

Prepared and Protected

Infection Control and Personal Protective Equipment for Respiratory Diseases

TRANSCRIPT

MINISTER'S INTRODUCTION

During the last decade the Australian tourism industry has endured the adverse impacts of international events such as September 11, the terrorist attacks in Bali and London and the outbreak of Severe Acute Respiratory Syndrome (SARS). Domestic events such as the collapse of Ansett Airlines and Cyclone Larry have also highlighted the vulnerability of the tourism sector to disasters and crises, but have also demonstrated our ability to respond and recover.

Now a new threat is on the horizon – a human influenza pandemic – and it is predicted to be unlike any other modern crisis we have seen or experienced in recent times.

A pandemic would arise rapidly, spread quickly and likely come in waves, each of which may last for months. Should this occur, many Australians would become very ill and, regrettably, some would die.

A human influenza pandemic would affect businesses in several ways with likely shortages in supplies, reduction in customers and venue and event closures.

The most significant impact on Australian businesses would be on staffing levels. Experts suggest that business should plan for 30-50% staff absences at the peak of a pandemic. For some businesses, these kinds of absences would be devastating – particularly in our essential services sector.

While it is not possible to predict when the next pandemic will occur, what virus will trigger the pandemic, or how long a pandemic will last, the threat is very real. Businesses need to start thinking about the potential impact of a pandemic on their operations **now**.

If a pandemic does occur in Australia it will impact on all facets of society and all businesses will be affected to some degree. Businesses that are prepared will respond more effectively, recover more rapidly, minimise job and revenue losses, and above all, ensure the welfare of their staff and customers.

I understand that for many businesses the threat of a human influenza pandemic is not a high priority. You may be aware of the threat but not concerned or do not believe that a human influenza pandemic will impact your business. Perhaps you are concerned but unsure how to prepare, or believe that it is the responsibility of government to ensure business is protected.

The Australian Government is as well prepared as any country in the world, having committed more than \$600 million to avian influenza and pandemic preparedness measures since 2003. However businesses themselves will also need to ensure that they are prepared to manage and recover from a pandemic.

This program is just one example of the many tools being made available to businesses. Another useful resource is the Business Continuity Guide - *Being Prepared for a Human Influenza Pandemic*. This guide is designed to help Australian businesses consider how a pandemic might affect them and the actions they can take to prepare. It has been provided as a resource at the end of this program.

The Australian Government has identified the tourism industry as a vulnerable sector in the event of a human influenza pandemic. Interventions designed to prevent the transmission and spread of the disease may have an impact on the tourism industry. These interventions include possible restrictions on travel and temporary closure of public places.

The tourism industry is also one of our most important sectors, making a significant contribution to the Australian economy through the creation of more than half a million jobs for Australians, with more than 200,000 of these jobs in regional Australia. The tourism industry generated over \$19.5 billion in export earnings in 2006.

It is, therefore, critical that the tourism industry is adequately prepared to respond to a potential influenza pandemic and equipped with the knowledge and resources to reduce the impact of this threat.

The accommodation sector would have an important role to play during an influenza pandemic, and this program is designed specifically for this important part of the tourism industry. It provides practical information on the threat of infectious respiratory diseases and how to reduce their spread. Some of the most effective measures to help protect our families, staff and businesses from the risk of infectious respiratory diseases are also the simplest. These are demonstrated in the program and can be implemented in your business today.

The program is designed to be used as a training tool for staff, either in a classroom environment or individually. It includes interactive modules that control the pace of learning and test the understanding of the information and procedures shown. This resource is intended for all staff but particularly for people working in areas of the business that are likely to come into contact with infected people during a pandemic, such as front of house, restaurant and housekeeping staff.

The program can be used at staff meetings, may be included as part of an induction process for new staff or can be incorporated into your overall business continuity planning.

This program is a special edition of the *Prepared and Protected* resource developed for health care professionals by the Australian Government Department of Health and Ageing. It has been tailored specifically to reflect the unique operating environment of the accommodation sector and has been developed in close collaboration with the Department of Health and Ageing.

In developing this resource, the Australian Government has consulted with accommodation industry associations to better understand the concerns of the industry and the planning measures it needs to take in order to continue operating during a pandemic.

I would encourage all accommodation facilities, and other tourism businesses in Australia, to watch this program, share it with staff, and start thinking about what businesses can do to prepare for a potential pandemic.

INTRODUCTION

The lessons we learnt from SARS and the continuing threat of an influenza pandemic arising from bird flu has highlighted the need for us to be well prepared. By being prepared, we can be protected. We're so lucky in Australia to have many resources to protect us from infectious diseases that are serious public health threats.

Vaccinations are available in Australia to prevent many childhood diseases that are relatively common in developing countries; preventable diseases such as diphtheria, measles and whooping cough still kill millions of children every year. Each year, we can protect ourselves from seasonal influenza by being vaccinated. For diseases that we can't prevent by immunisation, we have the best available treatments, such as antibiotics and antivirals.

In Australia, we have a world-class health system that supports us and promotes well-being through healthy lifestyle, one of the best ways to prevent illness.

However, germs that cause infectious disease have always been with us and from time to time new ones will come along. Germs cause disease when we have no natural immunity to protect ourselves from them. Sometimes, common germs can become a major health concern because of the things we do. Examples of these are Legionella, and SARS. Some diseases, such as SARS, are caused by animal viruses that change so that they can infect and spread amongst humans.

The ease of travel, crowded living conditions and poor hygiene all contribute to the rapid spread of some diseases. A pandemic occurs when a disease spreads around the world, infecting many people at once.

Respiratory diseases like colds and flu spread easily. Seasonal influenza outbreaks can lead to hospitalisations, especially amongst the elderly and people with underlying medical conditions. A pandemic will occur when a new influenza virus emerges that we have little to no natural immunity to. Many thousands or millions of people may become infected and the disease may be severe. We believe another may occur at any time.

When new infectious diseases appear that we have a limited capacity to prevent by immunisation or to treat, the best protection is Infection Control; simple practices we can all do to protect ourselves and to prevent the spread of the germs that cause disease.

This production outlines some of the procedures that effectively prevent spread of disease. It will be particularly valuable for people working in areas where they are likely to come into contact with infected people during an outbreak of a severe respiratory illness, such as an influenza pandemic. I hope you find this information useful.

WHAT IS THIS VIDEO ABOUT?

This programme focuses on infectious respiratory diseases: what they are, and how they're spread. It gives you practical information on ways to reduce their spread, as well as instruction on the use of personal protective equipment.

It will be useful for anyone who has not been trained in infection control or in the use of personal protective equipment. It will be particularly important for those who come in contact with ill people in the course of their work, such as medical receptionists, cabin crew, international border staff, the police and emergency service workers.

Even if you have previously been trained in infection control and the use of personal protective equipment you might find this programme useful to refresh your knowledge and skills.

Proper safety procedures minimise the spread of infectious respiratory diseases, protecting your health and the health of others. Things you will learn here you can apply to everyday life to reduce the chances of spreading diseases. So...while you may not find what follows particularly entertaining...after all, learning how to wash your hands properly isn't particularly exciting...please pay careful attention.

INTRODUCTION TO INFECTIOUS DISEASES

In this section I'm going to discuss infectious respiratory diseases, how they're caused and how they're spread. This sort of information is essential if you are to manage the risks of infection.

Infectious diseases are caused by germs that can be passed from person to person.

We're exposed to germs all the time. Most are harmless. While good hygiene habits can protect us from many germs, in some cases personal protective equipment can improve protection. But personal protective equipment should never replace good hygiene.

One group of infectious diseases, respiratory illnesses, can be caused by many types of germs, ranging from viruses, which are extremely small, to the much larger bacteria.

Viruses cause respiratory illnesses such as the common cold, influenza and Severe Acute Respiratory Syndrome, which you may know better as SARS.

Respiratory illnesses caused by bacteria include TB, pneumonia and legionnaire's disease.

These germs get into our bodies by being inhaled, or through contact with the mucous membranes of our eyes, nose or mouth.

Viruses and bacteria that cause respiratory disease are spread by direct and indirect contact, by droplets, and when they become airborne.

For example, direct transmission can occur when infective respiratory secretions get on your hands, through person-to-person contact and you then touch the mucous membranes of your eyes, nose or mouth.

The transmission is indirect when an infective substance is transferred to an object such as a cup, toy or pen, and then this object comes in contact with your eyes, nose or mouth.

Droplets formed from coughs and sneezes can spread for more than one metre. Because they are relatively heavy they don't remain suspended in the air, but instead land on and contaminate nearby surfaces, including our skin. When these contaminated surfaces make contact with your mucous membranes you can become infected. Most infectious respiratory diseases are spread by respiratory droplets that are coughed or sneezed into the air.

When we breathe out we release water into the atmosphere. After the water evaporates, some germs that were in it are so small that they remain suspended in the air. They can then be carried by dust. Crowded conditions increase the risk of people becoming infected by these airborne germs.

Now for just how long are these germs a problem? Well, for quite a while, it turns out. Did you know that the influenza virus can survive for over 24 hours on hard surfaces?

Finally, what does it take for us to get sick? The answer is that this depends on many factors, and not everyone will get sick if they come into contact with infectious germs. It all depends on how many germs you are exposed to, how healthy you are, how good your immune system is, and how well equipped the germ is to infect you.

In summary, viruses and bacteria are the common infectious germs of the respiratory system. After spreading by direct or indirect contact, droplets, or by being airborne they enter your body through the mucous membranes of the eyes, nose or mouth. Then they can result in a respiratory disease that you can pass onto others if you, or they, are not careful.

INFECTION CONTROL – RECEPTION

Watch what happens at this reception desk as a receptionist realises that a guest checking in may have an infectious respiratory disease. Her risk management is particularly important in this environment where many people could be present every day with infectious respiratory diseases. In the following scenario the receptionist will demonstrate a variety of infection control measures, some of which would only be necessary in the event of an influenza pandemic.

This is Sylvia, a receptionist here. As a receptionist she not only has frequent contact with the public, but also is in an area where members of the public mix with each other. She can help reduce the risk of infections spreading to her, other staff, and members of the public.

Notice that as she greets the new guest, James Denning, Sylvia has kept at least one metre between herself and the guest. A very simple way of reducing the chances of being infected or passing on infection is to stand or sit back from other people in public or in the workplace. Try to maintain a distance of one metre, where possible.

Sylvia has also positioned herself to the *side* of James, not in front of him. Again, this reduces the chances of infection.

Because James continues to cough and sneeze, Sylvia has increased the distance between them to *two metres*. She has handed him tissues to contain his coughs and sneezes. Used tissues should be disposed of in no-touch bins, and hand hygiene using an alcohol-based hand wash should be performed if contact is made with them.

Now that other guests have arrived, the second receptionist moves to the most distant check-in location to protect them from James.

Now Sylvia is politely asking James to wear a mask to reduce the risk of staff and other guests becoming infected by the droplets James is coughing and sneezing out. This infection control measure would only be implemented in the event of an influenza pandemic.

Sylvia knows she should not touch items that have been touched by the guest. One thing Sylvia is conscious of is the need to get the guest to his room and out of the public space as quickly as possible.

Infected people tend to cough and sneeze into their hands, so germs can easily be transferred to objects, and then on to others who handle those objects later. Some germs can survive a day or more in this way. This is why Sylvia has asked James not to touch the brochures, and hands them to him instead.

Hand hygiene is the most important hygiene measure in preventing the spread of infection. In this case, hand cleaning with an alcohol-based disinfectant is adequate. The wipe should contain an emolient to keep the hands soft and prevent chaffing, as broken skin can allow infections in.

Hand and personal hygiene information should be communicated to staff and visitors. This might include hygiene notices posted in entrances to washrooms and public areas.
Frequently touched surfaces including the reception desk, lift call buttons, handrails and handles should be disinfected with alcohol-based wipes or

gels to minimise the transmission of an infection through environmental sources.

Did you notice how well that receptionist handled the situation? She helped to protect herself and the other guests by making sure the guest checking in couldn't cough and sneeze over them, and she reduced the risk of him spreading any infection by indirect contact. She did a great job!

INFECTION CONTROL – CLEANING

The guest who stayed in this room last night had flu-like symptoms and is suspected of having an infectious respiratory disease, possibly influenza. The room needs to be cleaned thoroughly to ensure that the next occupant is not at risk of contracting the virus. In the following scenario a variety of infection control measures will be demonstrated, some of which would only be necessary in the event of an influenza pandemic.

This is Louise, a cleaner in this accommodation facility. Today she's accompanied by Erica, a trainee cleaner. Louise has been told that this room needs a special disinfecting treatment as well as the usual clean, which is why they had to put on their disposable personal protective equipment before entering the room. The masks they are wearing look like normal surgical masks, but they're different because they're designed to filter out very small particles, like germs. Erica and Louise must not touch their eyes, nose or mouth while they are cleaning this room.

They open the windows and any outside doors to reduce the risk of infection to them, and close the main door to seal it until they have finished cleaning. The wearing of disposable personal protective gear is essential. Hand hygiene is required every time before the gloves, goggles, mask, and apron are fitted, and again when they are removed. The correct fitting and removal of personal protective equipment is covered in another segment of this program.

Notice also that the room has been cleared of unnecessary magazines and brochures to reduce the surfaces that could become contaminated in the event of an influenza pandemic, and to facilitate cleaning.

They should work from the clean to the dirty areas in this room. They start with the dishes and dusting, before doing the vacuuming, the bed, then the bathroom last.

All dishes should be washed in a dishwasher, as you can never be certain what has been used and what has not. They don't need to do anything about the curtains. That mat will be OK after vacuuming, but they should never hang up and beat a mat from one of these rooms because that spreads germs.

This is a routine clean. The aim is not to raise a dust which can carry germs. Louise is using a vacuum cleaner that doesn't throw dust into the air. Erica is using a damp disposable wipe that won't flick germs around.

The used linen is treated gently to avoid flicking germs around, it is kept separate, and the linen bag should be securely sealed. In the laundry, gloved hands should be used to place the linen into a washing machine without coming into contact with skin or clothing. It should be laundered separately on a normal hot cycle with detergent, and then aired or tumble-dried.

Protectors on the pillows and mattresses should be standard items. In this case, changing them helps to reduce the risk of infecting the next guests in this room.

Erica and Louise move to the bathroom. The towels are carefully placed in the special linen bag. All rubbish from this room, including wipes and gloves, should go into the garbage bag, which then is sealed and goes out with the rest of the rubbish. Louise and Erica are using neutral detergent and warm water for their cleaning solution.

They will make sure to clean and disinfect the mop and bucket afterwards.

To finish off they disinfect some surfaces with disposable wipes. They pay special attention to anything that might have been touched – bed-side tables, light switches, TV controls, telephones, door knobs, handles. A list of recommended disinfectants can be found in the 'Workplace Cleaning Products' fact sheet in the Resources section of this program.

Hand hygiene must always be carried out after wearing personal protective equipment. It involves washing in soap and water, or using an alcohol-based product such as a gel, rinse or foam. When using chemical disinfectants, follow the directions, wear personal protective equipment, and have adequate ventilation. Look at the hand hygiene segment elsewhere on this program.

Cleaning that infected room was not too much trouble for Louise and Erica. The main things to remember are to wear personal protective equipment, avoid contact with contaminated linen, keep the dirty sheets and towels separate, use a damp duster, and disinfect all surfaces that could have been touched. Finally, perform hand hygiene after removing the personal protective equipment.

INFECTION CONTROL KIT

Here you'll find out what should be in an infection control kit, in this case the kit of a quarantine officer at an airport.

Quarantine Officer: You know, you probably don't think about it much when you're arriving at an international airport, but people like me working in quarantine here come into close contact with many people every day. One of my jobs is to assess sick passengers when they first arrive and I commonly encounter people with respiratory infections.

So I like to keep a simple infection control kit on hand. One like this. Let's take a look at what's in it.

This surgical mask is there to prevent a respiratory infection being passed from an infected person

This P2/N95 mask is there to protect me should I need it.

Of course, sometimes it's safer to deal with someone when we are both wearing masks, so carrying both types of mask is a good idea.

If someone is sneezing or coughing hard I like to make sure my eyes are protected with these goggles. Looks a bit strange, but it's better than giving viruses or bacteria a chance to infect me through the mucous membranes of my eyes.

When there is a risk of coming into contact with the body fluids of an infected person, these disposable gloves are essential. Clean non-sterile, unpowdered gloves are fine.

And to stop my clothes from becoming contaminated, I wear this long-sleeved disposable gown.

These wipes are useful to remove any dirt or soiling.

And, when I don't have access to soap and water, this alcohol-based hand rub helps to get rid of germs following an encounter with a potentially infectious person.

Well, that's my infection control kit. I feel much safer with it.

Presenter: That's the sort of infection control kit that Australian Quarantine Officers use. What is best for your Infection Control Kit will depend on your work environment and your exposure risk. You should discuss this with your management. Suggestions for an infection control kit include: surgical and P2/N95 masks, goggles, disposable gloves, disposable gowns, wipes, an alcohol-based hand rub, and paper towel and some mild detergent for cleaning surfaces.

PERSONAL PROTECTIVE EQUIPMENT

Here we're going to see what personal protective equipment is, and how to put it on and take it off. Let's watch this ambulance officer.

When used correctly, personal protective equipment provides even more protection than infection control procedures like keeping your distance and washing your hands. In situations of high risk exposure, using personal protective equipment is very important in protecting yourself and minimising your risk.

I have four items in my personal protective kit: gown, gloves, goggles and mask. I always put on my Personal Protective Equipment (also known as PPE) before I enter a potentially infective environment.

I offer a paper surgical mask for a potentially infectious person to wear. These masks limit the spread of respiratory droplets through coughing, sneezing or talking. In high risk situations I wear a high-efficiency filtration mask to protect me from respiratory diseases spread by airborne and droplet transmission. These masks are also known as P2/N95 masks.

The best type of gloves for a personal protective kit are these disposable, non-sterile gloves.

These goggles help to protect the mucous membranes of my eyes.

Finally, there is this gown. It needs to be long-sleeved and have good cuffs to make sure my clothing doesn't become contaminated. These disposable gowns are good.

Now, let me show you how to put all this on. I'm not going into the details for each item as you can learn about these elsewhere in this presentation. Before putting on my equipment I wash my hands thoroughly, or use an alcohol-based hand rub if I can not access soap and water.

First I put on my mask ... then goggles ... then my gown ... then my gloves. That's it – I'm kitted out with my personal protective equipment.

After leaving the potentially contaminated environment, it's important to follow the correct procedure to remove the protective equipment. First I remove my gloves ... then I wash my hands ... then I remove my goggles ... gown ... and finally my mask. I always make sure I don't touch the surfaces of my personal protective equipment that may have been contaminated.

The last step after removing my protective equipment is to wash my hands. If my PPE has become visibly soiled, I wash my hands after removing each item in turn.

It's important to follow the correct sequence. To put the equipment on: mask, goggles, gown, gloves. To take the equipment off: gloves, goggles, gown, mask. The mask is always first on and last off. And the hands are washed before putting the gear on, and especially after taking it off.

That was a good demonstration of personal protective equipment. You saw how to put on the mask, goggles, gown and gloves, in that order, and then take them off again in the sequence of gloves, goggles, gown, and mask.

HAND HYGIENE

Did you know that the single most effective way to reduce the risk of spread of infectious disease is by hand washing? That is what we are about to look at.

When do you wash your hands? Well, any time you are likely to be near a source of infection, or you could transmit an infection.

These are the times you definitely should wash your hands.

After contact with a person, their equipment, their environment.

After going to the toilet.

Before eating.

Before fitting personal protective equipment.

After removing personal protective equipment, particularly after removing a mask or gloves.

Before leaving your work area.

Before touching your personal items.

Remember also to keep your hands away from your face as your hands can infect you by introducing germs through your eyes, nose or mouth.

Before washing remove all jewellery and check your hands for abrasions or cuts, as these can be an entry point for germs into your body. Cover any cuts or abrasions with water proof tape.

We'll now show you how to wash your hands correctly. Watch closely to see how this is done.

Wet your hands with warm running water. Apply enough soap to make a good lather. Normal soap or a neutral pH mild liquid hand wash are fine to use. You usually don't need antimicrobial skin cleaners unless you are performing a hospital-type procedure. Start by placing your hands palm to palm. Then run your right palm over the back of your left hand, and your left palm over the back of your right hand. Put the backs of your fingers into the opposing palms with your fingers interlaced. Do a rotational rub of your right thumb by clasping it in your left palm. Do a rotational rub backwards and forwards with the clasped fingers of the right hand in the left palm. Carry this action through to the wrist. Then swap hands. Pay attention to under your fingernails, too. This process should take 10 to 15 seconds. Rinse well under warm running water and Repeat if necessary because of visible soiling.

Pat dry your hands on paper towels or a clean linen towel, taking care to turn off taps and open doors without touching anything directly with your hands.

If there is limited access to soap and water, you can use alcohol-based liquids, rubs or gels to clean your hands. Let's see you how to clean your hands with an alcohol-based disinfectant.

Start by removing any visible soiling with water or a wet wipe. Then dispense the alcohol-based product into dry hands and rub all surfaces of your hands vigorously for one minute. Don't rinse them. When the cleaner evaporates you should be OK.

The procedures you have looked at here are simple, but require practice. I would encourage you to review this section often until hand hygiene and hand washing techniques become second nature to you.

USING A FACE MASK

<p>You are about to see how to correctly use a face mask to reduce the risks of either passing on an infection, or becoming infected with a respiratory disease.</p>
<p>Let's start with a surgical mask. Put it on using its straps. Notice that these surgical masks don't form a tight seal around your face. They are better at preventing you from infecting others, rather than the other way around. Use the straps to take off a surgical mask, and discard in the bin.</p>
<p>When you need to protect yourself from a potentially infective disease, a P2/N95 mask should be used. These have a special filter that stops most particles from getting through. They also form a tight seal around your face. It is important to follow the manufacturer's instructions for fitting and checking the fit of the mask that you use, as they may differ between brands.</p>
<p>The first step before fitting a mask is to wash your hands.</p>
<p>Pick up the mask, handling it as little as possible. Make sure you know the top from the bottom of the mask, and the inside from the outside.</p>
<p>Separate the tapes from the mask. There should be two tapes on each mask.</p>
<p>Touching the mask as little as possible, pull both tapes over your head and position the mask over your nose and mouth. Adjust the tapes so that the mask has a firm but comfortable fit. One tape should be over the ears, and the other under the ears. This should ensure the mask is snug under the chin and over the nose. It shouldn't be painful to wear.</p>
<p>Use your fingers to firmly press the adjustor over the bridge of your nose to create a good seal. Apply pressure at top of your nose, then to its side, but not further along as this will change the seal at the bridge of your nose.</p>
<p>At this stage your mask should be a good fit, feel comfortable, and you should be able to breathe normally, although there should be a slight resistance.</p>
<p>You should check the fit of your mask every time you use or adjust it. Breathe in and out deeply to see if there is any leakage. You should feel that breathing in is a little laboured and that the mask should collapse when you inhale. Turn your head from side-to-side, lift and lower your chin, pull faces to make sure the mask is firmly on. You shouldn't feel any air leaking in or out through the sides or top of your mask.</p>

Each person's face is different. You should learn how much you can move your face with a mask on while still maintaining a seal. Remember – you can always ask someone to assist with fitting and checking your mask.

Once you've been exposed to sick people, or a potentially contaminated environment, don't touch the outside of the mask. It may be contaminated. You can wear the same mask for several hours, such as for the length of a normal shift. But you should replace your mask if it becomes wet or soiled. Masks can also become difficult to breathe through if there is too much moisture in them.

This is when you must follow the correct procedure to remove your mask.

Before starting to remove your mask, wash your hands.

Then remove the mask in one movement by grasping the tapes and pulling them forward over your head. Never touch the front of the mask.

Dispose of the mask by placing it in an infectious waste bag, or by placing it in a plastic bag and then putting the bag in the normal rubbish.

Finally, wash your hands once more to minimise the risk that they carry any germs.

Masks can be supplied with a fit-testing kit. We won't go into the details here, because it is important to closely follow the manufacture's instructions, but fit-testing basically involves testing whether you can taste a very dilute substance sprayed under the hood while you are wearing your mask. You should occasionally test the fit of your mask to ensure you are fitting it correctly. The reason it is important to perform a fit test is because it is very hard to feel if minute amounts of air leaking are in through the sides of the mask when you perform a fit check. If you change brands of mask, if your face shape has changed because you have lost or gained weight, you should perform a fit test again. If you are confident about your mask and fitting skills this fit test only needs be performed occasionally.

Well, that covers the wearing, fit checking and removal of the P2/N95 face mask. Remember the key things: wash your hands before putting the mask on and after removing the mask; use the tapes to put the mask on; adjust the tapes and mask to give a good seal on your face; test the seal occasionally using a kit and check the fit each time you put it on or adjust the mask by moving your face; remove the mask using the tapes; and dispose of the mask properly.

USING GLOVES

This section demonstrates how to put on and take off a pair of disposable gloves. It's very important to use a pair of disposable gloves, particularly if you are likely to come into direct contact with infectious material. They also help to minimise the risk of spreading disease between people if they are changed between each contact.

As very small holes can form in gloves during use, your hands can become contaminated. This means that it's important to wash your hands both before and after wearing disposable gloves.

Before fitting gloves you should remove any jewellery, make sure your fingernails are trimmed and any cuts or abrasions have been covered with waterproof tape.

The next step is to wash your hands thoroughly. Then dry them to make it easier to put the gloves on.

Remove one glove from its box. Fit it on a hand, adjusting it by its cuffs rather than the fingers. Repeat this for the second glove.

Replace the gloves immediately if they become damaged, or after contact with a person (sick or well). You should replace them after contact with a person's secretions or excretions. Perform hand hygiene after removing the gloves.

Gloves must be removed in the following sequence.

When removing your gloves, avoid touching your skin with the outside of your gloves. Remove the first glove by gripping its outside cuff between your thumb and finger of your other hand. Peel it away from the hand in one careful movement, inverting the glove as it is removed. Avoid flicking when removing your gloves, as this may contaminate the environment. Hold the glove you've just removed in your still-gloved hand, then start removing the second glove by hooking your thumb under its cuff. Carefully remove the second glove by inverting it over the first glove. The outside of either glove should not be exposed at this point.

Immediately dispose of the gloves in a bin. Don't place the gloves on any surface as this could contaminate that surface.

Finish up by washing your hands.

So now you know how to put on and take off a pair of disposable gloves. To summarise: wash and dry your hands after removing all jewellery; fit each glove in turn by pulling on its cuff; use the cuffs also to remove each glove by rolling them inside-out; peel the second glove off over the first; dispose of the gloves correctly; and finally, wash your hands.

IN CONCLUSION

So, by this stage, if you have gone through all of the content here, you should know a lot more about infection control procedures, especially those for infectious respiratory diseases.

You learnt about how viruses and bacteria cause respiratory diseases, and how they can be transmitted between people by direct and indirect contact, by droplets and if they become airborne. Because of this ability of diseases to spread, infection control procedures are important.

We looked at an infection control kit and procedures, and at personal protective equipment. We also looked at hand hygiene, how to correctly use a face mask, and how to put on and take off protective gloves.

The Infection Control procedures and personal protective equipment you use will depend on the risks associated with your work environment. You should discuss your particular needs with your management team or your local health department.

Sometimes in the course of your work you may be exposed to an infectious disease and you have not been using personal protective equipment. If this happens, you should report to your GP and discuss your situation. They will assess your risk and suggest any treatment or action.

In conclusion then, you should note these points. • If you have a respiratory disease, see a GP and avoid public places. • Remember cough etiquette and respiratory hygiene. • Remember to wash your hands. • Remember risk management by giving yourself distance from sick people, especially if they are coughing or sneezing. • Use personal protective equipment when required, and dispose of it properly. • Keep up to date with accurate information from the peak bodies: the Australian Government Department of Health and Ageing State/Territory Health Departments, and the World Health Organization.

We hope this production has been helpful to you.