

For Community Care Providers



Conduct Risk Assessment

Phone interview prior to support session or appointment (if possible).

1. Are you or any person with whom you're living currently in isolation or quarantine?
2. Are you unwell?
  - Any respiratory symptoms (e.g. cough, sore throat, shortness of breath, runny nose)?
  - Any fever, chills or night sweats?

Yes

No

Refer to

Worker and Client  
1 – High risk - Best Practice and PPE requirements

Refer to

Worker and Client  
1 – Low risk - Best Practice and PPE requirements

1 – Worker – High Risk - Best Practice and PPE Requirements

Worker to ensure that they are well and PPE is in place PRIOR to providing client with theirs.

Surgical Mask

- Change if soiled, wet, damaged or contaminated (sneezed or coughed in/on)
- Mask must not be left around neck
- Dispose of mask in general waste
- Wearers should not touch the front of the mask
- Hand hygiene to be performed upon touching or discarding a used mask

Eye Protection – Goggles or Face Shield

Eye protection not required **UNLESS** providing direct care or cannot maintain distance of 1.5m

- Must be cleaned between each interaction with either detergent and water/detergent wipe, allowed to dry and followed by an alcohol or disinfectant wipe and allowed to dry
- NB – prescription glasses are not considered protective eye wear

Disposable Gown – Long Sleeve

Gowns not required **UNLESS** providing direct care or 1.5m personal distance cannot be maintained

- Put on the gown so that your front and arms are fully covered and gown opening is at the back
- Fasten ties at the neck and at the back
- Tuck gown cuffs under gloves
- Dispose or gown between interactions/clients (single use only)

Gloves

- Disposable examination gloves
- Change between interactions/client (single use only)

Suggested PPE Sequence\*

Hand Hygiene must be performed when putting on and taking off PPE. PPE should be put on prior to entering, and removed after leaving the patient treatment area.

Putting on PPE

- 1 Hand hygiene
- 2 Gown
- 3 Mask
- 4 Eye protection
- 5 Gloves

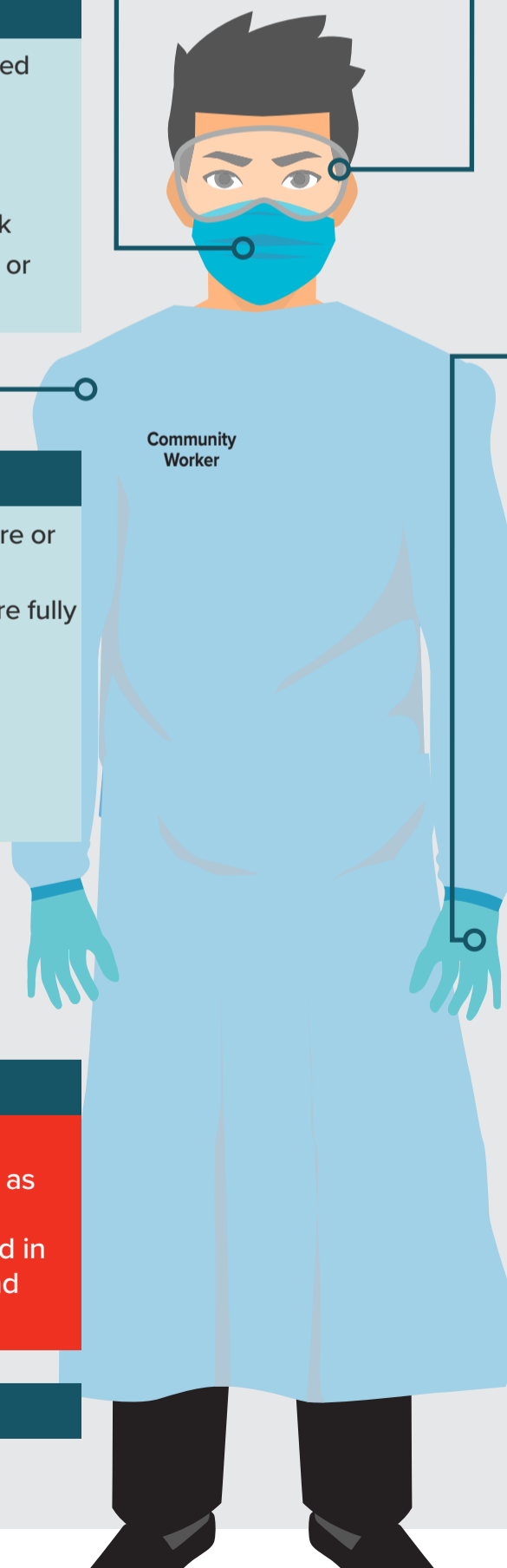
Taking off PPE

- 1 Gloves
- 2 Hand hygiene
- 3 Gown
- 4 Hand hygiene
- 5 Eye protection
- 6 Hand hygiene
- 7 Mask
- 8 Hand hygiene

Waste

Waste, including PPE, generated during the course of clinical care should be disposed of as clinical waste. All non-visibly soiled PPE (e.g. no blood, faeces or body fluids) not used in the course of clinical care, can be bagged and discarded into general waste.

Learn about the correct use of PPE



\*this is an example of sequencing as per the current Australian guidelines.

# 1 – Client – High Risk - Best Practice and PPE Requirements

## Surgical Mask

- Change if soiled, wet, damaged or contaminated (sneezed or coughed in/on)
- Mask must not be left around neck
- Dispose of mask in general waste
- Wearers should not touch the front of the mask
- **Hand hygiene** to be performed upon touching or discarding a used mask

## Hand Hygiene

- Wash hands with soap and water for at least 20 seconds  
Or
- Cover all hand surfaces with hand sanitiser and rub until dry

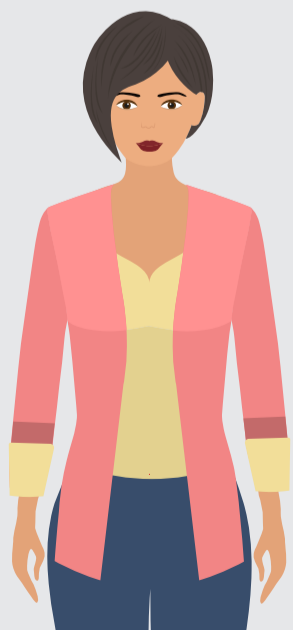


## If client transport required

- All occupants to perform hand hygiene
- Client and driver to wear surgical mask
- Client to sit in rear passenger side seat
- After transport wipe down touched surfaces in vehicle with detergent/disinfectant wipe
- Ensure air conditioning is set to external airflow rather than to recirculation, OR
- You may choose to have the vehicle's windows open (where appropriate, not detrimental to health and wellbeing, and where this does not pose any risk)

# 2 – Low risk - Best Practice and PPE requirement

## Client



Hand hygiene



Cough and sneeze etiquette

## Worker



## PPE

Standard PPE usage and work practices apply based on activity.



Maintain Social distancing of 1.5m

Need some more information on the safe use and disposal of PPE?  
Find out more at [www.sahealth.gov.au](http://www.sahealth.gov.au)

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Government of South Australia  
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