INFECTION CONTROL POLICY AND PROCEDURE

Version 2.0: June 2026

INFECTION CONTROL POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that Bilingual Care minimises the risk of the spread of infectious diseases in its work environments.

It applies to all staff and meets relevant legislation, regulations, and Standards, as well as the *National Hand Hygiene Initiative (2023)* and *Australian Guidelines for the Prevention and Control of Infection in Healthcare (November 2024).* It should be read in conjunction with Bilingual Care's *Clinical Governance Framework*, *Antimicrobial Stewardship Policy and Procedure* and *Work Health and Safety Policy and Procedure*

Applicable Strengthened Aged Care Quality Standards

- *Standard 4. The Environment*
- *Standard 5. Clinical Care*

Definitions

Aseptic Technique – a set of practices aimed at minimising contamination and used to protect clients from infection during procedures. Sterile single-use equipment or instruments must be used according to manufacturer's instructions and in such a way that the sterility of the item is maintained.[1]

Clinical and related waste - waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection, or offence. It includes:

- clinical waste
- cytotoxic waste
- pharmaceutical, drug or medicine waste and
- sharps waste.

Hand Hygiene - refers to any action of hand cleansing. This includes applying an alcohol-based hand rub to the surfaces of the hands or washing hands with water and either antimicrobial or non-antimicrobial soap or soap solution.[2]

[1] Clinical Excellence Commission 2025, *Infection Prevention and Control Precautions,* New South Wales Government, accessed 20 August 2025, https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/infection-prevention-and-control-precautions

[2] Australian Commission on Safety and Quality in Health Care (ACSQHC) 2023, *What is hand hygiene?*, ACSQHC, accessed 20 August 2025, https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/what-hand-hygiene

High-impact Risks – risks that can have a significant effect on a person's safety, health, or wellbeing.[3]

High-prevalence Risks – where there are many people in a particular group that are affected by the same condition or risk.[4]

Infectious Agent (also called a pathogen or germ) - a biological agent that causes disease or illness to its host. Most infectious agents are microorganisms (such as bacteria, viruses, fungi, and protozoa), parasites, and prions. In healthcare settings, the main modes for transmission of infectious agents are contact (including bloodborne), droplet, and airborne.[5]

PPE – personal protective equipment.

Sharps - any object capable of inflicting a penetrating injury, which may or may not be contaminated with blood and/or body substances. This includes needles and any other sharp objects or instruments designed to perform penetrating procedures.

Standard Precautions - the work practices required to achieve a basic level of infection prevention and control. Standard precautions are the minimum infection prevention and control practices that must be always used in all situations.[6] Standard precautions include:

- hand hygiene
- respiratory hygiene (cough etiquette)
- personal protective equipment
- aseptic technique
- needlestick and sharps injury prevention
- cleaning and disinfection
- waste disposal[7]

Transmission-based precautions - used when standard precautions alone are not sufficient to prevent the spread of an infectious agent. Transmission-based precautions are based upon the mode of transmission of the infectious agent. [8]

[3] Aged Care Quality and Safety Commission 2023, *Aged Care Quality and Safety Commission – Glossary*, Australian Government, accessed 20 August 2025, https://www.agedcarequality.gov.au/about-us/corporate-documents/aged-care-quality-and-safety-commission-glossary

[4] Aged Care Quality and Safety Commission 2023, *Aged Care Quality and Safety Commission – Glossary*, Australian Government, accessed 20 August 2025, https://www.agedcarequality.gov.au/about-us/corporate-documents/aged-care-quality-and-safety-commission-glossary

[5] Australian Commission on Safety and Quality in Health Care (ACSQHC), 2024, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, Australian Government, Canberra, accessed 20 August 2025, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare

[6] Department of Health 2023, *Infection Control – Standard and Transmission-based Precautions*, Victorian Government, accessed 20 August 2025, https://www.health.vic.gov.au/infectious-diseases/infection-control-standard-and-transmission-based-precautions.

[7] Clinical Excellence Commission 2025, Infection Prevention and Control Precautions, New South Wales Governments, accessed 20 August 2025, https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/infection-prevention-and-control-precautions

[8] Department of Health 2023, *Infection Control – Standard and Transmission-based Precautions*, Victorian Government, accessed 20 August 2025, https://www.health.vic.gov.au/infectious-diseases/infection-control-standard-and-transmission-based-precautions.

Policy

Bilingual Care has a duty of care and must take all reasonable steps to safeguard consumers, staff, and stakeholders from infection by implementing standard precautions, transmission-based precautions and evidence-based prevention strategies.

Bilingual Care staff must identify and use aseptic technique when conducting procedures to minimise the risk of introducing infectious agents to consumers. To ensure aseptic technique is maintained, staff must have their competency assessed regularly and if necessary be retrained where their practice is below acceptable levels of performance.

Bilingual Care has a risk-based workforce immunisation program that:

- is consistent with the current edition of the Australian Immunisation Handbook
- is consistent with jurisdictional requirements for vaccine-preventable diseases and
- addresses specific risks to its staff and consumers.

Procedures

General

All staff, including volunteers, contractors, and visitors, are required to follow and maintain appropriate hygiene practices in accordance with this policy and procedure and the consumer's *Care Plan*.

The Leadership Team is responsible for:

- developing and endorsing procedures for infection prevention and control
- appointing a qualified infection prevention and control lead
- ensuring adequate resources to support infection prevention and control activities, including training, PPE and regular audits, and
- reviewing trends and incident data to minimise risks of infection

Hand Hygiene

The most important strategy in preventing infection is by performing effective hand hygiene. Hands can be cleaned using water and soap (antimicrobial or non-antimicrobial soap or soap solution), or by applying an alcoholic-based rub into the hands.

If hands are visibly soiled, then washing hands with soap and water is required. If hands seem visibly clean, then hands can be cleaned with soap and water or by using an alcohol-based hand rub.

Bilingual Care staff must always maintain effective hand hygiene. All staff must consider the '5 moments' of hand hygiene and perform it:

- before touching a consumer
- before performing any procedure
- after any exposure or risk of exposure to body fluid
- after touching a consumer and
- after touching consumers' surroundings or equipment.

Figure 1: 5 Moments for Hand Hygiene (ACSQHC)[9]



Hand hygiene should also be performed:

- when starting/leaving work
- before and after eating/handling food or drinks
- before and after using a computer keyboard, table or mobile device in a healthcare setting
- before putting on gloves
- before touching a consumer
- after contact with blood or a body substance
- after removing gloves
- after visiting or using the toilet
- after handling laundry, soiled clothes, equipment or waste
- after blowing, wiping or touching the nose or mouth
- after smoking

Hand Hygiene and Using Gloves

Wearing gloves does not replace the need for hand hygiene. As gloves may have small defects, they do not provide complete protection and hand hygiene must still be performed. See the *PPE* section of this policy and procedure for further guidance on wearing gloves.

Staff Training

Staff will be educated on effective hand hygiene and assessed on their competency prior to providing personal or clinical care to consumers. Bilingual Care's Managing Director will identify the training needs of staff to determine how often training should be repeated to maintain their competency.

[9] Australian Commission on Safety and Quality in Health Care (ACSQHC) 2023, *5 Moments for Hand Hygiene*, ACSQHC, accessed 20 August 2025, https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/what-hand-hygiene/5-moments-hand-hygiene

The Managing Director will also undertake audits of hand hygiene practices regularly and maintain a log of risks identified to help with continuous improvement activities. Findings will be communicated during team meetings to improve performance, and additional training will be arranged if required.

Standard Infection Control Precautions

Bilingual Care has cleaning services provided as part of its office lease agreement. The cleaning company is required to implement standard precautions when cleaning surfaces and facilities. If staff observe that standard precautions are not being upheld by the cleaning company, they must report this to the Managing Director, who will liaise with the lessor. Staff must still undertake standard precautions if they identify dirty or soiled surfaces or in areas that are used frequently.

A regular cleaning and maintenance schedule is necessary to maintain a safe environment. Surfaces should be cleaned on a regular basis using cleaning procedures that minimise dispersal of micro-organisms into the air. The Managing Director is responsible for reviewing the cleaning and maintenance schedule on a monthly basis to ensure cleaning procedures are being followed and any issues are managed in a timely manner.

On a day-to-day basis, standard precautions must be implemented when cleaning surfaces and facilities. Staff must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.

Routine cleaning can be undertaken with a detergent solution (detergent and water), and scrubbing can assist to physically reduce the presence of germs.

Disinfectants are usually required after the surface has already been cleaned with detergent and water but is known or suspected to have been contaminated with potentially infectious materials such as blood or bodily fluids. Disinfectants might also be used after routine cleaning during an outbreak (e.g. gastrointestinal disease).

When using detergent or disinfectant, ensure that all manufacturer guidelines are followed as per the product label and the cleaning product is suitable for the type of surface.

Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols.

Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable.

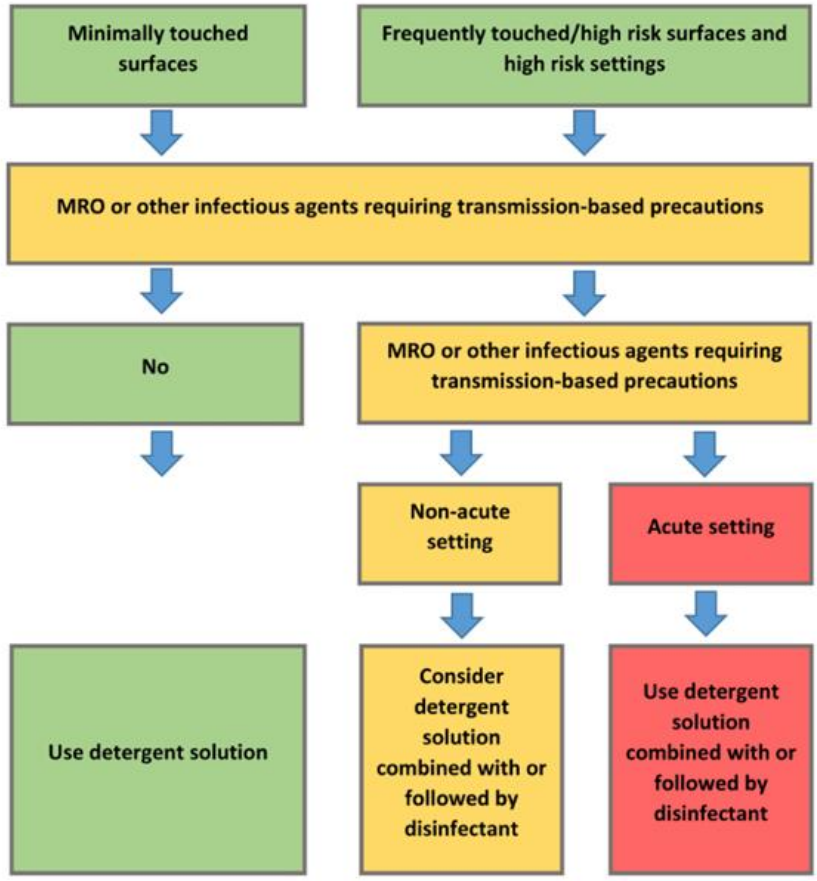
Routine surface cleaning should be undertaken as follows:

- clean and dry work surfaces before and after usage or when visibly soiled
- spills should be dealt with immediately
- use detergent and warm water for routine cleaning
- where surface disinfection is required, use in accordance with manufacturer's instructions
- clean and dry surfaces before and after applying disinfectants
- empty buckets after use, wash with detergent and warm water and store dry and
- mops should be cleaned in detergent and warm water then stored dry.

During an outbreak, cleaning frequency should be increased to minimise spread and reduce further infections, using a detergent solution and hospital-grade disinfectant.

The following flowchart can be used as part of the risk assessment process to determine the most appropriate cleaning method.

Figure 2: Processes for Routine Cleaning and Product Choice (ACSQHC)[10]



Standard precautions to protect against infectious diseases include:

- wash hands for 30 seconds before and after contact with consumers, eating, using gloves and after using the toilet, contact with used equipment and contact with body substances or equipment, materials (including linen) or contaminated surfaces
- ensure reusable equipment items that are utilised for multiple consumers are cleaned as per manufacturer recommendations in between each use and between each consumer
- wear disposable latex gloves when handling food or any item which may be contaminated by bodily fluids
- cover cuts or scratches with waterproof, breathable dressing
- wear PPE such as protective eyewear, an apron, enclosed footwear and/or a face mask if splashing or direct contact with body fluids is likely
- use sharps containers at point of use. Do not re-sheath sharps

[10] Australian Commission on Safety and Quality in Health Care (ACSQHC), 2024, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, Australian Government, Canberra, accessed 20 August 2025, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare

- clean up spills with water and bleach and
- any equipment or item that is found to be damaged, or inappropriate for use and cleaning as per the manufacturer's instructions must be removed from use and managed as per the Work Health and Safety *Policy and Procedure* and considered for repair or replacement as per the policy.

Respiratory Hygiene

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow or be instructed to follow respiratory hygiene and cough etiquette as follows:

- cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping, and blowing noses
- use tissues to contain respiratory secretions
- dispose of tissues in the nearest waste receptacle or bin after use
- if no tissues are available, cough or sneeze into the inner elbow rather than the hand
- practice hand hygiene after contact with respiratory secretions and contaminated objects/materials and
- keep contaminated hands away from the mucous membranes of the eyes and nose.

Aseptic Technique

Bilingual Care will use a risk-based approach to prevent and minimise the risk of introducing infectious bodies during clinical procedures and activities.

All clinical procedures and activities must be assessed to determine whether aseptic technique is to be used. Clinical procedures and activities which commonly require aseptic technique include, but are not limited to, the following:

- surgical procedures, including invasive procedures
- venepuncture
- insertion or maintenance of vascular access devices (including dressing changes and medication administration)
- urinary catheterisation
- simple and complex wound dressings
- medication administration
- gowning and gloving and
- collection of swabs and other specimens.

The Managing Director must consider any clinical procedures and activities that require aseptic technique when delegating consumers' care, to ensure appropriately qualified staff are supporting consumers.

Staff must consider the following when performing a clinical procedure or activity:

- environmental control
- hand hygiene
- PPE selection
- aseptic field management
- non-touch technique and
- sequencing.

Standard Aseptic Technique vs Surgical Aseptic Technique

Before staff undertake a clinical procedure or activity, they must determine whether to use a standard or surgical aseptic technique.

Surgical aseptic technique is to be used where there are a lot of key-parts and key-sites, or a procedure is to go for longer than 20 minutes. Otherwise, standard aseptic technique can be used.

Standard aseptic technique

- identify key-parts and key-sites and protect them from contamination during the procedure
- decontaminate non-aseptic key-parts as required
- create and maintain an aseptic field
- perform and maintain hand hygiene
- use necessary PPE (e.g., gloves)
- use a non-touch technique and
- control environmental risks

Surgical aseptic technique

- identify key-parts and key-sites and protect them from contamination during the procedure (critically)
- decontaminate non-aseptic key-parts as required
- create and maintain an aseptic field
- perform and maintain hand hygiene
- use necessary PPE (e.g., sterile gloves)
- use a non-touch technique where possible and
- control environmental risks

Bilingual Care's Managing Director will conduct regular risk assessments to identify high risks for staff and consumers when performing clinical tasks, including environmental risks, consumer risks and risks related to the frequency at which tasks are to be performed.

The Managing Director will also consider the use of equipment to support and improve the aseptic technique in practice, for example, dedicated equipment packs and sterile packs.

The Managing Director will identify the training needs of staff who perform tasks requiring aseptic technique and will consider the validity, currency, and scope of their knowledge to determine how often training should be repeated to maintain their competency. Staff may from time to time be observed and assessed, with training provided to address any gaps in their competency. Training based on risk will be set as a high priority. Internal audits of compliance with aseptic technique procedures may also be conducted.

Person-centred Approach to Infection Control

A person-centred approach to providing support includes putting consumers at the centre of infection prevention and control and enabling them to participate in their care process.

To support a two-way approach to infection prevention and control and encourage consumer participation, Bilingual Care will:

- take consumer' perspectives into account when developing policies and programs
- familiarise consumers with its infection prevention and control strategies

- encourage consumers to disclose their health or risk status if there is a potential risk or source of infection
- provide opportunities for consumers to identify and communicate risks and encourage them to use feedback procedures through the service's feedback and complaints processes
- provide educational materials about infection prevention and control using a variety of media (e.g., posters, printed material, educational videos) in a variety of accessible formats to assist their understanding and
- inform consumers about the protocols for protecting their privacy and confidentiality.

High-prevalence and High-impact Risks

Bilingual Care must ensure there are existing controls and processes in place to manage high-prevalence and high-impact risks, including with respect to infection control. See the *High-prevalence and High-impact Risks Policy and Procedure* for more information.

Transmission-based Precautions

Transmission-based precautions (TBPs) are used in addition to standard precautions when standard precautions alone may be insufficient to prevent transmission of infection.

Where it is known or suspected to Bilingual Care that a consumer is infected or colonised with highly transmissible pathogens that can transmit or cause infections, transmission-based precautions must be used.

Transmission-based precautions are not required for consumers with blood-borne viruses, such as HIV, the hepatitis B virus, or the hepatitis C virus.

The type of transmission-based precaution used should depend on the mode of transmission of the pathogen. For example:

- Pulmonary Tuberculosis, Chickenpox and Measles are all airborne transmitted
- Influenza (Flu), Pertussis (Whooping Cough) and Rubella are all droplet transmitted and
- Viral Gastroenteritis (Gastro), Clostridium Difficile (CDI), Methicillin-resistant Staphylococcus Aureus (MRSA) (a strain of Staph) and Scabies are all contact transmitted (direct or indirect).

Table 1 outlines the transmission-based precautions to be taken when supporting consumers with airborne, droplet or contact transmission type infections (known or suspected).[11]

[11] Australian Commission on Safety and Quality in Health Care (ACSQHC), 2024, *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, Australian Government, Canberra, accessed 20 August 2025, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-guidelines-prevention-and-control-infection-healthcare

Table 1. Transmission-based Precautions

Overview of the use of standard and transmission-based precautions									
Type of precautions	**Examples of infectious agents**	**Patient placement**	**Gloves**	**Gowns**	**Masks**	**Protective eyewear**	**Shared equipment**	**Environmental cleaning**	**Visitors***
Standard precautions	Hepatitis B, Hepatitis C, Cytomegalovirus (CMV)	No restrictions on patient placement.	**PPE use**: • Gloves and gowns to be worn when there is potential exposure to blood or body substances • Mask and protective eyewear to be worn when there is potential for blood or body substances exposure to mucosa (for e.g., attending to a patient who is coughing and sneezing).				Single-use, single - patient use or reprocess	Clean with neutral detergent. If surfaces are contaminated with blood or body fluids, cleaning should be followed with disinfection.	Hand hygiene, respiratory hygiene, cough etiquette.
Contact	Multidrug-resistant organisms, *C.difficile*, norovirus	Single room, or cohort with same strain of infectious agent.	Yes	Yes	As per standard precautions	As per standard precautions		Neutral detergent and disinfectant are required.	As per standard precautions
Droplet^	Norovirus, pertussis#, meningococcus	Single room with door open, or cohort with same strain of infectious agent.	As per standard precautions	As per standard precautions	Yes- use surgical mask			Neutral detergent. Use disinfectant if infectious agent is a multidrug-resistant organism or in the event of an outbreak. .	Restrict visitor numbers and use same precautions as staff.
Airborne	Pulmonary TB, rubella#, measles# and chicken pox#	Single room with door closed. Use negative pressure room if available.			Yes- use particulate respirator (P2 or N95 mask)				

Infectious Disease Management

Any staff member with any infectious disease, including the flu or COVID-19, must stay away from the workplace until such time they are well. If a staff member has tested positive for COVID-19, they should follow the latest NSW health requirements. This includes not attending services with clients for at least 7 days and are no longer experiencing symptoms.

As per Bilingual Care's *Training and Development Policy and Procedure*, all staff must be trained, and undertake refresher training, in infection prevention and control standard precautions, including hand hygiene practices, respiratory hygiene and cough etiquette.

If there is an outbreak, staff must try to protect consumers and themselves from infection and further spread by:

- assessing consumer's risk of catching the infectious disease before face to face contact, and using PPE suited to the risk
- giving the consumer a mask/PPE to wear if they have potentially been exposed or are showing signs or symptoms
- maintaining good hygiene, following the 5 moments for hand hygiene when working with consumers and
- regularly cleaning the environment and equipment.

Infection Control of Notifiable Diseases

Notifiable diseases such as COVID-19 are diseases that must be reported to the Health Department by health practitioners. Any staff member that has a notifiable disease must not attend work until such time as they are cleared by their doctor. A full list of notifiable diseases can be found at: http://www.health.gov.au/casedefinitions.

Workforce Immunisation Program

Due to the nature of their work, Bilingual Care staff are at increased risk of encountering, contracting, and spreading vaccine-preventable diseases (VPDs). The Workforce Screening and Vaccination Program, described below, sets out how Bilingual Care will work to protect staff and consumers from VPDs.

Organisational Preparedness

Risk Management

As part of Bilingual Care's risk assessment process (see the *Risk Management Policy and Procedure*), the Leadership Team will use the Workforce Immunisation Risk Matrix[12] to identify workplace tasks, locations, and other activities that are associated with an increased risk of acquiring or transmitting VPDs, as well as mitigating strategies to address identified risks to staff and consumers.

The risk assessment process should also take into account the current health context, including:

- incidence of VPDs in the community
- outbreaks and seasonal epidemics in the community and
- outbreaks of VPDs among Bilingual Care's consumers and staff

Risk Assessments must be conducted in consultation with staff, consumers, and relevant stakeholders. Identified risks must be added to Bilingual Care's *Risk Register* and monitored and reviewed based on their potential severity and likelihood. As per Bilingual Care's *Risk Management Policy and Procedure,* risks with greater impact/higher risks must be monitored and reviewed more frequently than low impact/low risks.

The Managing Director is responsible for maintaining and reviewing Bilingual Care's *Risk Register*.

[12] Australian Commission on Safety and Quality in Health Care (August 2024) *Workforce Immunisation Risk Matrix*, Fact Sheet, ACSQHC, Sydney, accessed 20 August 2025, https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-workforce-immunisation-risk-matrix

Table 2. Workforce Immunisation Risk Matrix

		Workforce immunity/vaccination status & access to workforce screening		
		• **All** members of the workforce have up-to-date records of their immune status/ vaccination history available **AND** • A workforce screening/ vaccination program* is in place	• Up-to-date immune status/ vaccination records are **NOT** available for all members of the workforce **AND** • A workforce screening/ vaccination program* is in place	• Up-to-date immune status/ vaccination records are **NOT** available for all members of the workforce **AND** • A workforce screening/ vaccination program* is **NOT** in place
Risk of disease exposure	No increased risk of exposure to disease or infection associated with working in the health service organisation	Low	Medium	High
	Members of the workforce have a risk of exposure to vaccine-preventable disease due to the nature of their role	Medium	High	Very high
	Hospital-based outbreak of vaccine-preventable disease (no evidence of community transmission)	Medium	High	Very high
	Community-wide outbreak of a vaccine-preventable disease	High	Very high	Very high
	Disease with no available vaccine	Very high	Very high	Very high

Low risk	Risk is managed by routine procedures. There is minimal risk of harm or injury from the risk
Medium risk	Risk is managed by specific monitoring or audit procedures. There is potential for harm or injury from the risk.
High risk	There is a serious risk that must be addressed immediately. Consequences to individuals and the organisation are high due to a high potential for harm or injury.
Very high risk	There is a serious risk that must be addressed immediately. The magnitude of the consequences to the individual and organisation of an event, should it occur, are considered very high with potentially significant harm or injury.

*Vaccination programs should include catch-up vaccination, such as annual influenza vaccination.

Identification of Vulnerable People

The Leadership Team must ensure staff or consumers who are more vulnerable to VPDs, such as those with existing medical conditions, are identified, and mitigation measures put in place to protect them in the event of a VPD outbreak.

The Managing Director is responsible for ensuring this information is maintained on staff files and actioned when appropriate.

The Managing Director is responsible for ensuring this information is maintained on consumer files, and that staff providing supports to identified consumers are aware of their vulnerabilities, measures that must be taken to prevent them, and what steps to take should the consumer be exposed to infection or become infected.

Training and Education

As per Bilingual Care's *Training and Development Policy and Procedure*, all staff must be trained, and undertake refresher training, in infection prevention and control, including hand hygiene practices, respiratory hygiene, and cough etiquette.

Relevant hygiene resources (such as PPE and hand sanitiser) and information (such as the materials provided by the National Hand Hygiene Initiative[13]) will also be provided to staff and consumers.

The Leadership Team is also responsible for actively promoting the benefits for staff and consumers of up-to-date immunisation and regular re-vaccination (where applicable) to all staff.

Access to Vaccines

Bilingual Care will support staff to access their required vaccinations, including allowing time within shifts to attend their local pharmacy or vaccination clinic. In the event a staff member is unable to, or does not wish to receive a vaccination, Bilingual Care will work with them to explore options, subject to any Public Health directives in place and NSW and Commonwealth requirements.

Staff Responsibilities

All staff must be fully immunised, and provide evidence of up-to-date immunisation as per Bilingual Care's vaccination requirements identified through the risk assessment process. Vaccination status must be confirmed prior to commencing work that involves increased risk of exposure to VPDs. The Australian Immunisation Handbook[14] provides the details of recognised VPDs in Australia.

Note: The advice in the Australian Immunisation Handbook reflects recommended practice supported by strong evidence. Bilingual Care must also consider relevant NSW and Commonwealth legislation regarding mandatory vaccination programs for healthcare workers. Due to the constantly evolving nature of the COVID-19 vaccination program, clinical guidance on COVID-19 vaccines in Australia is provided on the Australian Technical Advisory Group on Immunisation's (ATAGI) website.[15]

Medical advice should be sought prior to immunisation especially where staff are pregnant or have specific medical conditions.

Evidence of vaccination, and any exemptions or medical advice contraindicating vaccination, must be provided to the Managing Director.

The Managing Director is responsible for ensuring Bilingual Care has up to date records the of immunisation status and vaccination history of all staff.

[13] Australian Commission on Safety and Quality in Healthcare 2023, *Materials to Support Improved Hand Hygiene in Australia – NHHI*, Australian Government, accessed 20 August 2025, https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-manual/materials-support-improved-hand-hygiene-australia-nhhi.
[14] Department of Health and Aged Care 2023, *Australian Immunisation Handbook*, Australian Government, accessed 20 August 2025, https://immunisationhandbook.health.gov.au/.
[15] Department of Health, Disability and Ageing 2025, *ATAGI Clinical Guidance for COVID-19 Vaccine Providers*, Australian Government, accessed 20 August 2025, https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance.

Staff must actively promote the benefits of up-to-date immunisation and regular re-vaccination (where applicable) to all consumers, and support them to access vaccination, where appropriate.

The Managing Director is responsible for ensuring Bilingual Care has up to date records of the immunisation status and vaccination history of all consumers as part of assessment and review processes.

PPE

PPE should be used when providing support to a person infected (or suspected to be infected) with an infectious disease. This may include:

- medical mask
- gown
- gloves
- eye protection (goggles or face shield)
- apron and
- boots or closed work shoes.

PPE selection should be based on the nature of the risk and type of exposure and must fit the individual user.

In addition to using the appropriate PPE, frequent hand hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE. See Bilingual Care's *Waste Management Policy and Procedure* for further guidance on correct disposal procedures for PPE.

The person infected (or suspected to be infected) should also wear a medical mask and follow respiratory and hand hygiene.

Bilingual Care will provide the necessary PPE required for staff to safely perform their job tasks, as well as for all consumers who require it, based on a risk assessment and in consultation with staff and consumers.

Gloves

Staff are required to wear gloves when there is a risk of contamination with blood or body fluids, or if there is a risk of transmission-based infection. Hand hygiene must be performed before putting on gloves.

Once the consumer's procedure or support has been completed, gloves must removed and disposed of as per Bilingual Care's *Waste Management Policy and Procedure*. Gloves must also be changed between procedures for a consumer if there is risk of cross-contamination of body sites. Hand hygiene must be performed between changing gloves, and after removing gloves.

Single use gloves must be discarded after each use and should never be re-worn.

Staff Training

Staff must be trained in the proper selection, fitting, storage, maintenance and disposal of PPE. Training will be provided by Bilingual Care at induction, and refresher training will be provided at least annually. Training will also include information on strategies for preventing occupational dermatitis, particularly with hand hygiene and the prolonged use of gloves.

Staff can report concerns of skin irritation to the Managing Director who will complete and *Incident Report* and support the staff member to address the irritation.

Organisational Preparedness

As per the *Emergency and Disaster Management Policy and Procedure,* Bilingual Care must have an *Emergency and Disaster Management Plan* and relevant *Business Continuity Plans* in place to support its response to incidents relating to infectious agents. As per the *Risk Management Policy and Procedure*, it must also include prevention and control of infections and outbreaks in its risk management processes.

Reporting

Incidents relating to infection control or infectious agents must be reported as soon as practicable in accordance with Bilingual Care's *Incident Management* policies and procedures.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Work Health and Safety Policy and Procedure*
- *Waste Management Policy and Procedure*
- *Training and Development Policy and Procedure*
- *Service Access and Intake Policy and Procedure*
- *Initial Assessment and Care Planning Policy and Procedure*
- *Care Review Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Emergency and Disaster Management Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Emergency and Disaster Management Plan*
- *Business Continuity Plans*
- *Risk Assessments*
- *Risk Register*

Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

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2.0	26/06/2026	MD
Version History		
Version No.	**Reviewed Date**	**Revision Description**