



Infection Prevention and Control in Allied Health Practice

Developed by AHPA and ACDHS on behalf of

AUSTRALIAN ALLIED HEALTH
LEADERSHIP FORUM

Description

This report has been written at the request of the Australian Department of Health during the COVID-19 pandemic. The documents intention is to provide guidance to support the safe continuation of essential Allied Health services as required during the current and any future pandemics. Practitioners should also seek guidance from their local State or Territory health department, especially in a rapidly changing environment of a pandemic. All Allied Health clinicians, those who work with them such as students, administrative staff and technicians and those responsible for the safety of these staff are the intended audience.

Funding

The production of the report 'Infection Prevention and Control in Allied Health Practice' has been funded by the Australian Department of Health.

Acknowledgements

'Infection Prevention and Control in Allied Health Practice' has been developed on behalf of the Australian Allied Health Leadership Forum (AAHLF) by Allied Health Professions Australia (Allied Health Clinicians) and Australian Council of Deans Health Sciences (ACDHS).

The report acknowledges the extensive work of:

- Each of the Allied Health Professional Associations involved and their relevant staff
- Jackie O'Connor and Claire Skewes of Allied Health Specialist Consultants
- Julia Hibma – Research Assistant
- Dr Marianne Gillam of University of South Australia

DISCLAIMER

This document utilises the NHMRC Guidelines framework and evidence as its base. It incorporates collated national and international evidence provided by individual professional associations as evidenced throughout. A more extensive review of the literature has not occurred at this time given the short time frame for production of this document during the COVID19 pandemic. Every effort has been made to ensure accuracy. Review and endorsement by the Department of Health Infection Control Expert Group is now sought.

All Allied Health services will continue to need to utilise the NHMRC Guidelines, any relevant standards, state-based guidelines and practice policies when developing their own service specific policies and processes.

Report Production: Produced July 2020

Contents

Description	3
Funding	3
Contents	4
Introduction	6
Aims	6
Document Scope	7
Document Structure	8
Infection Prevention and Control Framework	9
Standard Precautions: Section One	10
Hand Hygiene	13
Clothing	15
Coughing and Sneezing	17
CLIENT Education	18
Blood and Body Spills	19
Standard Precautions: Section Two	21
Sharps Management	21
Aseptic Technique	22
Waste Management	24
Linen	25
Staff Health and Safety	26
Assistance Animals	28
INFECTION PREVENTION AND CONTROL Strategy	28
Standard and Transmission-based Precautions	31
Cleaning	32
Reusable Medical Devices	37
Personal Protective Equipment (PPE)	41
Summary of transmission-based precaution changes	52
Pandemic Response Guidance	54
1. How can you best prepare your practice and staff for a pandemic?	55
2. How will you decide which services to offer when, how and to whom?	57
3. How to make in person services safer if you are providing them.	62
Appendix 1: Staff Exclusion Periods for Infectious Illnesses	65
Appendix 2: Tasks Considered Aerosol Generating Procedures	67
Appendix 3: Recommended Cleaning Information by Profession	68
Appendix 4: Recommendation for Reprocessing of Reusable Medical Devices	85
Appendix 5: PPE Guide for Specific Tasks by Profession	100

Appendix 6: Recommended Task Modifications	107
Appendix 7: Allied Health Practice Infection Prevention Control Checklist	118
Glossary	123
References	124

Introduction

Allied Health clinicians are an integral part of the health and associated systems. Allied Health clinicians provide services across a wide variety of settings including but not limited to:

- Private and public hospitals
- Long term and aged care residential facilities
- Community health services
- Aboriginal health services
- Home visit services
- Mental health services
- Disability services
- Primary health and general practice clinics
- Justice health services
- Educational and recreational settings.

As a result, Allied Health clinicians engage with a large and diverse range of the population within many community locations.

Often, the provision of Allied Health services requires close proximity and contact between the client and/or their assistive technology and the clinician and/or medical devices. Therefore, routine implementation of infection prevention and control measures by Allied Health clinicians is vital in preventing and reducing the spread of infection.

The Federal Department of Health has stated that Allied Health services are essential during a pandemic, recognising the valuable contribution Allied Health clinicians make supporting the health and wellbeing of the community. Given the nature of their work Allied Health clinicians are unlikely to be able to treat clients in the usual way with no risk of exposure to an infectious agent responsible for a pandemic. This report has been commissioned to provide guidance to support the safe continuation of essential services during the current and any future pandemics.

Aims

- To provide an immediately actionable summary of the NHMRC Guidelines and other evidence as applicable for Allied Health clinicians and practice staff
- To communicate the core commonalities among Allied Health professions relating to infection prevention and control
- To provide a framework for application of effective infection prevention and control across Allied Health at all times, including within the current and any future pandemic responses
- To identify, create and provide any required profession specific guidance material.

By achieving the above, the documents overarching aims are to:

- Assist the NHMRC's aim of promoting and facilitating the creation of safe healthcare environments through the implementation of evidence-based practices that minimise the risk of transmission of infectious agents
- Provide guidance to support the safe continuation of essential services during the current and any future pandemics.

Document Scope

The Australian Guidelines for the Prevention and Control of Infection in Healthcare published by the NHMRC (NHMRC) in May 2019 (1) provide a nationally accepted approach to infection prevention and control. These guidelines form the basis of infection prevention and control for Allied Health clinicians. The evidence base and framework these guidelines provide have been applied within this document. For the sake of brevity, these guidelines are referred to as 'NHMRC Guidelines' in this document.

This report, 'Infection Prevention and Control in Allied Health Practice' complements the NHMRC Guidelines by:

- Assisting Allied Health practices to implement the NHMRC Guidelines
- Adding Allied Health and task specific information relevant to both standard and transmission-based precautions
- Contextualising the NHMRC Guidelines across all settings within which allied health clinicians' practice
- Providing guidance for responding to an infectious disease pandemic.

Sections contained within the NHMRC Guidelines related to application of standard and transmission-based precautions during procedures which involve invasive medical devices and/or surgical procedures are not included within this document and should be addressed locally by all practices conducting such procedures.

As per the NHMRC Guidelines this document refers to, but does not address in detail, nor replace requirements and standards related to:

- Work Health and Safety
- Reusable medical devices
- Food services
- Laundry services
- Waste disposal
- Practice design.

This document is applicable to Allied Health clinicians broadly and where possible, specificity is provided relating to the following professions at this time:

- Audiology
- Medical Imaging/Radiation Therapy
- Occupational Therapy
- Optometry
- Orthoptics
- Orthotics/Prosthetics
- Podiatry
- Speech Pathology.

Document Structure

A summary of the framework for discussing infection prevention and control as set by the NHMRC Guidelines is provided. This framework is key to establishing a common base for discussing infection prevention and control across Allied Health professions and the many varied environments within which they practice.

STANDARD PRECAUTIONS are discussed in the following manner:

IMPLEMENTATION:

An overview of the key actions required by practice staff to ensure adherence to infection prevention and control measures; summarised from the NHMRC Guidelines and targeted at all staff as they conduct day to day practice.

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS:

Points which contextualise implementation points to Allied Health practice and additional considerations not raised within the NHMRC Guidelines.

MORE INFORMATION:

All practices will need to refer to the NHMRC Guidelines and other relevant standards and documentation to inform development of their practice policies. Links to generic infection prevention and control information which may assist this process have been provided.

CHECKLIST:

Posed as questions targeted at practice managers to facilitate review of key infection prevention and control principles and prompt action.

TRANSMISSION-BASED PRECAUTIONS:

Where possible, required adjustments from standard practice, based on the three types of transmission-based precautions (i.e. contact, droplet and airborne) have been incorporated. This occurs in both a general and profession specific context.

It is noted that some of this information continues to require further development and confirmation from infection control professionals.

PANDEMIC RESPONSE GUIDANCE:

Three key areas are addressed to assist allied health practices and their staff to continue to provide essential services during a pandemic:

- Practice and staff preparation
- Determining which services to offer when, how and to whom
- Provision of safer in person services.

Whilst many examples are provided which are specific to coronavirus throughout this section, the documents intention is to provide a generic framework for rapid response in any infection prevention and control focussed situations Australian Allied Health clinicians may work within.

Infection Prevention and Control Framework

Due to the nature of their work, Allied Health practices are at risk of spreading infectious agents. An infectious agent causes disease or illness to its host. Allied Health practices must implement an infection prevention and control strategy to minimise the spread of infectious agents.

The NHMRC Guidelines outline a two-tiered approach to infection prevention and control which provides high-level protection to staff, clients and others when effectively implemented (1).

The two-tiered approach:

- Routinely apply **standard** infection prevention and control strategies as a minimum level of control
- Effectively manage infectious agents where standard precautions may not be sufficient on their own by applying **additional transmission-based precautions**.

Transmission-based precautions have three categories, **contact, droplet and airborne**.

Which category applies in practice is dependent upon the particular infectious agent and how it is transmitted. Each category requires a different response to keep people safe.

Standard precautions must be in place at all times, at other times, one or a combination of additional transmission-based precautions may also be required. Further detail is provided throughout this report.

This two-tiered approach and the principles within it apply generally regardless of the location a service is being provided but a **risk assessment approach** is required to determine practice policy detail. There will be variation in the detail of applying these general principles when developing practice policies relevant to a variety of factors, such as, the task required, the location of service provision, the technology utilised and the client and their needs. Therefore, all Allied Health practices must adopt a risk assessment approach that considers how factors associated with the transmission of infectious agents can be identified and managed when implementing the approach and principles outlined. All allied health services must conduct their own risk assessment and refer to discipline-specific guidance to develop and document practice infection prevention and control procedures.

Detailed information on both the risk assessment and two-tiered approach and factors required to enable transmission of infectious agents is provided within Section 2 of the NHMRC Guidelines (1).

Standard Precautions: Section One

Generally, the greatest risks for transmission of infectious agents are:

- Hands
- Clothes
- Medical devices
- Client's personal assistive technology
- Environmental surfaces.

Standard Precautions are infection prevention and control precautions applied to everyone, all the time, regardless of their perceived or confirmed infectious status to minimise the risk of spreading infectious agents.

Standard precautions consist of:

- Hand hygiene, as consistent with the 5 moments for hand hygiene
- The use of appropriate personal protective equipment (PPE)
- The safe use and disposal of sharps
- Routine environmental cleaning
- Reprocessing of reusable medical equipment and instruments
- Respiratory hygiene and cough etiquette
- Aseptic technique
- Waste management
- Appropriate handling of linen (1 p29).

Standard precautions should be used at any time staff may be involved in the handling of:

- Blood (including dried blood)
- All other body substances, secretions and excretions (excluding sweat), regardless of whether they contain visible blood
- Non-intact skin and
- Mucous membranes (1 p29).

Common tasks performed by Allied Health clinicians which may result in exposure to these situations include:

- Assessment and treatment of clients who may vomit, have an episode of incontinence and/or cry
- Close assessment and treatment of clients with chronic respiratory conditions, excessive phonation and/or saliva control difficulties
- Assessment and treatment of clients with wounds
- Handling of client's personal assistive technology such as glasses, wheelchairs, footwear, orthoses, prostheses, hearing aids, communication technology
- Assessment and treatment of clients who present with conditions that can be spread by contact, droplet and aerosol routes
- Handling and use of medical devices including shared client care equipment
- Utilising shared clinic environments.

Examples of additional profession specific tasks regularly conducted which also require adherence to infection prevention and control procedures are outlined in Table 1 to demonstrate the high frequency with which these situations arise in day to day practice.

Table 1: Regularly conducted tasks requiring infection prevention and control procedures

Allied Health Profession	Commonly conducted tasks requiring infection prevention and control
Audiology	<ul style="list-style-type: none"> • Vestibular and balance assessment • Handling of hearing devices • Observe ENT procedures, conduct standard practices in parallel with ENT or other surgery • Ear mopping or tissue spears in presence of active discharge • Cerumen management • Procedures which elicit cough reflex
Radiography/ Radiation Therapy/ Mammography	<ul style="list-style-type: none"> • Clients presenting with chemotherapy drips • Clients presenting with colostomy bags • Clients presenting with Percutaneous Endoscopic Gastrostomy tubes (PEG's) • Clients presenting with open wounds or erythematous skin • Tattooing surface markers on clients • Superficial x-ray treatment • Brachytherapy treatment • IV cannulation / PICC insertion • Clients with MRSA, HIV, possible tuberculosis • Treating prison inmates • Treating and imaging Head and Neck Clients • Emergency room/ operating theatre/ICU imaging • Dental imaging • Paediatric / neonate imaging
Occupational Therapy	<ul style="list-style-type: none"> • Assessment and Treatment of clients with wounds (e.g. hand therapy, burns, pressure care) • Functional and or activities of daily living assessment of clients • Preparing food with clients • Hands on facilitation or direct contact with clients during therapeutic activities • Home visits • When undertaking client transfers
Optometry	<ul style="list-style-type: none"> • Tonometry, pachymetry • Gonioscopy (or use of contact fundus lenses) • Removal of foreign bodies • Assessment of clients with ocular trauma • Assessment of clients with infectious conjunctivitis • Assessment of clients with microbial keratitis • Lacrimal lavage, removal of eyelashes • Expressions of glands and cysts • Contact lens fitting • Epithelial debridement

	<ul style="list-style-type: none"> • Post-operative management
Orthoptics	<ul style="list-style-type: none"> • Assessment, diagnosis and non-surgical management of eye disorders in adults and children • Diagnostic testing and imaging including tonometry, ultrasonography (A & B Scans), angiography and ocular electrophysiology • Assessment of clients with suspected conjunctivitis or other eye infections • Assessment of clients following ocular trauma • Post-operative care and management • Set-up/surgical assisting of minor procedures (e.g. intravitreal injections, biopsies, chalazion drainage, eyelash electrolysis, corneal cross-linking) • Contact lens fitting
Orthotics/Prosthetics	<ul style="list-style-type: none"> • Assessment of clients with wounds and non-intact skin (e.g. post-surgical suture, pressure sore, blister, burns, emergency client presenting with dried blood) • Handling of orthoses and prostheses used by clients with wounds and non-intact skin • Assessments of clients requiring close contact to the client's face (e.g. management of neck and facial burns, cranio-moulding helmets, spinal injury) • Handling of orthoses relating to the neck and head (e.g. cervical orthoses, cervico-thoracic orthoses including halo thoracic orthoses, burns orthoses)
Podiatry	<ul style="list-style-type: none"> • Wound care • Nail care • Debridement of corns/calluses • Ingrown toenail procedures • Verruca treatment • Removal of foreign bodies • Dermatological conditions assessment
Speech Pathology	<ul style="list-style-type: none"> • Cough or gag reflex testing • Endoscopic assessment of vocal function (flexible and/or rigid endoscopes) • Flexible endoscopic evaluation of swallowing (FEES) • Instrumental respiratory/aerodynamic function testing • Multi-use of swallowing/feeding or communication assessment or intervention equipment (e.g. stethoscope, Western Aphasia Battery objects, Augmentative and Alternative Communication devices, toys and games used in therapy) • Oro-motor function assessment or intervention (e.g. jaw and tongue strength testing) • Saliva management • Speech pathologist-led laryngectomy care and management (e.g. voice prosthesis changes, stoma inspection) • Swallowing or communication assessment or intervention (including non-verbal and speech) requiring contact (e.g. Facial-Oral Tract Therapy, PROMPT)

- | | |
|--|---|
| | <ul style="list-style-type: none"> • Swallowing/feeding assessment or intervention, including the delivery of mouth care • Swallowing/feeding or communication assessment or intervention with clients requiring: Non-invasive ventilation (NIV); High-flow nasal oxygen (HFNO); respiratory support via nasal cannulae; face mask • Tracheostomy care and management • Videofluoroscopic Swallowing Study (VFSS) |
|--|---|

The following information assists you to implement the NHMRC guidelines in practice and to develop your local practice policies.

HAND HYGIENE

Effective hand hygiene is the single most important strategy in preventing healthcare associated infections.

IMPLEMENTATION

- Wash hands with soap and water if visibly soiled, use soap and water or an alcohol-based hand rub if hands are visibly clean
- Ensure alcohol-based hand rub meets the Therapeutic Goods Administration (TGA) requirements
- Know the correct technique:
 - Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use item; use item to turn off faucet if required
 - Hand rubbing (20–30 sec): apply enough product to cover all areas of the hands; rub hands until dry (2)
- Conduct hand hygiene as often as required dependent upon tasks conducted (see Table 2 below)
- Performing routine hand hygiene in view of a client before and after any client contact is a demonstration of good infection prevention management (3)
- Educate and encourage your clients to conduct hand hygiene too.
- Ensure the following are considered and practiced in line with your practice policy to facilitate effective hand hygiene:
 - Hand cream
 - Clothes
 - Jewellery
 - Artificial nails and/or nail polish
 - Any cuts and abrasions present (see NHMRC Guidelines page 33-35 for more information on these areas).

When to conduct hand hygiene?

The 5 Moments of Hand Hygiene

- Before touching a client
- Before a procedure
- After a procedure or body substance exposure risk
- After touching a client
- After touching a client's surroundings.

Table 2. Additional situations when Allied Health clinicians should conduct hand hygiene

Before	After
<ul style="list-style-type: none"> Starting/leaving work Eating/handling of food/drinks Using computer keyboard, tablet or mobile device in a clinical area Putting on gloves Handling invasive medical devices Entering/leaving clinical areas Touching or contacting a client, particularly immuno-compromised clients Moving from a contaminated to a clean body site of a client Immediately prior to conducting a clean/aseptic procedure Entering a client's home Touching client's assistive technology 	<ul style="list-style-type: none"> Hands becoming visibly soiled Eating/handling of food/drinks Visiting the toilet Using a computer keyboard, tablet or mobile device in a clinical area Being in client-care areas during outbreaks of infection Removing gloves Handling laundry/equipment/waste Blowing/wiping/touching nose and mouth Smoking Touching a client and/or their personal items or items within their immediate vicinity – this includes any assistive technology the Allied Health clinicians and client are touching Touching blood, body fluids, secretions, excretions, non-intact skin and contaminated items, even if gloves are worn Leaving a client's home Touching your own personal items such as phone, identity tag, keys

Information adapted from (1 p32, 2)

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- Optometry Australia recommend that all areas where contact lenses may be inserted or removed should be fitted with hand basins as alcohol-based hand rubs are unsuitable for use in contact lens practice due to the risk of transferring undesirable aspects from the hands to the lens prior to eye insertion (4)
- Where possible hand basins should be fitted with elbow, foot or sensor-controlled taps to reduce the need for touching
- A designated hand washing sink that is not used for cleaning and/or reprocessing is required (5)
- Hand washing facilities separate to client treatment areas for practice areas such as offices, workshops and storage areas should also be provided
- Podiatrists who perform any procedure that involves penetration of normally sterile tissues must perform surgical scrubbing techniques prior to doing so (6).

MORE INFORMATION

- [National Hand Hygiene Initiative](#); Australian Commission on Safety and Quality in Health Care:
 - Covers aspects such as free online learning, brochures, posters, considerations for placement of basins and dispensers for positive influence and competency audit tools

- WHO: [Hand Hygiene in outpatient and Home-based Care and long-term Care facilities](#)
- [Therapeutic Goods Administration](#); Hand Sanitiser information
- VIC Health: [Hand hygiene](#) (Arabic, Chinese, Italian, Malay, Vietnamese)

CHECKLIST

	Yes	No	Action Required/Evidence
Does your practice have a hand hygiene policy and procedure in line with NHMRC Guidelines?			
Do you make hand hygiene products readily accessible to increase compliance?			
Are all staff trained in correct hand hygiene practices			
Are the hand hygiene facilities in your clinic adequate for the tasks being undertaken?			
Do you demonstrate hand hygiene in front of clients?			
Do you promote and facilitate hand hygiene among your clients?			
Do the hand hygiene products you're using meet requirements; are they compatible with one another?			
Are all staff compliant with policies in place?			
Is there a designated hand-washing sink in client communal areas?			

CLOTHING

IMPLEMENTATION

- Avoid wearing lanyards and neck ties, as these can facilitate infection transmission
- If working in your own clothes, keep in mind that it should be laundered daily
- Follow the “**bare below the elbows**” strategy to allow for proper hand hygiene practices:
 - You should wear clothing with short sleeves (or long sleeves that easily roll up)
 - Avoid wearing jewellery and watches. Rings increase hand contamination, therefore if you choose to wear a ring it should be a plain band that you can easily move around your finger while performing hand hygiene
- If you are provided with a **uniform** for work areas at higher risk of exposure:
 - Wear a clean uniform for each shift
 - Wash your uniform separately from your other clothing
 - Do not take a contaminated uniform home
 - If your uniform becomes contaminated with blood or body substances, use workplace laundry facilities where possible
- Choose **footwear** which helps protect you from dropped sharps or other objects and the risk of contamination with potentially infectious material.

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- Where you do not have a uniform or onsite laundry facilities

- Wear clean clothes each workday
- Keep a spare set of clothes at work
- If your clothes become contaminated with blood or body substances
 - Change into spare clothing
 - Take contaminated clothing home in a sealed bag
 - After 1-day wash separately with detergent and hot water.
- Clothing which is consistent with your relevant Workplace Health and Safety (WH&S) requirements must be considered in conjunction with facilitating infection prevention and control.
- All staff must have individual sets of WH&S compliant PPE for non-clinical/workshop areas (e.g. heat proof gloves, earmuffs, face mask and apron) to ensure cross contamination between staff does not occur.

MORE INFORMATION

- QLD Health: Bare Below the Elbows [online resource page](#), including:
 - [Guidelines](#)
 - [Fact sheet](#)
 - Downloadable PowerPoint presentation
 - [Audit of Compliance](#) tool
- Tasmanian Health Service: [Bare Below the Elbows Poster](#).

CHECKLIST

	Yes	No	Action Required/Evidence
Are there policies in place to ensure staff meet clothing requirements for the clinical environment?			
Are there appropriate safety protocols and procedures in place for protective clothing in non-client care areas?			
Are there displayed resources/guides such as the “bare below the elbows” initiative for staff to comply with?			
Are staff correctly managing cleaning of soiled uniforms and/or clothing?			

COUGHING AND SNEEZING

Respiratory hygiene and cough etiquette must be conducted as standard infection prevention and control at all times.

IMPLEMENTATION

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses
- Dispose of tissues in the nearest waste receptacle or bin after use
- If no tissues, cough or sneeze into inner elbow
- Practice hand hygiene afterwards
- Keep contaminated hands away from the face (mucous membranes of the mouth, eyes and nose)
- Clients with symptoms of respiratory infections if treatment cannot be delayed or delivered by alternate means:
 - Sit as far away from others as possible
 - Separate in waiting area where possible
- Staff with suspected or confirmed viral respiratory tract infections should stay home while they have symptoms.

MORE INFORMATION

- Tasmanian Government, Department of Health: [Video summary](#)
- Department of Health: Downloadable “[Keep that cough under cover](#)” poster
- VIC Health: [Cover your cough and sneeze](#) (Arabic, Chinese)
- SA Health:
 - [Wash, Wipe, Cover FAQ Sheet](#)
 - Cover Your Cough posters ([landscape](#) or [portrait](#)) specific to the spread of germs, notifying people that they may be asked to put on a face mask

CHECKLIST

	Yes	No	Action Required/Evidence
Does your workplace display respiratory hygiene and cough etiquette educational material?			
Do you separate clients with respiratory symptoms as much as possible?			
Is there suitable availability of tissues and bins for clients, visitors and staff in all areas?			
Do you advise staff and clients to avoid attendance whilst symptomatic?			

CLIENT EDUCATION

An organisational approach to client-centred care is associated with both safer and higher quality care. Educating clients and encouraging their participation is essential to successful infection prevention and control.

IMPLEMENTATION

- Make sure clients can clean their hands when needed, for example:
 - When entering or leaving your workplace
 - After using the bathrooms
 - After contact with communal surfaces/shared client care equipment
- Encourage clients to question your hand hygiene and use of PPE
- Discuss the specific risks (e.g. infection) associated with procedures you are conducting
- Help clients feel comfortable disclosing their health or risk status
- Encourage them to identify and communicate risks via feedback channels
- Provide educational material through a variety of written and visual media.

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

Client education should be provided on the following:

- Appropriate use, storage, disposal and/or cleaning of any assistive technology provided for personal use, for example:
 - Prescribed eye drops and ointments
 - Contact lenses and contact lens cases
 - Orthoses and prostheses
 - Communication and hearing devices
 - Wheelchairs
 - Kitchen utensil adaptive equipment
- Precautions to minimise spreading any infections on themselves or to others, for example:
 - From one eye to the other or to other people by not sharing eye drops, contact lenses, towels
 - Not sharing eye make-up and disposing of it if contaminated past expiry (4)
 - Suitable management and disposal of wound care products at home.

MORE INFORMATION

- NHMRC: [Consumer fact sheets](#)
- Department of Health: [Translated Resources](#) (results can be browsed in English so you are aware of the content)

CHECKLIST

	Yes	No	Action Required/Evidence
Does your workplace have client education materials on infection prevention and control, using a variety of media & languages?			
Do people know how to provide feedback if they want to?			

Do clients know how to use what you provide them in line with infection prevention and control over time?			
---	--	--	--

BLOOD AND BODY SPILLS

Infection prevention and control requires prompt removal of blood and body substance spills, followed by cleaning and disinfection of the contaminated area.

IMPLEMENTATION

- Appropriate processes for managing spills depends on:
 - The setting
 - Your practice policies
 - The volume of the spill (see Table 3 below)
- Be familiar with the location of your workplace's spill kit
- Dispose of all the used parts of the spill kit after use to avoid cross-contamination
- Clean up spills immediately in line with the table below and your practice policy.

Table 3. Appropriate processes based on spill size

Spot Cleaning	Small Spills (≤10cm diameter)	Larger Spills (≥10cm diameter)
<ul style="list-style-type: none"> • Select appropriate personal protective equipment (PPE) • Wipe up spot immediately with a damp cloth, tissue or paper towel • Discard contaminated materials • Perform hand hygiene 	<ul style="list-style-type: none"> • Select appropriate PPE • Wipe up spill immediately with absorbent material • Place contaminated absorbent material into impervious container or plastic bag for disposal • Clean the area with warm detergent solution, using disposable cloth or sponge • Wipe the area with sodium hypochlorite* and allow to dry • Perform hand hygiene 	<ul style="list-style-type: none"> • Select appropriate PPE • Cover area of the spill with an absorbent clumping agent and allow to absorb • Use disposable scraper and pan to scoop up absorbent material and any unabsorbed blood or body substances • Place all contaminated items into impervious container or plastic bag for disposal • Discard contaminated materials • Mop the area with detergent solution • Wipe the area with sodium hypochlorite* and allow to dry • Perform hand hygiene
<p>*Or a hospital-grade, TGA-listed disinfectant holding specific claims (including against the organism of concern). Do not use alcohol solutions to clean spillages</p>		

Adapted from (1 p 67).

If spills occur on soft furnishings:

- Use a detergent solution to thoroughly clean the area
- Do not use a disinfectant such as sodium hypochlorite
- Soft furnishings can be wet vacuumed
- Furnishings must dry before reuse.

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- A number of allied health procedures, such as vestibular and balance assessment, may cause clients to vomit, resulting in body spills
- It may be necessary to manage blood or body spills due to staff injuries whilst working with assistive technology, medical devices, shared client care equipment and/or workshop machinery. Ensure practice policies align with relevant WH&S requirements.

MORE INFORMATION

- Tasmanian Health Service: eLearning series on infection prevention and control ([environmental cleaning video](#))

CHECKLIST

	Yes	No	Action Required/Evidence
Does your workplace have spill kits readily available in clinical areas?			
Are there policies and procedures in place for maintaining and re-stocking spill kits?			
Does your workplace have an appropriate detergent solution for cleaning of spill areas?			
Is your workplace free of carpet in clinical areas where spills may occur?			

Standard Precautions: Section Two

The following aspects of standard infection prevention and control precautions have been covered in less detail than the above aspects at this time. All areas remain integral aspects of infection prevention and control and practice policies must continue to be consistent with NHMRC Guidelines and other relevant standards. As per all standard precautions they apply to all staff, at all times.

An exception to this situation is 'Notifications' which is addressed in detail within the infection prevention and control strategy section and is recommended for review by all Allied Health practices at this time.

SHARPS MANAGEMENT

Sharps (e.g. needles, scalpels) injuries can occur in any practice environment and carry a risk of infection. You need to take precautions to prevent injuries during handling of sharps, procedures, cleaning sharps instruments and sharps disposal.

As well as the key points below, the NHMRC Guidelines outline:

- Sharps handling
- Sharps disposal
- Sharps/blood exposure management
- Safety-engineered devices.

IMPLEMENTATION

- Familiarise yourself with practice protocols on handling and disposal of sharps, and legislated notifiable incidents
 - Consider state or territory legislation and Commonwealth WH&S legislation (Work Health and Safety Act 2011)
- Use the appropriate product (as intended) for the situation and use safety devices where appropriate
- Use safe and effective alternatives to needles where possible and do not recap, bend or break needles after use
- Do not pass sharps directly from hand to hand
- You are responsible for immediate safe disposal of any single use sharps you use.
 - Plan safe handling and disposal prior to use
 - Dispose of single-use sharps into an approved puncture-resistant sharps container at the point-of-use
- You must seek immediate care, notify your supervisor and complete an incident report if you sustain a sharps injury
- Ensure you are vaccinated against blood borne viruses such as hepatitis B
- Practice policy must comply with the following standards:
 - AS 4031: 1992 and Amendment 1: 1996
 - AS/NZS 4261: 1994 and Amendment 1: 1997
 - ISO 23907: 2019 (if relevant)

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- Sharps used by audiologists include scalpels, sharp-pointed scissors and sharp tools used in hearing device maintenance and repair. Instruments which may pose a sharp risk if damaged include wax management tools, small screw drivers and needle electrodes (3)
- Professions who use scalpels should also be familiar with Standard AS/NZS 3825:1998 “Procedures and Devices for the Removal and Disposal of Scalpel Blades from Scalpel Handles” (6); note this standard is currently under review and a draft version currently available (see [here](#)).

MORE INFORMATION

- Australian Government: Section 38 of the [Work Health and Safety Act 2011](#)

CHECKLIST

	Yes	No	Action Required/Evidence
Are there protocols and procedures for the safe handling and disposal of sharps?			
Are your policies complying with the relevant standards pertaining to sharps handling and disposal?			
Do your sharps safety policies and procedures also take into account relevant state or territory legislation and the Work Health and Safety Act 2011?			
Are there approved sharps containers complying with Australian standards available at the point-of-use?			
Are staff immunisations up to date?			
Do you have procedures for reporting sharps injury?			
Are your staff educated on safe sharps management?			

ASEPTIC TECHNIQUE

A set of practices aimed at minimising contamination particularly used to protect the client from infection during procedures. Other standard precautions – while required – do not alone constitute aseptic technique. A risk assessment determines the level of aseptic practice required.

IMPLEMENTATION

- Terminology:
 - **Sterile:** Free from microorganisms
 - **Asepsis:** Freedom from infection or infectious (pathogenic) material
 - **Clean:** Free from dirt, marks or stains
- Aseptic Technique is aimed at asepsis
 - Aseptic Technique can be standard or surgical

- It is recommended that you use sterile gloves for aseptic procedures and contact with sterile sites
- Sterile single-use medical devices or equipment must be used according to manufacturer's instructions and in a way maintaining sterility
- Know the different types of aseptic field and their required management.

Table 4. The five essential principles of aseptic technique

1. Sequencing	<ul style="list-style-type: none"> • Performing a risk assessment • Pre-procedure preparation • Performing the procedure • Post procedure practices, handover and documentation
2. Environmental Control	<ul style="list-style-type: none"> • Prior to aseptic procedures, ensure there are no avoidable nearby environmental risk factors
3. Hand Hygiene	<ul style="list-style-type: none"> • Perform hand hygiene before a procedure and after a procedure or body fluid exposure
4. Maintenance of Aseptic Fields	<ul style="list-style-type: none"> • Cleaning and/or disinfection of equipment and client prior to procedure(s) • Establishing an aseptic field • Use of sterile equipment • Maintenance of the aseptic field, including protecting the key sites and key parts • Use of a non-touch technique
5. PPE	<ul style="list-style-type: none"> • Correct selection and use of sterile and non-sterile PPE

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- ANTT requirements for Podiatrists are outlined by the Australasian Podiatry Council (6)
- Speech Pathologists and Orthotists may at times conduct tasks which require aseptic technique and all Allied Health clinicians should refer to NHMRC Guidelines if conducting procedures which require aseptic technique and understand that training is required.

CHECKLIST

	Yes	No	Action Required/Evidence
Have you identified procedures in your practice which require aseptic technique?			
Do your policies and procedures document aseptic technique?			
Have you outlined training requirements and renewal frequency for your staff to be competent in ANTT?			
Have you conducted a risk assessment to determine the level of aseptic practice required throughout your practice?			
Do your staff have access to necessary sterile devices, equipment and PPE if required?			

WASTE MANAGEMENT

There is currently no national definition of clinical waste in Australia.

IMPLEMENTATION

- Healthcare facilities need to conform to relevant state or territory legislation and regulations on the management of clinical and related wastes
- Refer to Standard AS/NZS 3816: 2018
- Refer to the Waste Management Association of Australia's industry code of practice
- When handling waste
 - Apply standard precautions
 - Wash hands following procedure
 - Segregation should occur at the point of generation
 - Contain waste in the appropriate receptacle (identified by colour and label)
 - Dispose of according to practice waste management plan

State and territory resources for waste management:

- [Australian Capital Territory](#)
- [New South Wales](#)
- [Northern Territory](#)
- [Queensland](#)
- [South Australia](#)
- [Tasmania](#)
- [Victoria](#)
- [Western Australia](#)

CHECKLIST

	Yes	No	Action Required/Evidence
Do you have a practice waste management plan?			
Are you abiding by your relevant state or territory regulations for waste management?			
Are you complying with Standard AS/NZS 3816: 2018?			
Are your waste management practices in accordance with the Waste Management Association of Australia's industry code of practice?			
Do you have functional and identifiable (with signs/colours) waste collection containers and/or bins, for general waste and clinical waste, in close proximity to all waste generation points?			

LINEN

Incorrect handling of linen poses a potential risk of transmission of infectious agents. Healthcare facilities must have documented policies on the collection, transport and storage of linen.

IMPLEMENTATION

- Your policies should comply with Standard AS/NZS 4146: 2000
- Store clean linen:
 - In a clean dry place to protect against contamination by aerosols, dust, moisture and vermin
 - Away from used linen
- When handling used linen:
 - Wear appropriate PPE
 - Handle carefully to avoid microorganism dispersal and contact with your clothing
 - Bag linen into an appropriate laundry receptacle (leak-proof if soiled) at the location of use
 - Do not rinse or sort in client care areas
 - Always perform hand hygiene afterwards, regardless of PPE use
- Do not wash linen contaminated with blood or body substances in domestic washing machines; they cannot achieve the thermal and/or chemical disinfection requirements of Standard AS/NZS 4146: 2000.

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- For reusable linen **not contaminated** with blood or body substances:
 - A hot wash cycle in conjunction with good quality laundry detergent in a domestic washing machine, followed by use of a clothes dryer, is adequate (6)
 - Note that state-based guidelines may differ, if unable to achieve compliance in-house, give preference to disposable single-use items which are received pre-packaged and sterilised directly from a validated laundry service (6)
- For reusable linen (e.g. surgical gowns/drapes) that has been **contaminated** with blood or body substances:
 - In-house laundry facilities must comply with the thermal and chemical disinfection requirements in Standard AS/NZS 4146: 2000
 - If unable to achieve compliance in-house, give preference to disposable single-use items which are received pre-packaged and sterilised directly from a validated laundry service (6).

MORE INFORMATION

- [Standard AS/NZS 4146: 2000](#)
- QLD Government: [Linen management for healthcare facilities and linen management services](#) (Covid-19 specific)

CHECKLIST

	Yes	No	Action Required/Evidence
Do you have documented policies on the collection, transport and storage of linen?			
Are your policies in accordance with Standard AS/NZS 4146: 2000?			

STAFF HEALTH AND SAFETY

Infection protection for staff should be an integral part of the infection prevention and control and occupational health and safety programs of every healthcare practice.

Along with the two key implementation items below, the NHMRC Guidelines also cover:

- Screening policies
- Healthcare workers in specific circumstances
- Processes for minimising and managing risk exposure.

IMPLEMENTATION

Staff Vaccination and Immunisation

Vaccination has been demonstrated to be one of the most effective and cost-effective public health interventions. Mandatory healthcare worker vaccination programs are outlined by state or territory health authorities and/or Commonwealth legislation.

- It is recommended that you are vaccinated in accordance with the recommendations for healthcare workers in the “Australian Immunisation Handbook” (see Table 5 for recommended vaccinations)
- Where possible, you should only enter high-risk areas if you have confirmed immunity to the specific infectious agents known or suspected to be present in that area; where a vaccine is not available for the relevant infectious agent ensure all possible relevant precautions are taken.

Table 5. Recommended vaccinations for all healthcare workers

Healthcare workers	Disease/Vaccine
All healthcare workers (includes all staff and students directly involved in client care or the handling of human tissues, blood or body fluids)	<ul style="list-style-type: none"> • Hepatitis B • Influenza • Pertussis (dTpa) • MMR (if non-immune) • Varicella (if non-immune)
Healthcare workers who work with remote Indigenous communities in Northern Territory, Queensland, South Australia and Western Australia; and other specified healthcare workers in some jurisdictions	<ul style="list-style-type: none"> • Vaccines listed for ‘All healthcare workers’ • Hepatitis A
Healthcare workers who may be at a high risk of exposure to drug-resistant cases of tuberculosis (dependent on state or territory guidelines)	<ul style="list-style-type: none"> • Vaccines listed for ‘All healthcare workers’ • Bacillus Calmette-Guérin (BCG) vaccine

Adapted from Table 31 (1 p195)

Disease-Specific Work Restriction and Exclusion

You should not go to work if you have signs or symptoms of a potentially infectious disease

- If you have an infectious disease, it is your responsibility to:
 - Consult with a medical practitioner to determine whether you can work without putting clients or other workers at risk

- Undergo regular medical follow-up and comply with informed clinical management of your condition
- See Appendix 1 for a table of staff exclusion periods for infectious diseases and always consult your practice policy
 - For norovirus infections for example, you should not be at work until 48 hours after symptom resolution. Upon returning to work you must also adhere to appropriate hand hygiene practices, to mitigate the risks of prolonged norovirus shedding (which may continue for up to 21 days longer).

MORE INFORMATION

- Department of Health: [Australian Immunisation Handbook](#)
- The Communicable Diseases Network Australia (CDNA): [Series of National Guidelines](#)

CHECKLIST

	Yes	No	Action Required/Evidence
Do you have an appropriate staff immunisation policy based on state or territory health authority and/or Commonwealth legislation, specifying a framework for the assessment, screening and vaccination of healthcare workers?			
Do your secure staff immunisation records include screening results, vaccination history, serology, immunisations with batch details and a record of staff who choose not to vaccinate?			
Do you have processes in place to manage vaccination refusal, contraindication to vaccination or vaccine non-response of your staff?			
Do you have a method for determining risk to your workers when a client presents with an infectious disease?			
Does your practice have comprehensive written policies regarding disease-specific work restriction and exclusion?			
Does your practice have a comprehensive occupational health program to manage healthcare workers in specific circumstances that put them at greater risk of infection?			
Do you have surveillance policies and procedures?			

ASSISTANCE ANIMALS

Your policies and procedures relating to assistance animals should emphasise hand hygiene practices and environmental cleaning or disinfection requirements relating to client visits. It may be helpful to consult with an infection control professional.

MORE INFORMATION

- Australian College for Infection Prevention and Control: [Position statement on animal visits in healthcare facilities](#)

INFECTION PREVENTION AND CONTROL STRATEGY

Infection prevention and control strategies should be implemented across all allied health practices and are the means by which infection prevention and control practice is implemented in every part of practice.

Infection prevention and control policies and procedures should be multimodal and based on national and state/territory guidelines. Along with the key example of disclosure below and the checklist, the NHMRC Guidelines recommend:

- Considering practice design and maintenance
- Including infection prevention and control outcomes as a key performance indicator
- Implementing surveillance processes
- Providing administrative support for maintenance.

IMPLEMENTATION

Notifications/Staff Health Disclosures

- The Communicable Diseases Network Australia (CDNA) has agreed to a list of nationally notifiable communicable diseases (7)
- There is public health legislation in each state and territory mandating the reporting of certain diseases to the relevant state or territory Communicable Diseases Unit
- Blood borne viruses (BBVs) include hepatitis B, hepatitis C and HIV
 - In some jurisdictions healthcare workers who carry a BBV are legally obliged to disclose their infectious status
 - You have the right to access confidential testing, counselling, support and treatment for BBVs
 - Healthcare workers living with a BBV must be under the care of a treating doctor and must be tested for the respective BBV viral load levels, as well as for other BBVs
 - You are required to be tested for BBVs after any potential occupational exposure
- If you perform exposure-prone procedures (EPPs), you must take reasonable steps to know your BBV status
- Familiarise yourself with “The Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses”(7)
 - If diagnosed with a BBV you must cease performing EPPs until you meet the criteria to work outlined within these guidelines

- All registered healthcare workers who undertake EPPs must declare when applying for renewal of registration that they are complying with, and have been tested in accordance with these guidelines

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- For optometrists (4):
 - Optometry does not require performance of EPPs
 - There is a theoretic risk of transmission of HIV via trial contact lenses; there have been no reported cases
 - Immediately dispose after use of all trial contact lenses used in clients who are confirmed or potential carriers of infectious diseases
 - Staff who greet clients in the practice and staff who undertake pretesting of clients should be advised to seek the advice of the optometrist for any clients presenting with a 'red eye' or ocular discharge before this testing is undertaken
- Podiatrists who undertake EPPs, including bone and soft tissue of the foot and lower leg, should follow the above BBV implementation points
- It is recommended that all Allied Health practices implement standard processes to enable staff to be alerted to a client or other visitors' infectious or transmissible disease status prior to receiving services. This may include practices such as:
 - Providing opportunities (e.g. at the time of making/confirming an appointment) for clients to disclose any healthcare issues that may require specific infection control procedures or safeguards
 - An example is asking if a child is well to prevent children from attending with an infectious disease (e.g. measles or hand, foot and mouth disease)
 - Ensuring alerts on client information
 - Addressing the topic when registering clients and/or taking a case history
 - Prior to providing visiting services to any facility, home or other community space (3)
- Particular transmissible diseases and infectious agents to consider are:
 - HIV/AIDS
 - Creutzfeldt-Jakob disease
 - Chlamydia
 - Hepatitis
 - Adenoviruses
 - Multi-resistant organisms (MRO's) such as MRSA, VRE and MRGN
 - Conjunctivitis.

MORE INFORMATION

- National Safety and Quality Health Service: [Measurement for Improvement Toolkit](#)
- CDNA: [Australian national notifiable diseases and case definitions](#)
- Department of health: [Links to state and territory health legislation](#)
- Department of Health: [Diseases notifiable in Australian states and territories](#)
- Department of Health: [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#)
- Podiatry Board of Australia, Guidelines: [Registered Health Practitioners and Students in relation to BBV](#)

CHECKLIST

	Yes	No	Action Required/Evidence
Do you have an infection prevention and control strategy and a framework for managing infection prevention and control locally?			
Does your strategy have developed policies and procedures related to staff health and safety and strategies to prevent occupational exposure to infection hazards?			
Are there sufficient resources available to support and maintain all aspects of the infection prevention and control strategy, including regular compliance monitoring and reviews?			
Is there adequate and ongoing infection prevention and control staff training and available PPE to effectively minimise potential hazards?			
Is there practice-based surveillance of staff and clients which includes timely mechanisms for feedback and reporting to relevant healthcare professionals and senior management?			
Do your policies addressing notifiable diseases and staff health disclosure take into account the relevant public health, antidiscrimination, privacy, industrial relations and equal employment opportunity legislation in your jurisdiction?			
Do you have policies and procedures in place for asking clients to disclose their infectious or transmissible disease status?			

Standard and Transmission-based Precautions

There are three additional areas of standard precautions: cleaning, PPE and reusable medical devices. These three aspects require practice **changes** with each category of transmission-based precautions. Whenever transmission-based precautions are applied, it must be remembered they are in **addition** to standard precautions, therefore establishing and reinforcing clear levels of standard practice is the vital first step required.

Transmission-based precautions are categorised by three terms relevant to the modes for transmission (how you catch it) of infectious agents; **contact (including blood borne), droplet and airborne**. Table 6 summarises characteristics of these three precaution types and examples of infectious agents transmitted via these modes.

Table 6: Description, transmission method and example of infectious agent for contact, droplet and airborne precautions.

	Description	Transmission	Example of infectious agent
Contact Precautions	Contact is the most common mode of transmission, and usually involves transmission by touch or via contact with blood or body substances.	Hands or clothing become contaminated, devices are shared between clients, person to person, environmental surfaces not regularly decontaminated	Multi-resistant organisms (e.g. Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)), norovirus (causes a form of gastroenteritis) and highly contagious skin infections/infestations (e.g. impetigo, scabies)
Droplet Precautions	Droplets are infectious particles larger than 5 microns in size	Coughing, sneezing, talking or conducting a procedure and droplets transfer to another's mucosal surfaces such as eyes, nose or mouth – directly or via contaminated hands	Influenza, coronavirus (COVID-19), <i>Neisseria meningitidis</i> (meningococcal infection).
Airborne Precautions	Small-particle aerosols (often smaller than 5 microns) may occur via particles containing infectious agents that remain infective over time and distance	Inhalation of small particles that contain infectious agents created during breathing, talking, coughing or sneezing and secondarily by evaporation of larger droplets in conditions of low humidity; aerosols containing infectious agents can be dispersed over long distances by air currents (e.g. ventilation or air conditioning systems) and inhaled by susceptible individuals who have not had any contact with the infectious person	Measles (rubeola) virus, chickenpox (varicella) virus and M. tuberculosis, potentially coronavirus (consider latest evidence and Government advice)

Transmission-based precautions remain in effect for limited periods of time until signs and symptoms of the infection have resolved, or according to recommendations from infection control professionals specific to the infectious agent (1 p98). Appendix 2, Section 6.4 of the NHMRC Guidelines outlines the precaution levels required to be implemented and the duration for which they are required by disease to inform your practice.

Your first step when engaging with a client should be to consider whether you need to apply standard, contact, droplet and/or airborne precautions. This will assist you in determining the level of PPE required to deliver the service, the medical devices you will use and the level of cleaning or reprocessing required during and post completion.

Clinicians should note that when droplet precautions are in place these need to be increased to **airborne precautions** when the task you are undertaking may involve contact with aerosolised respiratory droplets and physical distancing cannot be maintained, such as when performing an aerosol generating procedure (AGP's). Refer to Appendix 2 for a list of tasks potentially considered AGP's conducted by allied health clinicians to consider how this applies to your practice.

CLEANING

There is an association between poor environmental hygiene and the transmission of infections in healthcare settings.

This section covers cleaning of the practice environment, surfaces and fittings, shared client care equipment (a component of medical devices) and client's personal assistive technology. It does not cover reprocessing of reusable medical devices (another component of medical devices). Aspects of shared client care equipment and client's personal assistive devices may require reprocessing at times and may be considered within reusable medical devices, therefore the information in the cleaning and reusable medical devices sections should be considered in parallel.

IMPLEMENTATION

- All surfaces require regular cleaning
- Physical (mechanical or manual) cleaning with a **detergent solution** is the most important step in cleaning
- It is important you understand when (frequency) to clean which items and with what product at all times and comply with these requirements
- In addition to conducting cleaning, it is recommended you use **surface barriers** (e.g. plastic wrap, sheets, tubing or other moisture impervious materials), to prevent contamination for:
 - Frequently touched clinical surfaces (e.g. plinths and computer keyboards)
 - Surfaces at higher risk of contamination (e.g. regularly touched when gloved)
 - Surfaces which are difficult to clean
 - For collection and handling of used personal assistive technology (e.g. single use bags when item provided for adjustment)
 - When visiting shared clinical locations and client's homes (e.g. sheet for placing tools to be used)

- In addition to environmental surfaces and fittings you must clean shared client care equipment (i.e. equipment that comes into contact only with intact skin, such as blood pressure monitors, wheelchairs, tape measures, scales, torches, walking frames, loaner or test assistive technology)
- At times, you may need to clean client's personal assistive technology removed to be adjusted (e.g. orthoses, prostheses, hearing aids, communication equipment, computers, phones, watches, glasses, mobility and other functional aids).

Determination of Cleaning Requirements

You need to use a risk assessment approach to determine which surfaces/items need to be cleaned, how often they should be cleaned and what to use when cleaning.

Determining which surfaces/items are frequently touched and which are rarely touched can aid the assessment. Examples of frequently and rarely touched surfaces/items requiring cleaning within Allied Health practices are outlined in Table 7.

Table 7: Examples of common items requiring a practice cleaning policy within Allied Health practices.

Frequently touched items	Rarely touched items
<ul style="list-style-type: none"> • Light switches • Desks/tabletops • Computers • Sinks and basins • Staff kitchen areas • Bathroom amenities • Personal use items such as phones, keys, ID tags • Reception area • Waiting room areas and furniture • Toys • Payment devices • Pens and other stationary • Assessment and evaluation tools • Repair and workshop tools • Loaner/trial assistive technology • Client's personal assistive technology currently in use 	<ul style="list-style-type: none"> • Ceilings • Walls • Blinds • Air-conditioner vents/fans/filters • Bins • Washing machines • Storage areas

Once you have a list of items which require cleaning your practice policy should outline how often (frequency) and what with (method and product) each item should be cleaned.

The following principles outlined in Table 8 can be used to inform development of practice policies.

Table 8: Principles and general guidelines to inform practice cleaning policy and process development

Factor	Item	Standard precautions	Transmission-based precautions
How often (frequency)	Frequently touched surfaces	At least daily, when visibly soiled and after every known contamination	Increased frequency as compared to standard, consider risk rating as per Appendix 3; many items will require cleaning after each client
	Rarely touched surfaces	Cleaned less regularly but always when soiled, visibly dusty or after a spill	Determine via risk assessment and information within Appendix 3
	Shared client care equipment	Between client uses including where surface barriers are used	Use disposable items (single use) or client dedicated equipment where possible; continue to clean between clients
	Client's personal assistive technology	Prior to handling and after repair/adjustment when visibly soiled	Prior to handling and after repair/adjustment at all times ; seal in bag or container when moving between areas; consider need to dispose of/replace/delay repair/adjustment for items which cannot be adequately cleaned
	All	Thorough cleaning of all surfaces is necessary after spills and between client uses	
Method (physical process)	All	<ul style="list-style-type: none"> The most useful method for routine cleaning is mechanically (scrubbing the surface) with a detergent solution This is followed by rinsing with clean water and drying the surface Do not disinfect without first cleaning a surface and allowing it to dry Do not reuse an item before it has dried Sole reliance on a disinfectant without physical cleaning is not recommended 	
Product (detergent or disinfectant)	All	<ul style="list-style-type: none"> Determine whether detergent plus or minus disinfectant is required Check the effectiveness of the product against particular organisms including the contact time needed to kill microorganisms Comply with the manufacturer's instructions 	

		<ul style="list-style-type: none"> • Hard surface hospital-grade disinfectants must comply with TGA Order 104 <ul style="list-style-type: none"> • Any disinfectant must have sufficient contact time, be used in the right concentration, be applied to a clean, dry surface and be effective against the targeted organisms • The routine use of a combined detergent and TGA-listed hospital-grade disinfectant with specific claims (2-in-1 clean) should include a risk analysis (i.e. it should not be required at all times and may not be beneficial) 	
		Typically, with detergent solution/impregnated wipes provided they do not replace the mechanical cleaning process and comply with manufacturer's instructions	Typically, routine cleaning with detergent combined with or followed by cleaning with a hospital-grade disinfectant is required when there is uncertainty about the nature of soiling and/or when infectious agents are known to be present

Practice policy and processes must also address:

- Availability of adequate cleaning supplies
- Processes for preparing and using materials as required
- Availability of cleaning product material safety data sheets
- If cleaning is outsourced, all cleaning service delivery procedures should be documented and inform staffing, equipment and cleaning service management requirements
- Cleaning equipment itself must also be well maintained, cleaned and in good repair, for example: reprocessing equipment, vacuums, housekeeping rooms/closets and their requirements such as hygiene products, PPE, ventilation and chemical storage.

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- Consider infection control measures for formal assessment tools (e.g. paper assessment manuals) as these cannot be adequately cleaned between clients and may need to be disposed of
- Consider the need for a terminal clean post aerosol generating procedure or gross environmental contamination
- Carpets should be cleaned thoroughly on a regular basis using a method that minimises the production of aerosols (for airborne precautions)
- Window curtains should be regularly changed in addition to being cleaned when soiled or exposed to MROs.

MORE INFORMATION

Refer to Appendix 3 for:

- NHMRC recommendations related to determining level of risk related to the environment and how this impacts the recommended cleaning frequency and method for common items
- Detailed cleaning recommendations for both standard and transmission-based precautions by task and item for the following professions:
 - Audiology
 - Orthotics and Prosthetics
 - Speech Pathology
 - Podiatry

See Appendix 4 for detailed cleaning, storage and reprocessing of equipment related to Orthoptic and Optometry practice.

Standards:

- Australian/New Zealand Standard on Risk Management: AS/NZS ISO 31000:2009
- TGA Order 104 (Standard for Disinfectants and Sanitary Products)
- Some states and territories have cleaning standards that are applied to healthcare practices regardless of whether cleaning services are contracted or performed in-house
- Department of Health: Environmental cleaning and disinfection principles for COVID-19
- VIC Health: [Cleaning Standards for Victorian health facilities 2011](#)
- SA Health: [Cleaning Standards for Healthcare Facilities](#)
 - Appendix 5: [Risk Matrix and Classification of Functional Areas](#)
 - Appendix 6: [Risk Classification of Functional Areas](#)
 - Appendix 7: [Cleaning Schedule](#)
- NSW Health: [Environmental Cleaning Policy](#).

Cleaning audit tools:

- NSW Health Clinical Excellence Commission: [Environmental Cleaning Audit Tool](#)
- The Centers for Disease Control and Prevention (CDC): [Evaluating Environmental Cleaning toolkit](#)
- The DHHS Tasmanian Infection Prevention and Control Unit: [Environmental cleaning assessment protocol](#)
- VIC Health: [online cleaning audit module](#)
- WA Health: [Appendix 3 Environmental Cleaning Audit](#) (WA Health Cleaning Policy).

Resources

- Tasmanian Health Service: eLearning Series on infection prevention and control ([environmental cleaning video](#))
- Department of Health: [Guidelines for the public health management of gastroenteritis outbreaks due to norovirus or suspected viral agents in Australia](#) (specifically Appendix 4)
- NSW Health Clinical Excellence Commission: [Module for the Frequency of Cleaning](#)
- Department of Health: [Cleaning advice summary 2020 Coronavirus pandemic](#).

CHECKLIST

	Yes	No	Action Required/Evidence
Does your practice have an appropriate cleaning and maintenance program including cleaning schedules?			
Are there policies and procedures in place outlining when to enhance/intensify routine cleaning based on additional precaution levels?			
Are appropriate and well-maintained cleaning equipment and products available?			
Are your staff aware of PPE requirements during environmental cleaning?			
Does your practice require clearly designated clean and contaminated clinical areas?			
Are your waiting room toys and other materials for clients easily cleaned according to policy and procedure?			
Are your floor coverings appropriate for cleaning in their respective environments?			
Do your treatment chairs/plinths have fluid impervious coverings?			
Are surface barriers readily available and appropriate for all required tasks?			

REUSABLE MEDICAL DEVICES

Reusable medical devices are used on humans, have therapeutic benefits and a physical or mechanical effect on the body or are used to measure or monitor functions of the body (8). Allied Health clinicians utilise reusable medical devices during client care and treatment for one client and then again with the next. This may include whole devices or parts of devices. The concept of reuse introduces risk of transmitting an infectious agent which must be managed.

IMPLEMENTATION

- You can only reuse medical devices that are listed as reusable on the Australian Register of Therapeutic Goods (ARTG)
- Reprocessing refers to what must be done to the medical device before you can reuse it
- Reprocessing may require cleaning, disinfection and/or sterilisation; Table 9 outlines the key aspects of each of these terms
- You must reprocess in line with relevant Australian Standards and manufacturers guidelines
- Single-use medical devices must not be reprocessed unless licensed to do so
- Where contamination cannot be precluded, these medical devices must be processed before use, taking into consideration the manufacturer's instructions for used medical devices in the first instance, followed by TGA legislation for Class 1 medical devices
- If a manufacturers risk assessment or instructions for use are not available, risk assessment must be conducted for any used device.

Table 9: What is the difference between cleaning, disinfection and sterilisation?

Process	Why?	When?	How?
Cleaning	Removal of foreign material	As soon as possible post use	Usually using water and a detergent solution or enzymes (usually proteases) via either automated or manual methods; always be guided by manufacturer's instructions
Disinfection	Inactivates non-spore forming infectious agents	After cleaning	Thermal (moist or dry heat) or chemical methods using either high, intermediate or low-level disinfectants which are TGA compliant
Sterilisation	Destroys all microorganisms on the surface	After cleaning	Heat-resistant items = steam Heat and moisture-sensitive items = low-temperature sterilisation technology (chemical)

Developed from Lian et. al, (4)

All items must be cleaned as a first step, disinfecting and sterilising is not effective without cleaning; if the item is not suitable for cleaning it is not suitable for re-use.

Any medical device for reprocessing must have a practice policy addressing:

- Cleaning, disinfecting and/or sterilising requirements in line with manufacturers guidelines
- Storage and maintenance requirements
- Relevant standards which may be:
 - Standard AS/NZS 4815: 2006 (office-based healthcare facilities)
 - Standard AS/NZS 4187: 2014 (larger healthcare facilities)
 - Equivalent international standards e.g. International Organization for Standardization (ISO) or European Standard (EN)
 - Standard AS/NZS 4815: 2006 and Standard AS/NZS 4187: 2014 (Sterilisation documentation)
 - Standard AS/NZS 4815: 2006, Standard AS/NZS 4187: 2014 (handling, transport and storage).

Typically, Allied Health practices use the Spaulding Classification outlined in Table 10 as a general guide to determining reprocessing requirements (i.e. whether cleaning, disinfecting and/or sterilising is required). The system classifies medical devices into three categories according to the degree of risk for infection involved when using them.

Table 10: Categories for determining reprocessing requirements

Category	Description	Allied Health examples
Critical	These items confer a high risk for infection if they are contaminated with any microorganism and must be sterile at the time of use. This includes any objects that enter sterile tissue or the vascular system, because any microbial contamination could transmit disease.	Nail clippers, scalpels, files, burs, nasendoscopes (6,4)
Semi-critical	These items come into contact with mucous membranes or non-intact skin and should be single use or sterilised after each use. If this is not possible, high-level disinfection is the	Otoscope specula, play audiometry (3), tonometer probes, contact lenses, gonioscopy lenses, lacrimal cannulae, pachymeters, laryngeal mirror (4)

	minimum level of reprocessing that is acceptable	
Non-critical	These items come into contact with intact skin but not mucous membranes. Thorough cleaning is sufficient for most non-critical items after each individual use, although either intermediate or low-level disinfection may be appropriate in specific circumstances.	Doppler probe, blood pressure cuff, biothesiometer, tuning fork (6), stethoscopes, head and chin rests, phoropters, epilation forceps, trial frames, therapy toys

NHMRC Guidelines (1 p84)

Once you have determined the risk category of the medical device you can refer to Table 11 for general principles relating to process and storage.

Table 11 summarises the general criteria for reprocessing and storage of medical devices by level of risk

Level of risk	Process	Storage
Critical	<ul style="list-style-type: none"> • Clean thoroughly as soon as possible after using • Sterilise after cleaning by steam under pressure • If heat or moisture sensitive, sterilise through an automated low temperature chemical sterilant system, other liquid chemical sterilants or ethylene oxide sterilisation • Ensure critical items are sterilised between each client use 	Sterility must be maintained: <ul style="list-style-type: none"> • Packaged items must go through a drying cycle and then be checked to ensure drying has taken place before use or storage • The integrity of the wrap must be maintained • Wraps act as an effective biobarrier during storage • Unpackaged sterile items must be used immediately (without contamination in transfer from steriliser to site of use) or resterilised • All endoscopic instruments (except those in sterile packaging) should be stored in a TGA-approved forced-air drying cabinet
Semi-critical	<ul style="list-style-type: none"> • Clean thoroughly as soon as possible after using • Steam sterilisation is preferable • If the equipment will not tolerate steam use a high-level chemical or thermal disinfectant 	<ul style="list-style-type: none"> • Store to protect environmental contamination • Packaging of all podiatric instruments recommended (6) • All endoscopic instruments (except those in sterile packaging) should be stored in a TGA-approved forced-air drying cabinet or reprocessed within set timeframes prior to use
Non-critical	<ul style="list-style-type: none"> • Clean as necessary with detergent solution • If decontamination necessary, disinfect with compatible low or intermediate level TGA registered disinfectant after cleaning 	<ul style="list-style-type: none"> • Store in a clean dry place to prevent environmental contamination

Copied with permission from Audiology Society of Australia (3)

ALLIED HEALTH PRACTICE POINTS AND CONSIDERATIONS

- Allied Health clinicians utilise a vast array of reusable medical devices
- When using an off-site sterilisation service, practices must have evidence of the sterilisation services compliance with AS/NZS 4815:2006 or AS/NZS 4187:2003 as applicable
- If re-processing is occurring within the practice, services must ensure the area and processes meet all relevant requirements such as separate work area and workflow requirements (6) (1 p.226 'separation of procedural and cleaning areas)
- A list of medical devices requiring reprocessing are outlined by profession within Appendix 4
 - Detail is provided relating to storage and before and after use reprocessing requirements
 - Lists are a minimum likely consideration and all medical devices being re-used should be carefully considered in combination with manufacturers guidelines, relevant Australian Standards and TGA requirements
 - All practice policies should be updated as technology changes
 - Appendix 4 includes information specific to the following professions:
 - Audiology
 - Orthoptics/Optomety
 - Speech Pathology
 - Orthotics and Prosthetics
- Podiatrists - see Australasian Podiatry Council Guidelines (6).

ADDITIONAL TRANSMISSION-BASED PRECAUTIONS:

- When infectious agents are known to be present single-use devices should be utilised where possible
- Orthoptists, Optometrists and Radiographers should be aware that some reusable medical devices become higher risk and therefore require higher levels of reprocessing requirements when different levels of transmission-based precautions are in place (See Appendix 4 for detail)
- During times of pandemic levels of infectious agent in the community, practices should consider using single-use medical devices as opposed to reprocessing dependent upon associated risks and costs.

MORE INFORMATION

- Australian Commission on Safety and Quality in Health Care: AS18/07: [Reprocessing of reusable medical devices in health service organisations](#)
- Standard AS/NZS 4815: 2006 (office-based healthcare facilities)
- Standard AS/NZS 4187: 2014 (larger healthcare facilities)
- Equivalent international standards e.g. International Organization for Standardization (ISO) or European Standard (EN)
- Standard AS/NZS 4815: 2006 and Standard AS/NZS 4187: 2014 (Sterilisation documentation)
- Standard AS/NZS 4815: 2006, Standard AS/NZS 4187: 2014 (handling, transport and storage).

CHECKLIST

	Yes	No	Action Required/Evidence
Have you identified all reusable medical devices in your practice?			
Does your workplace have a policy and process documented for all reusable medical devices being used which is in line with NHMRC Guidelines and relevant standards?			

Does practice design and policy enable workflow which maintains required standards?			
Is your or your off-site services sterilisation documentation compliant with standards?			
Does your workplace have a system which tracks reusable sterile items to individual client level?			
Do you adequately maintain sterilising equipment and have evidence of same?			
Is all critical and non-critical equipment stored appropriately?			

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) refers to a variety of barriers, used alone or in combination, to protect mucous membranes, airways, skin, and clothing from contact with infectious agents.

All staff should be trained in – and always adhere to – information about:

1. Types of PPE available
2. Choosing the right PPE for the client and task
3. Correct procedures for donning and doffing
4. When clients should use PPE

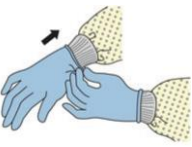
IMPLEMENTATION 1 – TYPES OF PPE



You must:




- Understand the different types of PPE available to choose and use them appropriately
- Only use PPE that is compliant with standards stipulated for the Australian healthcare environment.




Table 12 defines the terms used for PPE in this document by explaining the characteristics required and the standards needing to be met for each type. The rationale for each type and important considerations are also explained.

Table 12: PPE types, rationale, characteristics, standards and considerations for use

Type	Characteristics/Standards	Important Considerations when using PPE
Non-Sterile Gloves 	Rationale: Gloves can protect both clients and healthcare workers from exposure to infectious agents that may be carried on hands <ul style="list-style-type: none"> • Non-sterile gloves are appropriate for the majority of clinical activities performed by allied health professionals • Suitable where there is potential exposure to blood, body substances, secretions or excretions 	<ul style="list-style-type: none"> • Gloves are a single-use item to prevent contamination of your hands • Follow practice policies re. type of glove by task and/or environment • Know when changing gloves is necessary; failure to change gloves when required is linked to cross-contamination and associated with transmission of MRSA and Gram-negative bacilli • The use of gloves does not replace the need for hand hygiene practices

Type	Characteristics/Standards	Important Considerations when using PPE
	<ul style="list-style-type: none"> Suitable for contact with non-intact skin or mucous membranes Standards: AS/NZS 4011.01:2014 and ISO 11193 (6)	
Sterile Gloves 	Rationale: To be used for aseptic procedures and contact with sterile sites or medical devices where sterile conditions should be maintained Standards: AS/NZS 4179:2014 and ISO 10282 (6)	<ul style="list-style-type: none"> See Section 4 of this document, Donning & doffing procedures, for donning sequence when using sterile gloves Wearing sterile gloves if the wound requires direct touching with hands is essential Refer to of NHMRC Guidelines Table 18 (1 p133) for detail on selection of glove type
Plastic Apron	Rationale: Wearing of gowns and aprons is important when in close contact with the client, materials or equipment that may lead to contamination of skin, uniforms or other clothing with infectious agents <ul style="list-style-type: none"> Suitable for low-risk procedures where there is a possibility of sprays or spills Characteristics: <ul style="list-style-type: none"> Fluid impervious Single- use; for one procedure or episode of client care Disposable 	<ul style="list-style-type: none"> Consider the level of coverage you require for your clothing/skin when choosing between an apron and a long-sleeve gown Always remove and dispose of used aprons/gowns in the area of client care Clinical and laboratory coats or jackets are not substitutes for aprons and gowns
Long Sleeve Fluid Resistant Gown 	Rationale: Gowns are used to protect exposed body areas and prevent contamination of clothing with blood, body substances, and other potentially infectious material. Characteristics: <ul style="list-style-type: none"> Fluid impervious Single use Long sleeved to protect clothing and exposed upper body Suitable for the possibility of extensive splashing or risk of body substance exposure Standards: ANSI/AAMI PB70:2012 (6)	As above

Type	Characteristics/Standards	Important Considerations when using PPE
<p>Surgical (fluid resistant) Mask</p> 	<p>Rationale: Surgical masks are used as part of standard precautions to keep splashes or sprays from reaching the mouth and nose of the person wearing them.</p> <ul style="list-style-type: none"> • Provide some protection from respiratory secretions • Are worn when caring for clients on droplet precautions <p>Characteristics:</p> <ul style="list-style-type: none"> • Loose-fitting • Single-use item • Cover the mouth and nose <p>Standards: AS 4381: 2015</p>	<ul style="list-style-type: none"> • Always change your mask between clients and if it becomes soiled or wet • Do not leave your mask dangling around your neck • Never reapply a mask after removing it and avoid touching the front of the mask while wearing it • Consider placing a surgical mask on coughing clients to limit potential dissemination of infectious respiratory secretions from the client to others • Always perform hand hygiene after removing your mask • Remember that masks can protect clients from others too
<p>P2/N95 Respirator Mask or particulate filter personal respiratory protection device</p>  	<p>Rationale: Respirator masks are used as part of airborne precautions to prevent aerosols from reaching the mouth and nose of the person wearing them.</p> <p>Characteristics:</p> <ul style="list-style-type: none"> • Raised dome or duckbill • N95 respirator masks can only be used for oil free aerosols • 4-5 layers (outer polypropylene, central layers electret [charged polypropylene]) • Must have a filter efficiency of 94% (P2) to 95% (N95) when tested with sodium chloride aerosol at a flow rate of 95 (for P2) and 85 (for N95) litres/minute • Close fitting masks capable of filtering 0.3µm particles <p>Standards: AS/NZS 1716: 2012 (for P2) US NIOSH Guidelines – Procedure No. TEB-APR-STP-0059 (for N95) AS/NZS 1715:2009</p>	<ul style="list-style-type: none"> • If using a P2/N95 respirator mask you must be trained in fit checking of the mask • Those with facial hair must be aware that an adequate seal cannot be guaranteed between the face and P2 mask • Always change your mask between clients and if it becomes soiled or wet • Do not leave your mask dangling around your neck • Never reapply a mask after removing it and avoid touching the front of the mask while wearing it • Always perform hand hygiene after removing your mask

Type	Characteristics/Standards	Important Considerations when using PPE
Eye Protection 	<p>Rationale: Goggles with a manufacturer's anti-fog coating provide reliable, practical eye protection from splashes, sprays, and respiratory droplets from multiple angles</p> <p>Characteristics:</p> <ul style="list-style-type: none"> Goggles should have a manufacturer's anti-fog coating Another type of protective eyewear is safety glasses with side-shield protection <p>Standards: AS/NZS 1337.1:2010 (6)</p>	<ul style="list-style-type: none"> Goggles must fit snugly, particularly from the corners of the eye across the brow Personal eyeglasses and contact lenses are not considered adequate eye protection Given the limited coverage that prescription glasses provide, a face shield or goggles over the top of prescription glasses is recommended, taking care to ensure that fit and coverage are not compromised
Face Shield (can be used instead of eyewear)  	<p>Rationale: Compared with other forms of protective eyewear, a face shield can provide protection to other parts of the face as well as the eyes. Face shields may be used in addition to surgical masks, as an alternative to protective eyewear</p> <p>Characteristics:</p> <ul style="list-style-type: none"> Those extending from chin to crown provide better face and eye protection Face shields can be single use or reusable. Reusable face shields should be cleaned according to the manufacturer's instructions (generally with a detergent solution) <p>Standards: AS/NZS 1337.1:2010 (6). If disinfecting face shields, disinfect as per Standard AS/NZS 4187: 2014.</p>	As above

The above table has been adapted from multiple sources. Where information is not referenced it has been adapted from the NHMRC Guidelines (1). All images have been sourced from Table 14 of the NHMRC Guidelines (1).

IMPLEMENTATION 2 – CHOOSING THE RIGHT PPE FOR THE CLIENT AND TASK

Selection of PPE is based on:

- Known or possible infectious agents and the likely mode(s) of transmission
- The risk of contamination of clothing, skin or airways
- Your professional assessment of the risk of transmission of infectious agents to or from the client and others during the interaction to be undertaken
- Practice policy.

Whenever you are interacting with others, client's personal assistive technology and/or used medical devices you should carefully consider the PPE that is required to protect the client, yourself and others in the immediate area.

Standard Precaution PPE

PPE used as part of standard precautions will include one or more of:

- Gloves, aprons, gowns, fluid resistant surgical masks, and protective eyewear
- The combination required is dependent upon the task to be undertaken.

Table 13 provides recommendations for PPE to be utilised during commonly performed Allied Health tasks

- It is assumed there is no known or suspected infectious agent present when considering standard PPE recommendations
- A reminder is provided that hand hygiene is assumed and an essential component in all clinical activity outlined below
- The type of PPE required for a task may differ depending on the setting; you should always conduct a risk assessment prior to undertaking a task to determine whether additional PPE is required; use Figure 1 below to conduct this risk assessment.

TABLE 13: Tasks commonly performed by Allied Health clinicians and recommended Standard Precaution PPE

A ✓ indicates strongly recommended for task described; check practice policy for mandatory requirements and conduct risk assessment.

CLINICAL ACTIVITY	Non-sterile gloves	Sterile gloves	Plastic apron	Long-sleeve fluid resistant gowns	Fluid resistant surgical mask (FRSM)	P2/N95 respirator mask	Eye Protection (Goggles or face shield)
Clinical activity that does NOT involve any physical touch							
Clinical activity conducted when exposure to blood/body substance/broken skin/rash/mucous membrane may occur eg: general examination	✓		risk assess if required				
Wound examination/ dressing	✓ or contact with body substances	✓ for direct contact with wound	✓	OR ✓ for grossly infected wounds	✓ for wound irrigation if splash likely		✓ for wound irrigation if splash likely
Clinical activity conducted when exposure to blood/body substance/broken skin/rash/mucous membrane may occur WITH risk of splash or spray e.g. An audiologist performing vestibular and balance assessments which may result in vomiting	✓	risk assess if required		✓	✓		✓
Performing an Aerosol Generating Procedure (AGP) refer to Appendix 2 for specific procedures & Appendix 5 for PPE by task detail	✓	risk assess if required		✓	✓		✓
Standard precautions + a quality, reusable dust filter mask* should be worn where toenail dust is being generated	✓			✓	✓ dust filter mask		✓

*Dust filter mask should comply with AS/NZS 1716:2003(6)

Recommendations are based on information collated from the eight professions focussed on in this document and cross-referenced with Table A2.3 of NHMRC Guidelines (p. 257).

Note: Sterile glove are required if performing aseptic technique, contact with susceptible sites or medical devices where sterile conditions should be maintained, see NHMRC Guidelines Table 18 (1 p133) 'Selection of Glove Type' for further assistance.

Transmission-Based Precaution PPE:

When transmission-based precautions are in place (i.e. contact, droplet or airborne) additional PPE for the same task is likely required.

Table 14 shows that the recommended PPE for each category of transmission-based precaution does not change. This PPE is recommended to be worn **in addition** if not already part of standard PPE for the task.

Table 14: Summary of PPE required for Standard and Transmission-based precautions by level

Note: Indications for contact, droplet and airborne precaution levels are IN ADDITION to standard requirements and are not intended to be interpreted as only.

Precaution Type	Non-sterile Gloves	Sterile Gloves	Plastic Apron	Long-sleeve fluid resistant gowns	Fluid resistant surgical mask (FRSM)	P2/N95 respirator mask	Eye Protection (Goggles or face shield)
Standard	Standard precautions apply as per task application outlined above and Appendix 5						
Contact	✓	○		✓			
Droplet	✓ when potential contact with blood or body substances	○		✓ when potential contact with blood or body substances	✓ □		✓ when potential of splashes or sprays to mucosa
Airborne	✓ when potential contact with blood or body substances	○		✓ when potential contact with blood or body substances	□	✓	✓ when potential of splashes or sprays to mucosa

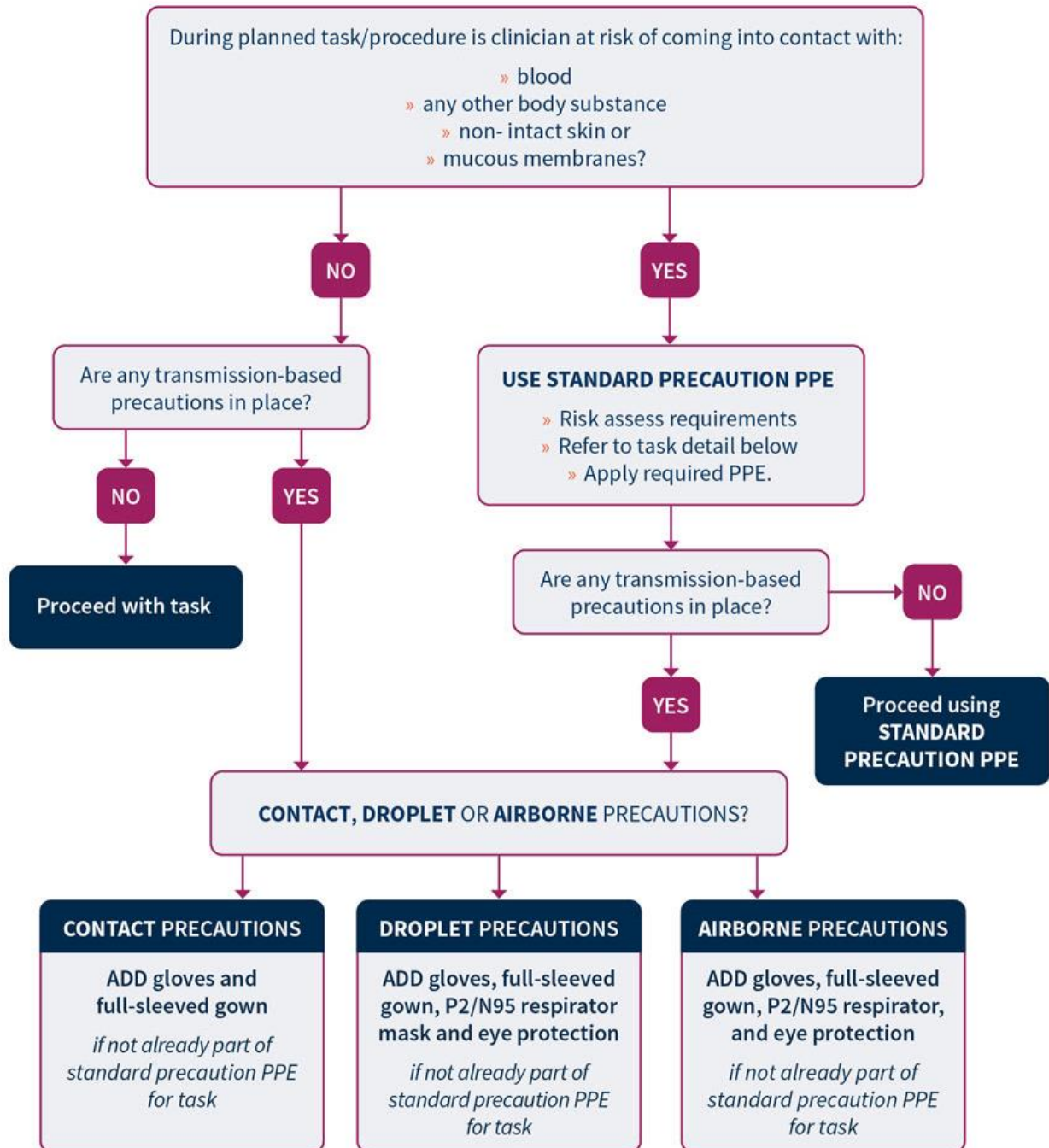
Notes for interpreting table:

- ✓ = indicates strongly recommended for task outlined; check practice policy for mandatory requirements
- = for aseptic technique, contact with susceptible sites or medical devices where sterile conditions should be maintained and direct contact with wound; see NHMRC Table 18 'Selection of glove type' p.133 for further assistance
- = ask the client to don a surgical mask as appropriate

Note: Precautions are recommended to increase to airborne precautions when the task to be undertaken may involve contact with aerosolised respiratory droplets and physical distancing cannot be maintained, such as when performing an aerosol generating procedure (AGP's) with droplet precautions in place. Refer to Appendix 2 for a list of AGP's conducted by Allied Health clinicians.

Figure 1 aims to supplement the above recommendations by summarising the decision-making process for deciding which PPE you require for any given task.

Figure 1: Decision making process for determining PPE by task



IMPLEMENTATION 3 – PPE DONNING AND DOFFING PROCEDURES

The process of donning and doffing PPE must be performed correctly to ensure the chance of infection spread is not increased during these instances.

Before putting on PPE all Allied Health clinicians should:

- Be wearing appropriate uniform and footwear as per practice uniform policy
- Perform hand hygiene
- Ensure that any cuts or abrasions are covered with a waterproof dressing.

SEQUENCE FOR PUTTING ON PPE

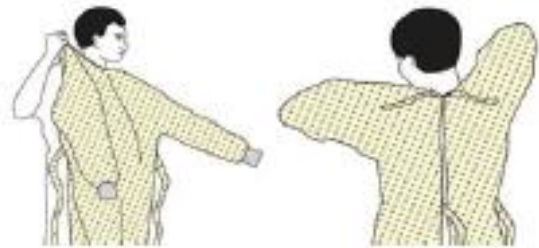
Put on PPE before patient contact and generally before entering the patient room

HAND HYGIENE

- Wash hands or use an alcohol based hand rub.

**GOWN**

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- Fasten at the back of neck and waist.

**MASK**

- Secure ties or elastic bands at middle of head and neck.

**PROTECTIVE EYEWEAR OR FACE SHIELD**

- Place over face and eyes and adjust to fit.

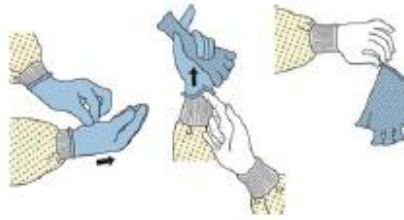
**GLOVES**

- Extend to cover wrist of isolation gown.



SEQUENCE FOR REMOVING PPE**Remove PPE at doorway or in anteroom****GLOVES**

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist.
- Peel glove off over first glove.
- Discard gloves in waste container.

**HAND HYGIENE**

- Wash hands or use an alcohol based hand rub.

**PROTECTIVE EYEWEAR OR FACE SHIELD**

- Outside of eye protection or face shield is contaminated!
- To remove, handle by head band or ear pieces.
- Place in designated receptacle for reprocessing or in waste container.

**GOWN**

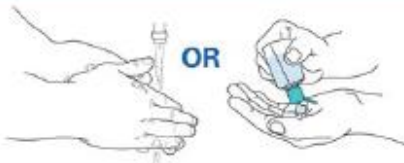
- Gown front and sleeves are contaminated!
- Unfasten ties.
- Pull away from neck and shoulders, touching inside of gown only.
- Turn gown inside out.
- Fold or roll into a bundle and discard.

**MASK**

- Front of mask is contaminated—DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove.
- Discard in waste container.

**HAND HYGIENE**

- Wash hands or use an alcohol based hand rub immediately after removing all PPE.

Adapted from CDC Guideline for Isolation Precautions^[21].

Above tables directly copied from NHMRC Guidelines (1 p123).

PPE should be safely removed, disposed of into designated waste receptacle and hand hygiene performed before leaving the client room/or undertaking the next task.

If an Allied Health clinician is involved in a surgical procedure (i.e. an aseptic procedure):

- The sequence for putting on PPE differs from that outlined above.
 - In these situations, masks and protective eyewear are applied first prior to hand preparation. Gown and gloves are then donned (1 p177).

IMPLEMENTATION 4 – CLIENT PPE USE:

- Allied Health clinicians should ensure clients understand why precaution practices and use of PPE are being undertaken and be advised that these practices are to protect everyone from infection. A PPE guide for clients and visitors is advisable
- Clients should be asked to wear a surgical mask if coughing/sneezing and other signs and symptoms of infectious transmissible disease spread by airborne or droplet modes or where droplet or airborne precautions are in place in the community and the client is not able to control their expulsion
- Clients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs when leave a confined room (if medical condition allows)
- For all precaution types visitor PPE requirements should be the same as staff.

ALLIED HEALTH PRACTICE POINTS & CONSIDERATIONS

- Refer to Appendix 5 for more specific detail on recommended PPE by task for Speech Pathology, Orthoptics and Orthotic/Prosthetic professions
- You should always consider the use of protective footwear for WH&S requirements
- If you have any cuts, scratches or wounds on your hands or body that will come into contact with another person, you must always wear gloves
- When eye protection is required, Allied Health clinicians should determine whether goggles or a face shield is more appropriate. This will depend on the level of splash or spray predicted and level of precautions that are in place (e.g. if droplet precautions are in place due to the client having influenza then consider wearing a face shield to protect yourself if the client coughs). See Table 12 for further detail on differences between goggles and face shields
- In a pandemic, in areas where there is a high risk that infectious aerosols may still be present after a procedure (e.g. in a theatre where AGPs are performed), Allied Health clinicians who need to enter theatre to perform ANY task during this time, are advised to don P2/F95 mask as well as other PPE deemed relevant to the specified task that they are about to perform.

MORE INFORMATION:

- ACT Health: standalone document [explaining PPE donning and doffing](#)
- NSW Health:
 - [“Keep clients safe”](#)
 - [CEC core guidance resources](#)
- QLD Health: [fit checking poster](#)
- Tasmanian Health Service: [Training videos for donning/doffing PPE](#)
- The Australian Department of Health (health.gov.au):
 - [Downloadable DVD on the safe use of PPE](#) specific to influenza/pandemics
 - How to fit and remove a [P2/N95 respirator](#); [protective gown](#); [protective eyewear](#); [gloves](#)
- UK Government: [Covid-19 PPE Guidance](#)

CHECKLIST:

	Yes	No	Action Required/Evidence
Are your staff trained in application and removal of PPE?			
Is there appropriate, readily accessible and correctly stored PPE available for the requirements of the clinic?			
Are there protocols and procedures for the use of latex/non latex and sterile/non-sterile gloves?			
Are there protocols and procedures for the wearing of gowns/ aprons?			
Are there protocols and procedures for the wearing of masks?			
Are there protocols and procedures for the wearing of protective eyewear for clinical staff?			
Are your employees medically approved to wear positive and/or negative respirators if required?			

SUMMARY OF TRANSMISSION-BASED PRECAUTION CHANGES

When required to implement transmission-based precautions the overarching requirements can be summarised as:

- Continued implementation of standard precautions
- Enhanced cleaning and disinfecting of the environment
- Appropriate use of PPE (including gloves, apron or gowns, surgical masks or P2 respirators, and protective eyewear)
- Client dedicated equipment
- Consideration of physical distancing/isolating
- Appropriate air handling requirements
- Restricted movement of clients and others within the environment.

Air handling requirements, restricted movement of clients and others and physical distancing are addressed relevant to specific Allied Health practice within Section 4: Pandemic Response Guidance below. The NHMRC Guidelines summarise the changes within the following reproduced table (1 p258).

Table A2.4. Use of standard and transmission-based precautions

Type of precautions	Examples of infectious agents	Single room or cohort	Gloves	Gown	Mask	Eye protection	Handling of equipment	Visitors
Standard	Standard precautions apply for all work practices to prevent the likelihood of transmission of infection.							Hand hygiene Respiratory hygiene Cough etiquette
Contact	Multiresistant organisms, <i>C. difficile</i> , norovirus	✓	✓	✓	♣	☆	Single use or reprocess	Same precautions as staff
Droplet [^]	Norovirus, pertussis, meningococcus	✓	☆	☆	✓ Surgical mask	☆	Single use or reprocess	Restrict visitor numbers precautions staff
Airborne	Pulmonary TB, rubeola [#]	✓ Negative pressure	☆	☆	✓ P2 (N95) respirator	☆	Single use or reprocess	Restrict visitor numbers precautions staff

*Notes:

✓ Essential component of transmission-based precautions

♣ Surgical mask required if infectious agent located in sputum

☆ Standard Precaution (as required)—gloves & gowns to be worn when there is potential of contact with blood or body substances. Mouth and eye protection to be worn when there is potential of exposure to splashes or sprays to mucosa.

* Visitors should be given instruction about correct procedures when transmission-based precautions are applied and given appropriate resources to support them in meeting these requirements.

[^] Droplets can contaminate horizontal surfaces close to the source patient, and the hands of healthcare workers can become contaminated through contact with those surfaces. For this reason consideration should be given to the need for additional personal protective equipment (PPE).

[#] For vaccine preventable disease, where possible, only staff and visitors who have confirmed immunity (evidenced by serological immunity or vaccination history) to the specific infectious agent should enter the room, see Section 4.2.1 for further information. While appropriate PPE should be worn by all staff and visitors, those with unknown immunity or non-immune healthcare workers should be extra vigilant.

Environmental cleaning has not been addressed in this table but it is an essential component of infection prevention and control. For further guidance please refer to Section 3.1.3 and *Practice Statement 9* practical information.

NHMRC Guidelines (1 p258).

Pandemic Response Guidance

When an infectious agent is present within a healthcare practice or the community, it can spread rapidly if infection prevention and control measures are not adhered to. To limit the spread of the infectious agent practices must respond rapidly. Ensuring standard and relevant levels of transmission-based infection prevention and control precautions are in place and adhered to is the critical first step.

Section 3.4 of the NHMRC Guidelines is specific to the management of **multi-resistant organisms** (MRO) (such as MRSA, VRE and MRGN) and **outbreak situations**. The section focuses on specific organisms and outbreaks **within a practice**. All Allied Health practices should have practice policies relating to the management of clients with MRO infections and outbreak situations should they occur within their practice.

A **pandemic** occurs when a widespread outbreak of an infectious disease (epidemic) occurs throughout a region or the world (1). During a pandemic, essential health care services are unlikely to be able to treat clients in the usual way with no risk of exposure to the infectious agent. Allied Health clinicians need to consider how they can minimise the risk of exposure to and limit the spread of the infectious agent whilst continuing to provide services which keep people safe, functional and out of hospital.

There are three key areas to consider in a pandemic situation for your practice:

1. **How can you best prepare your practice and staff?**
2. **How will you decide which services to offer when, how and to whom?**
3. **How to make in-person services safer if you are providing them.**

This section aims to assist Allied Health practices with implementing strategies in these three key areas in a manner which allows application to your practice setting, profession and practice.

1. HOW CAN YOU BEST PREPARE YOUR PRACTICE AND STAFF FOR A PANDEMIC?

During a pandemic, use Table 15 to consider the steps you need to take.

Please note links within Table 15 are generic examples of the noted point developed for the 2020 COVID-19 pandemic response. Profession specific examples developed for the COVID-19 response are provided within the more information section.

Table 15: Practice preparation considerations for pandemic response

Focus Area	Considerations
Information Collate and provide relevant information to staff, clients and other relevant stakeholders	<ul style="list-style-type: none"> Establish reliable methods of ensuring up to date information is available and utilised Example: designate a responsible person, sign up to notifications from national and state health departments and professional associations, liaise with an infection control professional if possible Review and reinforce standard infection prevention and control measures Determine and apply the appropriate level of transmission-based precautions Communicate any service changes to clients via appropriate methods Example: letter, website, professional association listings NB: Changes may relate to services offered, adjusted operating hours, different ways of working, telehealth information Notify clients of their requirements to assist with maintaining infection prevention and control precautions via appropriate methods Example: post information around the practice, provide verbal or written information prior to attendance; change phone message Understand notification requirements as per public health requirements Create daily log of people in practice in case contact tracing required Develop & implement screening/triaging system (see detail below) Document changes to practices and policies, monitor effectiveness and update as required
Staff Empower staff with knowledge & monitor for compliance	<ul style="list-style-type: none"> Notify all staff immediately & discuss a plan of action Ensure all infection prevention and control staff training is up to date and revise if required Determine if any staff need to be excluded from work or duties adjusted; consider factors such as symptoms, level of vulnerability, health concerns, vaccination requirements Provide education re symptom identification and other disease details Facilitate any training available regarding the disease Consider creating distinct teams which operate separately where possible to ensure services can be maintained if a staff member in one area becomes unwell

<p>Workflow</p> <p>Adjust usual practices to enable compliance with additional infection prevention and control precautions</p>	<ul style="list-style-type: none"> • Does scheduling frequency of clients need adjusting to enable implementation of additional precautions such as physical distancing, enhanced cleaning, reduced wait periods? • Do staffing hours need to change to reduce risks and increase compliance with implemented additional precautions? Example: extended opening hours with staggered staff shifts. • Can staff be limited to work in specific areas to decrease cross-contamination risk? • Can clinical, workshop and/or reprocessing areas be utilised in certain ways to enhance compliance with additional precautions required? • Examples: Fewer people in one area at a time for physical distancing, one person responsible for reprocessing only to reduce the risk of cross contamination • Can an alternative method of care delivery such a telehealth be employed? •
<p>Physical Environment</p> <p>Adjust all practice areas to facilitate compliance with additional precaution measures implemented</p>	<ul style="list-style-type: none"> • Can areas clients need to be in be limited? • Do additional options for tissues, bins, PPE, alcohol-based hand rubs or other consumables need to be provided? • If physical distancing measures are in place how can you adjust the layout to encourage? • Example: separate chairs, provide floor markings, ask people to wait outside until ready to be seen • Can symptomatic clients be separated from others? • Remove non-essential items from all areas • Example: books, magazines, pamphlets, toys, flowers, drink facilities • Implement enhanced cleaning measures as required • Implement any required adjustments to shared equipment – see cleaning and reusable equipment sections • Ensure suitable stock levels of items essential to adhering to infection prevention and control • Example: PPE, sanitiser, tissues, cleaning materials and equipment, stocks of single use equipment • Minimise contact with administrative items such as pay facilities and pens
<p>Client</p> <p>How can clients help you lower the risk and adhere to infection prevention and control procedures?</p>	<ul style="list-style-type: none"> • Do you need to restrict visitors/carers/family members attending? • Are there specific requirements of clients which need to be adhered to during attendance? • Have you communicated these in as many ways as possible to help them understand why and to remind them to comply? • Example: Ask to perform hand hygiene on arrival and throughout the appointment, where to wait for an appointment, what to do if symptomatic

MORE INFORMATION:

Clinic practice adjustments by area - profession specific:

- [Optometry Australia Infection Control and COVID-19 Factsheet – Pharma June 2020](#)
- [Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic](#)

Methods of communicating practice changes:

- Optometry Australia [practice posters and social media tiles](#)
- Occupational Therapy Australia [email to clients templates](#)

2. HOW WILL YOU DECIDE WHICH SERVICES TO OFFER WHEN, HOW AND TO WHOM?

During a pandemic, advice and required responses can change quickly.

Advice needs to be thoughtfully applied to:

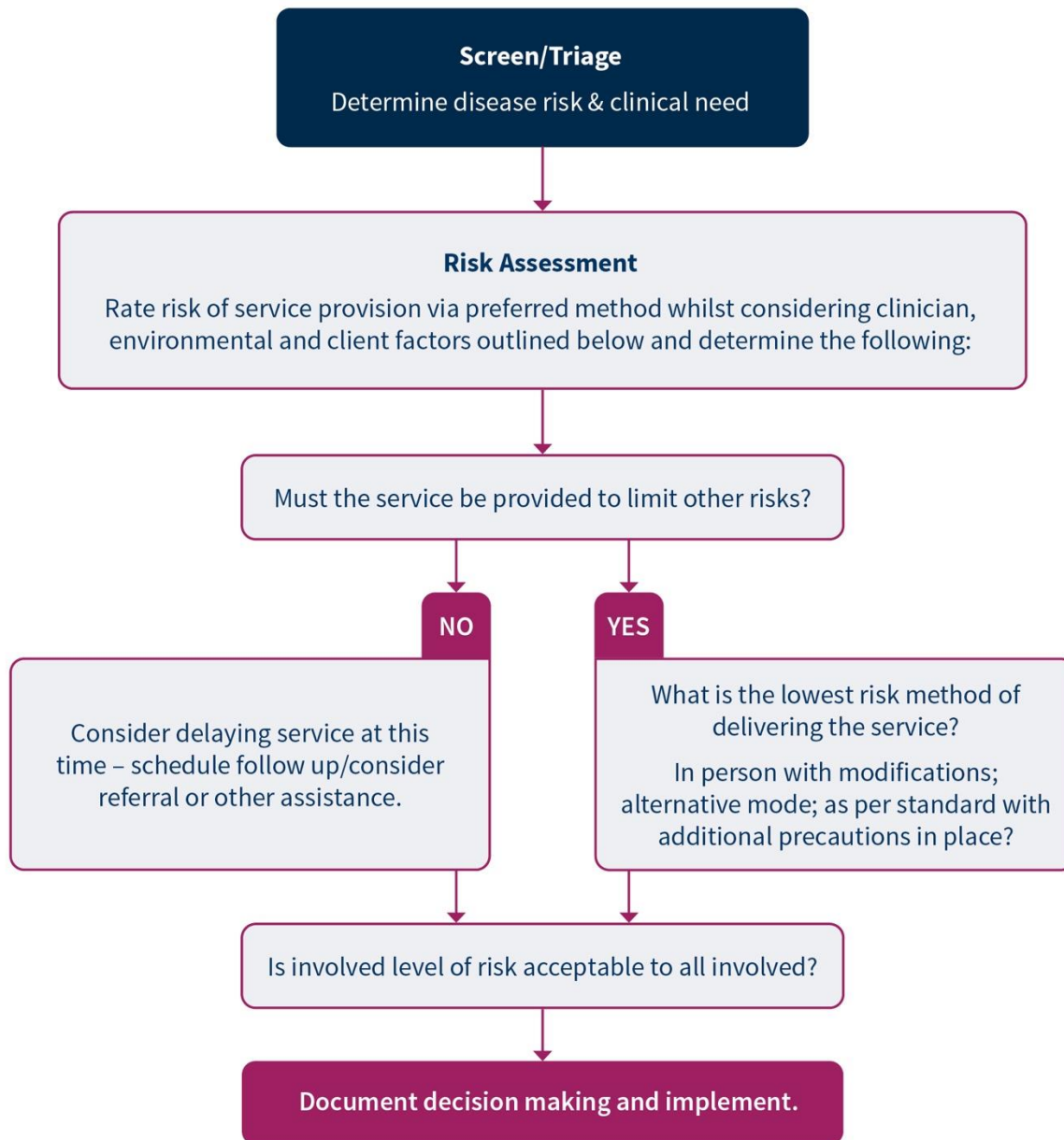
- Government directives
- Your local context
- Each type of service you provide and
- Individual client requirements.

Meaning you need to find a method by which you can assess the situation at any point in time and decide on a case by case basis whether to provide:

- In person services:
 - Within your practice (standard or modified method)
 - Via mobile units
 - Home visits
- Alternative modes of service delivery
 - Telehealth
 - Postal delivery services
 - Simultaneous service provision across healthcare professionals
- No service at this time
 - Alternative suggestions
 - Referral.

It is recommended that all Allied Health practices employ a screening/triaging and risk assessment approach when deciding which services to offer when, how and to whom.

Figure 2: Summarises the recommended screening/triaging and risk assessment process



STEP 1: SCREEN/TRIAGE:

Effective screening/triage of clients is important to reduce risks and inform risk assessments.

Screening/triage should help you determine:

- The extent to which the client and/or carer are at risk of having and spreading the infectious disease and
- The clinical needs and impact of service provision on the client and others.

Depending on the person's clinical needs, ability to communicate and other factors, screening/triaging may be best conducted via administrative staff initially, followed by clinical telehealth consultation.

You need to:

- Develop a list of questions about the infectious agent relevant to your practice, local context and the client's needs
 - Disease specific questions will likely be facilitated by government and professional associations
 - Determine the task/procedure the client requires and the impact on them and others if they do not receive this service
- Triage clients prior to in person interactions where possible
 - Gain information on clients with scheduled appointments 24 hours prior to visit to ensure information is current
- Develop and continually revise the process to be followed dependent upon information provided; at a minimum consider:
 - What guidance should you provide regarding next steps if the client is unwell or at risk due to the infectious agent in question?
 - At which times will the planned appointment proceed?
 - Are there any adjustments/precautions you need the client and/or carer to make upon arrival for an appointment if proceeding?
- Document triage responses in clinical notes.

MORE INFORMATION:

Screening/triage examples specific to COVID-19 Pandemic as at June 2020:

- NSW Excellence Commission within 'COVID-19 Infection Prevention and Control: Primary, Community and Outclient Settings Version 2.0'; can be found [here](#) under Community Settings drop down
- Australian Government: [Receptionist checklist](#)
- [Optometrists:](#)
- [Podiatrists:](#)
- [Speech Pathologists:](#)

STEP 2: RISK ASSESSMENT:

Post triaging you may need to consider many other factors before determining whether you will provide the required service and if so, via which method.

Your aim is to consider these factors methodically and **determine the level of risk** each option entails for the people involved before determining next steps.

You need to:

- Choose a method by which you will rate the level of risk
- Consider the relevant factors outlined in Table 16 when using the risk rating method.

Choosing a risk rating method:

There are a variety of risk rating tools publicly available.

NHMRC guidelines suggest this risk rating matrix for general use when analysing risk related to infection prevention and control.

Likelihood	Consequences				
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Medium	High	High	Extreme	Extreme
Likely	Medium	Medium	High	High	Extreme
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium
Low risk	Manage by routine procedures.				
Medium risk	Manage by specific monitoring or audit procedures.				
High risk	This is serious and must be addressed immediately.				
Extreme risk	The magnitude of the consequences of an event, should it occur, and the likelihood of that event occurring, are assessed in the context of the effectiveness of existing strategies and controls.				

NHMRC (1 p22)

Two Allied Health profession specific tools developed specific to COVID-19 are provided here as examples.

[Speech Pathology Australia](#) has developed an online tool called the 'Speech Pathology Australia Risk Assessment Tool' (COVID-19) [SPA-RAT (COVID-19)] (9). This tool focuses on evaluating the level of risk associated with providing in person care specific to Speech Pathology practice. The tool asks 40 questions then provides an emailed report within 10 minutes evaluating the likely level of risk associated with the specific scenario entered. The clinician can use this to inform their decision regarding service provision.

The [Australian Orthotic Prosthetic Association](#) recommend using the below risk analysis matrix to determine the level of risk. An example of use specific to practice is also provided.

		Outcome and Impact of occurrence		
		Minor (1) minor complications or loss of function having minimal to nil impact on health/safety/participation	Moderate (2) moderate complications or loss of function having impact on health/safety/participation	Major (3) significant complications or loss of function having severe impact on health/safety/participation
Likelihood and Timeline of occurrence	High (3) Highly likely or will pose immediate risk in short term (days) to client/practitioner/practice	3	6	9
	Medium (2) likely or will pose risk in medium term (weeks) to client/practitioner/practice	2	4	6
	Low (1) Unlikely or will pose risk in longer term (months) to client/practitioner/practice	1	2	3

Australian Orthotic Prosthetic Association (AOPA) COVID-19: [Service delivery risk analysis](#) (10)

What else to consider when rating risk:

Table 17 outlines a range of factors to consider which may increase or decrease the risk of different methods of service provision. This list is not exhaustive and should be considered as a starting prompt regarding the variety of factors which will influence the risk assessment you conduct on a case by case basis. You should consider each of these factors in relation to the different methods of service provision available for the task required.

Table 17: Clinician, environmental and client factors to consider when rating risk

Clinician	Environment	Client
<ul style="list-style-type: none"> • Own health status and that of close contacts • Tasks required to be undertaken for effective service delivery • Do your plans for service comply with professional standards and codes? • Length of interaction required • Can the client understand and comply with infection prevention and control requirements? E.g.: would they typically spit at clinician? 	<ul style="list-style-type: none"> • Prevalence of disease in the local area • Can the task be modified to reduce risk? • Example: travel to client rather than them attend clinic; provide care via telehealth; modify task method (see Appendix 6 for profession specific task modification possibilities) • Suitable resources available to complete the task safely • Example: PPE, hand hygiene products, cleaning products, time for cleaning, ability to modify the task, ventilate room post procedure, physical distance? • Is proceeding with this activity in compliance with all relevant government, local and/or practice specific regulations? • Is client movement/transfer required? If so, are they required to wear PPE? • Potential risk of transmission to others 	<ul style="list-style-type: none"> • Service outcome required/reason for admission • Risk/likelihood they have the disease • Level of vulnerability if contract disease and/or vulnerability of close contacts • *list of vulnerable populations for COVID-19 • Consequences of treatment delay • Example: is procedure required to inform other treatment; is requirement time sensitive; does delay impact ability to conduct activities of daily living and put client or others at risk? • Can they wear PPE and will this reduce the risk? • Is an interpreter required? • Is a carer or family member required to be present to deliver service successfully?

ALLIED HEALTH PRACTICE POINT CONSIDERATIONS:

During a pandemic some professions may be provided with specific guidance relating to procedures which should not be undertaken and/or assistance with determining criteria for urgent cases. You should be aware of and stay alert to such guidelines.

Orthoptists should refer to www.ranzco.edu.au for these guidelines.

3. HOW TO MAKE IN PERSON SERVICES SAFER IF YOU ARE PROVIDING THEM.

When conducting your risk assessment you should consider how you can modify in person tasks from the usual way you conduct them. Your aim with these modifications is to:

- Make them safer for all who are present relevant to the level of additional precautions in place (i.e. modifications and their impact on risk may change dependent upon contact, droplet or airborne precaution levels)
- Continue to comply with professional standards and requirements
- Achieve the desired service outcome.

Modifications to standard in person services which all Allied Health clinicians should consider are summarised in Table 18. Please note: These topics are worded to generalise considerations relevant to infection positive or suspected positive clients only and are applicable across practice settings (e.g. acute care, community care, private practice). It is noted that allied health professionals would not typically be responsible for room placement of clients in an acute or residential care setting. However, mention has been made here to ensure consideration of infection prevention and control requirements are raised as appropriate.

Table 18: Possible task modifications to decrease infection risk within Allied Health practice

Topic	Precaution Type	Modifications potentially required
Previously covered in report within cleaning, reusable medical devices, PPE and clinic preparation	Contact, Droplet &/or Airborne	<ul style="list-style-type: none"> • Enhanced environmental cleaning requirements • Any changes to cleaning/reprocessing of reusable equipment • Additional PPE requirements • Use of single use and/or client dedicated equipment where possible • Allow longer appointment times to ensure compliance with additional requirements between clients
Visitor requirements	Contact, Droplet &/or Airborne	<ul style="list-style-type: none"> • Standard hand hygiene, cough and sneeze etiquette and PPE requirements as per previous sections of this report • Need to restrict visitors/accompanying parents/carers or other family members relevant to regulations and client requirements
Staff requirements	Droplet &/or Airborne	<ul style="list-style-type: none"> • Safe accommodation for mobile services and visiting clinicians
Staff to staff; staff to client & staff to device interactions (i.e.: all service areas, reception, consultations & workshops)	Contact	<ul style="list-style-type: none"> • Limit number of people in contact with client and/or their device
	Droplet &/or Airborne	<ul style="list-style-type: none"> • Maintain physical distancing beyond 1.5m where possible, including between aspects of service where may not usually distance but could • Ask client to turn away rather than face staff member where possible • Decrease time together to less than 15 minutes where possible • Limit people present and non-essential staff where possible
Client to client interactions	Contact, Droplet &/or Airborne	<ul style="list-style-type: none"> • Minimise the need for clients to interact wherever possible • Employ strategies listed within 'preparing your clinic' to limit need for overlap in waiting areas and other spaces • Utilise single room/cohorting strategies

Client movement/transport and placement within a practice	General	<ul style="list-style-type: none"> • Limit sharing of bathrooms where possible • Minimise the need for clients to utilise different areas of your practice wherever possible • Where clients need to move between areas take the following precautions dependent upon level of transmission-based precautions in place
	Contact	<ul style="list-style-type: none"> • Infected or colonised areas of the client's body need to be contained and covered • Contaminated personal protective equipment (PPE) should be removed and disposed of and hand hygiene performed before the client is moved • Clean personal protective equipment should be put on before assisting the client at the destination (1 p101)
	Droplet	<ul style="list-style-type: none"> • Ask client to wear fluid resistant mask and follow cough etiquette • Children should wear a correctly fitting mask when they are outside an isolation room. The child's oxygen saturation should be monitored (1 p110)
	Airborne	<ul style="list-style-type: none"> • Client to wear a correctly fitted surgical mask and to follow respiratory hygiene and cough etiquette • Cover any skin lesions associated with the condition • Children should wear a correctly fitting mask when they are outside an isolation room. The child's oxygen saturation should be monitored (1 p110)
Air Handling	General	<ul style="list-style-type: none"> • Consider if your heating/ventilation/air-conditioning systems require adjustment of the air pressure, flow control or filtration (1 p225); ventilation rates, airflow patterns and humidity
	Droplet	<ul style="list-style-type: none"> • Use a single room with door closed or physically separate area (e.g.: curtain divider) • If an aerosol generating procedure is undertaken, increase precautions to airborne for at least the duration of the procedure (the procedure should be undertaken away from others)
	Airborne	<ul style="list-style-type: none"> • It is good practice to place clients on airborne precautions in a negative pressure room (Class N/Type 5) or in a room from which air does not circulate to other areas. Exceptions to this should be justified by risk assessment • Use a single room (negative pressure and/or ventilated), with the door closed, physically separated closed area or spaced $\geq 3\text{m}$ from other clients (11) • Leave room free for a period of time relevant to infectious agent to allow aerosols to settle if using the same space • Where possible only staff and visitors who have confirmed immunity (evidenced by serological immunity or vaccination history) to the specific infectious agent should enter the room

Conducting repairs/adjustments to an assistive technology device	Contact, Droplet &/or Airborne	<ul style="list-style-type: none"> Shared clinical care equipment: <ul style="list-style-type: none"> Limit number required Only use equipment which can be suitably cleaned or reprocessed before next required Limit use of equipment difficult to clean General: <ul style="list-style-type: none"> Conduct away from other staff and non-required equipment Consider ability to clean space to be used Access required storage areas and items prior to beginning task If required consider lowest risk method of accessing additional items during task, e.g. another staff member to access, change of PPE during task Touch device with hands only Carefully consider how often hand hygiene needs to be conducted and PPE changed
--	--------------------------------	--

You should consider any directives from professional associations and other relevant organisations who may at times issue directives as to which tasks/procedures are not to be undertaken when certain levels of additional precautions are in place.

See Appendix 6 for a list of suggested specific task modification suggestions by profession and level of additional precautions for the following professions:

- Orthoptics
- Speech Pathology
- Orthotics and Prosthetics
- Optometry: See advice at Optometry Australia's [COVID-19 Clinical Advice page](#)

MORE INFORMATION:

Audiology Australia: [Minimising the risk & general principles for working during COVID-19 pandemic](#)

For further information on negative pressure rooms (Class N/Type 5) see the *Australasian Health Facility Guidelines*[392], Standard AS 1324.1: 2001, Standard AS 1324.2: 2003 and Standard AS 1668.2: 2012 and Amendment 2: 2016.

Appendix 1: Staff Exclusion Periods for Infectious Illnesses

The information in this table is taken directly from the NHMRC Guidelines (1 p199-201].

Acute infection	Exclusion period
Conjunctivitis	Must not provide client care for the duration of symptoms (i.e. while eye discharge is present).
Gastroenteritis* (except norovirus)	Must not come to work while symptomatic (e.g. diarrhoea and/or vomiting) and until 24 hours after symptoms have resolved. If the cause is unknown, possible exclusion for 48 hours until the cause is identified. Healthcare staff who have a food handling role should always be excluded for until 48 hours after symptoms have resolved.
Glandular fever	No need for exclusion, even if having direct client contact, provided staff members are well enough to return to work and employ standard precautions.
Hand, foot and mouth disease	Healthcare workers should be excluded until all blisters have dried. Those who may have been in contact with someone who has hand, foot and mouth disease do not need to be excluded from work however consideration should be given to those who care for clients who are more susceptible to infection.
Herpes Simplex (cold sores)	Must not provide direct care to neonates, newborns, clients in delivery suites, severely immunocompromised clients, burns clients, clients with extensive eczema, or clients in operating room if there is an exposed herpetic lesion. May provide direct client care to other clients and do not need to wear a mask. However, sores should be covered with a dressing where possible, and hygiene practices to minimise the risk of transmission need to be maintained.
Herpes Zoster (Shingles)	Must not provide ANY direct client care if lesions cannot be covered (e.g. ophthalmic zoster). If active lesions can be covered, can provide care to all clients except for pregnant women, neonates, severely immunocompromised clients, burns clients and clients with extensive eczema.
Influenza	Healthcare workers should remain off work until at least 24 hours since the resolution of fever, provided: <ul style="list-style-type: none"> • they have received 72 hours of anti-influenza medication; or • five days have elapsed since onset of respiratory symptoms. If healthcare workers are involved in the care of clients who are more susceptible to infection (such as hematopoietic stem cell transplant clients) then exclusion from those clients/areas should be for 7 days from the onset of symptoms or until symptoms have completely resolved, whichever is longer.
Norovirus	Must not come to work for at least 48 hours after symptoms have stopped (e.g. diarrhoea and/or vomiting) (see practice statement 41).
Pertussis (Whooping Cough)	Remain away from work until at least 5 days after commencement of appropriate antibiotic therapy; or for 21 days after the onset of symptoms if not receiving antibiotic treatment; or 14 days after the onset of paroxysmal cough (if the onset is known).
Scabies and Lice	Healthcare workers should remain off work until 24 hours after first treatment started.
Staphylococcal infection	Any staphylococcal lesions (e.g. boils, wound infections) must be covered with an occlusive dressing while at work. If lesions cannot be covered, must not perform client care or prepare hospital food until they have received appropriate antibiotic therapy and the infection has resolved.

Streptococcal infection	Any healthcare worker with streptococcal lesions (e.g. impetigo, streptococcal tonsillitis) must ensure that lesions are covered with an occlusive dressing while at work. If lesions cannot be covered, healthcare workers must not provide direct client care nor prepare hospital food until 24 hours after commencement of appropriate antibiotic therapy. Healthcare workers with pharyngitis/tonsillitis should avoid client contact for at least 24 hours after starting appropriate antibiotic therapy.
Tuberculosis (TB)	If TB disease is suspected or is present, TB Services are to be notified of the staff, and the staff treated. Any personnel with pulmonary TB is to be excluded from the workplace until cleared by TB Services. Any active TB must be monitored by TB Services.
Viral rashes	<p>Before starting employment, personnel should be screened by completing a pre-employment health assessment for measles, mumps, rubella and varicella. Non immune healthcare workers should be offered vaccination unless contraindicated.</p> <p>Measles (rubeola)—If suspected, must remain off of work until appropriate test results are known. May return to work if they have serological evidence of immunity (i.e. are IgG sero-positive and IgM sero-negative); but must be excluded until 4 days after the appearance of the rash if they develop measles.</p> <p>Mumps—If suspected, must remain off work until appropriate test results are known. May return to work if they have serological evidence of immunity (i.e. are IgG sero-positive and IgM sero-negative). If mumps develop, they must be excluded from work for 9 days after the onset of parotid gland swelling or until the swelling goes down.</p> <p>Rubella (German Measles)—If suspected, must remain off of work until appropriate test results are known. May return to work if they have serological evidence of immunity (i.e. are IgG sero-positive and IgM sero-negative). If they develop Rubella, they must be excluded for at least 4 days after the appearance of the rash.</p> <p>Chickenpox (Varicella)— if healthcare worker develops Varicella, they must be excluded until all blisters have dried (this usually takes at least 5 days).</p> <p>Human Parvovirus B19 (Slapped Face)—does not require exclusion from work, non-infectious once rash develops.</p>
Viral respiratory tract infections (e.g. common cold)	Healthcare workers should be excluded from contact with susceptible persons, until they are no longer symptomatic. Healthcare workers with viral respiratory tract infections should stay at home until they feel well.
<i>* Includes Giardiasis, Shigella infection, Salmonella infection, Campylobacter infection.</i>	

Appendix 2: Tasks Considered Aerosol Generating Procedures

The following is a list of tasks considered potentially aerosol generating procedures by profession. These tasks are not definitive but indicative lists of tasks where additional PPE and air handling considerations may be required when additional precautions are in place. Seek further direction from your State or Territory health department.

OPTOMETRY

- Non-contact Tonometry

AGP SPEECH TASKS (NOT DEFINITIVE)

- Assessment or intervention with clients who present with chronic respiratory conditions (e.g. vocal cord dysfunction, chronic cough, irritable larynx syndromes, respiratory comorbidities)
- Communication assessment or intervention (e.g. motor speech)
- Dysphagia therapy
- Endoscopic procedures (i.e. flexible endoscopic evaluation of swallowing (FEES), endoscopic voice, cough assessment, biofeedback or laryngeal training)
- Evaluation of mealtime supports
- Instrumental speech and respiratory function testing (e.g. velopharyngeal/resonance), voice assessment and intervention (including loud voicing and singing)
- Oral trials conducted as part of a swallowing/feeding assessment (e.g. Clinical Swallowing Examination (CSE) or Videofluoroscopic Swallowing Study (VFSS)) and mouth care
- Oro-motor/oro-peripheral examination
- Procedures, assessments or interventions with clients who have difficulty with saliva management and/or who exhibit distress (e.g. crying or yelling)
- Testing cough and gag reflexes
- Non-invasive ventilation and high flow nasal oxygen (HFNO) – swallowing and communication assessment or intervention

OTHER

- Positive pressure ventilation (BIBAP, CPAP) due to clients coughing during procedure
- Intubation and extubation
- Airway suctioning (if not closed suctioning system)
- Oral suctioning
- Tracheostomy suctioning
- Chest physiotherapy
- Nebulizer treatment
- High flow nasal cannula therapy
- Naso-pharyngeal/oral pharyngeal swab collection
- Sputum induction
- Endoscopy (including bronchoscopy)
- Cardio-pulmonary resuscitation (CPR)
- Manual ventilation (air-viva bagging) before intubation
- High speed devices used for surgical procedures
- Tracheostomy creation/insertion
- Nasogastric tube insertion
- Procedures via the nasal or oral routes

- Lung biopsies are included in this category

Appendix 3: Recommended Cleaning Information by Profession

NHMRC GUIDANCE

NHMRC recommendations related to determining level of risk related to the environment and how this impacts the required cleaning frequency and method for common items

Table A2.1. Level of risk (1 p251)

Risk rating	Settings
Very high risk	Outbreak in high-risk area.
High risk	Intensive care unit, high dependency unit, burns unit, renal units, operating suite, emergency departments.
Significant Risk	General wards.
Low Risk	Rehabilitation, long-term care, office-based, domiciliary nursing services; *Most allied health practices (addition to NHMRC table)

Table A2.2. Minimum cleaning frequency (1 p252)

Note: The choice of disinfectant is dependent upon the local epidemiology and a local risk assessment

Element	Very high risk	High risk	Significant Risk	Low risk	Method
Alcohol-based hand rub dispenser in client treatment area	Clean daily	Clean daily	Clean daily	Clean weekly	Detergent
Alcohol-based hand rub dispenser, not in client/treatment rooms	Clean daily	Clean daily	Clean daily	N/A	Detergent
Bedside table/drawer in client treatment area	Clean twice daily & after use	Clean daily & after use	Clean daily	Clean weekly	Detergent Detergent + disinfectant for MRO
Blood pressure cuff	Clean after use	Clean after use	Clean after use	Clean after use	Detergent
	Clean twice daily	Clean daily	Clean daily	Clean weekly	Vacuum with high efficiency

Carpet (soft floor)					particulate air filter
	Clean 6-monthly	Clean 6-monthly	Clean annually	Clean annually	Steam clean (or shampoo)
Ceiling	Spot clean daily & wash yearly	Spot clean daily & wash yearly	Spot clean weekly & wash yearly	Spot clean monthly & wash every 3 years	Detergent/Damp dust
Chair	Clean twice daily	Clean twice daily	Clean daily	Clean weekly	Detergent Detergent + disinfectant for MRO
Cleaning equipment	Clean after use	Clean after use	Clean after use	Clean after use	Detergent Detergent + disinfectant for MRO
Clipboard	Clean daily & between client use	Clean daily & between client use	Clean daily & between client use	Clean weekly	Detergent
Commode	Clean contact points after use Clean whole daily	Clean contact points after use Clean whole daily	Clean contact points after use Clean whole daily	Clean contact points after use Clean whole weekly	Detergent Detergent + disinfectant for MRO
Computer & keyboard (located outside client area)	Clean twice daily or when visibly soiled	Clean daily or when visibly soiled	Clean daily or when visibly soiled	Clean weekly or when visibly soiled	Manufacturer's recommendations Install keyboard covers or washable keyboards where feasible Detergent
Computer & keyboard (used and/ or located in close proximity to client e.g. client bay or treatment room)	Clean twice daily or when visibly soiled Clean between clients	Clean daily or when visibly soiled Clean between clients	Clean daily or when visibly soiled Clean between clients	Clean weekly or when visibly soiled Clean between clients	Manufacturer's recommendations Install keyboard covers or washable keyboards where feasible

					Detergent
Curtains and blinds	Bed curtains—change or clean weekly and upon discharge Client with MRO or other infectious disease—change bed curtains or clean upon discharge Clean, change or replace early	Bed curtains—change or clean monthly Client with MRO—change bed curtains or clean upon discharge Clean, change or replace yearly	Bed curtains—change or clean biannually Client with MRO—change bed curtains or clean upon discharge Clean, change or replace bi-annually	Bed curtains—change or clean annually Client with MRO—change bed curtains or clean upon discharge Clean, change or replace bi-annually	Replace with laundered curtains or steam clean while in place. Follow manufacturer's recommendations
Door knob/handle, general	Clean twice daily	Clean daily	Clean daily	Clean weekly	Detergent
Floor, non-slip	Damp mop twice daily	Damp mop twice daily	Damp mop daily	Damp mop daily	Detergent Detergent + disinfectant for MRO
Floor, polished	Dust removal & clean twice daily	Dust removal & clean daily	Dust removal & clean daily	Dust removal & clean weekly	Detergent for routine Consider electrostatic mops Detergent + disinfectant for MRO
Fridges	Weekly & defrost as required Three times daily spot check—clean when necessary	Weekly & defrost as required Daily spot check—clean when necessary	Monthly & defrost as required Daily spot check—clean when necessary	Monthly & defrost as required Daily spot check—clean when necessary	Detergent
Glazing, internal (incl. partitions)	Spot clean daily & full clean weekly	Spot clean daily & full clean weekly	Spot clean daily & full clean weekly	Clean weekly	Detergent
Light switch	Clean daily	Clean daily	Clean weekly	Clean weekly	Detergent

Manual handling (I.e. hoists)	Clean contact points after use	Clean contact points after use	Clean contact points after use	Clean contact points after use	Detergent + disinfectant for MRO
Microwave	Clean daily	Clean daily	Clean daily	Clean daily	Detergent
Notes folder	Clean daily	Clean daily	Clean weekly	Clean weekly	Detergent
Client slide/board	Clean daily & after use	Clean daily & after use	Clean monthly & after use	Clean monthly & after use	Detergent + disinfectant for MRO
Pillow (waterproof cover)	Clean when visibly soiled/ bodily substances & after discharge	Clean when visibly soiled/ bodily substances & after discharge	Clean when visibly soiled/ bodily substances & after discharge	Clean when visibly soiled/ bodily substances & after discharge	Detergent + disinfectant for MRO
Sharps bin trolley	Clean daily	Clean twice weekly	Clean weekly	Clean monthly	Detergent
Shower	Clean daily & one spot check clean daily	Clean daily & one spot check clean daily	Clean daily	Clean daily	Detergent + disinfectant for MRO
Sink (hand washing)	Clean twice daily & after use	Clean twice daily & after use	Clean daily	Clean daily	Detergent
Telephone	Clean daily & spot clean after use	Clean daily & spot clean after use	Clean daily	Clean weekly	Detergent
Toilet	Clean twice daily & spot clean after use	Clean twice daily & spot clean after use	Clean daily	Clean weekly	Detergent + disinfectant
Trolley, dressing	Clean utilised surfaces before & after use Clean whole trolley weekly	Clean utilised surfaces before & after use Clean whole trolley weekly	Clean utilised surfaces before & after use Clean whole trolley weekly	Clean utilised surfaces before & after use Clean whole trolley monthly	Detergent + disinfectant for MRO
Trolley, linen	Clean contact points daily Clean whole trolley weekly	Clean contact points daily Clean whole trolley weekly	Clean contact points daily Clean whole trolley weekly	Clean contact points weekly Clean whole trolley monthly	Detergent
Trolley, resuscitation	Clean daily	Clean twice weekly	Clean weekly	Clean monthly	Detergent
TV, fixed (out of client reach)	Clean weekly	Clean weekly	Clean weekly	Clean weekly	Detergent

Walls	Spot clean daily & dust weekly & full clean yearly	Spot clean daily & dust weekly & full clean yearly	Spot clean weekly & full clean yearly	Spot clean weekly & full clean yearly	Detergent/damp dust
Waste receptacle	Clean weekly & spot clean when visibly soiled/bodily substances	Clean weekly & spot clean when visibly soiled/ bodily substances	Clean weekly & spot clean when visibly soiled/ bodily substances	Clean weekly & spot clean when visibly soiled/ bodily substances	Detergent
Wheelchair	Clean daily & after use	Clean daily & after use	Clean monthly & after use	Clean monthly & after use	Detergent

AUDIOLOGY

Audiological Practice Points

- Shared clinical equipment likely to be in contact with more than one person (or their hearing device) may include:
 - Shared otoscopes, tympanometers and other audiometric equipment
 - Headphones and headsets
 - Client response buttons
 - Items used for paediatric assessment (e.g. toys and items used as activities for infant distraction, play audiometry, speech audiometry)
 - Tools used in management of cerumen or foreign bodies (e.g. wax rings, cotton wool carriers)
 - Tools used in making ear impressions (e.g. ear lights, ear syringes)
 - Tools used in hearing aid and device repairs
 - Hearing aid couplers
 - Demonstration/loaner hearing aids
- Detergent-impregnated wipes may be used to clean single pieces of equipment and small surface areas.
- Blu-tack used in coupler measurements with hearing aids should be replaced after each use.
- If discharge or otitis externa present in one ear, do not use same tip/s or specula in contralateral ear.
- Toys placed in mouth by babies and toddlers should be removed from use and cleaned appropriately. (Note – these should be washable, non-porous and easily cleaned and disinfected.)
- Surface barriers are recommended at visiting locations that may be shared with other professionals or for home visits e.g. protective sheets or pads on desktops upon which clinical tools could be placed.
- Surface barriers are also recommended for receiving, handling and maintaining hearing aids and devices. For example, single use paper bag or tissues at reception desks to receive devices, protective paper sheets or pads to rest devices on while performing maintenance (3).

ORTHOTICS AND PROSTHETICS

The following table lists items specific to the orthotics/prosthetics profession that require regular cleaning. Instructions for cleaning of items used across a range of Allied Health professions are listed at the beginning of this Appendix 3.

	Item requiring cleaning (excludes re-usable medical devices)	Pre-caution type	Is the orthosis/prosthesis visibly soiled or known to be contaminated with blood or bodily fluids?	Frequency	Method
1	Used <u>orthosis</u> or <u>prosthesis</u> , prior to relocation in different areas of the practice e.g. between clinic room/ward and workshop	Standard	1a. No	Practitioner discretion	Clean as per #1b.
			1b. Yes	Prior to orthosis/prosthesis being handed to staff member or relocation to new area of the practice	<ol style="list-style-type: none"> 1. Use glove or a plastic bag to bring item to the cleaning station. 2. Disposable orthoses or parts there-of, contaminated with blood, body fluid secretions or excretions must be disposed of in contaminated waste bins. This includes dressing, socks, stockinet and liners. 3. Clean the item: Plastic surfaces should be scrubbed with a detergent solution, rinsed with clean water and dried. If the item will not tolerate disinfectant/detergent wipes, use isopropyl alcohol wipes. 4. Disinfect item: Plastic surfaces can be wiped with a disinfectant wipe. If the item will not tolerate disinfectant/detergent wipes, use isopropyl alcohol wipes. Assistive devices with irregular surfaces may require sanitizer to be sprayed in addition to wiping down. 5. Place cleaned items OUTSIDE the cleaning station using surface protection. 6. Nothing should be removed from the cleaning station until disinfected. 7. Wipe down the cleaning station surface after use. 8. Dispose of wipes, bags and glove 9. Hand hygiene before picking up the clean item

Item requiring cleaning (excludes re-usable medical devices)	Pre-caution type	Is the orthosis/prosthesis visibly soiled or known to be contaminated with blood or bodily fluids?	Frequency	Method
				<p>It is often not possible to clean/disinfect soft goods in the course of a standard appointment, so as much as possible leave the soft good in the room and take the frame to the workshop e.g. Camwalker.</p> <p>All devices leaving the room must be carried out in a clean plastic bag and sealed shut.</p> <p>Always wear gloves when cleaning and handling the device and debug after gloves are removed.</p> <p>Always refer to manufacturer's instructions and TGA legislation for class 1 medical devices. If instructions do not exist, conduct a risk assessment.</p>
		Contact, droplet, airborne	As per #1b	Clean as per #1b
2	<u>Used orthosis/prosthesis prior to storage or transport</u> outside of clinic	Standard	2a. No	<p>At practitioner discretion</p> <p>Clean as per #1b.</p> <p>Storage: Store in clearly labelled area in a bag, container, or shelf space without contact with other devices in order to prevent cross contamination. Ensure container and/or shelf space is cleaned weekly.</p> <p>Transport: Device must be contained in a sealed bag or contained in addition to a postage satchel/bag. Bag/container must be clearly labelled. If a used orthosis/prosthesis must return to the clinic, the device must be bagged or placed in a secure container and labelled.</p>

	Item requiring cleaning (excludes re-usable medical devices)	Pre-caution type	Is the orthosis/prosthesis visibly soiled or known to be contaminated with blood or bodily fluids?	Frequency	Method
			2b. Yes	After handling, prior to storage or transport	Clean as per #1b. Storage: As per item #2a. Additionally, the container used for storage or transport must be cleaned and disinfected after use.
		Contact, droplet, airborne		As per #2b	As per #2b.
3	Cleaning of non-particle dispersing tools located in clinic room/ward (e.g. measurement and casting tools) or workshop (e.g. heat gun, hammer)	Standard	3a. No	Clinic: Before and after use in front of client Workshop: When visibly soiled or weekly	Ensure cleaning agents are compatible with the piece of equipment being cleaned, as per manufacturer instructions. It is best practice to refer to the manufacturer instructions and product safety data sheet prior to using disinfectants. All exceptions to this should be justified by risk assessment Follow guidance in Table 8 in body of document.
			3b. Yes	Clinic: Before and after use in front of client Workshop: After work on device is completed	As per #3a. Use disposable tools where possible. Tools to be placed in the “cleaning tray” in workshop if they cannot be cleaned immediately. NOT to be used until cleaned
		Contact, droplet, airborne		As per #3b and after exit from	As per #3b.

Item requiring cleaning (excludes re-usable medical devices)		Pre-caution type	Is the orthosis/prosthesis visibly soiled or known to be contaminated with blood or bodily fluids?	Frequency	Method
				precautions room,	
4	Cleaning of <u>particle dispersing tools</u> (e.g. machine grinder, power tools) on a used orthosis/prosthesis	Standard	4a. No	When visibly soiled or at the end of the week	As per instructions in #3a.
			4b. Yes	After each use	Equipment used for orthotic manufacture and adjustment has the potential to disperse infectious particles during the grinding process. Machine rooms, vacuum systems, and power tools are difficult to clean. However, these items should be cleaned to best ability to minimize the exposure to these areas/tools. If possible, dedicate one router and one set of arbors (grinding wheels) and grinding cones to working on devices that may have come in contact. Dust extraction must be maintained appropriately. Always refer to manufacturer's instructions. If no instructions are available, conduct a risk assessment. Follow cleaning instructions in item #3a and b.
		Contact + droplet + airborne		As per #4b	As per #4b
5	Cleaning of water bath used to heat low temperature plastic prior to	Standard	5a. No	After each use	Before Using Water Bath: <ul style="list-style-type: none"> • Avoid taking the bath into the client's room or treatment area, especially if the client is isolated. • Avoid reheating plastic in the water bath as this contaminates the water. • If you do need to reheat plastic in the water bath ensure you clean the material with alcohol wipes prior to placing back in the water.

Item requiring cleaning (excludes re-usable medical devices)	Pre-caution type	Is the orthosis/prosthesis visibly soiled or known to be contaminated with blood or bodily fluids?	Frequency	Method
moulding directly onto client				<p>PROCEDURE FOR CLEANING:</p> <p>After each use:</p> <ul style="list-style-type: none"> Water should be completely drained from the water bath Wear gloves to protect skin In a spray bottle, dilute 1 Virkon tablet in 500ml of water The interior and exterior of the water bath is to be cleaned using the cleaning solution One final rinse of clean water should be placed into the bath to aid in flushing out any contaminated water. Log the date of use and sign the Water Bath cleaning and maintenance log Return water bath to storage area <p>* The water bath cleaning and maintenance log are to remain attached to the water bath at all times.</p> <p>Storage of The Water Bath</p> <ul style="list-style-type: none"> The water bath should be stored out of the clinical area when not in use. Location of water bath storage: 4GMU equipment room under area labelled water bath. If the water bath has been drained in the shower area, it must be returned to the storage area listed above prior to the departmental cleaner's arrival. The water bath should be clean, cleanable and in good repair (no tape).

	Item requiring cleaning (excludes re-usable medical devices)	Pre-caution type	Is the orthosis/prosthesis visibly soiled or known to be contaminated with blood or bodily fluids?	Frequency	Method
			5b. Yes	After each use	As per 5a.
		Contact, droplet, airborne		After each use	As per 5a.
6	Cleaning of <u>benchtop surfaces in workshop</u>	Standard	6a. No	Clean when obviously soiled and at the end of the week	Protect benchtop using a surface barrier beneath each device, such as disposable paper, plastic or cloth sheet Clean benchtop with detergent solution
			6b. Yes	Clean between every device	As per item #5a. If disinfection is required, used an appropriate disinfectant.
		Contact, droplet, airborne		As per item #4b	As per item #4b

References pertaining to above table only:

1. Australasian Podiatry Council (2012) Infection Prevention and Control Guidelines for Podiatrists.
2. The Speech Pathology Association of Australia Ltd (2018) Private Speech Pathology Practice Policy and Procedure Manual.
3. Optometry Australia (2020) Infection Control and Covid-19 factsheet
4. NHMRC (2019) Australian Guidelines for the Prevention and Control of Infection in Healthcare
5. Sydney Children's Hospital (ND) Orthotics/Prosthetics Department Guidelines. Orthoses and Tools Cleaning Station.
6. UNC Health Care (2011) Infection control manual – Prosthetics and Orthotics
7. International Society for Prosthetics and Orthotics (2020) Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic
8. Austin Health (2020) Orthotics/Prosthetics Procedure. Orthotic/prosthetic device cleaning.

9. Northern Victoria Orthotic and Prosthetic Service Pty Ltd (2020) Policy COVID-19.
10. Neuromuscular Orthotics (2020). NMO Prevention and Management of Exposure to Coronavirus Policy
11. Alfred Health (2014). The Alfred – Orthotic and Prosthetic Department. Work Instruction: Cleaning and maintenance of the water bath.

PODIATRY

Table 5: A recommended practice-cleaning schedule

	Procedure room	Instrument reprocessing area	Office area	Waiting area	Staff area
Alcohol-based hand rub dispenser/ liquid soap dispenser	Daily	Daily	Weekly	Weekly	Weekly
Bench tops, horizontal surfaces, door handles	Daily	Daily	Weekly	Weekly	Weekly
Computer and keyboard	Daily or between patients if required	Daily (if applicable)	Weekly	N/A	N/A
Floors	Debris under patient chair must be removed between patients. Whole floor in procedure room cleaned daily	Daily	Weekly	Weekly	Weekly
General furniture, equipment	Daily	Daily	Weekly	Weekly	Weekly
Treatment chair	After each use				
Trolley	After each use				
Nail drill control panel	After each use				
Nail drill dust bags	When $\frac{3}{4}$ full or as indicated by monitor				
Nail drill handpieces	After each use <i>* Refer to nail drill cleaning and maintenance</i>				

Impression mats	After each use
Storage areas for sterile equipment	Closed storage: clean as required. Open shelving storage: clean on a regular basis.
Ceilings, walls windows, doors	As required – when visibly soiled
Curtains/blinds	Window coverings: clean, change or replace bi-annually and / or whenever soiled. Cubicle curtains: clean, change or replace annually and / or when soiled.
Air conditioner vents and fans	Monthly and as needed
Air-conditioner filters	As recommended by manufacturer
Bins	Daily and as needed
Sinks, hand basins and toilets	Daily and as needed
Sharps bin and sharps trolley	Monthly and whenever soiled
Light switches	Weekly
Washing machines	Daily after use

Modified and adapted from NHMRC (2010:159–164).

Copied with permission from Australasian Podiatry Council Guidelines (6)

SPEECH PATHOLOGY

Element	Method (For all Precaution Types)	Frequency for Precaution Types
Assessment and intervention objects and equipment (non-paper-based)	<ul style="list-style-type: none"> Fresh detergent and warm water (in a dry container) – immerse cloth, wring it out, clean area with vigorous rubbing action, followed by rinsing and drying. Use disposable microfibre cleaning cloths or, wash or change micro-fibre cloths daily and avoid re-using cloths across multiple surfaces. Use alcohol wipe or disinfectant after routine cleaning if there are known or potential contaminants. Use a protective cover. 	Standard Clean daily
		Contact Clean after use
		Droplet Clean after use
		Airborne Clean after use
Assessment and	<ul style="list-style-type: none"> Hand hygiene before/after use. 	Standard Clean daily

Element	Method (For all Precaution Types)	Frequency for Precaution Types	
intervention objects and equipment (paper-based)	<ul style="list-style-type: none"> Identify key materials and consider photographing completed information or using an electronic version (pre-existing or personally developed). If an electronic device used (e.g. iPad), use a protective cover. 	Contact	Dispose of materials after use
		Droplet	Dispose of materials after use
		Airborne	Dispose of materials after use
Assessment and intervention space (e.g. desktop)	<ul style="list-style-type: none"> Fresh detergent and warm water (in a dry container) – immerse cloth, wring it out, clean area with vigorous rubbing action, followed by rinsing and drying. Use disposable microfibre cleaning cloths or, wash or change micro-fibre cloths daily and avoid re-using cloths across multiple surfaces. Use alcohol wipe or disinfectant after routine cleaning if there are known or potential contaminants. 	Standard	Clean daily
		Contact	Clean after use
		Droplet	Clean after use
		Airborne	Clean after use
Audio and aerodynamic recording equipment (e.g. microphones, face masks, intra-oral tubes)	<ul style="list-style-type: none"> Clean equipment as per the manufacturer's instructions. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids. Use a protective cover. 	Standard	Clean daily
		Contact	Clean after use
		Droplet	Clean after use
		Airborne	Clean after use
Books	<ul style="list-style-type: none"> Wipe with a moist cloth with detergent and allow to dry. Use disposable microfibre cleaning cloths or, wash or change micro-fibre cloths daily and avoid re-using cloths across multiple surfaces. 	Standard	Clean daily
		Contact	Clean after use
		Droplet	Clean after use
		Airborne	Clean after use
Non-computer technology and toys (e.g. iPad, electronic)	<ul style="list-style-type: none"> Clean equipment as per the manufacturer's instructions. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol 	Standard	Clean daily
		Contact	Clean after use

Element	Method (For all Precaution Types)	Frequency for Precaution Types
assistive technology, switch)	to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids. <ul style="list-style-type: none"> • Use a protective cover. • Client dedicated/uses own where possible. 	Droplet Clean after use
		Airborne Clean after use
Playdough (and similar substances)	<ul style="list-style-type: none"> • Hand hygiene before/after use. • Store in an airtight container. • Client dedicated where possible. 	Standard New batch weekly.
		Contact New batch daily.
		Droplet Dispose of batch after use.
		Airborne Dispose of batch after use.
Play gyms	<ul style="list-style-type: none"> • Fresh detergent and warm water (in a dry container) – immerse cloth, wring it out, clean area with vigorous rubbing action, followed by rinsing and drying. • Use disposable microfibre cleaning cloths or, wash or change micro-fibre cloths daily and avoid re-using cloths across multiple surfaces. • Use alcohol wipe or disinfectant after routine cleaning if there are known or potential contaminants. 	Standard Clean weekly
		Contact Clean daily
		Droplet Clean daily (minimum)
		Airborne Clean daily (minimum)
Stationery (e.g. pen for therapy task)	<ul style="list-style-type: none"> • Fresh detergent and warm water (in a dry container) – immerse cloth, wring it out, clean area with vigorous rubbing action, followed by rinsing and drying. • Use disposable microfibre cleaning cloths or, wash or change micro-fibre cloths daily and avoid re-using cloths across multiple surfaces. • Use alcohol wipe or disinfectant after routine cleaning if there are known or potential contaminants. • Client uses own where possible. 	Standard Clean daily
		Contact Clean after use
		Droplet Clean after use
		Airborne Clean after use
Toys – Hard	<ul style="list-style-type: none"> • Fresh detergent and warm water (in a dry container) – immerse cloth, wring it out, clean area with vigorous rubbing action, followed by rinsing and drying. 	Standard Clean daily

Element	Method (For all Precaution Types)	Frequency for Precaution Types
	<ul style="list-style-type: none"> • Use disposable microfibre cleaning cloths or, wash or change micro-fibre cloths daily and avoid re-using cloths across multiple surfaces. • Use alcohol wipe or disinfectant after routine cleaning if there are known or potential contaminants. • Alcohol wipe or disinfectant. • Note hand hygiene before/after use of shared equipment is recommended (e.g. a new activity). • Client dedicated/uses own where possible. 	Contact Clean after use
		Droplet Clean after use
		Airborne Clean after use
Toys – Soft play items and toys (including washable plush toys and floor cushions)	<ul style="list-style-type: none"> • Wash and launder per the manufacturer's instructions. Use the warmest appropriate water setting for items and allow to dry completely. • Note hand hygiene before/after use of shared equipment is recommended (e.g. a new activity). • Client dedicated/uses own where possible. 	Standard Clean daily
		Contact Clean after use
		Droplet Clean after use
		Airborne Clean after use

Produced by Speech Pathology Australia

Appendix 4: Recommendation for Reprocessing of Reusable Medical Devices

AUDIOLOGY

Audiological Practice Points

- Most audiological items and instruments would be considered as non-critical items (contact with intact skin but not mucous membranes). Thorough cleaning with detergent solution is sufficient for non-critical items after individual use. Low-intermediate level disinfection may be appropriate in specific circumstances.
- It may be difficult to detect the presence of blood or discharge in wax, so reusable clinical items placed in the ear canal should be cleaned and disinfected – e.g. reusable specula for otoscopy and reusable tips for otoacoustic emissions and impedance audiometry.
- Semi-critical items have contact with non-intact skin or mucous membranes and should be single use or sterilised after each use. If this is not possible, high-level disinfection is required. For example:
 - Otoscope specula used with non-intact skin (ear trauma or ulcerated ears) or ear discharge
 - Items from play audiometry, distraction activities or waiting room placed in mouth should be removed afterwards, cleaned and disinfected. (Note for risk management – these items should be washable, non-porous and easily cleaned and disinfected).
- In consideration of infection control and manufacturer's guidelines, purchase disposable, single use items if likely to be used in semi-critical sites i.e. contact with non-intact skin or ear discharge:
 - Disposable otoscope specula
 - Disposable tips for insert earphones
 - Disposable tubing for real ear measurements
 - Single use electrodes
- Detergent-impregnated wipes may be used to clean single pieces of equipment and small surface areas.
- Client devices and components should be appropriately cleaned and processed where possible before any maintenance using shared tools – earmoulds, hearing aids, cochlear implant processors, bone anchored hearing aids.
- Demonstration/Loan devices should be cleaned after use according to manufacturer's instructions and can include but is not limited to disinfecting hearing aids and accessories with disinfectant wipes and throw away components that may have cerumen ingress such as domes and external receivers.
- Clients who have recurring fungus or external ear infections, should be advised on how to clean their devices (3).

OPTOMETRISTS AND ORTHOPTISTS

Item	Precaut. Type	Storage	Standard INFECTION PREVENTION AND CONTROL		Pandemic INFECTION PREVENTION AND CONTROL
			Before Use	After Use	Modification
Slit lamp, auto-refractors, topography machines, manual keratometers, ocular biometry machines, OCT, Fundus cameras, microscopes, Lipiscan, pachymeters, retcams, portable slit lamps, synoptophore	Contact, droplet & Airborne	Cover with dust cover overnight or when not in use		Wipe all surfaces that are in direct contact with client with 70% isopropyl alcohol wipe (includes - chin rests, forehead rests, trigger buttons, client handles, dials, chin rest adjustments, external fixation targets, table adjustment. For company/machine specific cleaning and disinfecting refer to manufacturer instructions	Use additional Perspex breath shields where equipment has eye pieces and can be fitted. Wipe all external surfaces and any surfaces that are in direct contact with client or tester with at least 70% alcohol solution or equivalent (includes - chin rests, forehead rests, trigger buttons, client handles, dials, chin rest adjustments, external fixation targets, table adjustment, keyboards, touch pads, mouse, remote controls etc) For company/machine specific cleaning and disinfecting refer to manufacturer instructions
Multi-use Eye Drops (Clinic Use)	Contact, droplet & airborne	Newly opened bottles must be dated, stored with lids on and discarded after 30 days of opening	Newly Opened bottles must be dated. All opened bottles must be inspected and discarded 30 days after opening	Wipe outside of bottle with at least 70% alcohol solution or equivalent.	Switch to single use minims (1 per client) where possible. Due to cost of single use minims, some large volume settings (such as RVEEH), institute strict protocols for continued multi-drop use. Ensure staff adhere to safe drop instillation methods. Consider reduction in open time prior to discarding (as in RVEEH reduced from 30 days to 7 days) and % bottle sampling for contamination if possible.

iCare Tonometer	Droplet & Airborne	Store in clean, covered case		Wipe with standard disinfecting solution	Wipe with at least with 70% alcohol solution after each use or high-level disinfectant such as Tristel Duo
Perkins Tonometer	Droplet & Airborne	Store in clean covered case		Wipe with standard disinfecting solution	Wipe with at least with 70% alcohol solution after each use or high-level disinfectant such as Tristel Duo
Re-usable Tonometry Prisms	Contact, droplet & airborne	Store on Slit lamp and spares in covered case	Wipe with isopropyl alcohol swab and completely dry before use. Inspect for cracks or damage under slit lamp before use.	Clean with mild pH neutral detergent or soap. Rinse with sterile water/saline before disinfecting. Soak in sodium hypochlorite (5000ppm) for 5 minutes or use other high-level disinfectant such as Tristel Duo OPH. Rinse with sterile water/saline. Dry with sterile, soft disposable cloth	Use high level disinfectant such as Tristel Duo OPH, leave on for 2 mins, rinse thoroughly and completely dry before use. Where high level disinfectant is not available, switch to disposable applanation tonometer prisms such as Tonosafe or switch to iCare tonometer with disposable tips and dispose tip after use.
Perspex Slit Lamp Shields	Droplet & Airborne	Store on Slit lamp			Wipe with at least with 70% alcohol solution after each use or high-level disinfectant such as Tristel Duo
Trial Frames	Contact, droplet & Airborne	Store in clean covered case or lens box		Wipe with standard disinfecting solution	Wipe with at least 70% alcohol solution after each use
Jackson Cross Cyls	Droplet & Airborne	Dry Storage		Glass-cleaning solution when necessary	Wipe with at least with 70% alcohol solution after each use and dry completely

Loose Lens Sets	Droplet & Airborne	Dry Storage		Clean with lens cleaning cloth	Wipe with at least with 70% alcohol solution after each use
Gonioscopy Lenses (contact)	Contact, droplet & airborne	Store in lens case	Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use		Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use
Pachymetry Probes	Contact, droplet & airborne	Store in case or in holder	Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use		Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use
Contact Ascan Probes	Contact, droplet & airborne	Store in holder	Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use		Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use
Contact Bscan Probes	Contact, droplet & airborne	Store in holder	Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use		Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use

Retcam Handpiece & Lenses	Contact, droplet & airborne	Store in holder	Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use		Use high level disinfectant such as Tristel Duo OPH. Leave on surface for 2 mins. Rinse thoroughly and completely dry before use
Laminated Reading/Amsler Cards	Droplet & Airborne	Dry Storage		Wipe with standard disinfecting solution	Wipe lens rim with at least with 70% alcohol solution after each use
Handheld Plastic or Laminated Vision Charts (Kay Pics/ Lea paddles etc)	Droplet & Airborne	Dry Storage		Wipe with standard disinfecting solution	Wipe with at least with 70% alcohol solution after use
Occluders/Eye Patch	Contact, droplet & Airborne	Dry Storage		Wipe with isopropyl alcohol swab or at least 70% alcohol solution	
Pen Torches / Hess Torches / WSD torches	Droplet & Airborne	Dry Storage		Wipe with standard disinfecting solution	Wipe with at least with 70% alcohol solution after each use
Red/Green Hess Goggles & TNO glasses	Contact, droplet & Airborne	Dry Storage		Wash with mild soap and water and dry completely	
Rulers /Fixation Stick Targets or similar	Droplet & Airborne	Dry Storage		Wipe with isopropyl alcohol swab or at least 70% alcohol solution	
Stereoacuity Tests (TNO,	Droplet & Airborne	Dry Storage		Wipe with standard disinfecting solution	Wipe with at least with 70% alcohol solution after each use

Titmus, Lang 1 & II)					
Frisby Stereoacuity Test	Droplet & Airborne	Dry Storage		Wipe outside with standard disinfecting solution. Wash Test Plates with mild soap and water and dry completely	
Ret Racks	Droplet & Airborne	Dry Storage		Wash with mild soap and water and dry completely	
Prism Bars (plastic)	Droplet & Airborne	Store in clean, covered case		Alcohol will cause prism bars to degrade over time. Wash thoroughly with mild soap and water and dry completely	
Loose Prism Sets (plastic)	Droplet & Airborne	Store in clean, covered case		Alcohol will cause prism to degrade over time. Wash thoroughly with mild soap and water and dry completely	
Neutral Density Filter Bars	Droplet & Airborne	Store in clean covered case		Alcohol will cause density bars to degrade over time. Wash thoroughly with mild soap and water and dry completely	
Red Filter Bars	Droplet & Airborne	Store in clean, covered case		Alcohol will cause density bars to degrade over time. Wash thoroughly with mild soap and water and dry completely	

Bagolini Lens Frames	Droplet & Airborne	store in drawer or covered case		Wash with mild soap and water and dry completely	
Direct ophthalmoscope / Retinoscope	Droplet & Airborne			Wipe outside with at least 70% alcohol solution	
Fundus Lenses (non-contact)	Droplet & Airborne	Store in lens case		Wipe with isopropyl alcohol swab before each use and completely dry with tissue	
Contact Lens Cases	Droplet & Airborne	After autoclaving, store sterilisation pouches in cupboard		Clean with Sonidet (or equivalent) solution and rinse prior to autoclave	

For Optometry specific advice including contact lens trial disinfection, visit Optometry Australia's [Infection Control Guidelines and Advice page](#).

ORTHOTICS AND PROSTHETICS

The following table lists reusable medical devices specific to the orthotics/prosthetics profession. Instructions for cleaning of other medical devices used across a range of Allied Health professions e.g. crutches, wheelchair, walking stick/frame, are listed at the beginning of Appendix 3.

Re-usable medical device item requiring re-processing	Pre-caution type	Storage	Before each use	After each use
Plastic shell orthosis with replaceable lining and straps that can be removed and discarded (e.g. bed resting ankle-foot-orthoses, hip abduction orthosis)	Standard	Clearly labelled in a 'clean' area/container. All instruments should be packaged.	Inspect for soiling.	<ol style="list-style-type: none"> 1. Use glove or a plastic bag to bring item to the cleaning station. 2. Disposable orthoses or parts there-of, contaminated with blood, body fluid secretions or excretions must be disposed of in contaminated waste bins. This includes dressing, socks, stockinet and liners. 3. Clean the item: Plastic surfaces should be scrubbed with a detergent solution, rinsed with clean water and dried. If the item will not tolerate disinfectant/detergent wipes, use isopropyl alcohol wipes. 4. Disinfect item: Plastic surfaces can be wiped with a disinfectant wipe. If the item will not tolerate disinfectant/detergent wipes, use isopropyl alcohol wipes. Assistive devices with irregular surfaces may require sanitizer to be sprayed in addition to wiping down 5. Place cleaned items OUTSIDE the cleaning station using surface protection. 6. Nothing should be removed from the cleaning station until disinfected. 7. Wipe down the cleaning station surface after use. 8. Dispose of wipes, bags and gloves.

Re-usable medical device item requiring re-processing	Pre-caution type	Storage	Before each use	After each use
				<p>9. Hand hygiene before picking up the clean items.</p> <p>Always refer to manufacturer's instructions and TGA legislation for class 1 medical devices. In the absence of these instructions, conduct a risk assessment before re-using any medical device.</p>
	Contact, droplet, airborne	As above	As above	As above
Invasive orthosis e.g. Halo orthosis - a medical device used to stabilise the cervical spine after traumatic injuries to the neck, or after spinal surgery. The device consists of a vest, stabilisation bars and a metal ring encircling the client's head and fixated to the skull with multiple pins.	Standard	<p>New halo pins must be stored in their original, unopened package. Package integrity of the halo pins must be inspected.</p> <p>If halo pins are re-used:</p> <p>Instruments must be packaged prior to sterilisation in order to maintain sterility until use. Packaging must be intact and dry upon removal from the steriliser. Package integrity must be checked prior to opening.</p> <p>Other componentry must be stored in a clearly labelled in a 'clean' area/container.</p>	<p>New pins and new jacket liner are to be used.</p> <p>Inspect re-usable components for soiling.</p>	<p>In most cases, used pins and jacket liner are discarded.</p> <p>All other componentry requires cleaning as follows:</p> <p>Follow instructions as per row 1 above.</p> <p>All devices leaving the room must be carried out in a clean plastic bag and sealed shut. Always wear gloves when cleaning and handling the device and debug after gloves are removed.</p> <p>If halo pins are re-used, they must be cleaned using steam sterilisation/dry heat sterilisation due to their classification as a 'critical device'.</p> <p>Always refer to manufacturer's instructions and TGA legislation for class 1 medical devices. In the absence of these instructions, conduct a risk assessment before re-using any medical device.</p>
	Contact, droplet, airborne	As above	As above	As above

Re-usable medical device item requiring re-processing	Pre-caution type	Storage	Before each use	After each use
Trial or loan orthosis or prosthetic components e.g. prosthetic liner, trialling different sizes of an orthosis (e.g. 'fit kit')	Standard	Clearly labelled 'clean' area/container.	Inspect for soiling. Measure limb/residuum prior to fitting to eliminate multiple fittings which could lead to unnecessary cross contamination	Hard surfaces to be cleaned and disinfected as per row 1 above. Absorbent material such as straps can be sprayed with alcohol/Dettol Always refer to manufacturer's instructions and TGA legislation for class 1 medical devices. In the absence of these instructions, conduct a risk assessment before re-using any medical device.
	Contact, droplet, airborne	Do not use unless device can be thoroughly cleaned and disinfected. Consult manufacturer's instructions and conduct a risk assessment.	As above.	N/A – do not re-use device if used in cases of transmission-based precautions, unless it can be thoroughly cleaned and disinfected.
Trial footwear e.g. post-op shoe	Standard	Clearly labelled 'clean' area/container.	Inspect for soiling. Client skin needs to be covered, e.g. tubi-grip to ensure device does not touch skin. Measure size of foot prior to trialling to minimise use of multiple shoes.	Follow steps outlined in row 1, above. Absorbent material such as straps can be sprayed with alcohol/Dettol.
	Contact, droplet	Do not use unless device can be thoroughly cleaned and disinfected.	As above	N/A – do not re-use device if used in cases of transmission-based precautions, unless it can be thoroughly cleaned and disinfected.

Re-usable medical device item requiring re-processing	Pre-caution type	Storage	Before each use	After each use
	and airborne	Consult manufacturer's instructions and conduct a risk assessment.		

References:

1. Austin Health (2020) Orthotics/Prosthetics Procedure. Orthotic/Prosthetic Device Cleaning.
2. Sydney Children's Hospital (ND) Orthotics/Prosthetics Department Guidelines. Orthoses and Tools Cleaning Station.
3. Australasian Podiatry Council (2012) Infection Prevention and Control Guidelines for Podiatrists.

SPEECH PATHOLOGY

Item	Precaution Type	Storage	Before each use	After each use	Other
Audio and aerodynamic recording equipment	Standard	Storage case, clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant. Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ local procedures.	Use a protective cover.
Blom Singer Laryngectomy Tube	Standard	Storage case, clean and dry area	Alcohol wipe or disinfectant	Reprocessed as per manufacturer's requirements	Single client use
Cuff pressure manometer	Standard	Clean, dry and dust-free area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant. Clean and store equipment as per relevant organisation protocols/ practice procedures.	
Dilators (e.g. tracheoesophageal puncture dilator)	Standard	Sealed sterile package, clean and dry area	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per relevant organisation protocols/ practice procedures.	
Electrical stimulation device	Standard	Storage case, clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant. Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ practice procedures.	Single-use electrode pads.
Electrolarynx	Standard	Storage case, clean	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant.	

Item	Precaution Type	Storage	Before each use	After each use	Other
		and dry area		Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ practice procedures.	
Electronic assistive technology (e.g. iPad, Lightwriter)	Standard	Storage case, clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant. Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ practice procedures.	Use a protective cover where possible.
Endoscope	Standard	Storage case, clean and dry area	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ practice procedures.	
Feeding utensils, mealtime equipment, speciality teats/bottles	Standard	Clean, dry and dust-free area	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per relevant organisation protocols/ practice procedures.	Use clients or single use/disposable items where possible (e.g. cups, spoons).
FEES equipment – camera, light source, camera processor, monitor, keyboard, image capture system, microphone/s speakers	Standard	Clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant. Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ practice procedures.	

Item	Precaution Type	Storage	Before each use	After each use	Other
Goggles/face shields	Standard	Clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant. Clean and store equipment as per relevant organisation protocols/ practice procedures.	
Instrument tray (e.g. endoscopy)	Standard	Sealed sterile package, clean and dry area	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per relevant organisation protocols/ practice procedures.	
Lockable forceps	Standard	Sealed sterile package, clean and dry area	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per relevant organisation protocols/ practice procedures.	
Long curved scissors	Standard	Sealed sterile package, clean and dry area	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per relevant organisation protocols/ practice procedures.	
Metal tweezers	Standard	Sealed sterile package, clean and dry area	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per relevant organisation protocols/ practice procedures.	
Mirror (e.g. laryngeal mirror)	Standard	Clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant	
Nasometry equipment	Standard	Storage case, clean	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant.	

Item	Precaution Type	Storage	Before each use	After each use	Other
(e.g. Nasometer)		and dry area		Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ practice procedures.	
Non-invasive ventilation machine (e.g. Continuous Positive Airway Pressure (CPAP))	Standard	Machine - storage case, clean and dry area Tubing/ mask – sealed sterile package, clean and dry area	Machine - alcohol wipe or disinfectant. Tubing and mask – use from autoclave bag/pouch	Machine - alcohol wipe or disinfectant. Tubing and mask - decontaminated and reprocessed. Clean and store equipment as per the manufacturer's requirements and relevant organisation protocols/ practice procedures.	
Passy Muir Speaking Valve	Standard	Storage case, clean and dry area	Alcohol wipe or disinfectant	Reprocessed as per manufacturer's requirements	Single client use
Stethoscope	Standard	Clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant	
Stoma button	Standard	Storage case, clean and dry area	Alcohol wipe or disinfectant	Reprocessed as per manufacturer's requirements	Single client use
Torch/headlamp	Standard	Clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant.	
Voice amplifier	Standard	Clean and dry area	Alcohol wipe or disinfectant	Alcohol wipe or disinfectant	Single-use windsock
Voice prostheses, voice prosthesis sizers	Standard	Sealed sterile package, clean and dry area.	Use from autoclave bag/pouch	Decontaminated and reprocessed. Clean and store equipment as per relevant organisation protocols/ practice procedures.	

Appendix 5: PPE Guide for Specific Tasks by Profession

SPEECH PATHOLOGY

These recommendations apply across practice settings (e.g. acute care, community care, private practice). Although comprehensive, the list of tasks and required PPE is not exhaustive. Standard precautions (including hand hygiene) are required for all clients regardless of known infectious status (1). Client related factors may influence the need for further precautions e.g. droplet or airborne. Please consult the Speech Pathology Australia Risk Assessment Tool (COVID-19) [SPA-RAT (COVID-19)] (9) to help guide your decision-making and apply the relevant modifications within your setting. Note: Precaution types and aerosol generating procedures are defined as per the NHMRC guidelines (1).

Task	Precaution Type	PPE				
		Hand Hygiene	Gloves	Gown	Mask	Eye/Face Protection
Cancer care and management	Standard	✓				
	Contact					
	Droplet		✓	Long-sleeved	Surgical	Googles
Assessment or intervention with clients who present with chronic respiratory conditions (e.g. vocal cord dysfunction, chronic cough, irritable larynx syndromes, respiratory comorbidities)	Standard	✓				
	Droplet					
	Airborne		✓	Long-sleeved	Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Communication assessment or intervention	Standard	✓				
	Droplet					
	Airborne (e.g. motor speech)		✓	Long-sleeved	Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Dysphagia therapy	Standard		✓	Apron/gown		
	Droplet			Long-sleeved	Surgical	Googles

Task	Precaution Type	PPE				
		Hand Hygiene	Gloves	Gown	Mask	Eye/Face Protection
	Airborne	✓			Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Endoscopic procedures (i.e. flexible endoscopic evaluation of swallowing (FEES), endoscopic voice, cough assessment, biofeedback or laryngeal training)	Standard	✓	✓	Apron/gown	Surgical	Googles
	Droplet			Long-sleeved	Surgical	Googles or face shield
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	
Evaluation of mealtime supports	Standard	✓	✓	Apron/gown		
	Droplet			Long-sleeved	Surgical	Googles
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Instrumental speech and respiratory function testing (e.g. velopharyngeal/resonance), voice assessment and intervention (including loud voicing and singing)	Standard	✓				
	Droplet		✓	Long-sleeved	Surgical	Googles
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Oral trials conducted as part of a swallowing/feeding assessment (e.g. Clinical Swallowing Examination (CSE) or Videofluoroscopic Swallowing Study (VFSS)), cervical auscultation and mouth care	Standard	✓	✓	Apron/gown		
	Droplet			Long-sleeved	Surgical	Googles
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Oro-motor/oro-peripheral examination	Standard		✓	Apron/gown if indicated		
	Droplet			Long-sleeved	Surgical	Googles

Task	Precaution Type	PPE				
		Hand Hygiene	Gloves	Gown	Mask	Eye/Face Protection
	Airborne	✓			Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Procedures, assessments or interventions with clients who have difficulty with saliva management and/or who exhibit distress (e.g. crying or yelling)	Standard	✓	✓	Apron/gown		
	Droplet			Long-sleeved	Surgical	Googles
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Testing cough and gag reflexes	Standard	✓	✓	Apron/gown		
	Droplet			Long-sleeved	Surgical	Googles
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	Googles or face shield
Non-invasive ventilation and high flow nasal oxygen (HFNO) – swallowing and communication assessment or intervention	Standard	✓	✓	Long-sleeved	Surgical	Googles or face shield
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	
Respiratory support via nasal cannula – swallowing and communication assessment or intervention	Standard	✓	✓	Long-sleeved	Surgical	Googles or face shield
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	
Speech pathologist-led laryngectomy care and management (e.g. voice prosthesis changes, stoma inspection)	Standard	✓	✓	Long-sleeved	Surgical	Googles or face shield
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	

Task	Precaution Type	PPE				
		Hand Hygiene	Gloves	Gown	Mask	Eye/Face Protection
Tracheostomy care and management	Standard	✓	✓	Long-sleeved	Surgical	Googles or face shield
	Airborne				Surgical or P2/N95 respirator if suspected/confirmed	

References specific to this table:

1. Australian Government. Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak [Internet]. Australian Government; 2020. Available from: <https://www.health.gov.au/sites/default/files/documents/2020/06/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.pdf>
2. Royal College of Speech and Language Therapists COVID-19 Advisory Group. RCSLT guidance on personal protective equipment (PPE) and COVID-19 [Internet]. Royal College of Speech and Language Therapists; 2020. Available from: <https://www.rcslt.org/-/media/RCSLT-PPE-guidance-20-March-2020->
3. Speech Pathology Australia. Speech Pathology Australia guidance for service delivery, clinical procedures and infection control during COVID-19 pandemic [Internet]. speechpathologyaustralia.org.au. 2020. Available from: https://www.speechpathologyaustralia.org.au/SPAweb/About_us/COVID-19_News_and_Information/COVID-19_-_Guidance_for_Service_Delivery/SPAweb/About_Us/COVID-19/Guidance_for_Service_Delivery.aspx?hkey=fc19a880-e7a8-4246-8631-a474fc43d4ae
4. South Australia Health. COVID-19 Personal Protective Equipment (PPE) Matrix and Infection Control Recommendations [Internet]. Adelaide: Government of South Australia; 2020. Available from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/covid-19+personal+protective+equipment+assessment+matrix>

ORTHOTICS AND PROSTHETICS

The following orthotic/prosthetic specific tasks and recommended PPE are in addition to the common allied health tasks listed previously in Table 13. The precautionary PPE listed in this table is considered to be **standard** level precautions. For contact, droplet or airborne transmission PPE guidelines, please refer to table 14.

Task	Gloves	Gown	Mask	Eye protection
Handling used orthosis/prosthesis when exposure to blood/body substances is not expected (e.g. skin not broken, no wound)				
<ul style="list-style-type: none">Within a clinic rooms/wardIn a workshop and using non-particle dispersing tools (e.g. hammer, gluing, heat gun)Within a workshop and using particle dispersing tools (e.g. grinder)	At practitioner discretion			
Handling used orthosis/prosthesis when exposure to blood/body substances is expected (e.g. pressure sores on a diabetic foot, post-amputation surgery, visible blister or skin breakdown)				
<ul style="list-style-type: none">Within a clinic rooms/ward	Yes	Yes		
<ul style="list-style-type: none">In a workshop and using non-particle dispersing tools (e.g. hammer, gluing, heat gun)	Yes	Yes		
<ul style="list-style-type: none">Within a workshop and using particle dispersing tools (e.g. grinder) <p><i>*an open face shield is inadequate. PPE must close over mouth/face</i></p>	Yes	Yes	Yes*	Yes*

ORTHOPTICS

The below table relates to standard precautions

Procedure	Hand Hygiene	Non-Sterile Gloves	Sterile Gloves	Surgical Mask	Eye Protection	Gown
Standard client consultation (low risk, asymptomatic client)	Yes	-	-	-	-	-
Open wound following ocular /eyelid trauma /penetrating eye injury/globe rupture	Yes	Yes				
Assessment of suspected infectious conjunctivitis client (Follow RANZCO guidelines [11])	Yes	Yes	-	Yes	Risk assessment	-
Assessment of deemed high risk clients (i.e. Including. known eye infections)	Yes	Yes	-	Yes	Risk assessment	-
Removal of post-operative eye dressings	Yes	Yes	-	-	-	-
Set-up/Assisting with Intravitreal Injections (Follow RANZCO guidelines [12])	Yes	Yes	-	Yes	-	-
Set-up/Assisting of In-rooms Procedures by ophthalmologist (external eye/adnexa)	Yes	Yes	-	Yes	-	-
Set-up/Assisting with In-rooms Procedures by ophthalmologist (internal eye)	Yes	-	Yes	Yes	-	+/- procedure dependent

PPE Use for Additional Precautions

When in-person consultations are required, orthoptists are advised to follow the state department health directives. Where hospital or ophthalmology department/clinic directives are not in place, orthoptists should use their own judgement regarding use of PPE in asymptomatic, routine clients.

Orthoptists should assess infection risk on a case-by-case basis, taking into consideration RANZCO guidance about how to assess clients, and be permitted to wear their own PPE, if they feel this is clinically justified.

General guidelines used are;

1. Level of PPE usage during additional precautions varies depending on whether public hospital or private clinic setting. All orthoptists in public hospital eye clinics adhere to hospital guidelines and ophthalmology department protocols and should wear PPE for all eye examinations (minimum: Level 2 fluid resistant mask, eye protection +/- gown/apron). All masks and gowns should be worn for up to 4 hours or unless damp or soiled

2. In a paediatric setting, orthoptists should wear PPE as above.
3. **Visual Field Testing.** All clients and staff should wear masks during visual field testing that covers their noses and mouth. If required, the bridge of the nose should be taped to prevent exhaled breath fogging the trial lens.
4. **Slit Lamp Examination** – Perspex breath shields should be installed on all slit lamps and any equipment that has similar eye pieces that the shields fit. This along with additional PPE provides protection from coughing, sneezing and splashing

References specific to this table:

- [1] NHMRC. *Australian Guidelines for The Prevention and Control of Infection in Healthcare*, Canberra, ACT Australia. (2019)
- [2] QLD Health, 2020. *Interim infection prevention and control guidelines for the management of COVID-19 in healthcare settings* (Version 1.1211 May 2020). Available at: https://www.health.qld.gov.au/data/assets/pdf_file/0038/939656/qh-covid-19-Infection-control-guidelines.pdf
- [3] Gold Coast Health Speech Pathology Paediatric and Adult Services, 2020. *COVID-19 Clinical and PPE Guidelines – Updated 10.06.2020*.
- [4] Australasian Podiatry Council. *Infection Prevention and Control Guidelines for Podiatrists*, Brunswick East Australia (2012)
- [5] Audiology Australia. *Australian Guidelines for the prevention and control of infection in healthcare: Summary and Audiological Perspective* (June 2010)
- [6] UK's Audiology and professional bodies, *Audiology and otology guidance during Covid-19*, (May 2020)
- [7] International Society of Radiographers & Radiological Technologists. *ISRRT Response Document - Appropriate and safe use of Medical Imaging and Radiation Therapy with infection control measures considered in addition to standard radiation protection procedures* (April 2020)
- [8] Lian K, Napper G, Stapleton FJ, Kiely PM. *Guidelines: Infection Control guidelines for optometrists 2016*, *Clinical and experimental Optometry* 2017; 100: 341-356.
- [9] The Royal College of Ophthalmologists. *PPE Requirements for Ophthalmology* (April 2020)
- [10] Doncaster and Bassetlaw Teaching Hospitals – NHS Foundation Trust. *Standard Infection Prevention and Control Precautions Policy* (Jan 2018)
- [11] The Royal Australian and New Zealand College of Ophthalmologists (RANZCO). *Infection Control Guidelines to Prevent Nosocomial Epidemic Keratoconjunctivitis (EKC)* (December 2010). Available at: <https://ranzco.edu/home/policies-and-guidelines/>
- [12] The Royal Australian and New Zealand College of Ophthalmologists (RANZCO). *Guidelines for Performing Intravitreal Therapy* (June 2017). Available at: <https://ranzco.edu/home/policies-and-guidelines/>

Appendix 6: Recommended Task Modifications

Please note that information related to standard conduct of tasks has not been noted, only variations from typical standard practice by additional precaution level and tasks relevant to various professions.

ORTHOPTICS

When RANZCO triaging guidelines are lifted or in cases where clients require face-to-face consultations, some tests should be deferred or modified as outlined below;

1. Orthoptic consultations should be simplified or tests rationalised to maintain consultations under 15 minutes where possible. In consultations that require extensive testing (i.e. longer than 15 minutes such as in a new cataract assessment for example), If possible rotate orthoptists to conduct additional tests such as ocular biometry, topography and OCT.

Task	Precaution type	Air handling	Task modification
Visual Field Testing	Contact, droplet + airborne	No change	Defer all non-urgent cases. If necessary, client must wear a mask and orthoptist should wear PPE. Shortest test option should be performed
Goldmann/ Perkins Applanation Tonometry	Contact, droplet + Airborne	No change	Use disposable applanation prisms or alternative method such as iCare with disposable tips and discard tip after use
Contact Biometry	Contact, droplet + airborne	No change	Use only if optical biometry measurements cannot be obtained or do not meet acceptable protocols in place
Immersion Biometry	Contact, droplet + airborne	No change	Use only if optical or contact biometry cannot be obtained
Paediatric Cycloplegic Refraction	Contact, droplet + airborne	No change	Defer non-urgent refractions possible to next visit. If not, PPE should be worn by orthoptist
Corneal Cross-Linking	Contact, droplet + airborne	No change	Defer treatment in non-urgent cases. If not, consider reducing Part 1 soak to 15 mins duration if possible. Use additional face drape instead of client face mask
Ocular Electrophysiology	Contact, droplet + airborne	No change	Defer all non-urgent cases. If not, PPE should be worn by orthoptist

SPEECH PATHOLOGY

- The **recommendations in this table are for infection positive or suspected clients only** and apply across practice settings (e.g. acute care, community care, private practice). For example, a physically separated space under airborne precautions might include a negative pressure room in a hospital, or a bedroom with the door closed in the home environment.
- Although comprehensive, the list of tasks and required PPE is not exhaustive. Please consult the Speech Pathology Australia Risk Assessment Tool (COVID-19) [SPA-RAT (COVID-19)] (9) to help guide your decision-making and apply the relevant modifications within your setting.
- Standard precautions (including hand hygiene) are required for all clients regardless of known infectious status (1).. Procedures, assessments and interventions should only proceed if the relevant task modifications can occur, and appropriate PPE equipment is accessible.
- Note: Precaution types and aerosol generating procedures are defined as per the NHMRC guidelines (1).
- For all tasks outlined below the following air handling procedures are recommended:
 - When droplet precautions are in place air handling procedures require use of single room with door closed or physically separate area (e.g.: curtain divider)
 - When airborne precautions are in place use a single room (negative and/or ventilated), with the door closed, physically separated closed area or spaced >3m from other clients and leave room free for a period of time (>20 min) to allow aerosols to settle if using the same space.
- For all precaution types visitor PPE requirements should be the same as staff
- Whenever droplet and/or airborne precautions are in place visitor numbers should be restricted.

Task	Precaution Type	PPE	Task modification	Other
Cancer care and management	Contact	Gloves, long-sleeved gown.	<ul style="list-style-type: none"> • Nil change. 	<ul style="list-style-type: none"> • Discuss with the multidisciplinary team and review medical notes. • Limit personnel and non-essential staff where possible.
	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> • Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. • Arrange home delivery of supplies as appropriate. 	
Assessment or intervention with clients who present with chronic respiratory conditions (e.g. vocal cord dysfunction, chronic cough, irritable larynx)	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> • Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. 	<ul style="list-style-type: none"> • Limit personnel and non-essential staff where possible.
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<p style="text-align: center;">+</p> <ul style="list-style-type: none"> • Defer service if possible. 	

Task	Precaution Type	PPE	Task modification	Other
syndromes, respiratory comorbidities)				
Communication assessment or intervention	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. Consider employing alternate modes of service delivery. 	<ul style="list-style-type: none"> Discuss with the multidisciplinary team and review medical notes. Consider need and infection control measures for assessment tools (e.g. paper manual). Limit personnel and non-essential staff where possible.
	Airborne (e.g. motor speech)	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<p style="text-align: center;">+</p> <ul style="list-style-type: none"> Defer service if possible. 	
Dysphagia therapy	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. Encourage clients to self-feed or have parent/carer feed and use disposable or client's own feeding/mealtime equipment. Listen for changes to vocal quality, observe respiratory rate and minimise the risk of provoking cough. If required, perform laryngeal palpation standing to the side. Paediatric – breastfeeding. Use standard ward or infant's teats/bottles and only provide when essential. Follow practice sterilisation procedures for teats/bottles 	<ul style="list-style-type: none"> Discuss with the multidisciplinary team and review medical notes. Limit personnel and non-essential staff where possible.

Task	Precaution Type	PPE	Task modification	Other
			<ul style="list-style-type: none"> and feeding utensils. Consider supply maintenance if provider infectious. Consider employing alternate modes of service delivery. 	
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<p style="text-align: center;">+</p> <ul style="list-style-type: none"> Defer service if possible. 	
Endoscopic procedures (i.e. flexible endoscopic evaluation of swallowing (FEES), endoscopic voice, cough assessment, biofeedback or laryngeal training)	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. Encourage clients to self-feed and use disposable or client's own feeding/mealtime equipment. Minimise the risk of provoking cough. 	<ul style="list-style-type: none"> Triage existing clinical needs with treating teams and cease non-urgent investigations. Limit personnel and non-essential staff where possible.
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<p style="text-align: center;">+</p> <p>Defer service if possible.</p>	
Evaluation of mealtime supports	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. If required, perform laryngeal palpation standing to the side. Encourage clients to self-feed or have parent/carer feed and use disposable or client's own feeding/mealtime equipment. Listen for changes to vocal quality, observe respiratory rate. Consider employing alternate modes of service delivery. 	<ul style="list-style-type: none"> Discuss with the multidisciplinary team and review medical notes. Liaise with the multidisciplinary team to limit the repetition of similar assessments. Limit personnel and non-essential staff where possible.

Task	Precaution Type	PPE	Task modification	Other
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<p style="text-align: center;">+</p> <ul style="list-style-type: none"> Defer service if possible. 	
Instrumental speech and respiratory function testing (e.g. velopharyngeal/resonance), voice assessment and intervention (including loud voicing and singing)	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. Consider employing alternate modes of service delivery. 	<ul style="list-style-type: none"> Discuss with the multidisciplinary team and review medical notes. Consider need and infection control measures for assessment tools (e.g. paper manual). Limit personnel and non-essential staff where possible.
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<p style="text-align: center;">+</p> <ul style="list-style-type: none"> Defer service if possible. 	
Oral trials conducted as part of a swallowing/feeding assessment (e.g. Clinical Swallowing Examination (CSE) or Videofluoroscopic Swallowing Study (VFSS)), cervical auscultation and mouth care	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. If required, perform laryngeal palpation standing to the side. Encourage clients to self-feed or have parent/carer feed and use disposable or client's own feeding/mealtime equipment. Listen for changes to vocal quality, observe respiratory rate, observe saliva swallows at rest/general management and minimise the risk of provoking cough. Consider nursing assisted remote assessment (e.g. Yale Swallow Protocol, Dysphagia Screening Test). 	<ul style="list-style-type: none"> Triage existing clinical needs with treating teams (e.g. need for VFSS). Discuss with the multidisciplinary team and review medical notes. Liaise with the multidisciplinary team to limit the repetition of similar assessments. Consider need and infection control

Task	Precaution Type	PPE	Task modification	Other
			<ul style="list-style-type: none"> • Cervical auscultation - low risk neonatal and paediatric populations only. Stethoscope dedicated to the client and cleaned between use. • Mouth care - cease any direct oral cares. • Consider employing alternate modes of service delivery. 	<p>measures for assessment tools (e.g. paper manual).</p> <ul style="list-style-type: none"> • VFSS – schedule procedure to minimise cleaning impact. Consider wearing surgical gown under and above lead apron and doffing both after the procedure. • Limit personnel and non-essential staff where possible.
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<p style="text-align: center;">+</p> <ul style="list-style-type: none"> • Defer service if possible. 	
Oro-motor/ oro-peripheral examination	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	<ul style="list-style-type: none"> • Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. • Utilise physically distanced observation where possible (e.g. CN VII, XII). Discontinue unless clinically indicated. • Paediatric - use a dummy or parent/carer gloved finger to evaluate non-nutritive suck strength, observe oral structures at rest/during speech and swallowing to inform modified examination. • Consider employing alternate modes of service delivery. 	<ul style="list-style-type: none"> • Discuss with the multidisciplinary team and review medical notes. • Liaise with the multidisciplinary team to limit the repetition of similar assessments. • Limit personnel and non-essential staff where possible.

Task	Precaution Type	PPE	Task modification	Other
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	+ • Defer service if possible.	
Procedures, assessments or interventions with clients who have difficulty with saliva management and/or who exhibit distress (e.g. crying or yelling)	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	• Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. • Consider employing alternate modes of service delivery.	• Limit personnel and non-essential staff where possible.
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	+ • Defer service if possible.	
Testing cough and gag reflexes	Droplet	Gloves, long-sleeved gown, surgical mask, eye protection.	• Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min.	• Limit personnel and non-essential staff where possible.
	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	+ • Defer service if possible.	
Non-invasive ventilation and high flow nasal oxygen (HFNO) – swallowing and communication assessment or intervention	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	• Defer service if possible. Consider employing alternate modes of service delivery. • Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. • Encourage clients to self-feed or have parent/carer feed and use disposable or client's own feeding/mealtime equipment.	• Limit personnel and non-essential staff where possible.
Respiratory support via nasal cannula – swallowing and communication assessment or intervention	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	• Defer service if possible. Consider employing alternate modes of service delivery.	• Limit personnel and non-essential staff where possible.

Task	Precaution Type	PPE	Task modification	Other
			<ul style="list-style-type: none"> Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. Encourage clients to self-feed or have parent/carer feed and use disposable or client's own feeding/mealtime equipment. 	
Speech pathologist-led laryngectomy care and management (e.g. voice prosthesis changes, stoma inspection)	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<ul style="list-style-type: none"> Defer service if possible. Consider employing alternate modes of service delivery. Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. Provide home management education of voice prosthesis leakage and ensure the client has emergency equipment at home (e.g. plug or catheter, thickener powders, adequate HME equipment, alternative communication access and supportive communication strategies). Consider co-phenylcaine spray to minimise the risk of provoking cough, the use of spacers and/or closed systems for delivery of mists. 	<ul style="list-style-type: none"> Triage existing clinical needs with treating teams (e.g. ENT). Appointments only for urgent issues (e.g. leaking valve, prosthesis change, communication assessments). Do not conduct an in person appointment if the client is presenting with respiratory symptoms. Limit personnel and non-essential staff where possible.
Tracheostomy care and management	Airborne	Gloves, long-sleeved gown, P2/N95 respirator eye protection or face shield.	<ul style="list-style-type: none"> Defer service if possible. Sit/stand $\geq 1.5\text{m}$ beside the client, limit interaction to ≤ 15 min. Consider delaying cuff vocalisation/cuff deflation for leak speech/one-way speaking valve until status improves or client closer to decannulation. Provide alternative 	<ul style="list-style-type: none"> In consultation with the multidisciplinary team, determine if invasive or aerosol generating procedures (e.g. cuff deflation) are essential.

Task	Precaution Type	PPE	Task modification	Other
			<p>communication access and supportive communication strategies.</p> <ul style="list-style-type: none"> • Delay oral intake until client decannulated or negative. • Consider the use of spacers and/or closed systems for delivery of mists. 	<ul style="list-style-type: none"> • Use in-line suction for COVID-19 positive and suspected clients (if appropriate). • Limit personnel and non-essential staff where possible.

ORTHOTICS AND PROSTHETICS

Task description	Pre-caution type	Task modification
Modifications to work in a technical area when non-particle dispersing tools are used.	Contact, Droplet, Airborne	<p>Before engaging in any project or repair:</p> <p>Conduct cleaning of device including before handing to staff or re-locating in the facility.</p> <p>Post cleaning conduct hand hygiene and apply fresh PPE in line with precaution level requirements and WH&S standards. Employ appropriate physical distancing within technical area.</p> <ul style="list-style-type: none"> Establish a workspace that limits contact with people, tools, and has easy to clean surfaces Bench with non-porous top, out of the traffic flow (i.e., personnel will not need to pass by routinely) Remove unnecessary tools, equipment, material/components stored on or around the bench to avoid contamination Establish a set of commonly used tools that are easy to clean. Assign to the workspace and clean after every use Tools in good working order with non-porous grips (i.e., avoid wooden handles or frayed grips) Organize workspace so that no two devices/projects will touch Materials and components needed for repairs or adjustment should be identified and prepared in advance, whenever possible If additional materials or equipment are needed, consider if second team member who is not in contact with the device is best to source items to avoid cross contamination of stock and supplies
Modifications to work in a technical area when particle dispersing tools are used	Contact, Droplet, Airborne	<p>When working on repair or adjustments:</p> <p>Conduct cleaning of device including before handing to staff or re-locating in the facility.</p> <p>Post-cleaning conduct hand hygiene and apply fresh PPE in line with precaution level requirements and WH&S standards. Employ physical distancing within technical area.</p> <ul style="list-style-type: none"> Machine rooms, vacuum systems, and power tools are difficult to clean and risk of dispersion of infectious agent difficult to determine. Avoid use wherever possible or use hand tools where grinding instruments can be changed between clients (e.g.: hand grinding tool rather than large router). Where possible have grinders in an isolated grinding room where there is one person at a time. Where larger items must be used, clean to best ability and according to manufacturer's instructions, minimize personnel exposure to these areas/tools.

Task description	Pre-caution type	Task modification
		<ul style="list-style-type: none"> • If possible, dedicate one router and one set of arbors (grinding wheels) and grinding cones to working on devices that may have come in contact • Sanitize hand tools before use on any project • Try to only touch the device with hands (i.e., avoid whole-arm or body contact when seeking leverage, etc.) • Leave air extraction on longer. • PPE for the treating practitioner should be applicable to all staff working in that area • After using or handling any tool, keep the tool away from others until work is complete and device is cleaned. <p>After assistive device has left the workshop:</p> <ul style="list-style-type: none"> • Perform hand hygiene • Conduct cleaning in line with precaution level requirements, consider all tools and work surfaces. Clean entire immediate environment (e.g. floor and particles on walls), wiping of buttons/surfaces. • Perform hand hygiene

Reference: International Society for Prosthetics and Orthotics (2020) Suggestions for Prosthetic Orthotic Clinics that Must Remain Open During the COVID-19 Pandemic

Appendix 7: Allied Health Practice Infection Prevention Control Checklist

Use this checklist to conduct an infection prevention and control audit within your practice.

Hand Hygiene	Yes	No	Action Required/Evidence
Does your practice have a hand hygiene policy and procedure in line with NHMRC Guidelines?			
Do you make hand hygiene products readily accessible to increase compliance?			
Are all staff trained in correct hand hygiene practices			
Are the hand hygiene facilities in your clinic adequate for the tasks being undertaken?			
Do you demonstrate hand hygiene in front of clients?			
Do you promote and facilitate hand hygiene among your clients?			
Do the hand hygiene products you're using meet requirements; are they compatible with one another?			
Are all staff compliant with policies in place?			
Is there a designated hand-washing sink in client communal areas?			
Clothing	Yes	No	Action Required/Evidence
Are there policies in place to ensure staff meet clothing requirements for the clinical environment?			
Are there appropriate safety protocols and procedures in place for protective clothing in non-client care areas?			
Are there displayed resources/guides such as the "bare below the elbows" initiative for staff to comply with?			
Are staff correctly managing cleaning of soiled uniforms and/or clothing?			
Coughing and Sneezing	Yes	No	Action Required/Evidence
Does your workplace display respiratory hygiene and cough etiquette educational material?			
Do you separate clients with respiratory symptoms as much as possible?			
Is there suitable availability of tissues and bins for clients, visitors and staff in all areas?			
Do you advise staff and clients to avoid attendance whilst symptomatic?			
Client Education	Yes	No	Action Required/Evidence
Does your workplace have client education materials on infection prevention and control, using a variety of media & languages?			
Do people know how to provide feedback if they want to?			
Do clients know how to use what you provide them in line with infection prevention and control over time?			
Blood and Body Spills	Yes	No	Action Required/Evidence

Does your workplace have spill kits readily available in clinical areas?			
Are there policies and procedures in place for maintaining and re-stocking spill kits?			
Does your workplace have an appropriate detergent solution for cleaning of spill areas?			
Is your workplace free of carpet in clinical areas where spills may occur?			
Sharps Management	Yes	No	Action Required/Evidence
Are there protocols and procedures for the safe handling and disposal of sharps?			
Are your policies complying with the relevant standards pertaining to sharps handling and disposal?			
Do your sharps safety policies and procedures also take into account relevant state or territory legislation and the Work Health and Safety Act 2011?			
Are there approved sharps containers complying with Australian standards available at the point-of-use?			
Are staff immunisations up to date?			
Do you have procedures for reporting sharps injury?			
Are your staff educated on safe sharps management?			
Aseptic Technique	Yes	No	Action Required/Evidence
Have you identified procedures in your practice which require aseptic technique?			
Do your policies and procedures document aseptic technique?			
Have you outlined training requirements and renewal frequency for your staff to be competent in ANTT?			
Have you conducted a risk assessment to determine the level of aseptic practice required throughout your practice?			
Do your staff have access to necessary sterile devices, equipment and PPE if required?			
Waste Management	Yes	No	Action Required/Evidence
Do you have a practice waste management plan?			
Are you abiding by your relevant state or territory regulations for waste management?			
Are you complying with Standard AS/NZS 3816: 2018?			

Are your waste management practices in accordance with the Waste Management Association of Australia's industry code of practice?			
Do you have functional and identifiable (with signs/colours) waste collection containers and/or bins, for general waste and clinical waste, in close proximity to all waste generation points?			
Linen	Yes	No	Action Required/Evidence
Do you have documented policies on the collection, transport and storage of linen?			
Are your policies in accordance with Standard AS/NZS 4146: 2000?			
Staff Health and Safety	Yes	No	Action Required/Evidence
Do you have an appropriate staff immunisation policy based on state or territory health authority and/or Commonwealth legislation, specifying a framework for the assessment, screening and vaccination of healthcare workers?			
Do your secure staff immunisation records include screening results, vaccination history, serology, immunisations with batch details and a record of staff who choose not to vaccinate?			
Do you have processes in place to manage vaccination refusal, contraindication to vaccination or vaccine non-response of your staff?			
Do you have a method for determining risk to your workers when a client presents with an infectious disease?			
Does your practice have comprehensive written policies regarding disease-specific work restriction and exclusion?			
Does your practice have a comprehensive occupational health program to manage healthcare workers in specific circumstances that put them at greater risk of infection?			
Do you have surveillance policies and procedures?			
Do you need a policy relating to infection prevention and control to manage assistance animals?			
Infection Prevention and Control Strategy	Yes	No	Action Required/Evidence
Do you have an infection prevention and control strategy and a framework for managing infection prevention and control locally?			
Does your strategy have developed policies and procedures related to staff health and safety and strategies to prevent occupational exposure to infection hazards?			
Are there sufficient resources available to support and maintain all aspects of the infection prevention and control			

strategy, including regular compliance monitoring and reviews?			
Is there adequate and ongoing infection prevention and control staff training and available PPE to effectively minimise potential hazards?			
Is there practice-based surveillance of staff and clients which includes timely mechanisms for feedback and reporting to relevant healthcare professionals and senior management?			
Do your policies addressing notifiable diseases and staff health disclosure take into account the relevant public health, antidiscrimination, privacy, industrial relations and equal employment opportunity legislation in your jurisdiction?			
Do you have policies and procedures in place for asking clients to disclose their infectious or transmissible disease status?			
Cleaning	Yes	No	Action Required/Evidence
Does your practice have an appropriate cleaning and maintenance program including cleaning schedules?			
Are there policies and procedures in place outlining when to enhance/intensify routine cleaning based on additional precaution levels?			
Are appropriate and well-maintained cleaning equipment and products available?			
Are your staff aware of PPE requirements during environmental cleaning?			
Does your practice require clearly designated clean and contaminated clinical areas?			
Are your waiting room toys and other materials for clients easily cleaned according to policy and procedure?			
Are your floor coverings appropriate for cleaning in their respective environments?			
Do your treatment chairs/plinths have fluid impervious coverings?			
Are surface barriers readily available and appropriate for all required tasks?			
Reusable Medical Devices	Yes	No	Action Required/Evidence
Have you identified all reusable medical devices in your practice?			
Does your workplace have a policy and process documented for all reusable medical devices being used which is in line with NHMRC Guidelines and relevant standards?			
Does practice design and policy enable workflow which maintains required standards?			
Is your or your off-site services sterilisation documentation compliant with standards?			

Does your workplace have a system which tracks reusable sterile items to individual client level?			
Do you adequately maintain sterilising equipment and have evidence of same?			
Is all critical and non-critical equipment stored appropriately?			
PPE	Yes	No	Action Required/Evidence
Are your staff trained in application and removal of PPE?			
Is there appropriate, readily accessible and correctly stored PPE available for the requirements of the clinic?			
Are there protocols and procedures for the use of latex/non latex and sterile/non-sterile gloves?			
Are there protocols and procedures for the wearing of gowns/ aprons?			
Are there protocols and procedures for the wearing of masks?			
Are there protocols and procedures for the wearing of protective eyewear for clinical staff?			
Are your employees medically approved to wear positive and/or negative respirators if required?			

Glossary

This document utilises terms as defined by the NHMRC Guidelines. Additional key terms not defined within the NHMRC Guidelines and alternative terms used within this document are defined below for clarity.

Term	Meaning
Assistive Technology	Assistive devices and technologies are those whose primary purpose is to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities. The term is used in this document to refer to assistive technology that belongs to an individual for this outlined purpose (12)
Medical Device	Medical devices are used on humans, have therapeutic benefits and generally have a physical or mechanical effect on the body or are used to measure or monitor functions of the body (8); this includes shared client care equipment
Practice policy	Refers to the individual organisation needing to develop their own infection prevention and control policies which are specific to their context
Shared client care equipment	Shared patient care equipment that comes into contact only with intact skin such as blood pressure monitors and wheelchairs is classified as non-critical under the Spaulding Classification (13)
Staff	Includes anyone working in the health organisation who may need to be aware of and comply with infection prevention and control procedures, this includes managers, administration staff, technical staff and clinicians

References

1. Australian Guidelines for the Prevention and Control of Infection in Healthcare. Canberra. National Health and Medical Research Council, May 2019. Avail from: www.nhmrc.gov.au
2. Standard precautions in health care. Geneva, Switzerland. World Health Organisation. Oct,2007
3. Audiological Society of Australia Inc. Australian Guidelines for the Prevention and Control of Infection in Healthcare: Summary and Audiological Perspective. Australia: ASA; 2010
4. Lian K-Y, Napper G, Stapleton F.J, Kiely P.M. Infection control guidelines for optometrists 2016. Clin Exp Optom. 2017;100:341-356.
5. Self-audit tool. Melbourne. Podiatry Board of Australia, August 2019. Available from: <https://www.podiatryboard.gov.au/>
6. Australasian Podiatry Council. Infection Prevention and Control Guidelines for Podiatrists. Brunswick VIC: Australasian Podiatry Council and STEAM Consulting; 2012
7. The Department of Health. Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses [internet]. [Cited 26th June 2020]. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>
8. Australian Government Department of Health Therapeutic Goods Administration. What is a medical device? [internet]. [Cited 6th July 2020]. Available from: <https://www.tga.gov.au/what-medical-device>
9. Speech Pathology Australia COVID-19 Advisory Panel. Risk Assessment Tool [Internet]. Speechpathologyaustralia.org.au. 2020. Available from: <https://airtable.com/shrYkT3GB6mXNR6pa>
10. Australian Orthotic Prosthetic Association (AOPA) COVID-19: Service delivery risk analysis, (2020). Available from: <https://www.aopa.org.au/documents/item/864>
11. Australian Government. Guidance on the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak [Internet]. Australian Government; 2020. Available from: <https://www.health.gov.au/sites/default/files/documents/2020/06/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.pdf>
12. World Health Organisation. Disability, Assistive devices and technologies [internet]. [Cited 6th July 2020]. Available from: <https://www.who.int/disabilities/technology/en/>
13. Queensland Government, Queensland Health. Cleaning and disinfecting shared patient care equipment [Internet] [Cited 6th July 2020]. Available from: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/standard-precautions/cleaning-disinfecting>