H&H Care SA Pty Ltd	**Form13.** Infection Prevention and Control **Australian Government Support at Home Program**	
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Policy and procedure 13
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA reduces infection risk during home and community care. It covers standard and additional precautions, safe equipment and environments, staff health, exposure response and continuity of essential services.

Document control	Details
Policy number	HH SAH IPC 013
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Prepared	24 October 2026
Policy owner	Director and designated IPC Lead
Approved by	Director: Huy Le RN: Thi Ngoc Bich Tran
Effective date	_____
Next review	12 months after approval, or earlier following relevant change
Applies to	Managers, nurses, workers and approved contractors delivering or coordinating home and community care

1 Purpose and scope

Use standard precautions for every client and every relevant task, regardless of known infection status. Add transmission-based precautions when suspected or confirmed infection and the task risk require them. Select controls from current Australian and South Australian guidance and the individual care situation, not diagnosis labels alone.

This policy applies to Support at Home services delivered on behalf of The Fig Trees and other approved registered providers. It does not replace clinical procedures, food safety requirements, first aid or public health directions. Residential outbreak rules must not be applied automatically to private homes without checking their relevance.

2 Responsibilities

The Director appoints an appropriately competent IPC Lead, with RN support and access to specialist IPC advice. Provide training, equipment, PPE, fit testing where required and safe disposal arrangements. The Coordinator obtains infection alerts, plans visits, monitors staff availability and maintains essential care. The Clinical Lead RN assesses clinical concerns, additional precautions and referrals within scope.

Workers perform a point-of-care risk assessment, use precautions, report symptoms and exposures and follow current instructions. Agree The Fig Trees' IPC contacts, information sharing, public health notification and continuity responsibilities in writing. The registered provider retains its statutory responsibilities; H&H Care remains responsible for its workforce and safe delivery. The supplied agreement requires H&H Care infection control training and routine PPE provision.

3 Client rights and proportionality

Explain precautions in the client's preferred language and seek consent for care and relevant assessments. Protect privacy, choice and social connection; do not stigmatise someone or refuse all care because of an infection label. Where a task cannot safely proceed, escalate promptly and arrange a safe alternative for essential needs. This policy does not authorise forced isolation or restrictive practices.

Risk assessment and hand hygiene

4 Before and during each visit

Before starting services and when circumstances change, assess hand hygiene facilities, cleaning space, waste and sharps disposal, equipment, PPE, household illness and the care tasks involved. Ask clients and workers to advise relevant symptoms before visits without expecting them to diagnose the illness. Confirm current alerts and additional precautions with the IPC Lead or RN.

At the point of care, consider contact with blood/body fluids, non-intact skin, mucous membranes, contaminated items, respiratory exposure and aerosol-generating procedures. Confirm ventilation, safe clean/dirty zones, equipment and required PPE. Reassess if symptoms, tasks or conditions change. Do not perform an unsupported aerosol-generating or complex clinical procedure outside H&H Care's approved scope and respiratory protection arrangements.

5 Standard precautions

Standard precautions include hand hygiene; task-appropriate PPE; respiratory hygiene; safe sharps, injections and aseptic practice; cleaning and equipment reprocessing; and safe handling of waste and linen. Use them consistently and add appropriate transmission-based controls when required.

6 Hand hygiene procedure

- Perform hand hygiene before touching the client, before a clean or aseptic procedure, after body-fluid exposure risk, after touching the client and after touching the client's immediate surroundings. Also before food handling, after toileting, and before putting on and after removing gloves as relevant.
- Use alcohol-based hand rub on visibly clean hands when appropriate. Use soap and running water when visibly dirty or soiled, after toileting and where the organism or current guidance requires it, including relevant gastroenteritis precautions.
- Use the approved technique and product instructions: cover all hand surfaces, rub for the recommended time and allow to dry. For handwashing, rinse and dry thoroughly with an appropriate clean drying method.
- Keep nails short and clean, cover cuts with a suitable waterproof dressing and follow role-appropriate jewellery and nail requirements. Use skin-care products compatible with hand hygiene and gloves.
- Gloves do not replace hand hygiene. Change gloves between clients and tasks and between dirty and clean activity on the same person. Never wash, disinfect or reuse single-use gloves.

Carry an accessible home-visit IPC kit with hand rub, appropriate PPE and cleaning supplies as assessed. If required handwashing or other essential facilities are unavailable, obtain a safe alternative through the Coordinator and IPC Lead rather than proceeding with an unsafe procedure. Emergency first aid and help must not be delayed unnecessarily.

PPE and additional precautions

7 Select and use PPE

Exposure risk	PPE and practice considerations
Blood/body fluids mucosa or non-intact skin	Wear suitable gloves; add apron or gown and eye/face protection if clothing or face exposure is likely.
Splash or spray to face	Use appropriate eye protection plus a suitable mask or other specified face protection. Ordinary spectacles alone are not adequate splash protection.
Contact with contaminated environment	Use gloves and protective clothing according to task and additional precautions; remove safely before clean activity.
Respiratory infection risk	Select mask or respirator and eye protection according to current pathogen, exposure and clinical guidance. Add other PPE required by task.
Airborne risk or procedure requiring respirator	Use the specified fit-tested respirator within a respiratory protection program and fit-check at each use; confirm competence and suitable environment.

Use the correct size and compatible items. Inspect before use; follow approved donning and doffing instructions and hand hygiene to avoid self-contamination. Do not touch the front of a used mask or eye protection. Replace damaged, wet, soiled or otherwise unsuitable items as directed and discard single-use items after use; do not wear contaminated PPE between homes.

When a respirator is required, fit testing must establish a suitable make, model and size; a user seal check at each use does not replace fit testing. Facial hair or other features that compromise the seal require an approved alternative or reassignment. A surgical mask is not automatically an acceptable substitute for a required respirator. Seek IPC advice if suitable protection is unavailable and arrange essential care safely.

8 Transmission based precautions in the home

The IPC Lead or RN obtains current advice on suspected or confirmed infection and documents additional contact, droplet or airborne controls, PPE, cleaning, duration, review and communication. Do not wait for test confirmation when the risk already warrants controls. Provide client and household advice without imposing unauthorised restrictions.

Where appropriate, improve ventilation with consent and attention to weather, security and comfort; minimise unnecessary close exposure and consider dedicated equipment. Scheduling an affected visit later may help workflow where appropriate but cannot replace PPE, cleaning or time-critical care. Avoid unnecessary cross-household exposure and maintain a competent replacement plan.

Use cough etiquette, accessible tissues and hand hygiene. Offer a client mask when appropriate and tolerated, but do not force it or assume refusal permits abandonment. Escalate to obtain proportionate alternatives. Clinical testing and treatment need relevant consent and professional authority.

Cleaning equipment linen waste and sharps

9 Cleaning and reusable equipment

Agree cleaning responsibilities and products with the client and provider. Clean work surfaces and reusable equipment before/after use and between clients as required by the task, manufacturer and infection risk. Keep clean supplies separate from contaminated items; do not place a care bag on an unclean floor or use its contents with contaminated gloves.

Use detergent cleaning and add disinfection where indicated. Follow product dilution, compatibility and required wet contact time; do not wipe disinfectant dry prematurely or mix chemicals. Use approved products and safety data instructions. Clean blood/body-fluid spills promptly with appropriate PPE and the approved spill procedure; restrict access until safe.

Use single-use items once. Reusable clinical devices require validated cleaning, disinfection or sterilisation appropriate to intended use and manufacturer instructions; wiping alone is not sufficient for all devices. H&H Care must not undertake unsupported device reprocessing in a client's kitchen. Arrange approved reprocessing or suitable single-use equipment. Clean vehicle contact surfaces and equipment after contamination; keep supplies secure and separate from waste.

10 Linen waste and sharps

Handle used linen with minimal agitation; do not shake or hold it against clothing. Bag at the point of use, separate wet or contaminated linen appropriately and use the agreed laundry method and manufacturer guidance. Wear assessed PPE and perform hand hygiene after handling. Do not take client linen to a worker's home.

Segregate general, clinical and sharps waste according to current South Australian requirements and approved disposal arrangements. Not all household care waste is clinical waste. Use suitable bags or containers, avoid overfilling and never transport loose contaminated waste in a care bag or personal vehicle. Confirm lawful collection, storage and transport where H&H is responsible.

Dispose of sharps immediately into an approved puncture-resistant container at the point of use. Keep the container upright, secure and within safe reach; replace at its fill line. Never recap, bend, break or hand-pass used needles, put them in general waste or reach into a container. Do not pick up an exposed needle by hand; secure the area and obtain trained assistance and approved equipment. Do not use an improvised drink bottle as the service's sharps container.

11 Aseptic practice and injections

Clinical tasks require a task-specific aseptic procedure, suitable environment, authorised instructions and competence. Protect key parts and key sites from contamination, prepare a clean field and pause if asepsis is compromised. Use injection devices and medicines safely under the clinical policy; needles, syringes and single-use devices are never shared or reused. Report breaches promptly and arrange clinical review.

Staff health infection concerns and exposure response

12 Worker health and immunisation

Workers promptly report symptoms or relevant exposures that may affect safe care, including respiratory illness, vomiting/diarrhoea, infectious skin lesions and relevant communicable disease advice. Do not attend client care while unfit or potentially infectious without appropriate clearance. If symptoms start on duty, protect the client, notify the Coordinator and arrange a safe handover and replacement.

Apply current disease-specific exclusion and return-to-work advice, public health directions, clinical risk assessment and contract requirements. Do not assume a single negative test or a generic fixed exclusion period establishes fitness. Record clearance decisions while limiting access to confidential worker health details. Keep a documented vaccination risk assessment and recommended immunisation arrangements appropriate to duties; verify actual legal and contractual requirements rather than calling every recommendation mandatory.

13 Client infection and suspected clusters

Recognise new respiratory symptoms, diarrhoea/vomiting, wound changes, feverishness or atypical deterioration such as confusion or reduced intake. Notify the RN and Coordinator promptly, use additional precautions as advised and arrange clinical review. Call 000 for emergency signs under Policy 12. Do not independently prescribe antibiotics or diagnose an infection from symptoms alone.

Track relevant symptoms and links across visits without unnecessary identification. A suspected cluster involving clients or workers requires prompt IPC Lead review, provider notification and advice from SA Health as appropriate. Agree testing, staff deployment, cleaning, PPE and continuity actions, and check current public health notification duties. Do not assume residential outbreak definitions or reporting rules automatically apply to separate private homes. Infection alone is not automatically a SIRS incident; assess any care failure or qualifying circumstances under Policy 9.

14 Sharps blood or body fluid exposure

- Stop safely. For a needlestick or cut, wash promptly with soap and water; do not squeeze, rub or suck the wound. For splashes, rinse exposed skin or mouth with water and irrigate eyes with clean water or saline. Avoid caustic chemicals.
- Obtain urgent medical assessment immediately through the pre-arranged occupational exposure pathway or an emergency department. Time-sensitive prophylaxis may be needed; do not wait for management approval, source testing or the next day.
- Immediately notify the manager and IPC Lead and complete the incident record once safe. Record time, exposure type, body site, fluid, device, PPE and first aid. Do not handle the sharp again or send it for testing yourself.
- Source-person testing and disclosure require lawful consent or another applicable basis and clinician management. Do not pressure a client or disclose infection status to unnecessary recipients.
- Follow clinician-directed treatment, testing and review. The Director considers WHS, workers compensation, privacy and other reporting duties separately and verifies follow-up and corrective controls.

Home visit IPC risk and readiness checklist

IPC F01 | Complete before relevant care and review when infection status, environment or tasks change. Record evidence and action owners rather than a tick alone.

Client and identifier: _____
Date assessor and role: _____
Tasks and current plan: _____
Symptoms known infection or relevant exposure: _____
Client information consent and preferences: _____

Check	Findings and required action
Hand hygiene and work area	_____ _____
PPE task selection and stock	_____ _____
Respirator fit testing if required	_____ _____
Additional precautions and advice	_____ _____
Clean supplies and care bag	_____ _____
Equipment cleaning/reprocessing	_____ _____
Linen waste and sharps disposal	_____ _____
Ventilation household and staff risks	_____ _____
Essential care and replacement plan	_____ _____

Unresolved hazards and interim controls: _____

_____

Task allowed paused or limited and reasons: _____
IPC/RN advice and authorisation where required: _____
Registered provider notified and role: _____
Actions owner and due date: _____
Workers briefed/current instruction location: _____
Review date and earlier triggers: _____

Do not start a task requiring essential PPE, aseptic controls or competence until those controls are available. Escalate promptly for safe essential care alternatives.

Cleaning and occupational exposure records

Cleaning and equipment record

IPC F02 | Client/location: _____ Worker: _____ Date: _____

Item or area and time	Product method contact time	Completion or issue
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Reusable device instructions/reprocessing reference: _____
Waste or sharps arrangements confirmed: _____
Stock/equipment issue action and manager notified: _____
Worker authentication: _____

Exposure incident and follow up record

IPC F03 | Use with the incident record. Do not delay urgent medical assessment.

Incident reference: _____ Exposed worker/role: _____
Exposure date/time/location: _____
Type body site fluid and device: _____
Task PPE and circumstances: _____
_____
First aid method/time: _____
Urgent clinical service contacted/time attended: _____
Manager/IPC Lead notified and time: _____
Source information held securely and clinician handling: _____
Clinical follow-up reference and next review: _____
Work restrictions/clearance relevant to roster: _____
Other notification assessment owner: _____
Contributing factors and immediate controls: _____
Corrective action owner and due date: _____
Completion effectiveness check and date: _____

Keep confidential test results and medical details in restricted occupational health records. General roster or incident records should contain only what is necessary for safety, review and lawful reporting.

Implementation monitoring and references

15 Readiness monitoring and improvement

Before approval, appoint the IPC Lead and backup; agree provider and clinical escalation contacts; confirm exposure assessment access, PPE supply, waste services and respiratory protection arrangements; and approve task-specific procedures. Train and assess workers in hand hygiene, PPE, cleaning, sharps, aseptic practice appropriate to role and exposure response. Provide accessible infection information to clients and carers.

As internal controls, check IPC stock and task readiness before use, review unresolved IPC hazards each service day, and review infection/exposure trends monthly. Audit a risk-based sample of hand hygiene, PPE use, cleaning and home assessments quarterly, with direct observation where appropriate and respectful of consent. Review the policy and practical competency at least annually and after breaches, new procedures or updated public health advice. Record actions, owners, deadlines and effectiveness.

16 Stewardship records and continuity

Support prescribed antimicrobial treatment within the medication plan, observe response and report adverse effects or lack of improvement. Do not use leftover antibiotics, share medicines or pressure prescribers for antibiotics. Clinical testing and treatment remain the responsibility of authorised practitioners.

Keep risk assessments, training, stock controls, cleaning, exposures, relevant symptom surveillance and IPC advice in controlled records under Policy 8. Notify workers and The Fig Trees of relevant precautions through lawful channels. Apply Policy 7 to staffing shortages and disruption; PPE or isolation measures must not conceal unmet essential care.

17 Related policies and references

Policies 1 to 12; medication, clinical governance, wound and other clinical procedures, food safety, waste management, WHS and respiratory protection arrangements. Aged Care Act 2024 and Rules 2025; applicable strengthened Quality Standards; Work Health and Safety Act/Regulations (SA); South Australian public health and waste requirements; The Fig Trees agreement and variations.

- Australian Commission on Safety and Quality in Health Care — Aged Care Infection Prevention and Control Guide, current version and home/community sections. https://www.safetyandquality.gov.au/resources/aged-care-infection-prevention-and-control-guide
- NHMRC — Australian Guidelines for the Prevention and Control of Infection in Healthcare, current online version. https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019
- Commission — Infection prevention and control in home/community care. https://www.agedcarequality.gov.au/strengthened-quality-standards/environment/infection-prevention-and-control
- SA Health — Blood and Body Fluid Occupational Exposure Guideline, current version. https://www.sahealth.sa.gov.au/ Search the guideline title and follow the current occupational exposure pathway.
- Department of Health, Disability and Ageing — Infection prevention and control in aged care. https://www.health.gov.au/topics/aged-care/managing-respiratory-infection/infection-prevention-and-control-in-aged-care

Official guidance checked 24 October 2026. Adapt health-service guidance to H&H Care's setting and scope; public health directions and organism-specific requirements may change. This policy does not replace practical training or qualified IPC advice.

Director approval: _____ Clinical Lead RN approval: _____
Effective date: _____ Next review: _____
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