



Infection prevention & control guidelines for healthcare teams in State Quarantine Facilities

22 June 2021

Version control

This Plan should be considered a 'live document' and will be reviewed and updated regularly in response to:

- New legislation or statutory directions;
- Changes in advice based on emerging evidence or national guidelines;
- Learnings from outbreak management locally, in other jurisdictions and internationally; or
- Stakeholder engagement and feedback.

Review and update of this Plan is coordinated by the Public Health Emergency Operations Centre (PHEOC) Infection Prevention and Control Cell which can be contacted with feedback at PHEOC@health.wa.gov.au.

Version	Date	Author	Updates / changes
7	22 June 2021	PHEOC IPC	Updates to general guidance Updates to IPC requirements for OHT Addition of IPC requirements for specimen collection team Updates to selection and care of PPE Addition of action taken in the event of an exposure or potential exposure Updates to Appendix 2

For full revision history please refer to [Version control](#) at the end of this document.

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This document provides infection prevention and control (IPC) advice for contracted on-site healthcare teams (OHT) and specimen collection team providing care to guests accommodated in Western Australian (WA) State Quarantine Facilities (SQF).

All guests in a SQF must be assumed to be potentially infectious with SARS-CoV-2, irrespective of the results of previous negative testing or the absence of COVID-19 symptoms. Guests in a SQF requiring medical attention for any reason, including symptoms compatible with COVID-19, are requested to:

- contact the OHT by phone, either directly or via reception.
- call **000** for a medical emergency and advise the operator that they are in quarantine for COVID-19 risk.

General guidance

All SQF guests and SQF staff are required to comply with the following practices:

- perform frequent hand hygiene.
- observe physical distancing.
- practise respiratory hygiene.
- use personal protective equipment (PPE) when required.

In addition, **standard precautions** are always to be observed by OHTs and specimen collection team. This includes:

- adopt a bare below the elbows approach.
- comply with the '5 moments of hand hygiene.'
- not wear artificial nails or excessive jewellery (except plain wedding band).
- ensure long hair is securely tied back.
- wear a Level 2 surgical mask and protective eyewear (face shield or goggles) whenever leaving their office/station and moving through the hotel where guests are accommodated.
- ensure additional PPE is worn when physical distance cannot be maintained. Note:
 - prescription glasses are not considered protective eyewear.
 - once PPE is donned, it should not be touched or adjusted.
 - wherever possible use a buddy system to monitor PPE donning and doffing procedure.
- clean and disinfect all reusable items and medical equipment.
- disposable gloves are to be worn when cleaning and disinfecting reusable items and medical equipment.

For advice on the appropriate use of PPE refer to:

[Identification and use of personal protective equipment in the clinical setting during the coronavirus \(COVID-19\) pandemic policy](#)

To minimise exposure time and to reduce the number of times guests open their doors, a guest health assessment should be undertaken by remote communication when possible e.g. by phone, text or video calling.

Hotel or security staff **are not** to provide any physical assistance to SQF guests e.g. following a fall. The hotel or security staff can be asked to contact emergency services (**000**) if required. When healthcare staff (OHT/specimen collection team or ambulance) are attending a SQF guest, security staff are not allowed to enter the guest room. **They are to position themselves 3-5 meters away from the guest door.**

Hotel or security staff must wear the required PPE (refer to Appendix 2 PPE Recommendations for State Quarantine Facilities).

The OHT/specimen collection team are not to answer any queries from hotel or security staff in relation to hotel management issues e.g. food service delivery, waste or laundry management or IPC issues.

They are to advise the staff member to contact their Supervisor to obtain any advice from the State Health Incident Coordination Centre (SHICC).

IPC requirements for SQF guests

All SQF guests need to:

- be provided with a supply of masks.
- be asked to perform hand hygiene and put on a mask prior to any door opening.
- notify the OHT during initial health check if they have any respiratory conditions that require the use of respiratory aids such as a nebuliser, or non-invasive ventilation (NIV) e.g. continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP) use.
- be informed that nebulisers are not permitted to be used in the hotel environment and that an alternative option needs to be identified e.g. use of spacer.

Door opening procedure

Excluding emergency situations, a pre-visit telephone call is to be made to the guest prior to any face-to-face visit whenever possible. Face-to-face visits include medication delivery, health assessment, sample collection. During this call the healthcare team is to advise the guest of the door opening procedure and that prior to opening their door, they are to:

- if present, close any open windows.
- perform hand hygiene.
- put on their face mask.

IPC requirements for OHT

OHT must have a trolley with the required medical equipment, additional PPE, general waste bin/bag, alcohol-based hand rub (ABHR) and cleaning/disinfectant wipes when attending to guests for any type of healthcare visit.

The OHT are to ensure that security is positioned 3-5 meters away from the guest door.

Process for visual welfare check

The OHTs are to wear a Level 2 surgical mask and protective eyewear to undertake a visual welfare check. The OHT will present at guest door and:

1. Perform hand hygiene prior to knocking on guest door.
2. Stand back at least 1.5m distance from door and perform hand hygiene.
3. Ensure medical equipment/PPE trolley is at least 1.5m from guest door.
4. If guest is not wearing a mask on door opening request that they perform hand hygiene and comply with the requirement.
5. Conduct welfare check. If no further contact required, perform hand hygiene prior to leaving area and before entering lift and/or moving to another floor.
6. On return to the medical office, doff protective eye wear, perform hand hygiene, doff mask and perform hand hygiene.

7. Don clean gloves (optional), clean and disinfect any reusable medical equipment, remove gloves (if worn), perform hand hygiene.

Process for medication delivery

Security team must notify the OHT of any medications delivered from a community pharmacy. Medications delivered must be reviewed by the OHT and delivered by the OHT to the guest.

The OHT is to contact the guest prior to medication delivery, discuss ongoing need and if guest has any symptoms. The OHTs are to wear a Level 2 surgical mask and protective eyewear to deliver medication. The OHT will present at guest door and:

1. Medications are to be placed on the floor immediately outside guest door.
2. Perform hand hygiene prior to knocking on the guest door.
3. Stand back at least 1.5m away from the door and perform hand hygiene.
4. Ensure medical equipment/PPE trolley is at least 1.5m from guest door.
5. If guest is not wearing a mask on door opening request that they perform hand hygiene and comply with the requirement.
6. The OHT is to visualise retrieval of medication.
7. Hand hygiene is to be performed prior to accessing lift.
8. On return to the medical office, doff protective eye wear, perform hand hygiene, doff mask and perform hand hygiene.
9. Don clean gloves (optional), clean and disinfect any reusable medical equipment, remove gloves (if worn), perform hand hygiene.
10. All medication deliveries are to be documented by the OHT.

If multiple visual welfare checks or medication deliveries are being performed, then the following applies:

- surgical mask and protective eyewear can remain in situ for multiple visits unless damp, visibly soiled or damaged.

Process for OHT in room health assessment

A particulate filter respirator (PFR), protective eyewear, gown and gloves are to be worn by the OHT for any in room health assessment, including physical examination, where 1.5m physical distancing cannot be maintained.

Staff must have undergone a fit test and have their specific PFR available for use. A fit check must be performed after donning the PFR and prior to attending the guest.

Prior to in room health assessment, OHT is to telephone guest to remind them of door opening procedure.

The OHT are not to take any paper clinical notes into guest room.

The OHT are to wear a PFR and protective eyewear on leaving the office area. On arrival at guest room the OHT is to:

1. Perform hand hygiene and don gown and gloves.
2. Knock on guest door.
3. Stand back to ensure at least 1.5m distance from door.
4. Ensure medical equipment/PPE trolley is at least 1.5m from guest door.
5. If guest is not wearing a mask on door opening request that they perform hand hygiene and comply with the requirement.
6. Once the guest has donned mask, staff member can enter the room.

7. Complete in room health assessment and exit the room.
8. Ensure the door is closed.
9. Remove gloves in corridor at least 1.5m from guest door, dispose of gloves into a general rubbish bag attached to medical trolley, perform hand hygiene.
10. Remove gown, dispose of gown into general rubbish bag attached to medical trolley, perform hand hygiene.
11. Don clean gloves (optional), clean and disinfect any reusable medical equipment, remove gloves (if worn), perform hand hygiene.
12. Tie off rubbish bag and perform hand hygiene.
13. On return to the medical office, doff protective eye wear and perform hand hygiene.
14. Doff PFR and perform hand hygiene.
15. Seal rubbish bag and dispose of in general waste, perform hand hygiene.
16. Document visit and guest outcomes.

Management of guests that require non-invasive ventilation during hotel quarantine

During the OHT initial health screen, all guests must be explicitly asked if they use/require a CPAP or BIPAP during their hotel quarantine. If it is required, the OHT is to:

- Assess the clinical need with:
 - the guest.
 - the guest's medical consultant (GP or specialist) if there are any clinical concerns about interrupting the use of NIV during quarantine.
 - a respiratory physician may need to be consulted if required.
- Obtain the make and model of the machine (obtain photo if possible), type of mask i.e. nasal or face mask, humidifier component, filter outlet and if the unit has a HEPA filter.
- Document the frequency and duration of use and the last time the machine was used by the guest.

These details must be relayed by the OHT to the SHICC Hotel Quarantine Management Team (QMT) during office hours, Monday - Sunday 8am - 5pm, or the SHICC Watch desk after hours.

Following consultation with relevant stakeholders the QMT is to forward an individualised management plan to the OHT to action and discuss with the guest.

SHICC Hotel Quarantine QMT will arrange for an in room HEPA filter unit to be delivered to the guest.

Guest assessment requiring transfer to hospital

If the guest is assessed as requiring hospitalisation, the OHT will arrange transfer and if necessary remain with the guest until arrival of St John Ambulance (SJA) crew.

Perform handover of guest to SJA.

For the majority of transfers, guest is escorted off quarantine floor. SJA will only attend quarantine guest floor in a critical emergency.

Follow correct procedures for donning and doffing PPE, waste disposal, hand hygiene and cleaning / disinfection of reusable protective eye wear and replacement of clean PPE prior to returning to office area. Document visit and outcomes.

IPC requirements for specimen collection team

Staff performing specimen collections must have a trolley with the required medical equipment, additional PPE, general waste bin/bag, alcohol-based hand rub (ABHR) and cleaning/disinfectant wipes when attending to guests for any type of healthcare visit. The medical trolley is to be positioned more than 1.5m away from the door for all visits.

As a minimum requirement, a surgical mask is required for throat and nasopharyngeal specimen collections, and a PFR is required for serology specimen collection, due to the requirement to enter the room to perform the collection. If the specimen collection team are required to undertake both activities of throat and nasopharyngeal specimen AND serology specimen collection, a PFR is required.

When wearing a PFR staff must have undergone a fit test and have their specific PFR available for use. A fit check must be performed after donning the PFR and prior to attending the guest.

See [Identification and use of personal protective equipment in the clinical setting during the coronavirus \(COVID-19\) pandemic policy](#)

The specimen collection staff are to ensure that security is positioned 3-5 meters away from the guest door.

Throat and nasopharyngeal specimen collections

Specimens are collected in the door way of the guest room.

When collecting multiple throat and nasopharyngeal specimens on a guest floor, staff are to change gloves between each guest collection and perform hand hygiene in the correct order. Mask, gown and protective eyewear can remain in situ unless damp, visibly soiled or damaged.

If moving on to another guest floor PPE is doffed at the lift with hand hygiene performed in the correct order. A clean mask and eye protection is donned prior to accessing lift with additional PPE donned on guest floor.

Serology specimen collections

Serology collections need to be taken inside the guest room. A PFR is required for in room serology specimen collections.

Staff are not to take any paper, such as clinical notes or pathology forms, into guest room.

On arrival to the guest room:

1. Knock on guest door.
2. Stand back to ensure at least 1.5m distance from door.
3. Ensure medical equipment/PPE trolley is at least 1.5m from guest door.
4. If guest is not wearing a mask on door opening request that they perform hand hygiene and comply with the requirement.
5. Once the guest has donned a mask, a collector can enter the room.
6. Complete serology specimen collection and exit the room.
7. Ensure door is closed.
8. Position self at least 1.5m away from guest door, remove gloves, disposing of them in the general rubbish bag attached to medical trolley, perform hand hygiene.
9. Remove gown, dispose of gown into general rubbish bag attached to medical trolley, perform hand hygiene.

10. Don clean gloves (optional), clean and disinfect any reusable medical equipment, remove gloves (if worn), perform hand hygiene.
11. Tie off rubbish bag and perform hand hygiene.
12. If continuing to undertake further serology specimen collections on a guest floor your PFR, and protective eyewear can remain in situ unless damp, visibly soiled or damaged, OR
13. If continuing to undertake nasopharyngeal swabs on a guest floor your surgical mask or PFR, and protective eyewear can remain in situ unless damp, visibly soiled or damaged, OR
14. If moving on to another guest floor to take serology specimen collections, PPE is doffed at the lift with hand hygiene performed in the correct order. Clean mask and eye protection is donned prior to accessing lift with additional PPE donned on guest floor, OR
15. Don clean surgical mask and eye protection to return to central specimen collection area, doff protective eye wear and perform hand hygiene, doff mask and perform hand hygiene.
16. Seal rubbish bag and dispose of in general waste, perform hand hygiene.

Selection and care of personal protective equipment

Table 1: Personal Protective Equipment (PPE) requirements

- Gowns
 - are to be worn once and discarded after use. No reuse is to occur.
- Masks
 - surgical masks - once in place and fitted under chin and moulded across nose, do not touch the mask.
 - surgical masks with ties are to be provided for staff who wear a head covering for cultural reasons.
 - PFR - staff must have undergone a fit test and have their specific PFR available for use. A fit check must be performed after donning the mask.
 - wear the mask correctly i.e. they are not to sit around the neck, under the chin or on top of the head.
 - masks must be disposed of immediately once removed.
- Protective eye wear
 - face shields are labelled as single use by the manufacturer.
 - face shields may continue to be used between guests e.g. swabbing multiple guests in a row, but must be discarded once removed, or if soiled or damaged.
 - if using face shields to traverse the hotel, with no guest contact, they may be removed and reused by the same person following cleaning and disinfection.
 - all face shields must be discarded at the end of the shift.
 - goggles may be reused by the same person but must be cleaned and disinfected after each use.
 - For more information on [cleaning and disinfection of protective eyewear](#).
- Gloves:
 - **are not** a substitute for hand hygiene and hand hygiene must be performed every time gloves are removed.
 - **are not** to be sanitised with ABHR or surface cleaner.
 - if gloves become contaminated, remove immediately and dispose of in a general waste bin, perform hand hygiene. New gloves can then be put on if required.

- avoid touching unnecessary objects when wearing gloves e.g. do not answer telephone or use a computer with gloves on.

Action to take in the event of an exposure or potential exposure

Where there appears to be inconsistent application of recommended IPC practices including the use of PPE or adherence to IPC guidelines i.e. a breach, the affected staff member must:

1. Stop what you are doing.
2. Ensure that you and your area is safe.
3. Notify your supervisor or manager.
4. Obtain guest details if required.
5. Liaise with QMT during office hours (6213 5487) or SHICC Watch desk (9222 2017) after hours. QMT/SHICC will inform Public Health Operations, who will communicate any further actions to be taken.
6. Complete incident form.

Appendix 1: Sequence for donning and doffing full PPE



Government of Western Australia
Department of Health

Donning and doffing for healthcare teams in State quarantine facilities

Donning PPE

Step 1 Hand hygiene



- Remove jewellery – ensure bare below the elbows.
- Perform hand hygiene.

Step 2 Fitting gown



- Put the gown on so that your front and arms are fully covered and gown opening is at the back.
- Fasten ties at the neck and at the back.

Step 3 Apply and fit mask – surgical mask for droplet precautions



- Metal band fitted across bridge of nose.
- Secure ties / earloops.

N95 for airborne precautions



- If N95 required, perform fit check.

Step 4 Fitting goggles or face shield



- Position goggles over eyes or face shield over face.
- Adjust if necessary.

Step 5 Hand hygiene



- Perform hand hygiene.

Step 6 Fitting gloves



- Fit gloves, ensuring the cuffs are covered.

Doffing PPE

Step 1 Removing gloves



- Remove by gripping at cuffs.
- Immediately dispose of gloves in general waste.
- Perform hand hygiene.

Step 2 Removing gown



- With clean hands untie gown
- Touching only the inside of the gown, pull from neck and shoulders, then arms, turning inside out as gown is removed.
- Roll gown into bundle and discard in general waste.
- Perform hand hygiene.

Step 3 Removing eyewear



- Remove eyewear by handling sides or back only.
- Discard or reprocess with disinfectant wipes, store dry.
- Perform hand hygiene.

Step 4 Removing mask



- Remove mask by only handling at ties, then discard in general waste.
- Perform hand hygiene

Text courtesy of the Australian Government Department of Health
Last updated: 09/02/2021

Note: When mask and eyewear is already donned perform steps 1, 2, 5 and 6 for donning additional PPE.

Appendix 2: PPE recommendations at State Quarantine Facilities

Task	Level 2 surgical mask	P2 or N95 mask	Protective eye wear	Gloves	Gown
For in-room health assessment (including attending to guest requiring CPR or with severe symptoms / pneumonia like illness / challenging behaviour)	✗	✓	✓	✓	✓
For medication delivery (>1.5 m to be maintained at all times)	✓	✗	✓	✗	✗
For visual welfare check (>1.5 m to be maintained at all times)	✓	✗	✓	✗	✗
For delivery of quarantine clearance letter	✓	✗	✓	✗	✗
Specimen collection - throat/nasopharyngeal	✓ (minimum requirement)	✗	✓	✓	✓
Specimen collection - in room serology specimens	✗	✓	✓	✓	✓
Hotel or security staff on guest floor	✓	✗	✓	✗	✗

Note: A trolley with appropriate medical equipment, additional PPE, ABHR, cleaning/disinfectant wipes and general waste bag must always be taken when attending to guests.

Appendix 3: Useful resources

Donning and doffing video: <https://youtu.be/qENV2ly-ndk>

Donning and doffing for healthcare teams in State Quarantine Facilities poster: <https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-PPE-poster-A3-quarantine.pdf>

Hand hygiene: <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative>

COVID-19 infection prevention and control training: <https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training>

ICEG Guidance on the minimum recommendations for the use of personal protective equipment (PPE) in hospitals during the COVID-19 outbreak:

<https://www.health.gov.au/sites/default/files/documents/2020/11/guidance-on-the-use-of-personal-protective-equipment-ppe-in-hospitals-during-the-covid-19-outbreak.pdf>

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Version control

Version	Date	Updates / Changes
1	31 March 2020	Original document
2		
3	04 May 2020	Updated links
4	03 December 2020	Document name change Contact numbers updated Update to guidelines when guest requires assistance (security at least 1.5m from room, door propped open with door stop Removing PPE corrected to doffing PPE
5	23 March 2021	Document name change Clearer donning and doffing process for OHT tasks Management of non-invasive ventilation & exclusion of nebulisers Door opening procedures for guests Response to WA and interstate review recommendations Mandating of masks and eyewear on all guest floors regardless of duties
6	09 April 2021	Addition of specimen collection teams (SCT) Room entry/sample collection process amendments Explicit statement for use of face shield (single person for a single day use) Donning and doffing for multiple health assessments by the OHT or SCT
7	22 June 2021	Updates to general guidance Updates to IPC requirements for OHT Addition of IPC requirements for specimen collection team Updates to selection and care of PPE Addition of action taken in the event of an exposure or potential exposure Updates to appendix 2