

# **Train the Trainer Package for Personal Protective Equipment (PPE) and Infection Prevention and Control for NSW Residential Aged Care Facilities – COVID-19**

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CLINICAL  
EXCELLENCE  
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# Contents

Introduction .....	3
Infection Prevention and Control .....	3
Key Infection Prevention and Control Resources and Guidance .....	4
Escalation and Response – geographical areas .....	4
Education and Training Infection Prevention and Control .....	5
Train the Trainer Model .....	5
1. Clinical Excellence Commission (or Local Health District) PPE Training Session Plan for Aged Care Trainers .....	5
Choosing an LHD trainer to provide the ‘train the trainer’ package .....	6
2. PPE Training Session Plan for RACF Trainers .....	7
Training Resources .....	9
Online Infection control training and education for RACF staff .....	9
Infection Prevention and Control Precautions .....	9
Training: Standard Precautions .....	9
Training: Transmission Based Precautions .....	14
Contact precautions .....	14
Droplet precautions .....	16
Airborne precautions .....	17
Combined Precautions .....	19
Combined Contact and Droplet Precautions .....	19
Video: Combined contact and droplet precautions .....	21
Combined Contact, Droplet and Airborne Precautions .....	21
Video: Combined contact, droplet and airborne precautions .....	22
Appendix A - Support Material .....	22
Appendix B - Session Plan: PPE sizing, donning and doffing demonstration and practice .....	27

## Introduction

Residential aged care (RAC) is an essential service for older people, some younger people with complex health conditions and people with disabilities who can no longer live at home and who need help with everyday tasks or health care.

Residential Aged Care Facilities (RACFs) are at risk of outbreaks due to the complexity of the residents, shared spaces/activities and limited access to infection prevention and control education. A solid and practical infection prevention and control program, with a focused understanding of personal protective equipment (PPE) and its application is particularly important for the management and control of COVID-19 outbreaks.

The following resource provides a train the trainer package to be implemented to NSW RACFs to facilitate their understanding in infection prevention and control and PPE as it applies to COVID-19.

This resource does not replace the requirements for RACF to meet the national standards as set out by the [Aged Care Quality and Safety Commission](#) and should be used to support and enhance existing programs and strategies.

NSW Health and the Commonwealth Department of Health have formalised the coordination of government support to residential aged care providers in their management of a COVID-19 outbreak. The protocol incorporates feedback received during consultation sessions with aged care peak bodies and providers.

The roles and responsibilities of all relevant parties, governance structures and escalation procedures are outlined with the intention that the [protocol](#) facilitates fast mobilisation of required government support to an aged care provider in the event of a COVID-19 outbreak.

The primary objectives of the protocol are to optimise care for all residents in impacted RACFs (regardless of their COVID-19 status) and to contain and control an outbreak to bring it to an end as quickly and safely as possible.

[Governance and escalation](#) are a critical component to manage the identification, management, education and communication, of potential and confirmed, COVID-19 outbreaks in RACFs.

## Infection Prevention and Control

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in healthcare settings, can prevent or reduce the risk of transmission of communicable diseases and transmissible infections to aged care providers, staff, residents and visitors.

Staff within RACFs will be required to understand when an outbreak for COVID-19 is declared, that they feel confident of their ability to understand the Personal Protection Equipment (PPE) requirements, when to wear PPE, when to change PPE elements and how to remove PPE safely.

All PPE should be used in line with the principles in the [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#), whilst acknowledging the unique circumstance of COVID-19.

## Key Infection Prevention and Control Resources and Guidance

[Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)

[CEC Infection Control Policy and Guidelines](#)

[CEC COVID-19 infection prevention and control guidance](#)

Coronavirus (COVID-19) guidelines for infection prevention and control in residential care facilities.  
[National Guidelines](#)

Australian Health Protection Principle Committee (AHPPC) update to residential Aged Care facilities about minimising the impact of COVID-19, [RACF Visitor guidelines](#)

Coronavirus (COVID-19) [Environmental cleaning and disinfection principles](#) for health and residential care facilities

[COVID-19 Infection Prevention and Control Manual](#) and [CEC Respiratory Protection in Healthcare](#)



## Escalation and Response – geographical areas

In geographical areas with significant community transmission of COVID-19 (as defined by jurisdictional public health units), in specified aged care settings, and aged care staff<sup>1</sup> may need to take extra precautions. This may include precautions *above those usually indicated for standard and transmission-based precautions*. For more in depth information see [Coronavirus \(COVID-19\) guidelines for infection prevention and control in residential care facilities](#).

Within New South Wales (NSW), during situations of increased risk, it is important to be able to escalate the IPAC precautions to align with the risk of community transmission and onward spread. Risk may change based on numbers and geographical locations of spread. Changes to risk of COVID-19 will be based on NSW Health changing the [Response and Escalation Framework](#) for NSW. This should be checked before any changes are made to PPE use outside of standard and transmission-based precautions.

Within RACFs, decisions to change existing COVID-19 prevention strategies will be directed from NSW Health, Commonwealth Department of Health or RACF owner/operators.

<sup>1</sup> Includes aged care staff, personal care workers and support staff who have direct contact with residents or residents in health and residential care facilities, where the risk of COVID-19 transmission is judged to be significant.

# Education and Training Infection Prevention and Control

## Train the Trainer Model

### 1. Clinical Excellence Commission (or Local Health District) PPE Training Session Plan for Aged Care Trainers

#### Learning Objective

- Participants will be able to explain why PPE is necessary in reducing the risk of transmission of COVID-19
- Participants will be able to identify correct PPE required in the residential aged care setting
- Participants will be able to demonstrate the correct donning and doffing of PPE to enable training of staff

#### Learning Outcomes

- Identify the PPE available for staff within RACF
- Understand the importance of PPE
- Understand previous infectious disease outbreaks and relate that to the importance of correct PPE use
- Identify the PPE required for
  - Standard precautions
  - Transmission-Based Precautions
    - Contact precautions
    - Droplet precautions
    - Airborne Precautions
    - Combined Precautions: Contact and Droplet
    - Combined Precautions: Contact, Airborne and Droplet

#### Assessment criteria

- Staff will demonstrate correct technique for donning and doffing PPE

#### Resources and training aids required

- PowerPoint presentation- use note section on presentation to guide you
- PPE competencies (donning and doffing)
- Hand hygiene product
- Detergent wipes for reusable protective eyewear
- Waste receptacle/bags
- P2/N95 respirator competency- fit check
- PPE for each staff member
  - Gloves
  - Impervious gown or apron
  - Fluid repellent surgical mask
  - P2/ N95 respirator
  - Surgical mask
  - Eye protection

## Session plan

TOPICS TO BE COVERED	TIME FRAME FOR 5 STAFF MEMBERS
Introduction Overview of the session	15 minutes
Present PowerPoint presentation (PPT)	90 minutes
Donning and doffing PPE competency tool P2/ N95 respirator - fit check competency Trainer to demonstrate sequence to staff	2 hours
Discussion and questions	90 minutes
How to use the training package provided: <ul style="list-style-type: none"><li>○ Scenarios/workshops and videos</li><li>○ Support materials available e.g. posters</li><li>○ When is PPE required within RACFs?</li><li>○ The correct PPE to be used</li></ul>	60 minutes

### Outcome of training session

Participants will be able to

- Demonstrate the correct sequence in donning and doffing of PPE and achieve an understanding on the importance of PPE in the RACF to prevent cross transmission of organism.
- Demonstrate an ability to train others in safe donning and doffing of PPE

### Record of training: Record ALL staff completing this education/competency session

#### Choosing an LHD trainer to provide the 'train the trainer' package

The following criteria may assist each LHD to determine who should be able to provide the training to RACFs within the LHD. The following criteria is a guide only:

- Experienced IPAC CNC – (meet the criteria for a CNC grade) or IPAC with aged care experience  
Provided education workshops to groups
  - Understands how to translate IPAC principles from acute care to RACF
  - Understands skill and staffing levels with RACFs
  - Understands RACF – resident's home environment with lots of social interaction – not a hospital environment
  - Able to use appropriate language for RACF e.g. residents, not patients
  - Able to present, demonstrate PPE and assess donning and doffing PPE
- Able to respond to some of the difficult questions that may arise during the training session
  - PPE may frighten residents; how do we discuss this with our residents?
  - What PPE can be worn for a sessional period?
  - What PPE requires changing in the resident's room if performing multiple tasks?
  - Do we need to wear gloves if we hold a resident's hand?

## 2. PPE Training Session Plan for RACF Trainers

Training of staff within each RACF will vary, depending on previous infection prevention and control training and education. The sessions can range from presentations, scenario workshops, watching videos and practising donning/doffing PPE.

### Suggested presentations and practice sessions:

Overview of coronavirus, SARS-CoV-2 and COVID-19 How is COVID-19 transmitted? How droplets and aerosols spread? How do we transmit COVID-19? How do we break the chain of infection?	30 minutes
What are standard precautions?	30 minutes
What is transmission-based precautions? Combining precautions - videos	45 minutes
Respiratory protection: P2/N95 respirators Fit checking - videos	20-30 minutes
Practicing donning/doffing PPE	60 minutes
Practicing donning/fit checking/doffing P2/N95 respirators	45 minutes

## Competency Assessment for donning/doffing PPE

See Session Plan: PPE sizing, donning and doffing demonstration and practice

<b>Suggestions for short in-service sessions:</b>	
<b>Key practice points for standard precautions:</b>	
<b>Suggested topic</b>	<b>Suggested session timeframe</b>
Hand Hygiene	30 minutes
Respiratory Hygiene (Cough Etiquette)	30 minutes
Personal Protective Equipment (PPE)	30 – 45 minutes
Aseptic Technique	30 – 45 minutes
Needle-stick and Sharps Injury Prevention	20 minutes
Cleaning and Disinfection	30 – 45 minutes
Waste Disposal	20 minutes
Linen management	20 minutes
Session Plan Break into smaller groups of 2-3 participants Write down responses to the questions All groups present their discussion responses Discuss other options or practices that need to be considered	
<b>Key practice points for contact precautions:</b>	
<b>Suggested topic</b>	<b>Suggested session timeframe</b>
As per scenario	30 – 45 minutes Include watching the video
Session Plan Break into smaller groups of 2-3 staff members Write down responses to the questions All groups present their discussion responses Discuss other options or practices that need to be considered	
<b>Key practice points for droplet precautions:</b>	
<b>Suggested topic</b>	<b>Suggested session timeframe</b>
As per scenario	30 – 45 minutes Include watching the video
Session Plan Break into smaller groups of 2-3 staff members Write down responses to the questions All groups present their discussion responses Discuss other options or practices that need to be considered	
<b>Key practice points for airborne precautions:</b>	
<b>Suggested topic</b>	<b>Suggested session timeframe</b>
As per scenario	30 – 45 minutes Include watching the video
Session Plan Break into smaller groups of 2-3 staff members Write down responses to the questions All groups present their discussion responses Discuss other options or practices that need to be considered	

# Training Resources

## Online Infection control training and education for RACF staff

1. Australian Commission Quality and Safety In healthcare elearning modules Infection Prevention and Control
  - o [National Hand Hygiene Initiative](#), also includes [infection prevention and control education](#) (free)
2. ACIPC – [Basic Infection Prevention and Control](#) (cost to complete course)
3. ACIPC - Aged Care: [Online short course in Infection Prevention and Control in Aged Care Settings](#) (cost to complete course)
4. NSW Health managed RACF - Staff are encouraged to complete three *My Health Learning* modules related to COVID-19, in addition to the new module titled "Personal protective equipment for combined transmission-based precautions".
  - o Infection Prevention and Control Practices (Course code: 46777047) (free)
  - o Infection Prevention – Transmission Based Precautions (Course code: 253093581) (free)
  - o Infection Prevention – Enhanced Precautions for Pandemic Flu (Course code: 289888589) (free)
5. Clinical Excellence Commission - free education videos are available to view on the [YouTube channel](#), or they can be accessed on:
  - o [Combined contact, droplet and airborne precautions](#) (COVID-19)
  - o [Transmission Based Precautions](#)
    - Contact Precautions + Standard Precautions – donning PPE, interacting with patients and doffing PPE
    - Droplet Precautions + Standard Precautions – donning PPE, interacting with patients and doffing PPE
    - Airborne Precautions + Standard Precautions – donning PPE, interacting with patients and doffing PPE
    - Donning and fit checking P2 or N95 respirators (various brands)

Trainers and education providers from RACFs should use these resources to continue training and assessment of the aged care workforce.

## Infection Prevention and Control Precautions

### Key training practice point:

*It is important that staff understand that there are several infection prevention and control strategies to prevent and control the transmission of COVID-19 and other communicable diseases within RACFs. The focus on COVID-19 specific PPE is required as it is unlike other PPE worn for RACF previously experienced communicable disease outbreaks eg influenza, gastroenteritis. Existing evidence indicates and reports from Victoria indicate that COVID-19 can be transmitted to aged care staff if PPE is not worn, removed or disposed of correctly.*

### Training: Standard Precautions

Standard Precautions represent the minimum infection prevention measures that apply to all resident's care, regardless of suspected or confirmed infection status of the residents, in any setting where healthcare is delivered. These evidence-based practices are designed to both protect and prevent spread of infection among residents and healthcare personnel.

**Standard Precautions comprise the following measures:**

- Hand Hygiene
- Respiratory Hygiene (Cough Etiquette)
- Personal Protective Equipment (PPE)
- Aseptic Technique
- Needle-stick and Sharps Injury Prevention
- Cleaning and Disinfection
- Waste Disposal
- Linen management

<b>Key practice points for standard precautions:</b>	
<b>Suggested inclusion in an education program</b>	<b>Suggested scenario or workshop</b>
<p><b>For information: see <a href="#">Infection Prevention and Control Practice Handbook</a></b></p>	
<p><b>Hand Hygiene (HH) – include these points into the training scenario</b></p> <ul style="list-style-type: none"> <li>• Why is HH important to protect staff, residents and the environment/equipment</li> <li>• Why is it important to use HH rather than gloves?</li> <li>• Staff - when to perform hand hygiene when not in contact with residents e.g. going to the bathroom, eating, arrival to work, cleaning equipment</li> <li>• Staff - when to perform hand hygiene when in contact with residents e.g. 5 Moments of hand hygiene</li> <li>• Resident hand hygiene e.g. before eating, before activities, before going outside, before physiotherapy or activities</li> <li>• Visitor hand hygiene e.g. before entering, before and after touching the resident</li> <li>• Include duration of HH</li> <li>• Products to use for HH, including any particular hand wipes for residents</li> <li>• Location of HH products</li> <li>• What to do if HH products are empty</li> <li>• What to do if you have a reaction to a HH product</li> <li>• Why should staff be bare below the elbow?</li> </ul>	<p>A new resident is admitted, and they require an orientation to the RACF.</p> <p>They require a daily dressing to an arm wound, sustained in a fall.</p> <p>Family members are anxious to visit</p> <p>The resident is very outgoing and wants to participate in ‘all activities’</p> <p>Workshop: what education will be required for staff, the resident and family members on HH?</p> <p><a href="#">Handbook Reference: 4.1 Hand hygiene</a></p>
<p><b>Respiratory Hygiene (Cough Etiquette) – include these points into the training scenario</b></p> <ul style="list-style-type: none"> <li>• How to teach residents to cover their nose and mouth when coughing and sneezing</li> </ul>	<p>Workshop:</p> <ol style="list-style-type: none"> <li>1. what would you provide to a resident who has common cold symptoms? How would</li> </ol>

## Key practice points for standard precautions:

### Suggested inclusion in an education program

For information: see [Infection Prevention and Control Practice Handbook](#)

- Disposing of tissues immediately after use
- Performing HH after touching nose/mouth
- Staff who have acute respiratory illness symptoms – why they are unable to come to work?
- What will happen to staff who become unwell during work hours
- Why visitors with acute respiratory symptoms should not enter a RACF unless they have been reviewed by the in-charge, determined to be COVID-19 and communicable disease negative and a mask is to be worn (special circumstances such as end of life)

### Suggested scenario or workshop

1. you provide reminders to the resident?
2. how would you know if it was a common cold or COVID-19?
3. Who would this be reported to? How quickly should you report it?

Handbook Reference: [4.2 Respiratory Hygiene and cough etiquette](#)

### Personal Protective Equipment (PPE) – include these points into the training scenario

- PPE is required to protect staff from contact with blood or body fluids.
- Performing a risk assessment to determine what PPE is required when performing care or a procedure on a resident

Workshop: A resident who has Alzheimer's, is aggressive at times (unpredictable) and is incontinent. The resident becomes very frightened if staff wear a yellow gown. What PPE would be required when showering the resident?

Handbook Reference: [4, 4.3 PPE](#)

### Aseptic Technique – include these points into the training scenario

- What is aseptic technique?
- When would aseptic technique be used?
- How would a procedure be performed using aseptic technique?

Workshop: A resident requires a daily wound dressing. How will this be performed using an aseptic technique?

Handbook Reference: [4.4 Aseptic technique](#)

### Needle-stick and Sharps Injury Prevention – include these points into the training scenario

- What is a sharps injury?
- What is a blood or body fluid splash?
- What first aid should be performed?
- What are the risks of a bloodborne virus transmission?
- How should these be prevented?

Workshop: staff member jabs their finger with an insulin needle. What do they need to do immediately? Who should they report to? What follow up do they require?

Handbook Reference: [4.5 Needlestick and sharps injury prevention](#)

## Key practice points for standard precautions:

### Suggested inclusion in an education program

For information: see [Infection Prevention and Control Practice Handbook](#)

### Suggested scenario or workshop

#### Cleaning and Disinfection – include these points into the training scenario

- Why is cleaning the environment important?
- How does it prevent transmission of COVID-19?
- What should you use to clean?
- Why is important to clean any shared equipment or shared activity equipment?
- What is the difference between a detergent and a disinfectant?
- When do you use a detergent?
- When is a disinfectant required?
- What is a frequent high touch point e.g. door handles, light switches, TV remote?
- How do we identify frequent high touch points for residents, staff and visitors?

#### Workshop:

1. Residents come together come together daily for activities. They handle various shared equipment and items. Choose 3 common items that residents share and determine how they should be cleaned and stored after use
2. list 5 high touch points that could be classified as potentially contaminated in a resident's room

[Handbook Reference: 4.6 Cleaning and disinfection, 4.8 Environmental cleaning](#)

#### Waste Disposal – include these points into the training scenario

- Why is it important to dispose of waste correctly?
- What types of waste within the RACF?
- Handling of waste safely

Workshop: ideas for a recycling program

[Handbook Reference: 4.9 waste management](#)

#### Linen Management – include these points into the training scenario

- Why is it important not to mix clean and dirty linen storage?
- How should line be stored?
- How should dirty linen be handled and carried by staff
- When should linen be placed in a fluid resistant bag?

Workshop: how should be handle linen if there is an outbreak?

[Handbook Reference: 4.7 Clean Linen](#)

## Key practice points: Respiratory Hygiene (Cough Etiquette) for staff

During a pandemic, people with any acute respiratory symptoms must not enter a RACF.

To minimise the risk of transmission of infection to others, everyone entering, visiting or working within a RACF presenting with the signs and symptoms of respiratory infection should practise respiratory hygiene and cough etiquette. A RACF should encourage and enable residents, visitors and staff to perform respiratory hygiene and cough etiquette and provide appropriate resources to support these behaviours.

The following measures to contain respiratory secretions are recommended for all individuals;

- Cover your mouth and nose with a tissue when coughing or sneezing;
- If you don't have a tissue, cough or sneeze into your elbow;
- Use the nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g. hand washing with soap and water if hands are visibly soiled, or alcohol-based hand rub, after having contact with respiratory secretions and contaminated objects/materials.

RACF should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for residents and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e. soap, disposable towels) are consistently available.

Handbook References: click [here](#)

1. Handbook Reference: 4.2 Respiratory Hygiene and cough etiquette

## Key practice points: Personal Protective Equipment (PPE) – risk assessment for standard precautions

Appropriate PPE should be selected to prevent contamination of skin and/or clothing. Selections should be guided by the anticipated type and amount of exposure to blood and body substances and the likely transmission route of microorganisms. Further information is available at [ACSQHC](#).

When you are selecting PPE, consider three key things;

- **First** is the type of anticipated exposure. This is determined by the type of activity, such as touch, splashes or sprays, or large volumes of blood or body substance that might penetrate the clothing.
- **Second** is the strength and suitability of the PPE for the task. This will affect, for example, whether a gown or apron is selected for PPE, or, if a gown is selected, whether it needs to be fluid resistant, fluid proof, or neither.
- **Third** is fit. PPE must fit the individual user, and it is up to the employer to ensure that all PPE are available in sizes appropriate for the workforce that must be protected.

Handbook References:

2. 4.3 Personal Protective Equipment
3. 5.5 Personal Protective Equipment Requirements

## Training: Transmission Based Precautions

Transmission-Based Precautions should be used when standard precautions alone are not enough to stop the transmission of a communicable disease or a transmissible infection.

It is also known how the communicable disease, or a transmissible infection is transmitted and what PPE is required to stop the spread to staff, the environment and to the resident.

Transmission-Based Precautions are to be applied in addition to standard precautions. There are three types of [Transmission-Based Precautions](#), tailored to the different types of transmission.

### Contact precautions

Contact precautions, when used with standard precautions, are designed to reduce the risk of transmission of microorganisms by direct and/or indirect contact.

Perform a risk assessment based on residents' communicability or risk of transmitting infection to others, the RACF environment and to staff. This will guide decisions regarding what PPE is required, when is hand hygiene performed, when gloves should be worn and when PPE is removed.

Contact precautions should be considered for residents colonised or infected with a multidrug-resistant organism (MRO) where there is significant resident and/or environmental contact.

Assessment of the resident's risk factors that potentially contribute to the spread of organisms in addition to local epidemiology will guide clinicians to whether resident require contact precautions with isolation, cohorting or management using standard precautions.

Contact precautions consist of:

#### Before entering residents' zone

- Perform hand hygiene
- Perform a risk assessment on the need for apron/gown i.e. type of resident contact (contact with blood or a body substance), type of MRO (how and where it is transmitted from on the resident), residents' status (wet or dry)

#### After entering residents' zone

- Perform hand hygiene
- Perform a risk assessment on the need for gloves and what you will be in contact with when providing care, assistance or a procedure on the resident
- Change or remove glove (if worn) and perform hand hygiene in between dirty and clean tasks. Also change gloves and perform hand hygiene between different procedures on the resident eg changing a dressing and an incontinence pad.

#### On leaving residents zone

- Remove and dispose gloves (if worn)
- Perform hand hygiene
- Dispose apron/gown (if worn)
- Perform hand hygiene
- Clean shared equipment (if used) and perform hand hygiene
- Dispose of all waste and perform hand hygiene

When transporting residents outside of the room, remove PPE and perform hand hygiene after placing residents on trolley/stretchers/wheelchair.

Use residents-dedicated or single-use non-critical residents-care equipment.

Ensure consistent cleaning and disinfection of surfaces in close proximity to the residents and those likely to be touched by the residents and staff.

Clinical Excellence Commission Infection Prevention and Control Handbook Reference: 5.1 Contact Precautions



### Contact Precautions

Key practice points for contact precautions:	
Suggested inclusion in an education program	Suggested scenario or workshop
<p><b>For information: see <a href="#">Infection Prevention and Control Handbook</a></b></p>	
<p><b>Contact Precautions – include these points into the training scenario</b></p>	<p>Workshop: Mrs Smith is a 65year old person with diarrhoea and isolated in her room. She has been isolated for 2 days and is now feeling better and no longer has any gastro symptoms. Her Norovirus results are negative.</p> <p>You have cared for Mrs Smith before and know she is very compliant with hand hygiene.</p> <p>She requires some oral medication and her observations completed.</p> <p>Will you wear an apron or a gown?</p>
<ul style="list-style-type: none"> <li>• Why is it important to only wear gloves when in contact with blood and body substance?</li> <li>• How do you decide if you need to wear an apron or a gown?                             <ul style="list-style-type: none"> <li>○ Patient factors: Mrs Smith no longer has symptoms of gastro and has been compliant with hand hygiene.</li> <li>○ Time: Let's think how much time you are going to spend Mrs Smith. Checking ID for medication safety, handing her the medication and taking observations will take approximately 3 minutes.</li> <li>○ Activities: you will be giving Mrs Smith oral medications, checking her blood pressure, heart rate, respiratory rate and temperature. You can maintain a safe distance when you speak to her.</li> <li>○ The risk of you coming into contact with significant blood or body substance is extremely low or nil.</li> </ul> </li> </ul>	

## Droplet precautions

Droplet precautions should be employed in addition to standard precautions when caring for any residents known to be or suspected of being infected with a microorganism that can be transmitted by the respiratory droplet transmission route.

Specific requirements for droplet precautions are:

- Preferentially, the residents should be placed in a single room with an ensuite bathroom. If not possible, the resident should be cohorted with residents infected or colonised with the same confirmed communicable disease or transmissible infection and have access to a designated bathroom. Maintain a physical separation of greater than 2.4 m between mid-points of the beds in cohorted residents or draw bed curtains between residents to impede the direct spread of droplets and space beds at least 2.4m apart.
- Staff are to wear a disposable fluid repellent surgical mask. Masks should be removed and disposed of on leaving the residents zone (e.g. at the door, curtain or the anteroom) and perform hand hygiene
- Protective eyewear (goggles or face shield) is to be worn as part of standard precautions. Prescription glasses not regarded as 'protective eye wear.'

If a resident who is being cared for under droplet precautions requires a respiratory aerosol generating procedure (AGP), this procedure should be undertaken with airborne precautions (see below) in place in a dedicated treatment room away from other residents. If AGPs are anticipated, a P2/N95 mask should be worn by attending staff. AGPs may include the resident with acute respiratory infection using a continuous positive airway pressure ventilation CPAP machine and open suctioning of the airway.

Protective eyewear should be worn as part of standard precautions. The following should be adhered to when managing residents on droplet precautions;

- Symptomatic residents should be transported on their own or with residents infected or colonised with same microorganism
- If clinically able, residents should wear surgical mask when outside of the usual resident's zone
- Depending on the microorganism, disinfection may be required in addition to cleaning
- Visitors are recommended to wear a surgical mask if within 1.5m of residents and practice hand hygiene
- Use droplet precautions signage at entrance of resident's zone

Given that droplets do not remain suspended in the air, a negative pressure room is not required under droplet precautions. However, if they are undergoing a respiratory AGP then a single room should be ideal. The resident's door to their room is not required to be closed at all times unless the resident is unable to understand that they must stay in their room.

The resident's room is their zone. If a room is shared, each resident has their own zoned area.

Droplet precautions consist of:

### Before entering residents' zone

- Perform hand hygiene
- Put in a surgical mask – ensure it fits comfortably
- Put on protective eyewear

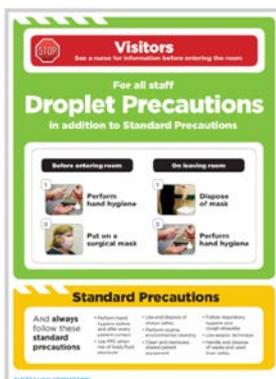
### After entering residents' zone

- Perform hand hygiene
- Perform a risk assessment on the need for gloves and what you will be in contact with when providing care, assistance or a procedure on the resident

- Change or remove glove (if worn) and perform hand hygiene in between dirty and clean tasks. Also change gloves and perform hand hygiene between different procedures on the resident e.g. changing a dressing and an incontinence pad.
- Remove gloves before leaving the room

### On leaving residents zone

- Perform hand hygiene
- Remove protective eyewear. Clean thoroughly with a detergent wipe, if reusable
- Remove surgical mask and dispose in general waste bin
- Perform hand hygiene
- Clean shared equipment (if used) and perform hand hygiene
- Store protective eyewear dry
- Dispose of all waste and perform hand hygiene



### [Droplet Precautions](#)

#### Key practice points for droplet precautions:

##### Suggested inclusion in an education program

For information: see [Infection Prevention and Control Handbook](#)

##### Suggested scenario or workshop

##### Droplet Precautions – include these points into the training scenario

- It is important that surgical masks are worn correctly
  - How will you wear your mask?
  - What parts of the mask can you touch?
  - How will you prevent residents from touching the front of their mask?
  - What type of eye protection will you wear?
  - Why are you not able to use your prescription glasses as protective eyewear?
- Should the resident's door be closed all the time?

##### Workshop:

1. 2 residents share a bathroom. 1 resident has acute respiratory symptoms and is undergoing testing for COVID-19. How will you decide who uses the bathroom? What will you do to stop the other resident entering the bathroom?
2. Where will you place the PPE and the waste bin for the used PPE?

## Airborne precautions

Airborne precautions are designed to interrupt the airborne transmission route. Airborne precautions should be employed in addition to standard precautions when caring for residents who are known or suspected to be infected with a communicable disease or a transmissible infection that can be transmitted by the airborne route.

## Specific requirements for airborne precautions are:

- The residents should be placed in a negatively pressurised single room with ensuite bathroom. If not possible, place the residents in a single room with door should be closed at all times. In this second instance:
  - The residents should have access to an ensuite or designated bathroom.
  - Staff are to wear a P2/N95 respirator on entering the resident's zone.
  - P2/N95 respirators require a proper seal to the face and all staff are to be instructed on fit check of a P2/N95 respirator
  - Respirators should be removed and disposed in an anteroom or outside the resident's room
  - Protective eyewear should be worn as part of standard precautions
  - Depending on the communicable disease, disinfection may be required in addition to cleaning of the room and any shared equipment.
- Visitors are recommended to wear a surgical mask and maintain a physical distance. P2/N95 respirators may be an alternative but must be accompanied with training and fit checking. P2/N95 mask requires a proper seal to the face and instruction should be given on how to perform a fit check. This should include a demonstration of donning, removing and disposing of respirator in addition to hand hygiene.
- Residents in airborne precautions are to be transported or transferred on their own
- If the residents can tolerate wearing a surgical mask, this should be worn when outside of the isolation zone or their room
- Residents are never to wear a P2/N95 mask
- P2/N95 respirators should be worn by all staff entering these rooms until terminal cleaning is completed and the time period has elapsed. Adequate time must be allowed after resident's discharge or transfer for removal of at least 99% of airborne contaminants. This time period will vary; depending on the amount of air exhausted from the room, room air mixing, and the size of the room

For further information [visit ACSQHC](#) - 6.4 Type and duration of precautions for specific infections and conditions. Please see the [Resources page](#) for signs and posters.

Airborne precautions consist of:

### Before entering residents' zone

- Perform hand hygiene
- Put in a P2/N95 respirator – ensure it seals completely by performing a fit check
- Put on protective eyewear

### After entering residents' zone

- Perform hand hygiene
- Perform a risk assessment on the need for gloves and gown, what you will be in contact with when providing care, assistance or a procedure on the resident
- Change or remove glove (if worn) and perform hand hygiene in between dirty and clean tasks. Also change gloves and perform hand hygiene between different procedures on the resident e.g. changing a dressing and an incontinence pad.
- Remove gloves and gown before leaving the room

### On leaving residents zone

- Perform hand hygiene
- Remove P2/N95 respirator and dispose in general waste bin
- Perform hand hygiene

- Remove protective eyewear. Clean thoroughly with a detergent wipe, if reusable.
- Perform hand hygiene
- Clean shared equipment (if used) and perform hand hygiene
- Store protective eyewear dry
- Dispose of all waste and perform hand hygiene



### [Airborne Precautions](#)

Key practice points for airborne precautions:	
<p><b>Suggested inclusion in an education program</b></p> <p>For information: see <a href="#">Infection Prevention and Control Handbook</a></p>	<p><b>Suggested scenario or workshop</b></p>
<p><b>Airborne Precautions – include these points into the training scenario</b></p> <ul style="list-style-type: none"> <li>• It is important that staff understand that they must fit check the P2/N95 respirator every time they use it</li> <li>• How will they ensure that they can fit check their P2/N95 respirator every time</li> </ul>	<p>Workshop:</p> <ol style="list-style-type: none"> <li>1. A resident is suspected of having Tuberculosis (TB) and is undergoing an investigation. They will be in a single room with their own bathroom.</li> <li>2. Where will you place the PPE and the waste bin for the used PPE?</li> <li>3. How will you ensure that the number of times you need to enter the resident’s room is minimised? Not going in 3 times in quick succession when everything could be done during one visit?</li> </ol>

## Combined Precautions

Staff must understand the basic principles of Contact, Droplet and Airborne precautions as they are applied individually. Combined precautions are required for COVID-19 in clinical practice.

## Combined Contact and Droplet Precautions

The correct donning (putting on PPE) and doffing (removing PPE) should be done in a methodical way every time.

Below example shown doffing and doffing PPE for **combined contact and droplet precautions**:

### Before entering a room

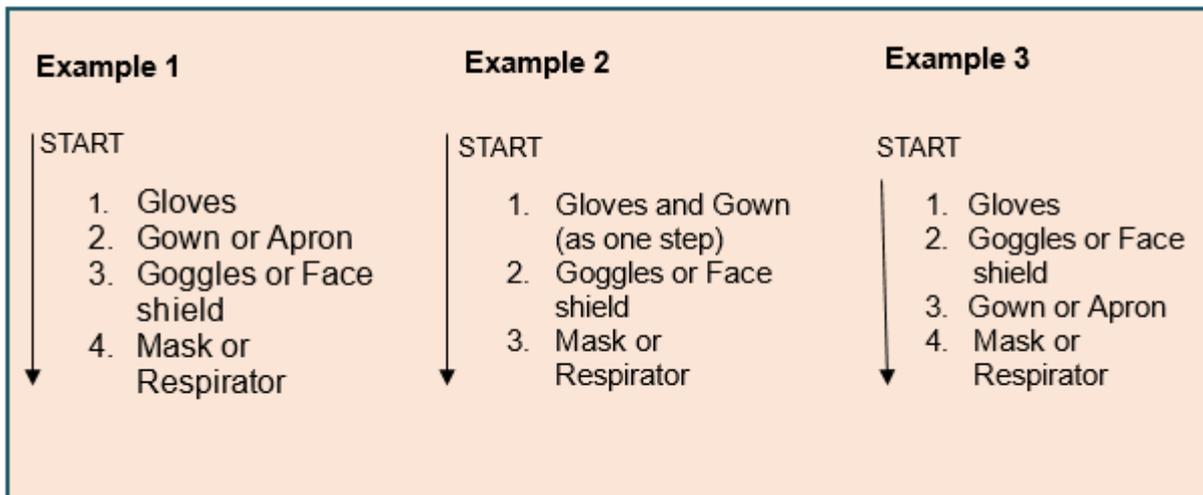
-  perform hand hygiene
-  put on long sleeve impervious gown
-  put on surgical mask
-  put on protective eyewear
-  perform hand hygiene
-  put on gloves

The proper removal (doffing) and disposal of contaminated PPE is the most important step in preventing inadvertent exposure to pathogens such as COVID-19.

### On leaving room

-  remove gloves and dispose
-  perform hand hygiene
-  remove gown and dispose
-  perform hand hygiene
-  remove eye protection
-  perform hand hygiene
-  remove mask and dispose
-  perform hand hygiene

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. See three examples below.



NB: Facilities can adopt other safe ways of PPE removal according to local guidelines and procedures. Hand Hygiene should be performed between steps and at any point where contamination occurs.

### Video: Combined contact and droplet precautions

For residents with infections such as influenza, you will need to use contact and droplet precautions combined to provide the protection required for health workers.

### Combined Contact, Droplet and Airborne Precautions

Below example shown donning and doffing PPE for **combined contact, droplet and airborne precautions**:

**Before entering the patient zone**

 <p><b>1</b> perform hand hygiene</p>	 <p><b>2</b> put on long sleeve impervious gown</p>	 <p><b>3</b> put on P2/N95 mask</p>
 <p><b>4</b> put on eye protection</p>	 <p><b>5</b> perform hand hygiene</p>	 <p><b>6</b> enter patient zone and put on gloves</p>

The proper removal (doffing) and disposal of contaminated PPE is the most important step in preventing inadvertent exposure to pathogens such as COVID-19.

## On leaving the patient zone



### Video: Combined contact, droplet and airborne precautions

For residents with infections such as COVID-19, you will need to use contact, droplet and airborne precautions combined to provide the protection required for health workers

This video briefly outlines the principles and steps for putting on and taking off PPE when applying contact, droplet and airborne precautions in addition to standard precautions, when providing care for residents with COVID-19.

#### [WATCH VIDEO'S FOR COMBINED PRECAUTIONS](#)

Contact and Droplet Precautions  
Contact, Droplet and Airborne Precautions

### Key Practice Point: List of Video's to be completed by each staff member

- Droplet Precautions
- Contact Precautions
- Airborne Precautions
- Airborne Precautions- Donning and Fit checking of Respirator
- Combined Contact and Droplet Precautions
- Combined Contact, Droplet and Airborne Precautions

## Appendix A - Support Material

The below resources are current at time of publication. Use of resources from external sites should check websites for any updates

Clinical Excellence Commission:

Commonwealth Department of Health:

NSW Health:

**STOP** See a nurse or midwife for information before entering room

**For all staff**  
Contact + Droplet Precautions  
In addition to Standard Precautions

**Before entering a room**

- perform hand hygiene
- put on long sleeve impervious gown
- put on surgical mask
- put on protective eyewear
- perform hand hygiene
- put on gloves

**On leaving room**

- remove gloves and dispose
- perform hand hygiene
- remove gown and dispose
- perform hand hygiene
- remove eye protection
- perform hand hygiene
- remove mask and dispose
- perform hand hygiene

Follow CDC guidance in relation to extended and optimal use of PPE. See page 5, of COVID-19 Infection Prevention and Control Advice for Health Workers

**STOP** See a nurse or midwife for information before entering

**For all staff**  
Contact + Droplet + Airborne Precautions  
In addition to Standard Precautions

**Before entering the patient zone**

- perform hand hygiene
- put on long sleeve impervious gown
- put on P2/N95 mask
- put on eye protection
- perform hand hygiene
- enter patient zone then put on gloves

**On leaving the patient zone**

- remove gown and gloves and dispose
- perform hand hygiene then leave patient zone
- remove eye protection
- perform hand hygiene after cleaning reusable eye protection
- remove mask and dispose
- perform hand hygiene

Follow CDC guidance in relation to extended and optimal use of PPE. See COVID-19 Infection Prevention and Control Advice for Health Workers.

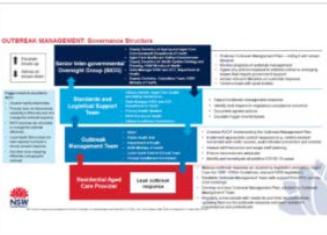
**5 Steps** to stop the spread of respiratory illness

- Cover your mouth and nose with tissues when coughing, sneezing, blowing and/or wiping your nose
- Dispose of tissues in the nearest waste bin after use
- If no tissues are available, cough or sneeze into your inner elbow rather than your hand
- You may be asked to put on a face mask to protect others
- Wash your hands with soap and water or alcohol-based handrub after coughing or sneezing into hands or tissues

**Help us** stop the spread

- Clean your hands thoroughly** for at least 20 seconds with soap and water, or an alcohol-based hand rub.
- Cover your nose and mouth** when coughing and sneezing with a tissue or a flexed elbow. Put the tissues in the bin.
- Avoid close contact** with anyone with cold or flu-like symptoms.
- Stay home** if you are sick.

[health.nsw.gov.au/coronavirus](http://health.nsw.gov.au/coronavirus)

	<p><a href="#">COVID-19: Advice for aged care services</a></p>
	<p><a href="#">Residential aged care facility outbreak management</a></p>
	<p><a href="#">Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility (RACF) in NSW 23 June 2020</a></p>
	<p><a href="#">Outbreak management: Governance structure for outbreaks in residential aged care facilities</a></p>
	<p><a href="#">Incident Action Plan for a public health response to a confirmed case of COVID-19 in an Aged Care Facility</a></p>

**NSW – CLINICAL EXCELLENCE COMMISSION**

**PRINCIPLES OF FIT CHECKING**

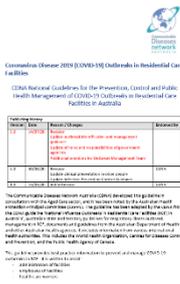


[http://www.cec.health.nsw.gov.au/\\_data/assets/pdf\\_file/0010/566776/CEC-Principles-of-Fit-checking-chart-2020.pdf](http://www.cec.health.nsw.gov.au/_data/assets/pdf_file/0010/566776/CEC-Principles-of-Fit-checking-chart-2020.pdf)

**AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH**



[Coronavirus \(COVID-19\) resources for health professionals, including aged care providers, pathology providers and health care managers.](#)



[Coronavirus Disease 2019 \(COVID-19\) Outbreaks in Residential Care Facilities](#)

CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia



[OUTBREAK MANAGEMENT IN RESIDENTIAL AGED CARE](#)



[Coronavirus \(COVID-19\) guidelines for infection prevention and control in residential care facilities](#)



## Appendix B - Session Plan: PPE sizing, donning and doffing demonstration and practice

<b>Session Aim:</b>	
To equip participants with the ability to understand and demonstrate safe donning and doffing of combined transmission precaution PPE	
<b>Session Learning Outcomes</b>	
<p><i>By the end of the session the participant will be able to;</i></p> <ol style="list-style-type: none"> <li>1. <i>Understand the types, purpose and features of PPE necessary for contact, droplet and airborne precautions and combined precautions for COVID-19</i></li> <li>2. <i>Understand which PPE is used at this RACF</i></li> <li>3. <i>Identify correct size of PPE for personal use</i></li> <li>4. <i>Demonstrate how to properly don, doff, adjust, and wear PPE safely</i></li> <li>5. <i>Describe and demonstrate the role of the trained observer (buddy) for ensuring that PPE is applied and removed correctly</i></li> </ol>	
<b>Competencies:</b>	TBA
<b>Target group:</b>	Aged care staff
<b>Duration:</b>	20 mins/staff member
<b>Mode/s of delivery</b>	
<ul style="list-style-type: none"> <li>• Face to face classroom based</li> <li>• Demonstration</li> <li>• Practical session</li> </ul>	
<b>Equipment &amp; teaching resources:</b>	
<p>Prior to session:</p> <ul style="list-style-type: none"> <li>• Donning/doffing checklists/competency assessment printed for trained observer role (buddy)</li> <li>• Set up, with all PPE/accessories, for facilitators to deliver PPE don/doff demonstration</li> <li>• Individual stations, for all participants, set up in simulation room for practical simulation session <ul style="list-style-type: none"> <li>○ Participants will bring own PPE from PPE sizing session</li> <li>○ Bin/plastic bag (one per participant)</li> <li>○ Alcohol based hand rub (one per participant)</li> <li>○ Donning/doffing checklists/competency assessment for trained observer role (one per participant)</li> <li>○ Extra gloves, masks, detergent wipes (or other), hair ties/clips</li> </ul> </li> </ul>	
<b>Session Facilitators:</b>	
<ul style="list-style-type: none"> <li>• 2 facilitators (minimum)</li> </ul>	
<b>Prerequisites:</b>	
<ul style="list-style-type: none"> <li>• Completion of presentation</li> <li>• Watching videos for transmission-based precautions</li> <li>• Attendance at practice session for PPE donning and doffing</li> <li>• <i>To familiarise themselves with the PPE used in their organisation</i></li> </ul>	
<b>Evaluation/Assessment:</b>	
<ul style="list-style-type: none"> <li>• Participants will be assessed for PPE competency</li> <li>• Participant session evaluation</li> <li>• Course session evaluation</li> </ul>	