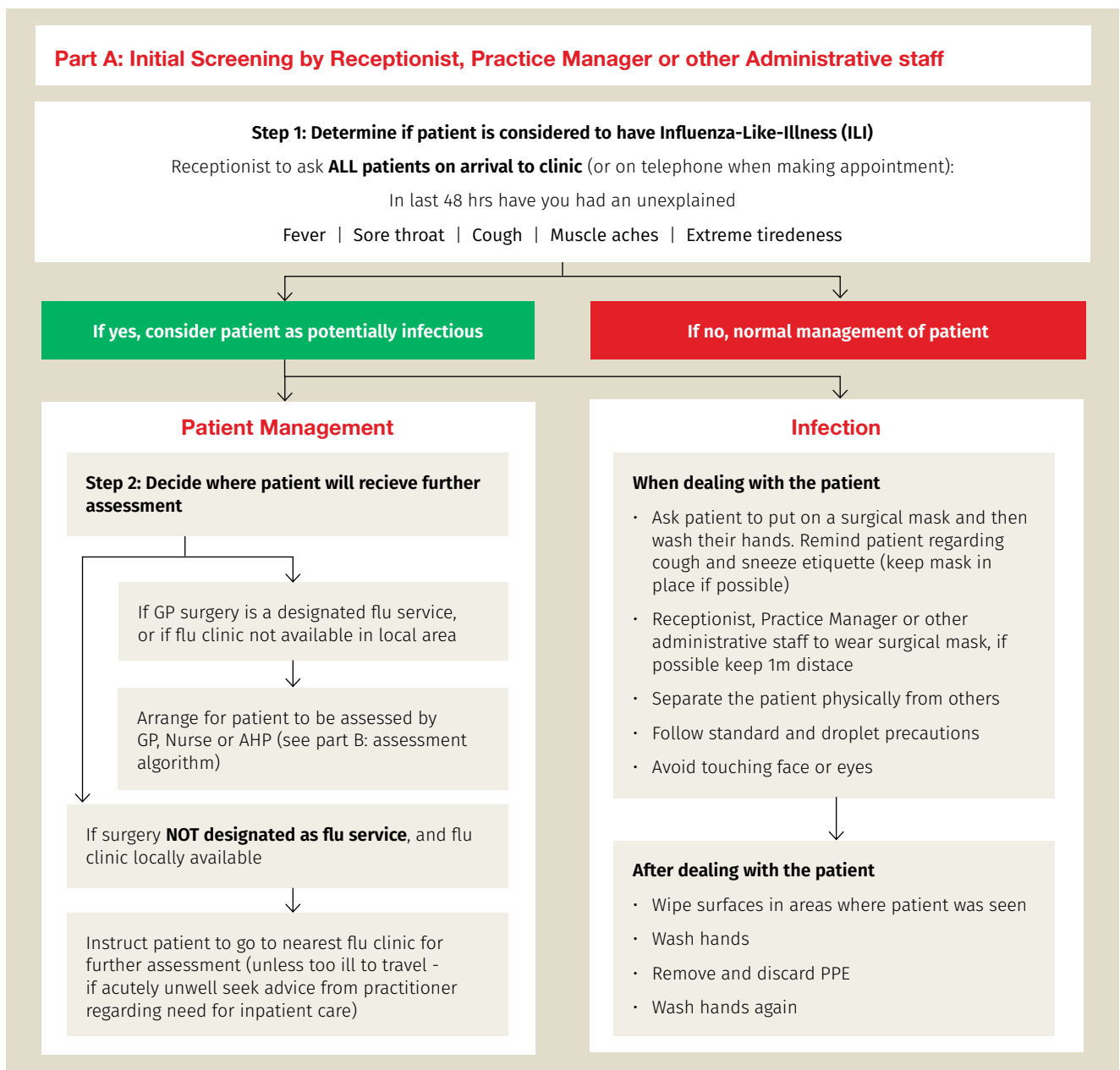


Figure 1⁸

Assessment Algorithm: Contain

Part B: Assessment by Practitioner in a Flu Service of person with ILI

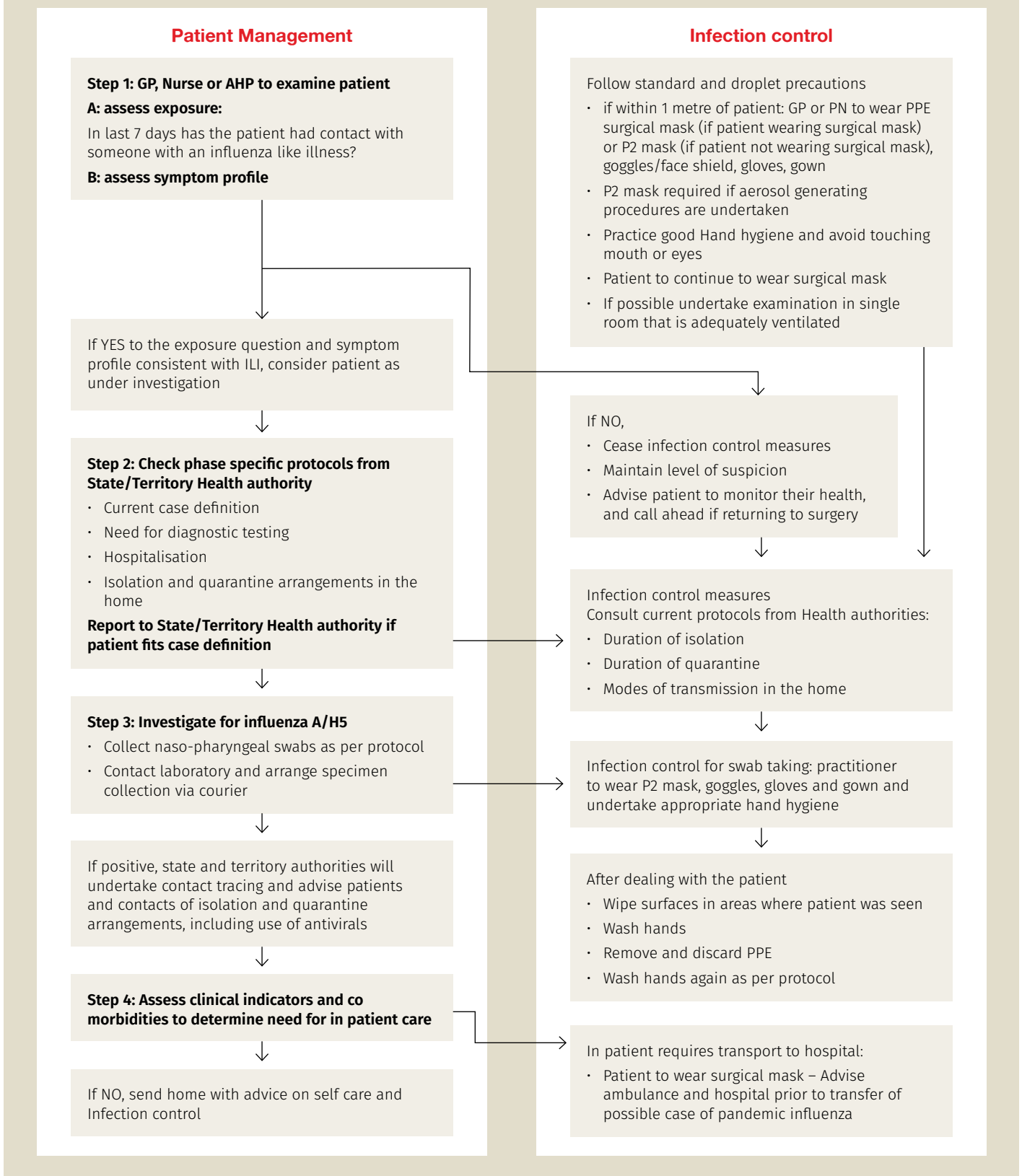


Figure 2⁸

Staff must be aware of the triage algorithm to take appropriate action if an infection risk is identified at the ACCHO. In addition to the use of baseline IPAC measures, use of tier 1 and 2 recommendations when an infection risk is identified will aid control of infection prevention.

Appendix

Appendix 1 - Hand Hygiene

Hand-hygiene is one of the most important and effective method to reduce infection spread for many respiratory and gastrointestinal infections as they can be transmitted by hands via contact.¹

1. Hand hygiene can be maintained by using two methods:

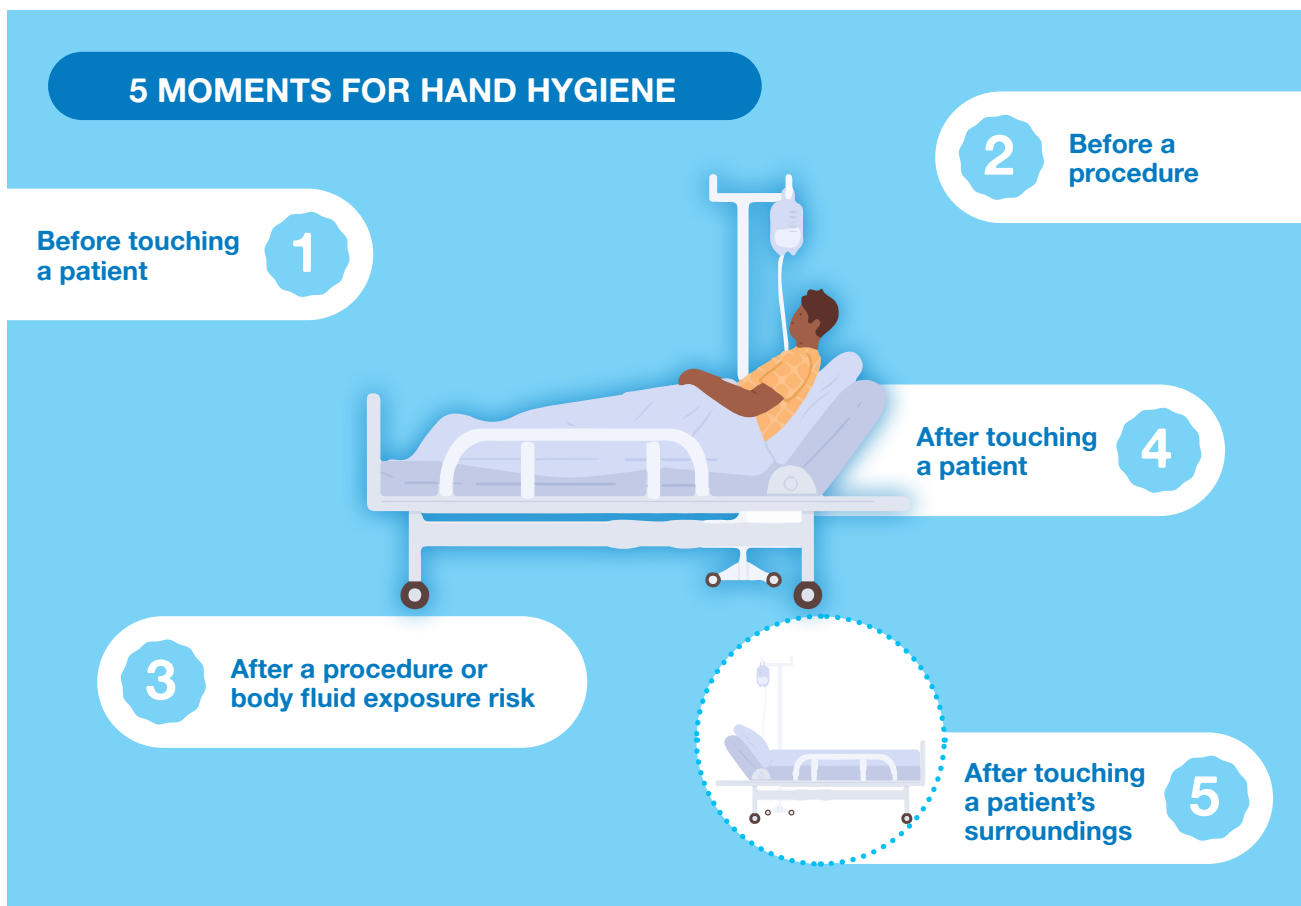
- Alcohol-based handrub is recommended for routine hand hygiene for dry, visibly clean hands except:
- After using the toilet
- Before handling or eating food
- When norovirus or *Clostridioides difficile* is present or suspected

2. Hand washing with antimicrobial soap/neutral liquid soap and water and thoroughly dry using paper towels (routine hand hygiene) or sterile paper towels (aseptic procedures).

- Hand-hygiene products must be selected correctly by the ACCHOs. ACCHOs should also maintain hand-hygiene facilities and keep them readily accessible to all patients and staff.

Free, online modules and assessments for staff can be accessed through [Hand Hygiene Australia](#) i.e., WHO's '[5 Moments for Hand Hygiene](#)'

Strategies to encourage and provide education to patients on hand hygiene should be maintained by displaying posters, installing hand hygiene stations, and providing alcohol-based handrubs near patient management areas, treatment areas and reception.^{6,7}



Further information can be found at: [National Hand Hygiene Initiative Hand Hygiene Techniques](#)

Hand Hygiene Techniques

- **Alcohol based handrub:**
 - Dispensing the volume of handrub recommended in the product information.
 - rubbing vigorously over all surfaces of hands, until hands are completely dry for at least 20-30 seconds.
- **Liquid Hand Cleansing Technique:**
 - wetting hands under warm water
 - dispensing the volume of hand soap or liquid in the product information
 - rubbing vigorously over all surfaces of hands for at least 20 seconds
 - rinse thoroughly and patting hands dry.

Drying Hands:

When liquid handwash/hand soap is used for hand hygiene, hands must be thoroughly dried afterwards, using a patting action instead of rubbing. The use of paper towel is considered best practice and paper towels should be supplied at hand hygiene stations. If using cloth towels, they should be used only once!

Hot air dryers are unsuitable for clinical use and recommended to be only used in toilets.

Standard Aseptic Procedures:

Use of a liquid antimicrobial soap cleanser should be used for hand hygiene. The use of sterile disposable paper towels, or single-use sterile hand towels must be used for drying hands. Reusable towels must be laundered and sterilised appropriately.

Further information on aseptic technique can be found: [RACGP - Overview – Aseptic technique](#)

HAND WASHING TIPS



1.
Remove any jewellery



2.
Wet hands with running water



3.
Apply soap



4.
Rub hands together for at least 20



5.
Wash all areas, including in between



6.
Rinse hands and turn off tap



7.
Dry hands thoroughly with a wet towel

Appendix 2 - Personal protective equipment

The use of personal protective equipment (PPE) depends on risk assessment and the type of procedure and activity. PPE serves as a physical barrier against mode of transmission for several infections.

PPE includes:

- **Gloves** – staff who are at risk of exposure to blood or body substances or disease transmissible by contact
- **Fluid-impermeable aprons** – must be worn by staff and patients who are at risk of soiling clothing from splashes of blood or bodily substances, and when there is a risk of contact transmission of pathogenic microorganisms.
- **Gowns** – for surgical procedures
- **Purpose designed protective glasses & Goggles** – must be used by anyone at risk of splashing or spraying of blood or body substances (surgical procedures) or risk of droplet or aerosol generating procedures.
- **Face shields** – must be used by anyone at risk of splashes or risk of droplet or aerosol-generating procedures.¹

Selection of PPE:

- **Contact:** Gloves, gowns, disposable plastic aprons
- **Droplet:** Surgical masks, protective eyewear (goggles, face shield).
- **Airborne:** P2/N95 masks, protective eyewear, minimising exposure to other patients by variable scheduling, avoidance of aerosolising procedures

PPE is designed for single use and should be then disposed or properly laundered. In special circumstances such as in a pandemic, outbreaks or where there is a shortage of supplies, some PPE are worn for a longer period while attending multiple patients.

Any item must be removed when it becomes contaminated, has been worn up to 4 hours, is damaged or if the front of the mask is touched by the wearer.¹

PPE donning and doffing:

PPE donning:

PPE should be donned prior to entering the patient's room. PPE should be donned following the sequence below:

- **Perform hand hygiene.**
- **Fluid resistance long-sleeve gown**
- **Surgical mask or P2/N95 respirator**
- **Eye protection**
- **Perform hand hygiene, and don disposable non-sterile gloves upon entering the room and before contact with the patient**

PPE doffing:

PPE should be doffed upon exiting the patient's room. PPE should be doffed following the sequence below: ¹

- **Remove gloves**
- **Perform hand hygiene**
- **Remove gown**
- **Perform hand hygiene**
- **Remove eye protection or face shield (if reusable, clean immediately)**
- **Perform hand hygiene (if cleaned reusable protective eyewear)**
- **Remove mask or respirator**
- **Perform hand hygiene**

Method for putting on and removing gloves

Putting on gloves

1. Perform hand hygiene and ensure your hands are completely dry.



2. Handle the glove at the top edge of its cuff and create an opening using your thumb and four fingers.



3. Ease your hand into the glove and gently pull the cuff over your wrist until it comfortably fits.



4. With your bare hand, take the second glove at the top edge of its cuff.



5. Repeat step 3 with the second glove on your other hand.



Removing gloves

1. Pinch the outside of one glove near the wrist.



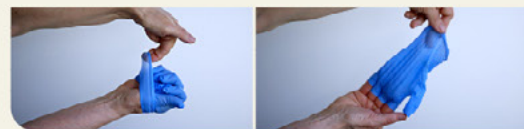
2. Peel the glove off so it ends up inside out.



3. Keep hold of the peeled-off glove in your gloved hand while you take off the other glove.



4. Use one or two fingers of your non-gloved hand inside the wrist of the other glove to peel off the second glove from the inside, and over the first glove, so you end up with the two gloves inside out, one inside the other.



5. Dispose of the gloves safely and perform hand hygiene.

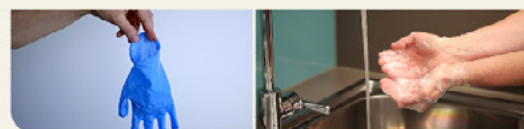


Figure 3⁹

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