# COVID-19 Infection Prevention and Control

# Capital Health Care Pty Ltd

This document was developed by the Infection Control Expert Group (ICEG) and endorsed by the Australian Health Protection Principal Committee. This document has been modified for Capital Health Care Pty Ltd. It provides guidance on infection prevention and control (IPC), including the use of personal protective equipment (PPE).

For additional guidance on infection prevention and control during the COVID-19 pandemic, see the [Department of Health website](https://www.health.gov.au/committees-and-groups/infection-control-expert-group-iceg).

The guidance on PPE contained in this document, should be considered as the **minimum standard**.

All PPE should be used in line with the principles in the [Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)](https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019), whilst acknowledging the unique circumstance of COVID-19.

For current case definitions and testing criteria see the [Communicable Diseases Network Australia National Guidelines for Public Health Units](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm).

## General principles of infection prevention and control in the health care setting

* Information about routine IPC should be provided to staff
* All staff should be trained in basic IPC practices, when they begin employment at a facility, and at regular intervals (annually or more frequently, as required, e.g. when the risk of an outbreak is increased by a community outbreak of a highly infectious disease).
* Training should be appropriate to their roles and should include, at least, hand hygiene and the use of PPE.

## Routine IPC measures relevant to any infectious disease risk during testing – Capital Health Care Pty Ltd

* **Hand hygiene** using soap and water or alcohol-based hand rub (ABHR) Before and after testing both the employee and the testing officer will use provided hand sanitizer. (e.g. after going to the toilet, coughing, blowing the nose and before eating).
* **Cough etiquette and respiratory hygiene** for staff and visitors.
* **Not coming to work if unwell.**
* **Frequent cleaning and disinfection** after each test of all surfaces hand equipment utilized during testing. Dettol wipes used 99.9% (Including door handles and chair arms)
* **Standard, contact and droplet precautions**
* Face masks are not required unless entering a COVID case location.

## Social Distancing for appointments

Employees attending the vaccination clinic should remain 1.5 metres apart. Please adhere to site signage provided by the vaccination nurse.

## Pre –appointment COVID screening questionnaire

**Post testing email each morning**

Health checks today are fully booked as part of our safe screening we ask if you have any symptoms below not to attend today's booking.

If you have a fever, cough, sore throat, or shortness of breath

OR

Had contact with someone diagnosed with or suspected of having Coronavirus

OR

Have travelled internationally or domestically in the last 14 Days;

Thank you

David

Capital Health Care Pty Ltd

0410431310

## APPENDIX 2: RECOGNISING SYMPTOMS

### QUICK REFERENCE GUIDE

| Activity | Detail |
| --- | --- |
| COVID-19 suspected or Acute Respiratory Illness | Even minor symptoms present (staff member):   * A cough * Shortness of breath * Fever * Sore throat * Loss of taste or smell   Inform Capital Health Care Management 0410431310 |
| Implement precautions as soon as resident shows acute respiratory illness symptoms | * Increase infection prevention and control measures * Contact resident’s GP * Isolate resident if possible * Collect swabs as directed by medical officer * Warn visitors of risk |
| Infection control coordinator | Name: David Medlock  Ph: 0410431310 |
| Notify | * Your state/territory public health unit * Resident’s GP and relatives or representative, all staff, all visiting GPs, allied health workers, volunteers, or anyone in contact with your facility |
| Document | * Details of staff member with symptoms * Onset date of acute respiratory illness symptoms for each resident * Types of symptoms * Their contacts – to identify ‘at risk’ groups |
| Manage residents who are ill | * Isolate employees who are well * Dedicated staff where possible * Dedicated equipment: hand basin, towels (laundered daily), en suite bathroom, containers for safe disposal of gloves, tissues, masks, towels * Staff use personal protective equipment * Transfer to hospital if condition warrants or jurisdictional requirement |
| Restrict contact | * Symptomatic staff off work (and seek testing for COVID-19) * Limit staff movement into restricted area * Inform visitors and limit visit times * Suspend all group activities |
| Prevent spread | * Increase infection prevention and control measures * Personal hygiene – ensure good hand hygiene and respiratory etiquette * Environment – enhance cleaning measures * Medical – transfer to hospital if required |

**HAND HYGIENE BEFORE AND AFTER CONTACT WITH EMPLOYEES**