

# COVID-19 Fact Sheet

## Infection control advice for community-based service providers

Last updated: 1 August 2020

This document provides general infection control advice, including the appropriate use of personal protective equipment (PPE), for community-based services (healthcare and non-healthcare providers) in the setting of COVID-19. It aims to provide high level principles and general infection control advice only, and staff and service providers should refer to their local policies and procedures for more detailed instructions.

The recommendations and advice provided are subject to change and for the latest advice on definitions, testing and isolation requirements refer to the Communicable Diseases Network Australia (CDNA) Coronavirus Disease 2019 National Guidelines for Public Health Units ([SoNG](#)) and the [SA Health Public Health Alerts](#).

Additional information regarding preparation and planning can be found in the [Department of Health: Coronavirus Disease 2019 \(COVID-19\) Guide for Home Care Providers](#).

### Scope

- > **Client / patient** receiving:
  - healthcare support in their own homes e.g. personal care, wound care etc.
  - non-healthcare support in their own homes e.g. cleaning, social support
  - care in a variety of community settings, such as organisations that provide emergency counselling /assistance as part of legal requirements (e.g. community corrections, child protection), housing authority, disability support services and blood donations.
- > **Staff** who provide care as part of community-based healthcare (including schools) and non-healthcare services.

### Introduction

Currently South Australia is not considered to have significant community transmission of COVID-19. However, this situation will continue to evolve over time and this document will be updated to reflect this.

The provision of healthcare in community settings can differ to care provided in a hospital setting, and settings may include people's homes, service provider offices or clinics. However, the principles of infection prevention and control as per the required [national infection control guidelines](#) still apply.

Procedures and tasks may be similar, but the environment where care is provided may differ according to each client / patient home or accommodation. Therefore, in the community setting the risks may also be different and careful consideration should be given to assessment of risk prior to visiting a client / patient.

A risk assessment should be conducted to ascertain if a client / patient or any household members are unwell before the worker enters the client / patient home. Refer to Tables 1 and 2 for guidance on how to assess the background risk for possible COVID-19 exposure, which should guide what PPE is required during the provision of service.

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### Identifying client / patient risk factors for COVID-19

1. A risk assessment should be conducted **prior to each visit** to establish the client / patient level of risk for COVID-19 and other illness (See Table 1). Eliminate the risk of exposure if possible, by postponing or temporarily cancelling the scheduled visit if this is clinically appropriate.

**NOTE:** If other people are present in the same household when the care visits are undertaken, an additional risk assessment should be undertaken for each person present.

2. This risk assessment can be conducted via phone with the client / patient.

**Table 1: Risk assessment questions**

> Are you, or any person visiting, living or staying with you, currently in isolation or quarantine? (e.g recent arrival from interstate or overseas)	Yes	No
> Have you had contact with anyone who has been diagnosed with COVID-19 within the previous 14 days?	Yes	No
> Are you or anyone in your household currently unwell? If answered YES:		
• Do you or they have any respiratory symptoms (e.g. cough, sore throat, shortness of breath, runny nose?).	Yes	No
• Do you or they currently have a fever or have experienced night sweats, chills or muscle aches?	Yes	No
• Do you or they have a new loss of taste or smell?	Yes	No

**If the client / patient answers “yes” to any of the above, and the visit cannot be postponed, the worker should;**

- > Seek further advice from the client’s / patient’s doctor (GP) or the service provider.
- > You may be required to undertake further assessment, including taking observations e.g. temperature
- > Implement the use of PPE as per the following information.
- > Ask other members of the household to not be in the room at the same time as the worker.

### What PPE is required when visiting clients / patients?

For clients / patients who are **not** currently in isolation or quarantine, have **no identified exposures**, and who are currently well, PPE should be used as per [standard precautions](#), e.g. when exposure to blood or body fluids is anticipated (gloves, gown or plastic apron, surgical mask, eye protection) and usual workflow practices apply.

All staff who are required to enter the home or room where the client / patient is residing, should be trained in the [appropriate use of PPE](#) (especially putting on and taking off PPE) as well as disposal of items of PPE, to avoid the risk of self-contamination.

For more detailed information refer to **Appendix One: Table 4: Infection control and PPE recommendations for clients / patients and staff.**

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### Client / patient with identified risk factor(s) for COVID-19 (e.g. suspected, probable or confirmed COVID-19)

#### Client / patient advice:

Clients / patients should be advised that when the service provider / community worker visits them or they attend a community-based service provider's facility, they should be asked to:

- > wear a surgical mask for the length of the visit  
**Note:** an appropriate mask should be provided by the service provider on arrival if the client / patient does not already have access to a mask. Service providers can obtain required PPE from the SA Health distribution centre on request to: [HealthPSCMSCOCustomerService@sa.gov.au](mailto:HealthPSCMSCOCustomerService@sa.gov.au)
- > clean their hands before and after the visit or provision of service
- > maintain good cough etiquette and respiratory hygiene.

#### Staff advice:

Staff should be advised that when providing direct care or having contact with the immediate patient / client environment, e.g. during personal care, wound care, tracheostomy care, direct observations such as blood pressure taking, close interviews requiring a person to be in the same room as the client / patient, it is recommended staff:

- > maintain [social/physical distancing](#) of  $\geq 1.5$  metres where practical
- > perform hand hygiene as per the [5 Moments for Hand Hygiene](#)
- > use recommended PPE including; long sleeved gown, surgical mask, eye protection and gloves
- > as part of planning for the visit, consider where PPE will be put on and taken off and how other potentially contaminated items be disposed of.

### Other infection prevention and control considerations

#### Waste management

General principles of infection prevention and control apply. The information below is a guide only and service providers must ensure practices and procedures are compliant with relevant national guidelines and standards.<sup>1, 2</sup>

#### Sharp waste:

The principles of sharps management are to be implemented in accordance with the relevant standards and guidelines, regardless of COVID-19 risk e.g. dispose of all sharps in designated puncture resistant containers that conform to relevant Australian Standards ([AS/NZS 4261:1994 reusable; AS 4031:1992 non-reusable](#))

#### Non sharp waste:

Current National COVID-19 guidelines recommend "Unsoiled PPE can be discarded into general waste; if visibly soiled e.g. with blood or faeces, PPE should be disposed of as clinical / infectious waste. (Note: local jurisdictional regulations for waste disposal should be followed).<sup>1</sup>

Current SA Health Environmental Protection Agency (EPA) guidelines recommend: Medical waste is defined as waste consisting of "any other article or matter that is discarded in the course of medical, dental or veterinary practice or research and that poses a significant risk to the health of a person who comes into contact with it"<sup>2</sup>

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### **Clients / patients with NO identified COVID-19 risk factors:**

All non-sharp related waste, items, articles or matter<sup>2</sup> from clients / patients with no risk factors for COVID-19, should be disposed of into either clinical or general waste streams in accordance with best practice guidelines and standards as well as the service provider's policies and procedures .

### **Clients / patients WITH identified COVID-19 risk factors:**

When the client / patient has risk factors for COVID-19, any clinical waste<sup>2</sup> (including all visibly and non-visibly soiled PPE, articles or matter, but excluding sharps) generated by the service provider during the course of clinical care / service provision, should be disposed of in an infectious (biohazard) waste bag. The biohazard bag should be closed off and disposed of into a clinical waste mobile garbage bin (MGB). Where there is no MGB available at the point of waste generation, the closed off biohazard bag can be transported in a ridged sided container with a secure fitting lid in the boot of the provider's car back to a central medical / clinical waste collection point.

Unsoiled waste generated that is not considered to be clinical waste, (including non-visibly soiled PPE that has not been used in the course of clinical care / service provision) can be bagged, closed off and discarded into general waste (this waste must not go into recycling waste stream).<sup>1,2</sup>

**Note:** If in doubt regarding the level of contamination and required waste stream, default to the clinical waste stream for waste and items (including PPE) used during service provision or contact with a COVID-19 client / patient.

Further information on waste management in home and healthcare settings can be found in the SA Health document [COVID-19 Waste management for healthcare facilities and home/lodgings](#).

### **Laundry**

If the service provider provides a laundry service to clients / patients who have COVID-19 risk factors or who are in isolation/quarantine, they should use appropriate PPE when handling used linen and items of clothing and take care not to shake items or contaminate the surrounding environment.

A risk assessment should be undertaken and reference to existing policies and procedures followed in relation to laundry practices. Some items can be washed in a separate load in a domestic washing machine, preferably using a hot wash temperature and commercial laundry detergent. Air dry or use a clothes dryer. Service providers should also utilise existing commercial laundry services where available. Also refer to AS/NZS 4146:2000.

### **Equipment**

Use single use or dedicated client / patient use equipment where possible.

If reusable equipment is required, it should be cleaned and disinfected thoroughly with a [detergent/disinfectant](#) solution or wipes and used solely for that person, where possible.<sup>3</sup> Where equipment is used for the care of multiple patients, it must be cleaned and/ or reprocessed in accordance with [national infection control guidelines](#). Care must be taken when disinfecting electrical equipment and an alcohol wipe may be appropriate for this purpose. Refer to manufacturer's instructions.

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### References

1. Department of Health: Coronavirus Disease 2019 (COVID-19). National guidelines for public health units [www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm](http://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm)
2. EPA South Australia. Medical waste definition: [www.epa.sa.gov.au/community/waste\\_and\\_recycling/medical\\_waste](http://www.epa.sa.gov.au/community/waste_and_recycling/medical_waste)
3. Department of Health: Information about routine environmental cleaning and disinfection in the community [www.health.gov.au/resources/publications/coronavirus-covid-19-information-about-routine-environmental-cleaning-and-disinfection-in-the-community](http://www.health.gov.au/resources/publications/coronavirus-covid-19-information-about-routine-environmental-cleaning-and-disinfection-in-the-community)

### Resources

- > Infection Control and Personal Protective Equipment (PPE) Advice [www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/coronavirus+disease+2019+information+for+health+professionals/infection+control+and+personal+protective+equipment+%28ppe%29+advice](http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/coronavirus+disease+2019+information+for+health+professionals/infection+control+and+personal+protective+equipment+%28ppe%29+advice)

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### For more information

Infection Control Service  
Communicable Disease Control Branch  
Department for Health and Wellbeing  
SA Health  
[www.sahealth.sa.gov.au/COVID2019](http://www.sahealth.sa.gov.au/COVID2019)  
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### Appendix 1:

**Table 2: Infection control and PPE recommendations for clients / patients and staff**

	PPE requirements for clients / patients WITHOUT identified risk factors for COVID-19	PPE requirements for clients / patients WITH identified risk factors for COVID-19, confirmed COVID-19, or who have respiratory symptoms
<b>Client / patient</b>	<ul style="list-style-type: none"> <li>&gt; Advise the client / patient to:               <ul style="list-style-type: none"> <li>• <a href="#">wash their hands</a></li> <li>• practice cough etiquette</li> <li>• maintain <a href="#">social/physical distancing</a> of ≥1.5 metres.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>&gt; Client / patient to wear a surgical mask</li> <li>&gt; Advise client / patient to:               <ul style="list-style-type: none"> <li>• <a href="#">wash their hands</a></li> <li>• practice <a href="#">cough etiquette</a>.</li> </ul> </li> <li>&gt; If the client / patient requires transport, then they must be seated in the rear passenger seat with the window open or air conditioning on fresh air mode</li> <li>&gt; After transport, wipe down touched surfaces in the car with a detergent/disinfectant wipe</li> </ul>
<b>Staff (healthcare workers)</b> e.g. nurses, doctors, allied health, community providers and others required to have close contact with the client / patient	<ul style="list-style-type: none"> <li>&gt; Perform hand hygiene as per the <a href="#">5 Moments for Hand Hygiene</a> before and after the use of PPE.</li> <li>&gt; practice <a href="#">cough etiquette</a></li> <li>&gt; maintain <a href="#">social/physical distancing</a> of ≥1.5 metres where possible.</li> <li>&gt; PPE as per standard and transmission-based precautions and as per usual work practices. This may include surgical mask as part of standard precautions when managing a tracheostomy, etc.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Perform hand hygiene as per the <a href="#">5 Moments for Hand Hygiene</a> before and after the use of PPE.</li> <li>&gt; On entry to the room or when in close contact with the client / patient staff should wear PPE, including a surgical mask, long sleeved gown, eye protection (goggles or face shield) and gloves.</li> <li>&gt; PPE should be removed outside the room or house, if possible, and hand hygiene performed.</li> <li>&gt; Aerosol generating procedures such as use of nebulisers should be avoided.</li> </ul>
<b>Staff (non-healthcare workers)</b> e.g. cleaners, and others not required to have close contact with the client / patient	<ul style="list-style-type: none"> <li>&gt; Hand hygiene and PPE as per usual work practices / workflows</li> <li>&gt; practice <a href="#">cough etiquette</a></li> <li>&gt; maintain <a href="#">social/physical distancing</a> of ≥1.5 metres.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Perform hand hygiene before and after the use of PPE.</li> <li>&gt; On entry to the room or when in close contact with the client / patient staff should wear a surgical mask, long sleeved gown, eye protection (goggles or face shield) and gloves.</li> <li>&gt; PPE should be removed outside the room or house, if possible, and hand hygiene performed.</li> </ul>

**Note:** For disposal of PPE refer to information on Waste management section on page 3.