H&H Care SA Pty Ltd

SUPPORT WORKER TRAINING & WORKPLACE PROTOCOL

Infection Prevention and Hand Hygiene

Maintaining a Safe, Clean and Healthy Environment for NDIS Participants and Support Workers

Training Category: Infection Prevention and Control (IPC), Hand Hygiene, Personal Protective Equipment (PPE) and Workplace Safety

Applies To: All H&H Care SA Support Workers, SIL Staff, Team Leaders, Care Coordinators and Relevant Contractors

Service Settings: Supported Independent Living (SIL), In-Home Support, Personal Care, Domestic Assistance and Community Participation

Document Type: Staff Training Article and Proposed Workplace Protocol

Review Frequency: Annually or following significant changes to infection control guidance, NDIS requirements or organisational procedures

Document Status: Draft for Management Review and Approval

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1. Purpose

At H&H Care SA, infection prevention and control are essential responsibilities for every support worker.

Many people receiving NDIS services may have underlying health conditions, reduced mobility, difficulties maintaining personal hygiene or increased vulnerability to infection.

Support workers provide close personal assistance, prepare meals, clean living environments and accompany participants into the community. These activities may create opportunities for infections to spread if appropriate precautions are not followed.

Good infection prevention practices help protect participants, workers, families and the wider community.

The purpose of this protocol is to ensure all H&H Care SA support workers understand how to:

1. Recognise common infection risks in disability support settings.
2. Perform effective hand hygiene.
3. Use personal protective equipment (PPE) appropriately.
4. Maintain clean and hygienic living environments.
5. Prevent cross-contamination during personal care and food preparation.
6. Recognise possible signs of infection.
7. Respond appropriately when participants or workers are unwell.
8. Report infection-related concerns promptly.
9. Document observations and actions accurately in ShiftCare.
10. Promote participant independence, dignity and wellbeing.

Our guiding principle:

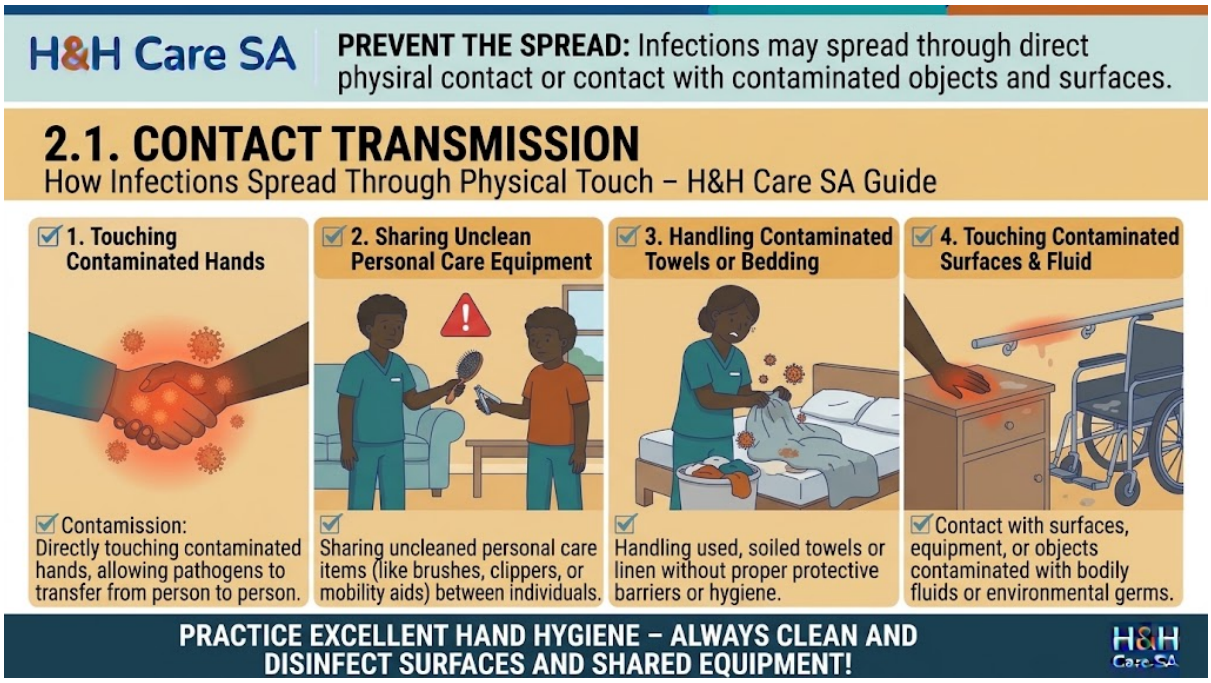
Clean Hands – Safe Care – Prevent Infection – Protect Everyone.

2. Understanding Infection Prevention and Control

Infection Prevention and Control (IPC) refers to the measures used to prevent or reduce the spread of infectious microorganisms, including bacteria, viruses and fungi.

Infections can spread through several routes.

2.1. Contact transmission

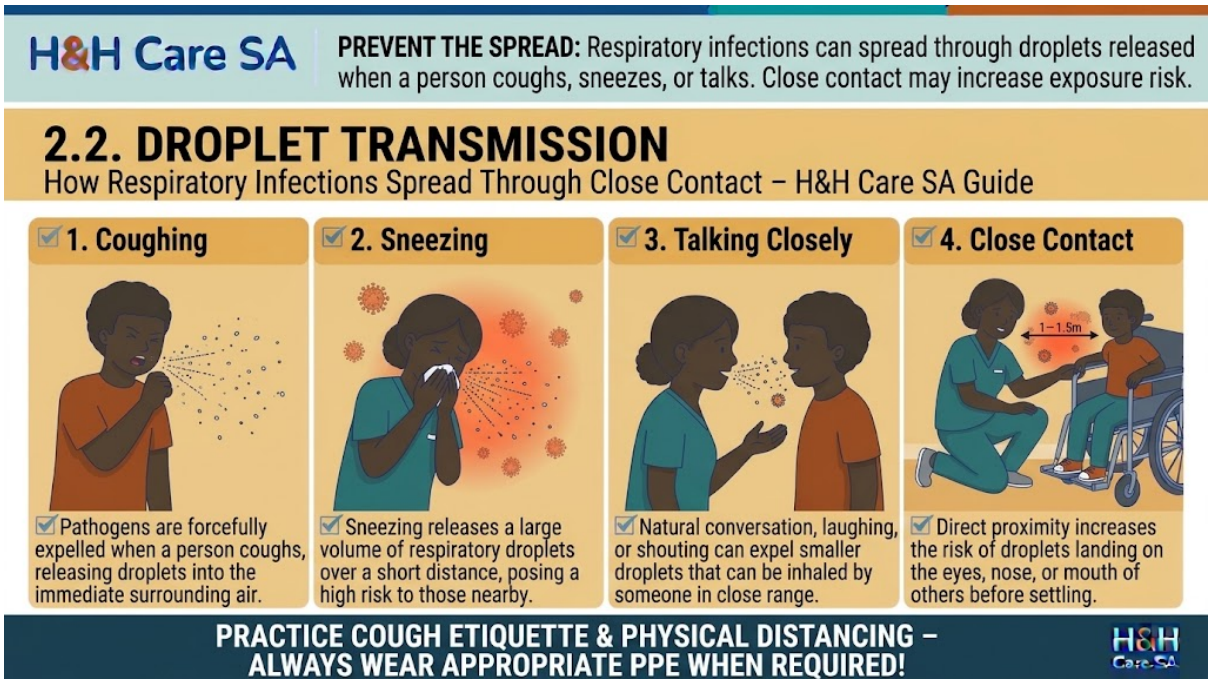


Infections may spread through direct physical contact or contact with contaminated objects and surfaces.

Examples include:

- Touching contaminated hands.
- Sharing unclean personal care equipment.
- Handling contaminated towels or bedding.
- Touching surfaces contaminated with bodily fluids.

2.2. Droplet transmission



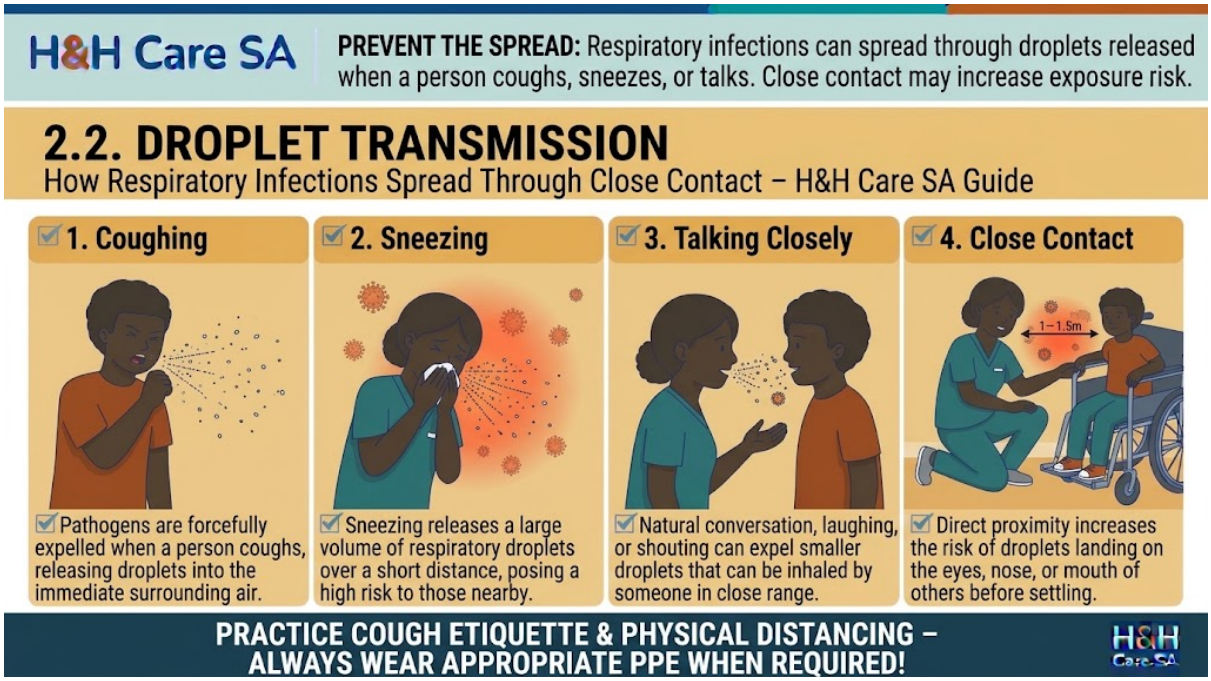
Some respiratory infections can spread through droplets released when a person coughs, sneezes or talks.

Close contact may increase exposure risk.

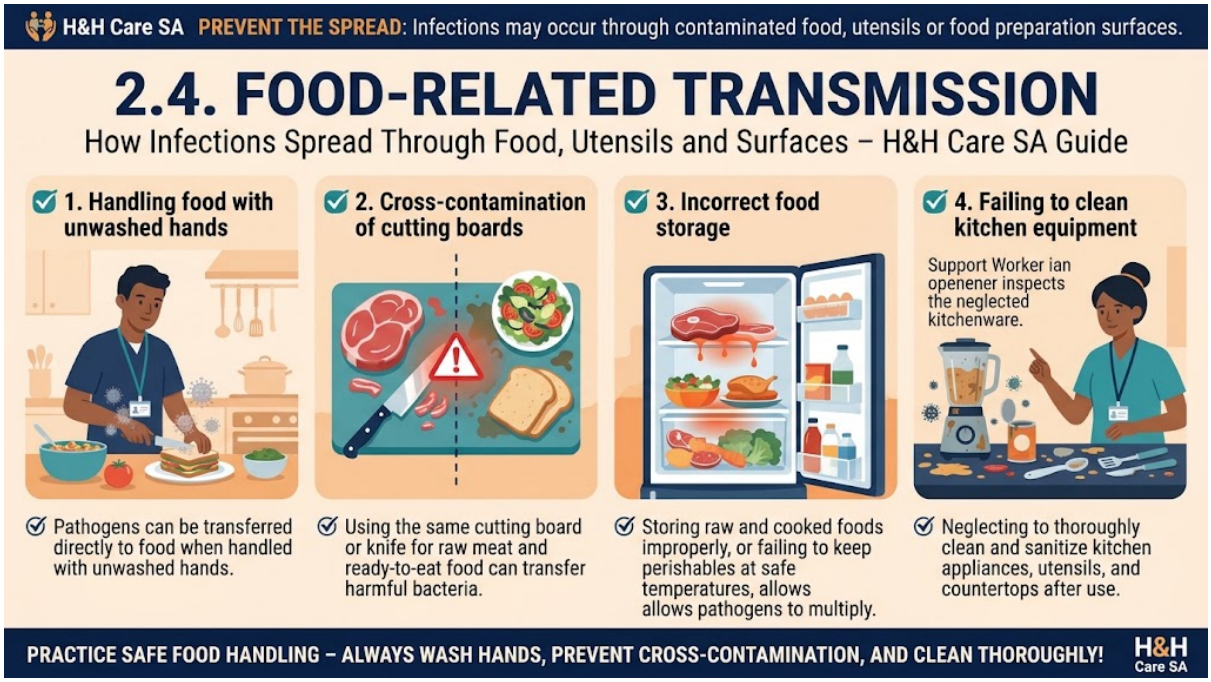
2.3. Airborne transmission

Some infectious particles can remain suspended in the air and be inhaled.

Appropriate ventilation, respiratory protection and other precautions may be necessary depending on the infection and exposure risk.



2.4. Food-related transmission

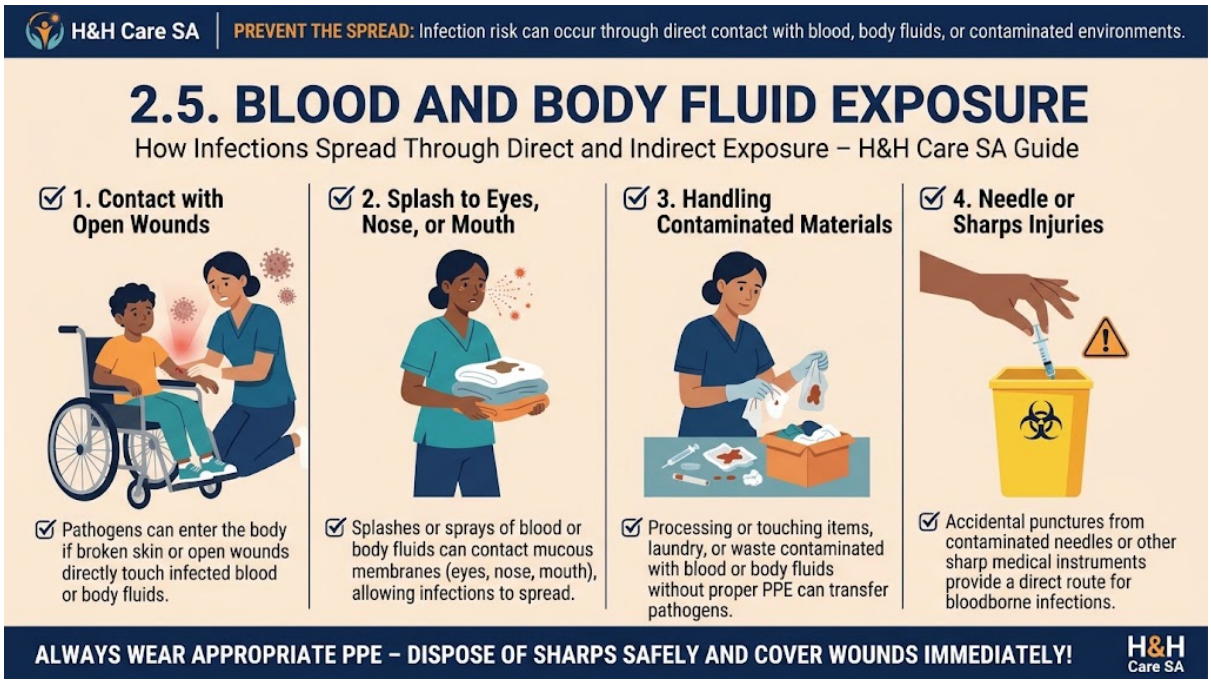


Infections may occur through contaminated food, utensils or food preparation surfaces.

Examples include:

- Handling food with unwashed hands.
- Using the same cutting board for raw meat and ready-to-eat food.
- Incorrect food storage.
- Failing to clean kitchen equipment.

2.5. Blood and body fluid exposure



Blood, vomit, faeces and other bodily fluids may contain infectious microorganisms.

Workers must use appropriate precautions when providing personal care or cleaning contaminated areas.

Important: Standard precautions should be used for all participants, regardless of whether an infection is known or suspected.

3. Hand Hygiene: The Most Important Daily Practice

Hand hygiene is one of the simplest and most effective ways to reduce the spread of infection.

Support workers must clean their hands at appropriate times throughout every shift.

3.1. When should support workers clean their hands?

Hand hygiene is required at key moments, including:

- Before touching a participant when appropriate to the care activity.
- Before performing a clean or aseptic procedure.
- After potential exposure to blood or bodily fluids.
- After touching a participant.
- After touching the participant's surroundings when contamination may have occurred.
- Before preparing or handling food.

- Before eating or assisting a participant with meals.
- After using the toilet.
- After assisting with toileting or continence care.
- After removing gloves.
- After coughing, sneezing or blowing the nose.
- After handling waste or contaminated laundry.
- Whenever hands are visibly dirty.

Workers should also clean their hands when moving from a contaminated task to a clean task, even when supporting the same participant.

3.2. How to wash hands correctly

Use soap and running water when hands are visibly dirty or contaminated, and whenever required by infection-specific guidance.



Steps:

1. Wet hands with clean running water.
2. Apply sufficient soap.
3. Rub palms together.
4. Rub the backs of both hands.
5. Clean between fingers.

6. Rub the backs of fingers.
7. Clean thumbs.
8. Rub fingertips and around fingernails.
9. Rinse thoroughly under running water.
10. Dry hands completely using a clean single-use towel where available.

The complete handwashing process generally takes approximately 40–60 seconds.

Avoid touching contaminated surfaces immediately after washing.

3.3. Using alcohol-based hand rub

Alcohol-based hand rub is suitable for many routine hand hygiene situations when hands are not visibly dirty.

Steps:

1. Apply enough hand rub to cover all hand surfaces.
2. Rub palms, backs of hands, fingers, thumbs and fingertips.
3. Continue rubbing until hands are completely dry.

The process generally takes approximately 20–30 seconds.

Do not wipe the product off before it dries.

Important: Hand sanitiser does not replace washing with soap and water in every situation. Soap and water may be required after certain gastrointestinal infection exposures, such as suspected norovirus, and when hands are visibly soiled.

4. Hand Hygiene During Personal Care

Personal care activities may involve close physical contact and exposure to bodily fluids.

These activities include:

- Showering.
- Toileting.
- Continence care.
- Dressing.
- Oral hygiene.
- Grooming.

- Skin care.
- Assistance with mobility.

H&H Care SA expected practice

Before personal care:

- Explain the activity and obtain consent.
- Perform hand hygiene.
- Prepare clean equipment.
- Use appropriate PPE based on the task.
- Maintain participant privacy.

During personal care:

- Avoid touching clean supplies with contaminated gloves.
- Change gloves between dirty and clean tasks.
- Perform hand hygiene when changing tasks as required.
- Use separate clean towels and personal care items.
- Avoid placing clean equipment on contaminated surfaces.

After personal care:

- Dispose of single-use PPE appropriately.
- Clean reusable equipment.
- Perform hand hygiene.
- Leave the bathroom safe and hygienic.
- Document relevant concerns.

Example:

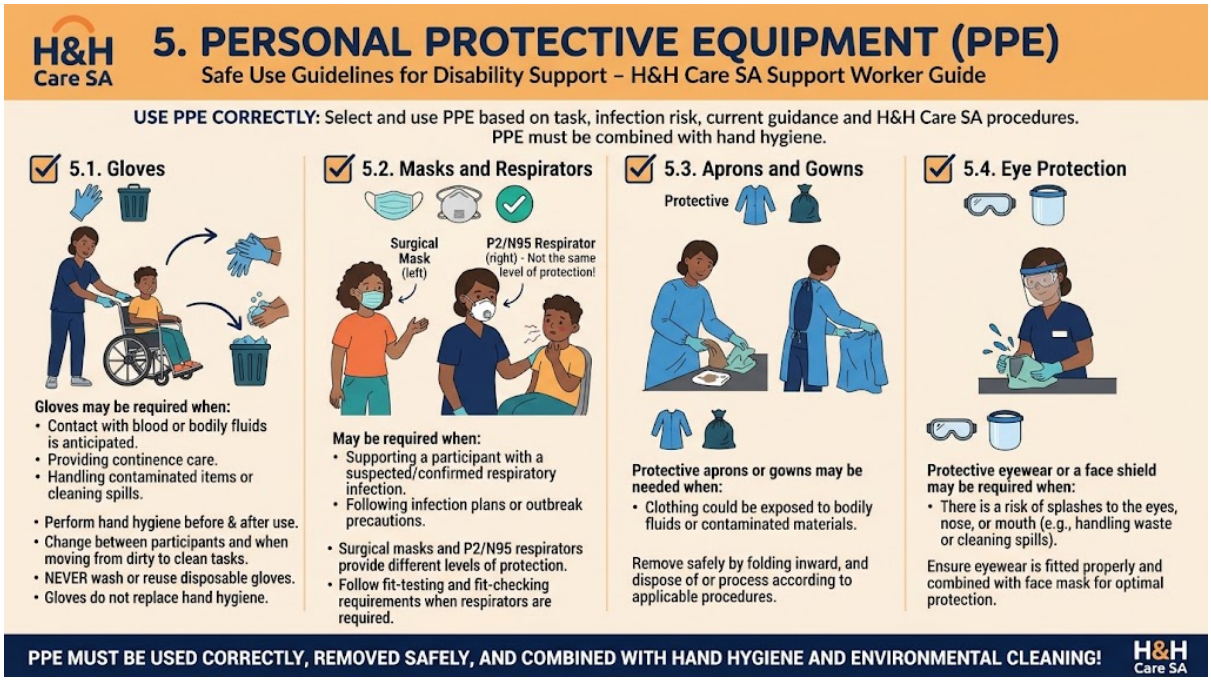
A worker assists a participant with toileting and then helps them prepare breakfast.

The worker must remove gloves, perform hand hygiene and ensure that any contaminated clothing or equipment is appropriately managed before handling food.

Wearing gloves during toileting does not remove the need to clean hands afterwards.

5. Personal Protective Equipment (PPE)

PPE helps reduce exposure to infectious materials when selected and used appropriately.



Common PPE includes:

- Disposable gloves.
- Disposable aprons.
- Protective gowns.
- Surgical masks.
- Respirators, such as fit-tested P2/N95 respirators where required.
- Protective eyewear.
- Face shields.

PPE selection must be based on the task, infection risk, current guidance and H&H Care SA procedures.

5.1. Gloves

Gloves may be required when:

- Contact with blood or bodily fluids is anticipated.
- Providing continence care.
- Handling contaminated items.
- Cleaning bodily fluid spills.
- Performing tasks requiring protective barriers.

Important rules:

- Perform hand hygiene before putting on gloves when indicated.
- Use gloves appropriate to the task.
- Change gloves between participants.
- Change gloves when moving from dirty to clean tasks.
- Never wash or reuse disposable gloves.
- Remove gloves safely after use.
- Perform hand hygiene after removal.

Gloves do not replace hand hygiene.

5.2. Masks and respirators

Masks or respirators may be required when:

- Supporting a participant with a suspected or confirmed respiratory infection.
- Following a participant-specific infection control plan.
- Working under outbreak precautions.
- Performing tasks where respiratory exposure is anticipated.

The type of protection depends on the infection and risk assessment.

A surgical mask and a P2/N95 respirator do not provide the same level of respiratory protection.

Workers must follow current organisational guidance, including fit testing and fit checking where respirators are required.

5.3. Aprons and gowns

Protective aprons or gowns may be needed when clothing could be exposed to bodily fluids or contaminated materials.

They must be removed safely and disposed of or processed according to the applicable procedure.

5.4. Eye protection

Protective eyewear or a face shield may be required when there is a risk of splashes to the eyes.

Remember: PPE must be used correctly, removed safely and combined with hand hygiene and environmental cleaning.

6. Preventing Infection During Food Preparation

Support workers frequently assist participants with breakfast, lunch, dinner and snacks.

Food safety is an important part of infection prevention.

Before preparing food

- Wash hands thoroughly.
- Clean preparation surfaces.
- Check food condition and expiry dates.
- Use clean utensils.
- Ensure raw and ready-to-eat foods remain separate.

During preparation

- Avoid cross-contamination.
- Use separate equipment for raw meat and ready-to-eat food.
- Cook food to appropriate safe temperatures.
- Keep perishable food refrigerated as required.
- Avoid preparing food when unwell with symptoms that create a food contamination risk.

After preparation

- Clean utensils and preparation surfaces.
- Store leftovers promptly and safely.
- Dispose of food waste appropriately.
- Perform hand hygiene.

Example:

A worker prepares chicken for lunch.

After handling raw chicken, the worker must wash their hands and clean contaminated equipment and surfaces before preparing salad or other ready-to-eat food.

7. Cleaning and Disinfection in SIL Accommodation

Maintaining a hygienic environment is essential in shared accommodation.

Support workers should follow the cleaning schedule and participant-specific support arrangements.

Frequently touched surfaces

Examples include:

- Door handles.
- Light switches.
- Kitchen benches.
- Bathroom taps.
- Toilet flush buttons.
- Remote controls.
- Tables.
- Mobility equipment handles.
- Shared electronic devices.

Cleaning principles

- Follow approved cleaning procedures.
- Use suitable cleaning products.
- Follow manufacturer instructions.
- Wear PPE when required.
- Avoid mixing cleaning chemicals.
- Use separate cleaning equipment for bathrooms and kitchens where required.
- Clean visibly dirty surfaces before disinfecting.
- Follow product contact times when disinfectants are used.
- Store chemicals safely.

Routine cleaning removes dirt and many microorganisms. Disinfection is an additional process used when indicated to reduce infectious microorganisms.

Important: Not every surface requires disinfection after every use. Cleaning and disinfection should be based on the setting, contamination and infection risk.

8. Laundry and Handling Contaminated Clothing

Support workers may assist participants with clothing, bedding and towels.

Laundry can become contaminated with sweat, urine, faeces, blood or other bodily fluids.

Safe laundry practices

- Perform hand hygiene before and after handling contaminated laundry.
- Wear appropriate PPE when exposure to bodily fluids is likely.
- Avoid shaking dirty laundry.
- Keep contaminated laundry away from clean items.
- Follow approved washing instructions.
- Use suitable detergent and wash settings.
- Dry laundry thoroughly.
- Clean contaminated laundry baskets or surfaces when required.

Example:

A participant's bedsheet is contaminated with urine.

The worker should wear appropriate gloves, handle the sheet carefully, place it directly into the designated laundry container and follow the approved washing procedure.

After removing gloves, perform hand hygiene.

9. Bathroom and Toilet Hygiene

Bathrooms and toilets are common areas where infections may spread.

Support workers should ensure:

- Toilets are cleaned according to the schedule and when contaminated.
- Bathroom surfaces are maintained hygienically.
- Used continence products are disposed of appropriately.
- Personal towels and hygiene items are not shared unless specifically appropriate and hygienically managed.
- Soap and hand-drying supplies are available.
- Floors are kept clean and safe.
- Reusable personal care equipment is cleaned according to instructions.

During continence care

Workers must:

1. Explain the task and obtain consent.
2. Perform hand hygiene.

3. Wear appropriate PPE.
4. Provide care according to the participant's plan.
5. Avoid transferring contamination from dirty to clean areas.
6. Dispose of waste safely.
7. Remove PPE correctly.
8. Perform hand hygiene.
9. Clean contaminated surfaces and equipment.
10. Record any relevant skin or health concerns.

Always respect participant dignity and privacy.

10. Recognising Signs of Infection

Support workers are not expected to diagnose infections.

However, they must recognise changes that may indicate illness and report concerns appropriately.

10.1. General signs

- Fever or chills.
- Unusual tiredness.
- Reduced appetite.
- New weakness.
- Increased confusion.
- Unexplained discomfort.
- Changes in behaviour.
- Deterioration in mobility.

10.2. Respiratory symptoms

- Cough.
- Sore throat.
- Runny nose.
- Shortness of breath.
- Fever.

- Unusual fatigue.

10.3. Gastrointestinal symptoms

- Vomiting.
- Diarrhoea.
- Abdominal discomfort.
- Reduced fluid intake.
- Signs of dehydration.

10.4. Skin and wound concerns

- Redness.
- Swelling.
- Increased warmth.
- Pain.
- Discharge or pus.
- Unusual odour.
- Wounds that appear to be deteriorating.

10.5. Possible urinary tract infection concerns

- Pain or burning during urination.
- Increased urinary frequency.
- Lower abdominal discomfort.
- Fever.
- New or worsening urinary symptoms.

Sudden confusion or deterioration, particularly in a vulnerable participant, requires prompt assessment and should not automatically be attributed to a urinary tract infection.

Important: Workers must report observations rather than make a medical diagnosis.

11. Responding When a Participant Appears Unwell

Step 1: Observe and assess immediate safety

Identify what has changed compared with the participant's usual presentation.

Step 2: Recognise emergency symptoms

Call **000** for serious or potentially life-threatening symptoms, such as:

- Severe difficulty breathing.
- Unresponsiveness.
- Signs of stroke.
- Severe deterioration in consciousness.
- Other life-threatening symptoms.

Step 3: Apply appropriate precautions

Depending on symptoms and the care setting:

- Perform hand hygiene.
- Use appropriate PPE.
- Improve ventilation where safe and appropriate.
- Reduce unnecessary close contact.
- Follow infection-specific precautions and the participant's plan.

Step 4: Notify the appropriate person

Contact the H&H Care SA supervisor or manager and arrange appropriate clinical advice.

Step 5: Respect participant rights

Explain the situation, seek consent and involve the participant in decisions wherever possible.

Step 6: Document observations

Record:

- Symptoms observed.
- Time symptoms began, if known.
- Relevant participant statements.
- Immediate actions.
- People notified.
- Advice received.
- Follow-up arrangements.

Important: Do not wait until the end of the shift to report significant deterioration.

12. What Support Workers Should Do When They Are Unwell

Workers also have a responsibility to prevent infection transmission.

Staff should not attend work when symptoms create an unacceptable infection risk.

Examples include:

- Vomiting or diarrhoea.
- Fever with suspected infectious illness.
- Significant respiratory symptoms.
- A diagnosed infectious condition requiring exclusion from work.

Required actions

- Notify the supervisor promptly.
- Follow H&H Care SA illness and leave procedures.
- Follow applicable public health and workplace guidance.
- Do not conceal symptoms.
- Return to work when relevant exclusion requirements and workplace procedures have been met.

For example, gastrointestinal illnesses may require a period away from work after symptoms resolve, depending on the cause, role and applicable guidance.

Workers should confirm the appropriate exclusion period rather than assume the same rule applies to every infection.

13. Infection Prevention During Community Outings

Community participation is important for independence and wellbeing.

Support workers may accompany participants to:

- Shopping centres.
- Cafés.
- Parks.
- Medical appointments.
- Physiotherapy.
- Community activities.
- Public transport.

Good infection prevention practices

- Perform hand hygiene before eating.
- Carry hand sanitiser when appropriate.
- Avoid sharing personal drinking bottles.
- Support respiratory hygiene.
- Follow healthcare facility infection control instructions.
- Clean shared mobility or personal equipment as required.
- Consider current symptoms and health risks before outings.
- Respect participant choice while following relevant safety plans.

Example:

A participant visits a café after physiotherapy.

The worker reminds or assists the participant with hand hygiene before eating, according to their support needs and preferences.

14. Infection Prevention in Shared SIL Homes

In SIL accommodation, several participants may share kitchens, bathrooms and living spaces.

This increases the importance of consistent infection prevention practices.

Support workers should:

- Maintain regular cleaning schedules.
- Support individual personal hygiene routines.
- Avoid sharing personal hygiene equipment.
- Ensure food preparation areas remain clean.
- Use appropriate PPE during personal care.
- Communicate suspected infections promptly.
- Follow participant-specific infection management plans.
- Maintain appropriate ventilation.
- Protect participant privacy and confidentiality.
- Support safe arrangements during outbreaks.

Example:

One participant develops vomiting and diarrhoea.

The worker should ensure appropriate care and clinical escalation, implement infection control precautions, notify the supervisor and follow the relevant cleaning and outbreak procedures.

Any changes to shared living arrangements should be proportionate, clinically informed where necessary and respectful of participant rights.

15. Preventing Cross-Contamination Between Participants

Cross-contamination occurs when infectious material is transferred between people, equipment, food or surfaces.

Common risks

- Wearing the same gloves while assisting different participants.
- Using contaminated equipment without cleaning.
- Touching clean supplies with dirty gloves.
- Sharing personal care items.
- Moving directly from toileting assistance to food preparation without hand hygiene.

Prevention measures

- Perform hand hygiene between participants.
- Change PPE when required.
- Clean reusable equipment between uses.
- Separate clean and dirty supplies.
- Follow food safety procedures.
- Keep personal care equipment appropriately identified.

Example:

A worker assists Participant A with continence care and then helps Participant B with breakfast.

Before supporting Participant B, the worker must remove and dispose of gloves, perform hand hygiene and ensure any equipment or clothing contamination has been appropriately addressed.

16. Waste Disposal and Sharps Safety

Support workers may encounter general waste, used continence products, contaminated dressings or sharps.

General waste

Dispose of waste according to the relevant workplace and local waste management procedures.

Contaminated waste

Use appropriate PPE and follow the approved disposal procedure.

Sharps

Sharps may include needles, lancets or other items capable of puncturing skin.

Workers must:

- Never place loose sharps into general waste.
- Never pick up an exposed sharp with bare hands.
- Never recap used needles.
- Use approved sharps containers when authorised and trained.
- Report unsafe disposal or sharps incidents promptly.

Needle-stick or body fluid exposure

If an exposure occurs:

1. Stop the task safely.
2. Perform immediate first aid appropriate to the exposure.
3. Notify the supervisor.
4. Seek urgent medical assessment, as time-sensitive treatment may be required.
5. Complete the required incident report.
6. Follow occupational health advice and any necessary testing or follow-up.

Do not delay medical assessment while waiting for incident paperwork.

17. Reporting Infection-Related Concerns

H&H Care SA workers must report concerns according to their seriousness.

Level 1: Emergency

Examples:

- Severe breathing difficulty.
- Unresponsiveness.
- Signs of severe acute illness.
- Rapid deterioration with life-threatening symptoms.

Action: Call 000, provide appropriate first aid and notify management as soon as safely practicable.

Level 2: Urgent Health Concern

Examples:

- Fever with significant deterioration.
- Persistent vomiting or diarrhoea with dehydration concerns.
- Suspected serious wound infection.
- Sudden confusion.
- Possible outbreak affecting multiple participants.

Action: Seek prompt clinical advice, notify the supervisor, implement appropriate precautions and document the concern.

Level 3: Routine Infection Control Concern

Examples:

- Hand hygiene supplies running low.
- Cleaning products unavailable.
- Reusable equipment requiring cleaning.
- Minor hygiene concerns.
- PPE stock shortages.

Action: Report to the appropriate person, arrange corrective action and document when required.

Important: Some incidents may also require formal incident reporting or notification under applicable NDIS and public health requirements. Management must assess these obligations.

18. Documentation in ShiftCare

Accurate case notes support continuity of care and early identification of infection-related problems.

Example 1: Routine personal hygiene support

"Arrived at 9:00 am. Assisted participant with morning shower and personal hygiene according to the support plan. Performed hand hygiene before and after personal care and used appropriate PPE. Cleaned the bathroom area after assistance. Participant appeared comfortable and no new health concerns were observed."

Example 2: Participant with respiratory symptoms

"During the morning shift, participant reported a sore throat and appeared more tired than usual. Followed appropriate infection prevention precautions and informed the supervisor. Supported participant to access clinical advice as directed. Relevant observations and follow-up actions were documented."

Example 3: Vomiting and diarrhoea

"At approximately 10:15 am, participant reported nausea and experienced an episode of vomiting. Provided appropriate assistance and followed infection control procedures, including PPE use, hand hygiene and environmental cleaning. Supervisor was notified and clinical advice was requested. Continued monitoring in accordance with instructions."

Example 4: Skin concern

"During morning personal care, observed redness on participant's lower leg. Participant reported mild discomfort. Did not attempt to diagnose the condition. Reported the observation to the supervisor for appropriate follow-up and documented the concern."

Example 5: Cleaning and hygiene concern

"During the morning shift, identified that hand soap was unavailable in the shared bathroom. Notified the team leader and arranged replacement through the approved process. Bathroom supplies were replenished and the area was checked for cleanliness."

Training reminder: These examples are for education only. Actual ShiftCare notes must describe events that genuinely occurred.

Important: ShiftCare Progress Notes do not replace a formal Incident Report when one is required.

19. Communication and Shift Handover

Effective handover is essential in SIL and other services involving multiple support workers.

Relevant infection prevention information may include:

- New symptoms.

- Suspected or confirmed infectious illness.
- Required PPE precautions.
- Cleaning requirements.
- Clinical instructions.
- Outstanding medical appointments.
- Changes in participant wellbeing.
- Infection control supplies needing replacement.
- Incidents requiring follow-up.

Example handover:

"Participant experienced vomiting during the morning shift. Supervisor was informed and clinical advice was requested. Infection prevention precautions and appropriate cleaning were completed. Please review the documented advice and continue monitoring during the next shift."

Health information must only be shared with authorised people who need it for care or safety.

20. Professional Responsibilities of H&H Care SA Support Workers

All support workers must:

1. Perform hand hygiene consistently.
2. Follow standard precautions for every participant.
3. Use PPE correctly according to risk.
4. Maintain clean personal care equipment.
5. Follow safe food handling procedures.
6. Prevent cross-contamination.
7. Recognise possible infection symptoms.
8. Report health changes promptly.
9. Follow participant-specific infection management plans.
10. Maintain accurate documentation.
11. Protect participant dignity and privacy.
12. Follow workplace illness and exclusion procedures.

13. Participate in infection prevention training.
14. Raise concerns about unsafe practices or inadequate supplies.

Infection prevention is a shared responsibility, not only a management responsibility.

21. Practical Training Scenarios

Scenario A: Gloves worn between different tasks

A worker finishes continence care and prepares to assist with breakfast while still wearing the same gloves.

Correct response: Remove gloves, perform hand hygiene and prepare for food assistance using clean hands and appropriate food safety procedures.

Incorrect response: Continue wearing the same gloves because they appear clean.

Scenario B: Participant develops a cough

A participant develops a new cough and appears unusually tired.

Correct response: Assess immediate safety, apply appropriate precautions, report the change and arrange clinical advice when indicated.

Incorrect response: Ignore symptoms because there is no confirmed diagnosis.

Scenario C: Shared bathroom becomes contaminated

A participant vomits in a shared SIL bathroom.

Correct response: Restrict access to the contaminated area as appropriate, use required PPE, follow the approved cleaning and disinfection procedure and perform hand hygiene.

Incorrect response: Quickly wipe the area with a dry cloth and leave it available for use.

Scenario D: Support worker has gastro symptoms

A worker develops vomiting and diarrhoea before a scheduled shift.

Correct response: Notify management promptly, do not attend while potentially infectious and follow workplace exclusion requirements.

Incorrect response: Attend the shift and assume gloves will prevent transmission.

Scenario E: Worker observes a possible wound infection

A participant has increasing redness and discharge around a wound.

Correct response: Follow the wound care plan, avoid procedures outside the worker's competency, seek prompt clinical advice and report the concern.

Incorrect response: Apply an unprescribed treatment or ignore the deterioration.

22. Staff Knowledge Check

Question 1: Do gloves replace handwashing?

Answer: No. Hand hygiene is still required at appropriate moments, including after glove removal.

Question 2: When should soap and water be used instead of hand sanitiser?

Answer: When hands are visibly dirty or contaminated and when required by specific infection control guidance, including certain gastrointestinal infections.

Question 3: Can a support worker use the same gloves for two participants?

Answer: No. Gloves must be changed between participants, with appropriate hand hygiene.

Question 4: What should a worker do if a participant develops serious breathing difficulties?

Answer: Call 000 immediately and follow emergency procedures.

Question 5: Should workers report a suspected infection even without a confirmed diagnosis?

Answer: Yes. Significant symptoms and changes should be reported so appropriate assessment and precautions can be arranged.

Question 6: Can a worker attend a shift while experiencing vomiting or diarrhoea?

Answer: They should not attend while potentially infectious and must follow applicable workplace exclusion procedures.

Question 7: Is hand hygiene necessary after removing gloves?

Answer: Yes. Gloves can become contaminated, and hands may be contaminated during glove removal.

23. Daily Infection Prevention Checklist

At the beginning, during and at the end of every shift, workers should consider:

- Are handwashing facilities and supplies available?
- Have I performed hand hygiene at the required times?
- Am I using PPE appropriate to the task?

- Have I changed gloves between contaminated and clean tasks?
- Are personal care items clean and appropriately stored?
- Are kitchen and bathroom areas hygienic?
- Is food being handled and stored safely?
- Are contaminated laundry and waste managed correctly?
- Have I observed any possible infection symptoms?
- Have health concerns been escalated appropriately?
- Have reusable items been cleaned after use?
- Have relevant concerns been documented?
- Have important infection control instructions been handed over?

If a safety concern cannot be resolved, notify the appropriate supervisor promptly.

24. Responsibilities of Supervisors and Management

H&H Care SA supervisors and managers should:

- Maintain current infection prevention and control procedures.
- Ensure access to soap, hand sanitiser, PPE and cleaning products.
- Provide infection prevention training and competency assessment.
- Establish procedures for managing suspected infectious illness.
- Support safe staff illness and return-to-work practices.
- Ensure appropriate cleaning and waste management arrangements.
- Review infection-related incidents.
- Maintain participant-specific infection control plans where needed.
- Ensure staff understand escalation and reporting requirements.
- Monitor compliance and address unsafe practices.
- Review outbreak management arrangements for shared SIL accommodation.

Management should also ensure infection prevention measures are practical, proportionate and respectful of participant rights.

25. H&H Care SA Commitment to Infection Prevention

At H&H Care SA, infection prevention is an essential part of delivering safe, respectful and high-quality disability support.

Every support worker contributes to protecting participants, colleagues and the wider community through consistent hand hygiene, appropriate PPE, environmental cleaning and early reporting of concerns.

Infection prevention should be integrated into everyday support activities rather than treated as a separate task.

Our commitment:

We clean our hands at the right times.

We use protective equipment appropriately.

We maintain safe and hygienic environments.

We recognise and report infection concerns early.

We protect participant dignity, health and wellbeing.

H&H CARE SA – SUPPORT WORKER TRAINING

Topic: Infection Prevention and Hand Hygiene

Core Message:

"Clean Hands – Safe Care – Prevent Infection – Protect Everyone."

Document Status: Proposed workplace protocol and staff training material. Requires management review and approval before formal implementation, including alignment with current infection control guidance, organisational policies, participant-specific plans and applicable NDIS and South Australian requirements.

Reference Frameworks:

- NDIS Code of Conduct.
- NDIS Practice Standards.
- Australian Guidelines for the Prevention and Control of Infection in Healthcare.
- Australian Commission on Safety and Quality in Health Care infection prevention resources.
- Australian Government Department of Health infection prevention guidance.
- SA Health infection prevention and public health guidance.
- H&H Care SA workplace health and safety procedures.