



Disaster Preparedness and Resilience Branch,  
Health Regulation and Protection

# Infection Control Sub-Plan

Viral Respiratory Disease Pandemic  
Response Sub-Plan

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Government  
of South Australia

SA Health

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## Introduction

The Pandemic Viral Respiratory Disease Infection Control Sub Plan focuses on the infection control management principles applicable to the care of patients with suspected or confirmed pandemic viral respiratory disease. It also provides guidance on the areas to be considered in developing a plan for an individual health care setting.

This SubPlan should be considered alongside the South Australian Pandemic Viral Respiratory Disease Plan ([SAPVRDP](#)), Australian Health Management Plan for Pandemic Influenza ([AHMPPI](#)), Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements ([National CD Plan](#)), and the Australian Health Sector Emergency Response Plan for Novel Coronavirus ([COVID-19](#)).

This Sub Plan will be updated, as necessary, as new information becomes available.

### The spread of pandemic viral respiratory disease

Pandemic viral respiratory disease can be spread by a combination of droplet, contact and airborne routes of transmission. The relative contribution of the three modes of spread is likely to differ among the pathogens. While the predominance of droplet and contact is well established in viral respiratory disease spread, the airborne route may be important in certain situations, such as during aerosol generating procedures (AGPs).

#### Incubation period

Incubation period is the time between a person being infected and development of symptoms. The incubation period will vary between pathogens. For influenza virus, it is generally an average of two days (range one to four days), while for COVID-19 (as of March 2020) it is estimated to be an average of 5 days (range one to fourteen days). Knowledge of the incubation period for each pandemic viral respiratory disease strain will be essential when planning effective infection control measures.

#### Infectious period

Infectious period is the time during which an infected person can infect others. The infectious period varies widely and depends on the specific virus. However, usually viral respiratory infections are most contagious one day prior to the onset of symptoms and during the first few days of symptoms. In some cases, people with an infection can shed (or release) the virus (and so remain infectious) for some time after they have recovered from the infection. For example, the influenza patient is infectious between approximately 24 hours prior to the onset of symptoms until seven days after the onset of symptoms. Some people, especially children and people with weakened immune systems, might be able to infect others for a longer time period (up to 3 weeks for influenza). In addition, for some viruses, a proportion of infected people may be infectious while remaining asymptomatic (i.e. shedding virus while showing no symptoms).

## Infection Control Principles

Detailed information on standard and transmission-based precautions is found on the SA Health website: <http://www.sahealth.sa.gov.au/infectionprevention>.

This section contains recommendations that are generally applicable throughout the different pandemic phases. In some cases, as indicated, recommendations may be modified as the situation

progresses from limited cases to widespread community illness and the volume of knowledge about the novel pathogen increases.

In general, the following is recommended when managing patients with confirmed or suspected viral respiratory disease:

- > Timely management of patients presenting to a healthcare facility with respiratory symptoms, i.e. fever, cough and sore throat. Management should include:
  - isolation of the patient in a single room until the causative agent is known, and
  - application of a minimum of standard, contact and droplet precautions (gloves, fluid-resistant long-sleeved gown, protective eyewear and fluid-resistant surgical mask)
  - for aerosol-generating procedures, airborne precautions are recommended including the use of a P2/N95 respirator or equivalent.
- > Effective hand hygiene with either soap and water (if hand washing facilities are accessible), or alcohol-based hand rub (ABHR) (when there is no access to handwashing facilities). Note visibly soiled hands should be cleaned prior to the use of ABHR.
- > Appropriate use of personal protective equipment (PPE) proportionate to the risk of exposure and as per evidenced-based guidelines.
- > Effective environmental hygiene.

### **Patient Isolation**

As per transmission-based precautions, isolation precautions should be used for patients who are known or suspected, probable or confirmed to have a pandemic viral respiratory disease.

- > Source isolation aims to confine the person with the infectious agent and prevent its spread from infected to non-infected persons and should be enforced during a pandemic of viral respiratory disease. This can be achieved by implementing the following:
  - requiring a patient with respiratory symptoms to wear a surgical mask prior to or upon entry to the healthcare facility
  - placing the patient in a single room
  - the use of barriers or screens to maintain spatial separation of a potentially infected person from other people.
- > Protective isolation (e.g. placing those who are at risk of infection in isolation precautions) aims to protect immunocompromised persons who are at high risk of becoming critically ill if infected. For vulnerable subgroups within the population where a pandemic of viral respiratory disease is threatened or is established protective isolation may need to be considered.

### **Personal Protective Equipment**

Personal Protective Equipment (PPE) is used as part of risk mitigation strategies and aims to create a barrier between healthcare workers (and others e.g first responders) and patients/persons infected with an infectious agent to reduce the risk of transmission of pathogens from the patient to the healthcare worker. In addition, PPE may sometimes be used by the patient's family and/or visitors, particularly if they are providing direct patient care, e.g. assisting the patient with toileting, or in situations where patients are required to self-isolate or quarantine at home.

PPE can include a combination of gloves, aprons, long sleeved gowns, surgical masks, eye protection (goggles, safety glasses or face shields) and particulate filter respirators (PFRs), also known as P2/N95 respirators (or equivalent), . Other items of PPE such as shoe and head covers or special

equipment such as power air purifying respirators (PAPR) may also be indicated in certain situations. PFRs such as P2/N95 respirators (or equivalent), should be properly [fit checked](#) each time they are put on (donned). Healthcare workers and others who are required to wear P2/N95 respirators (or equivalent) should be fit tested to ensure the respirator selected offers the proper fit and optimal respiratory protection.

PPE should be available at the point of use in both community and acute healthcare settings and other settings as required, and the users should receive training on the correct use and disposal of PPE.

### **Key considerations**

Key considerations for health care personnel and others involved in the pandemic response, when caring for patients or in contact with persons with pandemic viral respiratory disease or their environment include:

- > Being vigilant to avoid touching their eyes, nose or mouth (these can be potential portals of entry for infectious agents) with contaminated hands (gloved or ungloved).
- > Using PPE appropriately to avoid the risk of transmitting infections and putting HCWs and other people involved in the pandemic response at risk. This can be avoided by:
  - donning (putting on) PPE correctly and carefully before patient contact and in other situations when PPE is indicated, to avoid the risk of self-contamination by making unnecessary adjustments to PPE while performing work tasks later, and
  - doffing (taking off) PPE correctly and carefully to avoid self-contamination by spreading contamination from the outer parts of PPE onto the person's uncontaminated clothing/hands/face/body.
- > Depending on the level of complexity of PPE used and the risk of self-contamination, consider using PPE donning/doffing partners ("buddy") to supervise and assist when donning or doffing the PPE.
- > Avoid contaminating environmental surfaces that are not directly related to patient care (e.g. door knobs, light switches, etc).

### **Aerosol generating procedures**

Aerosol generating procedures (AGPs) and, as more recently identified, some aerosol-generating behaviours (AGBs) present a high potential for respiratory virus transmission by the airborne route. AGPs include endotracheal intubation, tracheotomy, manual ventilation before intubation, airway suctioning, bronchoscopy, diagnostic sputum induction, positive pressure ventilation via facemask, cardiopulmonary resuscitation and high frequency oscillatory ventilation. AGBs such as screaming and shouting are also thought to increase the risk of the production of aerosols in certain situations (refer to specific Australian Government guidelines for further information e.g. COVID-19 guidelines).

During a pandemic of respiratory viral disease, AGPs carry a high risk of exposure and infection for healthcare personnel. The use of recommended PPE is required for these procedures.

## Staff training in correct PPE use

There should be an ongoing program for the education and training for all staff (health care and others as indicated) involved in the pandemic response in the correct use of PPE. This is essential for adequate staff protection.

- > All SA Health staff should complete the online learning module via the Digital e-Learning Platform (accessible to SA Health employees only via the SA Health intranet)
- > Information and links to educational tools regarding donning and doffing of personal protective equipment (PPE) is available on the [SA Health webpage](#).
- > Non SA Health staff should familiarise themselves with the [SA Health Training Tool for the Correct Use of Personal Protective Equipment & Respiratory Mask Fit Testing](#).
- > In hospitals, all staff in the key areas of emergency department, intensive care, respiratory units and infectious diseases wards should be fit tested and trained in the proper application of P2/N95 respirator (or equivalent), or powered air purifying respirator (PAPR).
- > Each healthcare site should keep a registry of PPE compliance and competency training among their personnel.

## Selection of PPE

PPE requirements may vary between pathogens. The choice of PPE should be based on a risk assessment of potential exposure to blood, body fluids, and other disease that require transmission-based precautions. The SA Health guide on the choice of PPE for a variety of infectious diseases, including respiratory viral infections, can be found in the SA Health Personal Protective Equipment (PPE) Selection Guideline. Also refer to the [SA Health webpages](#) for related guidelines for PPE selection for virus specific advice.

**Table 1: Summary of PPE for confirmed or suspected viral respiratory disease in healthcare settings.**

	Entering patient room	Aerosol generating procedure being performed
<b>P2/N95 respirator</b>	Yes Refer to current SA Health advice	Yes, or PAPR *
<b>Surgical mask</b>	Yes Refer to current SA Health advice	No
<b>Fluid-resistant long-sleeved gown</b>	Yes	Yes
<b>Gloves</b>	Yes	Yes
<b>Eye protection (goggles or face shield)</b>	Yes	Yes
<b>Hair covering</b>	No	Yes #
<b>Apron</b>	Yes, if contamination with blood or body fluids possible and fluid resistant gown not available	Yes, if contamination with blood or body fluids possible and fluid resistant gown not available

\* PAPR = powered air purifying respirator

**Notes:** Any cleaners who have to enter the room of an infectious patient should wear a minimum of gown, gloves and a surgical mask. This is because cleaning activities are likely to bring their hands and clothes into contact with potentially contaminated surfaces.

Also refer to specific advice relating to aerosol generating behaviours in the relevant [CDNA Guidelines](#)

#For specific items of PPE refer to local policies and procedures

## Effective hand hygiene

Hand hygiene is one of the most important ways to prevent the spread of infection.

Generally, effective and hygiene includes measures are handwashing with soap and running water or using a hand sanitiser.

In situations where handwashing facilities (soap and running water) are easily accessible and it is practicable, handwashing should be promoted as the first choice for hand hygiene.

In other situations, where handwashing is not accessible or practicable, alcohol-based hand sanitisers (rubs, gels, foaming preparations) should be made available to health care staff, patients, carers, professionals who are likely to come into contact with potentially infected or infected people, and the general public. Alcohol-based hand sanitisers should be placed at the point of care where possible.

Alcohol-based hand rubs are also indicated for performing hand hygiene before and after the wearing of PPE.

*A note on hand sanitisers:* there are some situations where hand sanitisers are ineffective. They should not be used when the hands are visibly dirty or soiled. In this case, running water and liquid soap should be used. Also, hand sanitisers may not be universally effective against all viral infections and risk assessments should be conducted in pandemic situations when recommendations for effective hand hygiene procedures are developed by public health authorities for a particular pathogen.

## Healthcare settings

### Presentation to a hospital

The key recommendations are:

#### Triage

- > Consider the option of providing a triage point immediately outside of the emergency department entrance.
- > Have appropriate signage in place to alert patients of the need to inform triage staff of any respiratory symptoms. and relevant epidemiological history (for example, in the case of COVID-19, recent international travel history is vital for risk assessing the patients).
- > If the patient is displaying symptoms, such as fever and/or cough, ask them to wear a surgical mask and clean their hands with soap and water or an alcohol-based hand sanitiser.
- > Direct the patient to a single room or separate waiting area for assessment.
- > The use of nebulisers should be avoided where possible and a spacer used instead.

#### Infection Control Precautions

- > All staff entering the patient's room should don the appropriate PPE as outlined in [Table 1](#).
- > All staff should don and doff PPE as per the SA Health
- > All staff present when performing aerosol-generating procedures should wear a properly fitted P2/N95 respirator (or equivalent) or PAPR, gown, gloves, cap and eye protection.
- > Masks and eye protection should be removed before after exiting the room and effective hand hygiene must be performed (either handwashing with soap and water or using alcohol-based hand sanitiser).



- > In a patient cohorting situation, the same mask or respirator, protection eyewear and gown can be used between patients, but gloves should be changed and hand hygiene performed between each patient encounter.
- > The mask or respirator can be worn for up to a maximum to 4 hours, however it must be changed at any time it becomes moist, soiled with body fluids or the integrity is compromised.. Changing of the mask should be done with the appropriate precautions and correct [PPE doffing sequence](#).
- > All potentially contaminated surfaces and reusable patient equipment should be cleaned with detergent and water followed by a Therapeutic Goods Administration (TGA) registered or listed disinfectant or detergent/disinfectant wipe.
- > When transporting the patient through the facility, the patient should wear a surgical mask. Refer to Patient Transport Sub-plan.

### **Patient placement**

- > Place the patient in a single room or a room with another viral respiratory disease infected patient (confirmed cases only).
- > Later in the pandemic, it might be necessary to consider cohorting of patients with suspected or confirmed viral respiratory disease in a specified area of the hospital.
- > If viral respiratory disease clinics are established as part of the response, a system of redirecting patients to these establishments should be developed.
- > On discharge, the patient should be given education on how to avoid transmission of viral respiratory disease to other household members.

### **Visitor restrictions**

During a pandemic, visitors should be discouraged. However, if considered necessary then they should be directed to:

- > keep a distance of greater than 1.5m metres from a symptomatic patient;
- > wear a surgical mask;
- > wash hands thoroughly or use an alcohol-based hand sanitiser on entry to the room and on leaving the room, and
- > not visit any other patient in the hospital/facility.

### **Patient Transport Settings**

Patients with severe pandemic viral respiratory disease or disease complications are likely to require emergency transport to hospital. The following points should be considered in order to minimise the risk of infection to ambulance (including air ambulance) personnel.

Key recommendations are:

- > All symptomatic patients should wear a surgical mask during transport if can be tolerated.
- > All ambulance officers should wear appropriate PPE at all times, including a P2/N95 respirator (or equivalent) if performing an aerosol-generating procedure.
- > Records should be kept of any accidental unprotected exposures.

For more detail refer to Patient Transport Sub-Plan.

## Presentation to a Primary Health Care Facility

During a pandemic, people with suspected or confirmed pandemic viral respiratory disease may present to community medical practices. In this situation, the objective is to prevent transmission to attending medical practice staff and other patients.

The following procedures should be in place and be routine practice before the arrival of a pandemic strain of viral respiratory disease in Australia:

- > Post visual alerts (in appropriate languages) at the entrance to the facility alerting patients with respiratory symptoms to:
  - o inform reception on arrival, and to keep 1.5m metres distance from other patients, and
  - o practice cough etiquette/respiratory hygiene.
  - o clean hands using an alcohol-based hand sanitiser
- > Facilitate adherence to cough etiquette/respiratory hygiene by the provision of conveniently located tissues, waste receptacles and dispensers of alcohol-based hand sanitiser.
- > Promote the use of surgical masks and spatial separation for persons with symptoms of viral respiratory disease.

SA Health's *Wash, Wipe, Cover.....don't infect another!* resource provides tools to assist in the promotion of respiratory hygiene and can be found at: [www.sahealth.sa.gov.au/washwipcover](http://www.sahealth.sa.gov.au/washwipcover).

Once pandemic viral respiratory disease has been detected in Australia, the following additional steps should be taken:

- > Public education campaigns to encourage patients with viral respiratory disease symptoms to call primary care providers prior to attending.
- > Triage patients calling for medical appointments for viral respiratory disease symptoms to discourage unnecessary visits and to provide instruction on infection control measures in the home and when travelling to necessary medical appointments.
- > Where possible, designate a separate triage and waiting area for patients with symptoms of pandemic viral respiratory disease and ask them to wear a mask in this area if tolerated
- > Consider arranging a special time and consultation room for the assessment of patients with suspected pandemic viral respiratory disease.

### Personal protective equipment

- > Attending healthcare personnel should wear appropriate PPE consisting of gown, gloves, eye protection (goggles, safety glasses or face shield) and a surgical mask when examining a patient with suspected or confirmed viral respiratory disease ([Table 1](#)).
- > Following clinical assessment healthcare personnel should avoid touching their own eyes, nose and mouth until they have removed their PPE and performed hand hygiene.
- > Used masks, disposable gowns, disposable protective eyewear and gloves should be disposed of according to the pandemic-specific waste management processes.
- > Reusable PPE (i.e. protective eyewear) should be cleaned and disinfected as per the manufacturer's instructions.

## Other measures

- > If the patient needs immediate hospitalisation, the general practitioner (GP) should telephone the ambulance service and advise the ambulance officer that the patient is potentially infectious. Detailed information can be found in the SA Health [Pandemic arrangement](#) web page
- > If the patient is sent home, the GP should provide advice on home care and written information on infection control precautions to be taken in the home. NOTE: pandemic/pathogen-specific resources will be developed by SA Health as needed.
- > Regularly clean the environment in which patients with respiratory symptoms are waiting or have been examined using a TGA registered or listed disinfectant/detergent (or detergent/disinfectant wipe) paying particular attention to frequently touched surfaces.
- > The number of people entering the room of a pandemic viral respiratory disease patient should be kept to a minimum.
- > Waste disposal should be as per normal processes for infectious waste.

## Flu/Fever/Respiratory clinics

During a pandemic, when there is community transmission, South Australia may establish “flu clinics” in strategic locations. Refer to the [Respiratory Clinics Sub-Plan](#). Healthcare personnel and other relevant personnel, in these locations should wear appropriate PPE and undertake environmental cleaning and waste disposal as outlined above.

## Dental practice settings

The same infection control principles and practices should be applied in dental practice settings as in other medical settings.

Additional key recommendations are:

- > Once the pandemic is established in an area in Australia, dental practices may consider deferring all non-essential consultation and procedures until the pandemic has subsided.
- > Contacts of suspected and confirmed pandemic viral respiratory disease patients and those who have recently travelled in an affected area should not undergo elective consultation or a non-emergency dental procedure until the pandemic-specific incubation period (e.g. 14 days for COVID-19 pandemic) has passed.

If urgent consultations or procedures are required:

- > If a designated viral respiratory disease dental practice has been set up, the patient should be referred to this facility.
- > Standard and contact, droplet and airborne precautions should be followed, as dental work may involve the generation of aerosols. Full PPE including P2/N95 respirators (or equivalent) are essential.
- > Surfaces should be cleaned regularly with a TGA registered or listed disinfectant/detergent (or detergent/disinfectant wipe) paying particular attention to frequently touched surfaces.

## Residential care settings

In a pandemic of a viral respiratory disease, residents of residential aged care facilities (RACF) and other residential care facilities are likely to be at higher risk of severe illness.

Pandemic viral respiratory disease can be introduced through facility personnel and visitors, and once introduced, controlling its spread will be difficult. Therefore, as soon as pandemic viral respiratory disease has been detected in the region, RACF and other residential care facilities should implement aggressive measures to prevent introduction of the virus.

### Key recommendations

The key recommendations to prevent or delay entry of the virus into the facility are to:

- > Post appropriate signage and screen visitors for potential exposure to pandemic viral respiratory disease. Consider limiting the number of visitors or placing a short-term ban on visitations if possible and warranted.
- > Implement a system of staff screening for viral respiratory disease-like symptoms and potential exposures before they start work each shift.
- > Monitor all residents daily for signs and symptoms of viral respiratory disease.
- > Immediately notify suspected cases to SA Health's Communicable Disease Control Branch (1300 232 272).

On detection of a suspected, probable or confirmed case of pandemic viral respiratory disease implement the following recommended minimum actions:

- > Implement contact and droplet precautions for the resident and roommates, pending confirmation of the pandemic viral respiratory disease.
- > Implement procedures for appropriate use of PPE (e.g. a properly fitted P2/N95 respirator (or equivalent) should be used by staff undertaking any AGPs on an infectious patient)) ([Table 1](#)).
- > The patient and any roommates (considered potentially exposed) should not be separated or moved out of their rooms unless medically indicated for the duration of the incubation period as established for the pandemic-causing pathogen, or until asymptomatic.
- > The ill resident should wear a surgical mask, if tolerated, when others are in the same room.
- > The ill resident should have all meals delivered to their room.
- > The ill resident should not be transferred to hospital unless medically indicated.
- > Resident movement within the facility should be restricted (i.e. temporarily close the dining room and suspend social and recreational activities).
- > Resident transfer from anywhere in the facility to another facility is not recommended during the outbreak.

Note: also refer to plans for specific illnesses via SA Health webpages

### Recommendations for visitors

Visitors must be restricted to the absolute minimum required for the well-being of residents.

Visitors must be screened for signs of the pandemic viral respiratory disease and any applicable epidemiological parameters (e.g. recent travel history).

Visitors should be instructed to:

- > wash hands or use alcohol-based hand sanitiser on arrival and just before leaving the room

- > wear a surgical mask and maintain a distance greater than 1.5 metres from the ill resident
- > visit ill residents in their rooms only, and not visit any other resident.

### Recommendations for staff

- > Ideally, all staff (including volunteers) who are working in the facility at the time a case is detected should not work in other settings until the outbreak has ceased.
- > Staff should be monitored daily for signs and symptoms of respiratory illness, and be sent home immediately for assessment by a medical officer if symptomatic.
- > Cohorting of staff within the facility could be considered.

## Home healthcare settings

Home healthcare includes nursing, allied health and rehabilitative services performed in the home.

When pandemic viral respiratory disease is circulating in the community, home health care agencies should consider contacting clients before the home visit to determine whether persons in the household have a viral respiratory disease-like illness or are under home quarantine.

Home healthcare personnel should be instructed on self-screening for any signs of the pandemic viral respiratory disease and any applicable epidemiological parameters (e.g. recent travel history).

If persons with suspected or confirmed pandemic viral respiratory disease are in the home, agencies should consider:

- > postponing non-essential services
- > assigning providers who are not at increased risk of complications of pandemic viral respiratory disease to care for these patients
- > using a minimum number of staff who are well trained in the application of infection control precautions to care for pandemic viral respiratory disease patients.

Home healthcare providers who enter homes where there is a person with suspected or confirmed pandemic viral respiratory disease should follow the same infection control precautions recommended above for other healthcare workers, including the use of appropriate items of PPE, hand hygiene and waste disposal.

Communication with the household ahead of the visit will be important to ensure the patient is wearing a mask (surgical or cloth), and to determine whether suitable hand hygiene facilities are available.

## Schools, childcare and workplaces

Schools and childcare centres may be closed early in the pandemic. The following general infection control principles can be applied to minimise the transmission of pandemic viral respiratory disease in these and other public settings.

Key recommendations are:

- > Promote physical distancing – 1.5 metres.
- > Promote the routine practice of cough etiquette and respiratory hygiene.
- > Promote effective hand hygiene.
- > Ensure adequate supplies of tissues, appropriate waste receptacles and hand hygiene facilities are available.

- > Educate all personnel on the early signs and symptoms of viral respiratory disease and immediately send ill persons home or to a viral respiratory disease clinic for assessment.
- > Keep contacts of suspected pandemic viral respiratory disease cases away from the facility.
- > SA Health **Wash, Wipe, Cover!** resources for schools can be found here.

## Caring for viral respiratory disease patients in the home

Infection control principles used in healthcare settings also apply in the home care setting. However, due to practical limitations there are some differences between what can be done in the home environment and in healthcare settings.

Appropriate pandemic-specific guidelines will be developed in the early stages of the pandemic based on the understanding of the infectious agent's epidemiology.

In general, key considerations are:

- > The infected person should not leave the house and visitors should be discouraged whilst still symptomatic.
- > Social separation within the household should be instituted if at all possible (i.e., separate bedroom and bathroom for the patient, if available).
- > The person should wear a surgical mask when others are in the room.
- > When movement outside of the home is necessary, e.g., for medical follow up, the patient should wear a mask, and avoid using public transport.
- > Emphasis should be placed on increasing the frequency of effective hand hygiene, using soap and water, or an alcohol-based hand sanitiser.
- > Towels and linen should not be shared between household members.
- > Laundry may be washed in a standard washing machine with warm to hot water and detergent. Line-dry in the sun, if possible or use a dryer.
- > Dishes and eating utensils should not be shared and usual [food safety](#) standard compliance policies and procedures must be implemented. (this includes automated and hand washing processes)
- > Environmental surfaces including those that are frequently touched should be cleaned as per cleaning standards and guidelines. This should include the use of detergent and water, followed by a suitable [TGA listed disinfectant](#). For guideline on disinfectants and dilutions refer to [SA Health webpages](#).

## Further resources

### SA Health resources

SA Health Coronavirus disease 2019 (COVID-19):

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid+2019>

SA Health Infection control Management of Infectious Diseases Summary

Table: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/prevention+and+management+of+infections+in+healthcare+settings/prevention+and+management+of+infection+in+healthcare+settings>

SA Health Infection control education and

training: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infectious+disease+control/infection+control+education+and+training>

SA Health Infection control and personal protective equipment (PPE)

advice: <https://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>

SA Health Respiratory Protection against Airborne Infectious Diseases Policy

Directive: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/prevention+and+management+of+infections+in+healthcare+settings/staff+protection+from+infections>

SA Health hand and respiratory hygiene resources (Wash, Wipe,

Cover): <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/healthy+living/protecting+your+health/preventing+disease+and+infection/wash+wipe+cover/wash+wipe+cover+resources>

### Other resources

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>

Australasian College for Infection Prevention and Control (ACIPC): <https://www.acipc.org.au>

Australian Commission on Safety and Quality in Health Care (ACSQHC), Infection Control eLearning

Modules: <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/infection-prevention-and-control-elearning-modules>

ACSQHC National Hand Hygiene Initiative (NHHI):

<https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative>

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## For more information

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