

HLTINF006

STUDENT REVISION GUIDE

Apply basic principles and practices of infection prevention and control

Prepared by Alan Burns | Version 2.0 | Updated 18 October 2026

About this guide

A companion to the unit's learning topics. Use the explanations, visual guides and key terms alongside your class notes and supervised practical learning.

Read each topic and its matching visual guide, then use the glossary and comparison tables to clarify unfamiliar terms. Apply current workplace procedures and practise skills with appropriate supervision.

By the end of this unit

- Explain how infections can spread and how controls interrupt transmission.
- Recognise the purpose of hand hygiene, PPE, cleaning and safe waste handling.
- Describe your responsibilities for risk, exposure reporting and review.

Topics in this guide

- | | |
|---|--|
| 1. Infection risks and workplace responsibilities | 6. Cleaning, reprocessing and aseptic practice |
| 2. Microorganisms, infection and the chain | 7. Waste, sharps and linen |
| 3. Standard and transmission-based precautions | 8. Personal hygiene, illness and respiratory etiquette |
| 4. Hand hygiene decisions and hand care | 9. Blood or body-fluid spills and exposure |
| 5. Selecting PPE for the task | 10. Reporting, review and safer systems |

The final sections contain key terms, key distinctions and the source references.

Topic 1: Infection risks and workplace responsibilities

Identify the task, the exposure risk and the control before beginning.

- Check current workplace procedures, relevant infection guidance and who is responsible for each action.
- Consider how the task could expose people to infectious material and who might be affected. Consult the team when risks or controls are unclear.
- Choose controls appropriate to the risk and your role, and check that equipment, supplies and reporting arrangements are available.
- Communicate concerns and record risks through the workplace process. Review controls when the task or conditions change.

Source references: 1, 2, 3, 4, 5, 6.

Assess and communicate a risk

Identify the hazard, who could be exposed and how infection could spread. Consider the likelihood and consequences using your organisation's risk tool. Severity describes the possible harm; likelihood describes how probable it is. A concern affecting frail residents may have serious consequences. Explain your reasoning rather than choosing a rating without evidence. Stop or make an unsafe task safe within your role, report promptly and seek advice.

Write a useful risk report

Use a clear subject, factual observations and the time/location. Explain who may be affected, the transmission risk, immediate action and suggested controls. Request advice about further action. Use respectful professional language, protect personal information and use the approved reporting channel. Urgent concerns need immediate escalation; an email alone may not be enough.

Topic 2: Microorganisms, infection and the chain

Understand what is spreading and where controls can interrupt it.

- Infectious agents include bacteria, viruses, fungi and parasites. Some parasites are microscopic; others, such as worms and mites, are larger. Not every microorganism causes disease.
- Colonisation means organisms are present without necessarily causing illness. Infection involves invasion or multiplication with a host response; symptoms and disease depend on the context.
- The chain links an agent, reservoir, exit route, transmission, entry route and susceptible host. More than one control may interrupt it.
- Sources and transmission routes include people, contaminated equipment, food, water and respiratory particles. The following visuals explain the links and microorganism groups.

Source references: 1, 2, 7, 8, 5, 6.

How infections travel

Route	Meaning and example
Direct contact	Transfer through physical contact with a person or infectious material; for example, contact with an infected skin lesion.
Indirect contact	Transfer through an intermediary, such as contaminated shared monitoring equipment used without correct cleaning.
Droplet	Respiratory particles deposit on eyes, nose or mouth during close contact; precautions depend on the organism and task.
Airborne	Infectious particles remain in the air and can be inhaled; ventilation, placement and respiratory protection matter.
Common vehicle	A shared contaminated source, such as food, water or medication, exposes people to an agent. Example: several residents consume contaminated food.
Vector-borne	An insect or other vector carries an agent between hosts; mosquitoes can transmit malaria parasites.

Exposure and entry

Degree of pathogen exposure concerns the amount of infectious material, how often or how long contact occurs, and the route of exposure. Risk also depends on the organism and host defences; infection is not inevitable. A penetrating injury breaks the skin, for example a needlestick, allowing contaminated material past a protective barrier. Portals of exit include respiratory secretions, blood and faeces; portals of entry include eyes, mouth, broken skin and invasive-device sites.

Why some people are more susceptible

Reduced immunity weakens defence against infection; poor nutrition can impair immune function and healing; broken skin provides an entry route; invasive devices can bypass normal barriers. Older age and chronic illness can also increase vulnerability, depending on the person. Consider actual health and care needs rather than assuming everyone in a group has the same risk.

Living and non-living sources

People, animals, birds and insects are living (animate). Soil, food, water, waste and body substances outside the body, including blood and bodily fluids, are non-living (inanimate) materials. These can be potential reservoirs, sources or carriers of contamination. Insects may act as vectors rather than reservoirs. Blood within a person is part of that living host; outside the body it is a non-living substance. The microorganism and circumstances determine the actual role.

Parasites and disease

Parasites live on or in a host and obtain resources from it. They include parasitic protozoa, worms and external parasites. For example, scabies mites infest the skin and are relevant in residential care. Protozoa are only one group, and not all protozoa are parasites. Colonisation means organisms are present without necessarily causing illness; infection involves entry and multiplication in the host; disease is illness or impaired function, which can have infectious or non-infectious causes.

Microorganisms: know the difference

Many microorganisms are harmless or useful. Those capable of causing disease are called pathogens.



Bacteria

Single-celled organisms that can multiply independently in suitable conditions.

Example: Some strains of Escherichia coli cause illness; other bacteria are part of normal body flora.

Remember: The organism and the disease are different. Pneumonia can have bacterial, viral or other causes.



Viruses

Small infectious agents that need living host cells to reproduce.

Example: SARS-CoV-2 is the virus that causes COVID-19.

Remember: Antibiotics do not treat viral infections. Use the prevention measures appropriate to the virus.



Fungi

A group that includes yeasts and moulds; some can cause infection.

Example: Candida is a yeast that can cause thrush.

Remember: Some fungi normally live on or in the body; illness can occur when conditions allow overgrowth.



Protozoa

Microscopic, single-celled organisms. Some live freely; others are parasites.

Example: Giardia can cause diarrhoeal illness; Plasmodium causes malaria.

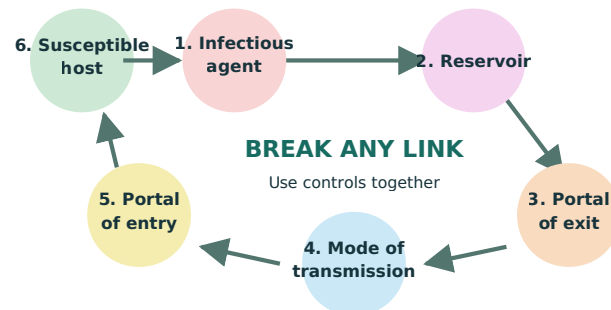
Remember: Parasitic protozoa are one group of parasites. Other parasites, such as worms, are multicellular.

Organism ≠ disease. SARS-CoV-2 → COVID-19; Plasmodium → malaria. Knowing the agent helps explain transmission and control; symptoms alone do not identify it.

Illustrations retained from the supplied resource pack. Original explanation: Alan Burns, 6 October 2026. Sources: [University of Queensland: bacteria and viruses](#) · [CDC: parasites and protozoa](#) · [Australian infection prevention guidelines](#)

Break the chain of infection

Six links connect an infectious agent to a person. Interrupting a link helps stop transmission.



1. Infectious agent

The microorganism that can cause infection.

Example: A bacterium, virus, fungus or parasitic protozoan.

Break the link: Use the appropriate cleaning, disinfection or sterilisation process.

2. Reservoir

Where an infectious agent lives or survives.

Example: A person, contaminated equipment, water or food.

Break the link: Clean shared equipment and manage contaminated materials safely.

3. Portal of exit

The route by which an agent leaves its source.

Example: Respiratory secretions, blood or wound drainage.

Break the link: Cover coughs and contain secretions and draining wounds.

4. Mode of transmission

How the agent moves to another person.

Example: Hands, shared objects, respiratory particles or contaminated food.

Break the link: Clean hands and equipment; use the precautions required for the route.

5. Portal of entry

The route by which an agent enters the body.

Example: Eyes, nose, mouth, broken skin or an invasive device.

Break the link: Protect broken skin and key sites; use aseptic technique when required.

6. Susceptible host

A person whose defences make infection more likely.

Example: A person with reduced immunity, poor nutrition or an invasive device.

Break the link: Support vaccination and health needs; protect the person from exposure.

Follow the links: 1 → 2 → 3 → 4 → 5 → 6. A susceptible person can become a new reservoir. Use several controls together; one precaution cannot address every risk.

Original explanation: Alan Burns, 6 October 2026. Sources: [Australian infection prevention guidelines](#)

Where infection can come from

Animate (living) and inanimate (non-living) reservoirs and sources of infection.

Animate - living

- People with an infection, with or without symptoms.
- People carrying microorganisms without becoming ill, including people who are colonised.
- People recovering from an infection who can still spread the organism.
- Animals, including pets, livestock, rodents and wildlife, depending on the microorganism.
- Birds are living animals and can be reservoirs for some agents.
- Insects are living; some act as vectors that transmit an agent, rather than as its reservoir.
- In people, microorganisms may live on the skin or in the nose, mouth, respiratory tract and digestive tract.

Inanimate - non-living

Potential reservoirs, sources or contaminated objects include:

- Soil, dirt and dust.
- Water and wet environments.
- Food.
- Surfaces, including benches, door handles, bed rails and bathroom fixtures.
- Shared equipment, including mobility aids and monitoring equipment.
- Instruments and reusable care items.
- Linen, towels and clothing.
- Personal and shared objects, including phones and toys.
- Contaminated medicines and solutions.
- Blood and bodily fluids outside the body, including saliva, respiratory secretions, urine and faeces.
- Waste, including contaminated care materials.

Understand the difference

Reservoir: Where an infectious agent normally lives and multiplies.

Fomite: A contaminated, non-living object that can transfer microorganisms.

Source: Where a person acquires the infectious agent.

Vector: A living carrier, such as a mosquito or tick, that transmits an infectious agent.

Remember: These are potential examples. Their role depends on the microorganism and whether contamination is present. A contaminated object is not necessarily a true reservoir. Airborne particles are a means of transmission; air is not normally classified as a reservoir.

Original explanation: Alan Burns, 8 October 2026. Sources: [CDC - reservoirs and sources](#) | [CDC - chain of infection](#) | [CDC - where germs live](#)

Topic 3: Standard and transmission-based precautions

Use routine precautions for everyone and add measures when indicated.

- Standard precautions include hand hygiene, suitable protective equipment, safe handling of sharps and contaminated items, cleaning and other task-based controls.
- Transmission-based precautions add measures for particular contact, droplet or airborne risks according to assessment and local procedure.
- Explain precautions respectfully, protect privacy and check the required room, equipment and protective measures with the responsible team.
- Do not improvise isolation or respiratory-protection arrangements. Use the workplace's instructions and escalate uncertainty before exposure.

Source references: 2, 1, 5, 6.

Choose additional measures

Suspected infectious diarrhoea may require contact precautions, dedicated equipment and enhanced bathroom/high-touch cleaning. A suspected airborne infection needs prompt escalation and the prescribed placement, ventilation and respiratory protection. Additional measures supplement standard precautions. Follow current organism-specific guidance and the clinical team's instructions; a symptom alone does not identify the organism.

Standard precautions

Use these routine measures for everyone. Choose the controls for the task and exposure risk.

- Hand hygiene at the required moments.
- Personal protective equipment (PPE) when the task presents an exposure risk.
- Respiratory hygiene: cover coughs and sneezes, discard tissues and clean hands.
- Safe sharps handling and disposal at the point of use.
- Environmental cleaning and appropriate equipment reprocessing.
- Aseptic technique to protect key parts and sites during relevant procedures.
- Safe handling of waste and used linen.

Transmission-based precautions are added when a particular contact, droplet or airborne risk requires further controls.

Original explanation: Alan Burns, 6 October 2026. Sources: [Australian infection prevention guidelines](#)

Contact precautions

Additional precautions: use alongside standard precautions.

How transmission occurs

Direct contact with a person or indirect contact through contaminated hands, objects or equipment.

Example: Contaminated shared equipment can carry organisms between people.

What this changes in practice

- Perform hand hygiene; select gloves and gown or apron as indicated.
- Use dedicated equipment or clean and reprocess between people.
- Follow room placement, environmental cleaning and linen/waste arrangements.
- Remove contaminated PPE safely and clean hands before touching clean supplies.

Check the organism-specific instructions. More than one transmission route may apply; placement and protective equipment depend on the risk and local procedure.

Original explanation: Alan Burns, 6 October 2026. Sources: [Australian infection prevention guidelines](#)

Droplet precautions

Additional precautions: use alongside standard precautions.

How transmission occurs

Infectious respiratory particles can deposit on another person's eyes, nose or mouth during close contact.

Example: Influenza may require droplet precautions.

What this changes in practice

- Use the specified surgical mask and eye protection when indicated.
- Follow placement, separation and movement instructions.
- Support cough etiquette and source control when appropriate.
- Clean shared equipment and hands; check if other precautions are also required.

Check the organism-specific instructions. More than one transmission route may apply; placement and protective equipment depend on the risk and local procedure.

Original explanation: Alan Burns, 6 October 2026. Sources: [Australian infection prevention guidelines](#)

Airborne precautions

Additional precautions: use alongside standard precautions.

How transmission occurs

Infectious particles in the air can be inhaled; room ventilation and respiratory protection matter.

Example: Measles and infectious pulmonary tuberculosis require airborne precautions.

What this changes in practice

- Use the required P2 or N95 respirator with fit testing and a fit check.
- Follow airborne-isolation and ventilation arrangements; keep the designated room door closed.
- Limit movement and use the instructed source-control measures.
- Remove the respirator in the designated safe area, according to the procedure.

Check the organism-specific instructions. More than one transmission route may apply; placement and protective equipment depend on the risk and local procedure.

Original explanation: Alan Burns, 6 October 2026. Sources: [Australian infection prevention guidelines](#)

Standard precautions — illustrated

Standard Precautions

Always follow these standard precautions



Perform hand hygiene before and after every patient contact



Clean and reprocess shared patient equipment



Use personal protective equipment when risk of body fluid exposure



Follow respiratory hygiene and cough etiquette



Use and dispose of sharps safely



Use aseptic technique



Perform routine environmental cleaning



Handle and dispose of waste and used linen safely

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Health
and Human
Services

Original supplied standard-precautions poster; retained unchanged. [Original source](#). Follow workplace requirements for the task and setting.

Contact precautions – illustrated



Visitors

See a nurse for information before entering the room

For all staff

Contact Precautions

in addition to Standard Precautions

Before entering room

- 1



Perform hand hygiene
- 2



Put on gown or apron
- 3



Put on gloves

On leaving room

- 1



Dispose of gloves
- 2



Perform hand hygiene
- 3



Dispose of gown or apron
- 4



Perform hand hygiene

Standard Precautions

And **always** follow these **standard precautions**

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely

Original supplied precaution poster; use with current guidance and local procedures. [Original source](#). Follow workplace requirements for the task and setting.

Droplet precautions — illustrated



Visitors

See a nurse for information before entering the room

For all staff

Droplet Precautions

in addition to Standard Precautions

Before entering room

1



Perform hand hygiene

2



Put on a surgical mask

On leaving room

1



Dispose of mask

2



Perform hand hygiene

Standard Precautions

And always follow these standard precautions

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely

Airborne precautions – illustrated


Visitors
 See a nurse for information before entering the room

For all staff

Airborne Precautions

in addition to Standard Precautions

Before entering room

- 1


Perform hand hygiene
- 2


Put on N95 or P2 mask
- 3


Perform a fit check of the mask

On leaving room

- 1


Dispose of mask
- 2


Perform hand hygiene

Keep door closed at all times

Standard Precautions

And always follow these standard precautions

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely

Topic 4: Hand hygiene decisions and hand care

Choose the method and moment appropriate to the task.

- The five moments connect hand hygiene to contact and procedures: before touching a person; before a procedure; after a procedure or body-fluid exposure risk; after touching a person; and after touching the person's surroundings.
- Alcohol-based hand rub is commonly used for routine hand hygiene when suitable. Soap and water is needed when hands are visibly dirty and in other situations specified by procedure.
- Gloves do not replace hand hygiene. Check the required moments before and after glove use and avoid contaminating clean supplies.
- Care for skin and follow workplace requirements for nails, jewellery and products. Report skin problems affecting safe hand hygiene.

Source references: 9, 1, 10, 11, 5, 6.

Five moments: when and why

Moment	When	Why
1. Before touching a person	Immediately before physical care contact.	Reduce transfer from your hands to the person.
2. Before a procedure	Immediately before an aseptic task.	Protect a vulnerable site from contamination.
3. After a procedure or body-fluid exposure risk	After the task or exposure risk, including after glove removal.	Protect yourself and the care environment.
4. After touching a person	After care contact.	Prevent onward transfer to yourself, others or the environment.
5. After touching surroundings	After contact with the person's immediate surroundings, even without touching them.	Prevent transfer from contaminated objects and surfaces.

Technique and hand care

Use soap and water when hands are visibly dirty and when the organism or outbreak procedure requires it. Alcohol-based hand rub (ABHR) is suitable for many routine care contacts. Apply enough product to cover all hand surfaces and rub until dry.

For washing, wet hands, apply soap, cover palms, backs, between fingers, backs of fingers, thumbs and fingertips; rinse and dry with a single-use towel. Follow the tap instructions without recontaminating hands. The WHO posters show the complete techniques: washing takes 40–60 seconds and rubbing takes 20–30 seconds.

Keep nails short and clean, cover cuts with a waterproof dressing and report dermatitis. Check workplace rules for jewellery, artificial nails and nail products. Gloves do not replace hand hygiene.

Soap, hand rub and gloves

Wash with soap and water when hands are visibly dirty, after using the toilet and before preparing food. During gastroenteritis outbreaks, follow the specified soap-and-water requirements; do not rely only on hand rub. For many other routine care contacts, alcohol-based hand rub is preferred when hands are not visibly soiled. Change single-use gloves between people and when moving from contaminated to clean tasks. Clean hands before putting gloves on and after removing them; gloves do not replace hand hygiene.

The five moments in words

Clean hands before touching a person; before a clean or aseptic procedure; after body-fluid exposure risk; after touching the person; and after touching their surroundings. The relevant moment can occur between two tasks for the same person. Apply the care-zone guidance for your setting, and clean hands at additional everyday times such as after toileting.

Cover every surface

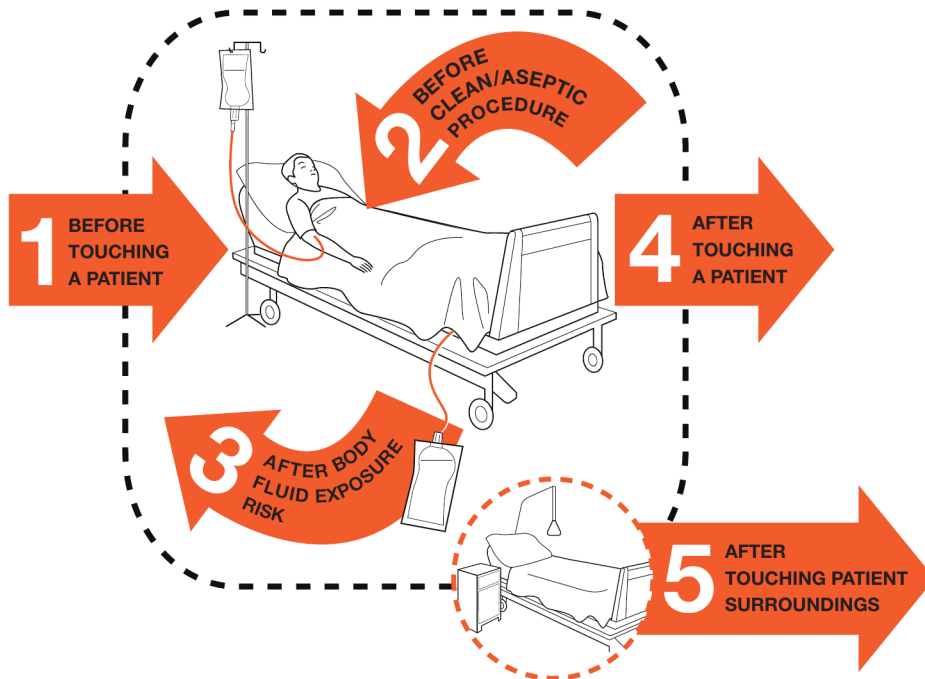
For alcohol-based hand rub, start with dry hands, use the recommended amount and rub palms, backs, between fingers, backs of fingers, thumbs and fingertips until dry, usually 20-30 seconds. For soap and water, wet hands, apply soap and rub all surfaces, rinse and dry thoroughly with a single-use towel; the full process usually takes 40-60 seconds. Follow the product and workplace method. Do not wipe hand rub off before it dries.

Protect intact skin

Keep nails short and clean; follow restrictions on artificial nails, nail coatings, hand/wrist jewellery and watches. Cover cuts with the approved waterproof dressing. Report dermatitis or broken skin that could affect safe care, and obtain advice about approved moisturiser and any task changes. Avoid treating gloves as a solution to unassessed skin damage.

Five moments for hand hygiene

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

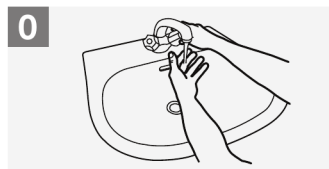
World Health Organization (WHO), 2009. Supplied official poster; attribution retained. [Original source](#). Follow workplace requirements for the task and setting.

How to wash hands

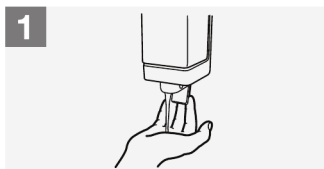
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



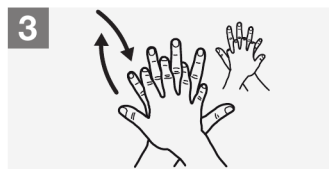
Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



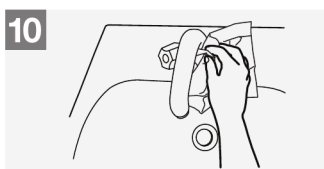
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



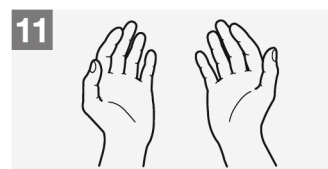
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



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World Health Organization (WHO), 2009. Supplied official poster; attribution retained. [Original source](#). Follow workplace requirements for the task and setting.

How to use hand rub

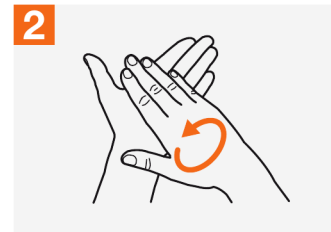
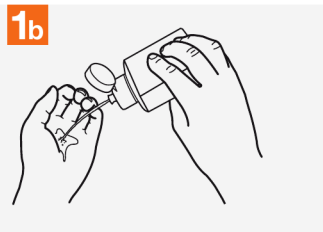
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

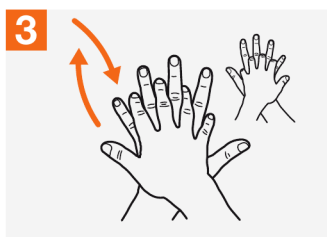
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



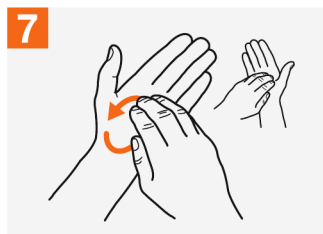
Palm to palm with fingers interlaced;



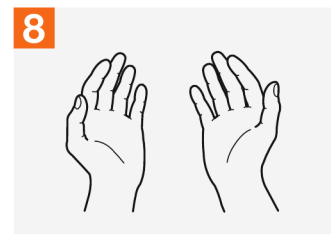
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



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Topic 5: Selecting PPE for the task

Select protection from the exposure risk and current procedure.

- Consider contact, splashes and respiratory exposure, then check the required gloves, gown or apron, eye protection and mask or respirator.
- Check equipment suitability, fit, condition and required training. Respirator requirements differ from ordinary mask use.
- Apply and remove PPE using the approved sequence and local procedure. Avoid touching contaminated surfaces or carrying used equipment into clean areas.
- Dispose of or reprocess items according to their type and the approved process; perform hand hygiene at the required points.

Source references: 2, 1, 12, 5, 6.

PPE sequences in words

Putting on, when required	Removing safely
1. Clean hands.	1. Remove gloves without touching the contaminated outside.
2. Put on and secure the gown.	2. Clean hands.
3. Put on the mask or respirator; fit check a respirator.	3. Remove gown using the inner surface; turn inside out.
4. Fit eye protection.	4. Remove eye protection by its band or arms; clean hands if contaminated.
5. Put on gloves, covering gown cuffs.	5. Remove mask or respirator by straps or ties in the designated area.
Check the required fit and coverage.	6. Clean hands again.

Gloves and gown can alternatively be removed together, followed by hand hygiene. The sequence is based on the Commission's 2024 resource. Follow local instructions for the removal location, disposal and reprocessing.

Match PPE to the task

Gloves protect against anticipated contact with blood/body substances, mucous membranes, non-intact skin or contaminated items. A gown or apron protects skin and clothing where contamination is likely. Eye protection or a face shield protects against splashes/sprays. A surgical mask may be needed for droplet precautions or splash protection of the nose and mouth; airborne precautions require an appropriate respirator. Use the prescribed combination, not a single item as a substitute for all protection. Respirators need the required fit testing and a fit check each time they are worn.

Prevent contamination during removal

Treat the front of worn PPE as potentially contaminated. Use the taught removal sequence and designated disposal/reprocessing area, handling items by the clean inner surfaces or straps as directed. Perform hand hygiene if hands become contaminated and at required removal stages. Do not touch your face, phone or clean records with used gloves. A disposable mask is not a reusable respirator, and splash goggles do not replace respiratory protection.

Surgical masks and respirators

Both are protective equipment, but their fit and purpose differ.

Surgical mask	Particulate respirator (P2 / N95)
A loose-fitting barrier used for relevant splash and droplet risks and source control when indicated.	Designed to seal around the face and filter inhaled particles when the task or airborne risk requires it.
Cover the nose and mouth; avoid touching the front. Change and dispose according to the procedure.	Requires the workplace respiratory-protection program, including fit testing and a fit check each time it is worn.

Fit test: a formal assessment of which respirator fits the wearer. **Fit check:** checking the seal every time the respirator is put on. They are different; one does not replace the other.

Use the equipment specified for the infection, procedure and setting. Facial hair in the sealing area can prevent a tight-fitting respirator from sealing.

Original explanation: Alan Burns, 6 October 2026. Sources: [Australian infection prevention guidelines](#) · [PPE sequence](#)

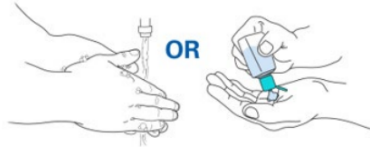
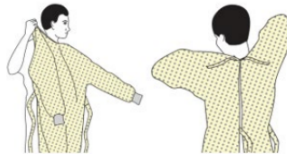
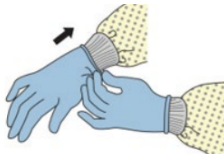
Putting on PPE

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Sequence for putting on and removing personal protective equipment (PPE)

To reduce the risk of transmission of infectious agents, PPE must be used appropriately. The following table outlines sequences and procedures for putting on and removing PPE.

Table 14: Sequence for putting on and removing PPE, [Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2019](#).

Sequence for putting on PPE	
Put on PPE before patient contact and generally before entering the patient room	
1. Perform hand hygiene Wash hands or use an alcohol-based hand rub.	
2. Gown (if required) - Fully cover torso from neck to knees, arms to end of wrists and wrap around the back. - Fasten at the back of neck and waist.	
3. Mask or particulate filter respirator (if required) - Secure ties or elastic bands at middle of the head and neck. - Fit check if using a particulate filter respirator.	
4. Protective eyewear or face shield (if required) Place over face and eyes and adjust to fit.	
5. Gloves (if required) Extend to cover wrist of gown.	

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Adapted from [CDC Guidelines for Isolation Precautions](#) 1

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Removing PPE

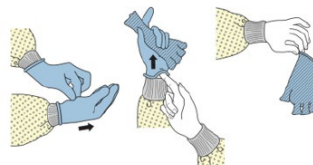
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Sequence for removing PPE

Begin PPE removal at doorway (for standard, contact and droplet precautions) or in the anteroom (for airborne precautions)

1. Remove gloves

- Outside of gloves is contaminated!
- Grasp outside of gloves with opposite gloved hand; peel off.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist.
- Discard gloves in waste container.



2. Perform hand hygiene

- Wash hands or use an alcohol-based hand rub.



3. Remove gown

- Gown front and sleeves are contaminated!
- Unfasten ties.
- Pull away from neck and shoulders, touching inside of gown only.
- Turn gown inside out.
- Fold or roll into a bundle and discard.



Alternatively gloves and gown can be removed as one step. Then perform hand hygiene.

4. Remove protective eyewear or face shield

- Outside of eye protection or face shield is contaminated!
- To remove, handle by head band or ear pieces.
- Place in designated receptacle for reprocessing or waste container.



Perform hand hygiene if the protective eyewear or face shield is contaminated.

5. Remove mask

- Front of mask is contaminated—DO NOT TOUCH!
- Grasp bottom, then top ties or elastic and remove.
- Discard in waste container.



6. Perform hand hygiene

- Wash hands or use an alcohol-based hand rub immediately after removing PPE.



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Adapted from [CDC Guidelines for Isolation Precautions 2](#)

Australian Commission on Safety and Quality in Health Care, 2024. Official poster; attribution retained. [Original source](#). Follow workplace requirements for the task and setting.

Topic 6: Cleaning, reprocessing and aseptic practice

Keep clean tasks and equipment separate from contamination.

- Follow the approved cleaning schedule and product instructions, including concentration, contact time and surface compatibility.
- Cleaning, disinfection and sterilisation are different processes. Reusable equipment needs the process required for its use and manufacturer instructions.
- Protect key parts and sites during relevant aseptic procedures according to training, scope and local practice.
- Report damaged equipment, incomplete cleaning or uncertainty about reprocessing. Do not substitute an improvised process.

Source references: 1, 2, 13, 14, 5, 6.

Cleaning, disinfection and sterilisation

Process	What it does	Where it fits
Cleaning	Removes dirt and organic material; it reduces contamination but does not guarantee destruction of every microorganism.	An essential step before further processing when required.
Disinfection	Inactivates many disease-causing microorganisms; it does not necessarily destroy bacterial spores.	Used for suitable surfaces and items according to their required level of processing.
Sterilisation	A validated process that eliminates viable microorganisms, including bacterial spores.	Required for items that must be sterile, using the approved process.

Clean and contaminated areas

Keep clean supplies and prepared equipment separate from used items, waste and contaminated linen. Move work from dirty processing towards clean storage through the designated workflow. Never carry contamination back into a clean area. Zones can be defined by the task, equipment, room layout or outbreak arrangements.

Aseptic technique protects key parts (such as sterile connection points) and key sites (such as a wound or insertion site). Avoid touching them and maintain the required aseptic field. Cleaning temperatures, chemical concentrations and contact times depend on validated processes and product instructions; there is no single setting for every item.

Five principles of aseptic technique

Sequencing: plan and perform preparation, procedure and cleanup in a safe order. Environmental control: minimise nearby dust, cleaning, airflow or activity that could contaminate the field. Hand hygiene: clean hands at the required moments before, during and after the procedure. Maintenance of aseptic fields: protect key parts and key sites using the appropriate field and non-touch technique. Personal protective equipment: select and use the required protection, including sterile gloves when needed. If asepsis is breached, stop and correct it under the local procedure; seek assistance within your role.

Processing reusable items

Cleaning: select the approved method and PPE, remove visible soil with the specified detergent/mechanical action, rinse when required, dry and inspect. Disinfection: clean first, then apply a compatible approved disinfectant at its specified concentration and contact time; rinse/dry as instructed. Sterilisation: trained staff clean, inspect, prepare and package suitable items, use a validated cycle, check required monitoring and release criteria, and store to preserve sterility. Follow manufacturer instructions and workplace procedures. A worker must not improvise chemical settings or operate equipment beyond their training.

Separate clean and contaminated zones

A contaminated zone contains used equipment, waste or soiled linen; a non-contaminated zone protects clean supplies and prepared items. During an outbreak, designate collection/processing areas and keep clean stock away from used bedpans, contaminated linen and waste. Use separate equipment and the required PPE/hand-hygiene transitions. Do not bring contamination back into a clean area.

Topic 7: Waste, sharps and linen

Contain contamination and use the correct disposal or handling pathway.

- Segregate waste using the workplace's categories and designated containers. Local colour codes and processes must be checked.
- Use approved sharps disposal at the point of use. Do not recap used needles or overfill containers; follow the applicable safety procedure.
- Handle contaminated linen carefully, avoid shaking it and use the required bags and protective equipment.
- Keep clean supplies away from contaminated items. Report container, spill or equipment problems promptly.

Source references: 1, 2, 15, 5, 6.

Understand waste groups

A useful broad grouping is general waste, clinical/infectious waste, and related/special waste such as medicines or cytotoxic materials. Sharps require their own approved stream and container; the detailed poster shows these and other streams separately. Exact category names and segregation rules vary by workplace and jurisdiction. Check labels and the approved waste plan rather than relying on bin colour alone.

Contain, store and collect safely

Segregate waste where it is generated. Use suitable labelled, leak-resistant containers; sharps go directly into a puncture-resistant sharps container without recapping or hand sorting. Close containers at the marked fill limit. Store securely in designated areas away from food and clean supplies, preventing leaks and unauthorised access. Arrange collection and treatment/disposal through approved services. Do not put pharmaceutical, cytotoxic or radioactive waste into ordinary clinical waste.

Excreta, bedpans and linen

Use the required PPE and contain vomit/faeces without splashing. Take reusable bedpans through the designated dirty workflow and approved emptying/reprocessing system; use the prescribed disposal system for single-use items. Do not empty them into a handwashing basin. Follow local sewer-disposal and waste rules; contaminated absorbent cleanup materials go into the prescribed waste stream. Bag soiled linen at the point of use without shaking or holding it against clothing. Remove PPE safely and clean hands. Containment and separation reduce transfer to hands, clothing, equipment and clean areas.

Healthcare waste: choose the right pathway

Identify the contents and hazard before disposal. Read the label; do not guess from the bin colour.

Type and meaning	Examples	Safe handling
 Sharps Items that can puncture or cut skin.	Used needles, lancets and contaminated sharp instruments.	Use the approved sharps container at the point of use. Never recap, reach inside or overfill.
 Clinical waste Waste requiring special handling because of infection or biological hazards.	Blood-soiled dressings and waste classified as infectious.	Use designated containers. Classification depends on contamination and infection status.
 General waste Waste without a clinical, chemical, medicine or radiation hazard.	Ordinary food wrappers and non-recyclable packaging.	Exclude other hazards before using the general-waste bin.
 Recycling Materials accepted by the local recycling service.	Clean cardboard and accepted uncontaminated containers.	Check accepted materials; exclude contaminated items, sharps and medicines.
Pharmaceutical waste Unwanted medicines and relevant medicine residues.	Expired tablets or leftover medicine.	Use the authorised pharmaceutical-waste process, never an ordinary bin.
 Cytotoxic waste — specialist Waste contaminated by cell-damaging medicines.	Certain cancer medicines and contaminated administration equipment.	Use trained staff and the cytotoxic pathway. Small residues can be hazardous.

Type and meaning	Examples	Safe handling
 Radioactive waste — specialist Waste containing radioactive material requiring regulatory control.	Contaminated materials from nuclear-medicine procedures.	Refer to the radiation-safety officer; use the authorised specialist process.

Unsure? Contain safely and ask your supervisor. Hazards can overlap: cytotoxic sharps require the cytotoxic sharps pathway.

Symbols retained from the supplied resource pack. Original explanation: Alan Burns, 6 October 2026. Sources: [EPA Victoria: waste classification](#) · [EPA Victoria: handling and containers](#) · [ARPANSA: radioactive waste](#)

Topic 8: Personal hygiene, illness and respiratory etiquette

Reduce opportunities for transmission before and during work.

- Follow uniform, laundry and personal-hygiene requirements, keeping work clothing and items managed appropriately.
- Cover coughs and sneezes using the approved approach, dispose of tissues and clean hands. Respect the person while explaining respiratory precautions.
- Report symptoms or exposure that may affect safe attendance through workplace procedures; do not assume PPE makes working while unwell acceptable.
- Check role-specific vaccination, exposure and return-to-work guidance with the employer or relevant health professional.

Source references: 1, 2, 16, 17, 18, 5, 6.

Recognise and escalate an outbreak

An outbreak is a linked increase in infection cases in a setting. Victorian viral-gastroenteritis guidance defines an outbreak as two or more related cases. Report a suspected cluster promptly; do not wait for laboratory confirmation. Support affected people, record symptoms/onset times and follow the team's precautions, placement, equipment and enhanced-cleaning directions. Do not assume that the second person necessarily caught the infection from the first.

Who reports, and why a plan matters

Workers notify their responsible nurse or supervisor immediately. The provider/designated lead coordinates investigation, case records and external notification. Victorian care-facility gastro guidance directs suspected outbreaks to the Department of Health on 1300 651 160. An Outbreak Management Plan sets out roles, notification, precautions, cleaning, staffing, communication and recovery arrangements so the response is coordinated. Notify staff through approved briefings/handover, and inform residents and visitors using accessible explanations and signage while protecting privacy. Follow current exclusion/return-to-work and laundry instructions; manage uniforms to avoid carrying contamination home.

Topic 9: Blood or body-fluid spills and exposure

Respond promptly through the approved safety and exposure pathway.

- Assess immediate safety, keep others away from the contaminated area and seek the required assistance.
- For an exposure, follow first-aid and urgent assessment procedures immediately; do not delay care while completing paperwork.
- Use the approved spill kit, protective equipment and cleaning process if trained and authorised. Keep contaminated and clean areas separate.
- Report the event, document facts and follow the required exposure review. Do not improvise chemicals, testing or treatment.

Source references: 1, 2, 19, 20, 21, 5, 6.

Respond to a body-substance spill

1. Keep people away from the contaminated area, assess the spill and obtain the approved kit. 2. Clean hands and put on task-appropriate PPE. 3. Contain and remove the spilled material using approved absorbent tools; avoid splashes/aerosols and never pick up sharps by hand. 4. Place contaminated materials into the prescribed waste container. 5. Clean the surface with the approved detergent/method; disinfect when required for the organism and surface, following product contact time. 6. Leave the area clean and dry; reprocess reusable tools, remove PPE safely and clean hands. Restore kit supplies and report according to procedure. Surface, spill size and outbreak requirements affect the method.

Immediate care after exposure

Stop the task safely and remove contaminated clothing. Wash affected skin or an injured area with soap and water. Flush affected mucous membranes with plenty of water; gently rinse exposed eyes with water or normal saline. Report immediately and obtain prompt professional assessment, especially for a needlestick, broken-skin or eye/mouth exposure. Record time, route and circumstances confidentially. Assessment determines any testing, treatment and follow-up. Handling soiled linen is not automatically a bloodborne-virus exposure: the material, route and skin integrity matter.

Topic 10: Reporting, review and safer systems

Use the event to improve controls, not just complete a form.

- Notify the people identified in the procedure, including supervisors and relevant infection or occupational-health staff.
- Document what occurred, exposure details, actions taken and follow-up using the authorised system and privacy requirements.
- Review supplies, equipment, workflow, training and communication to identify why controls failed or were missing.
- Agree improvements, responsibilities and a review point. Follow the required clinical and organisational follow-up.

Source references: 1, 22, 23, 24, 5, 6.

National guidance and local responsibilities

The Australian Guidelines for the Prevention and Control of Infection in Healthcare provide an evidence-based national framework for safer care. Organisations use them to develop procedures suited to their risks and setting; they do not replace local instructions or role boundaries. Escalate clinical changes to the responsible nurse/health professional, operational concerns to the designated supervisor/manager and public-health concerns through the authorised lead. Urgent deterioration needs urgent escalation. Do not assume one reporting route fits every workplace.

Keep knowledge current

A short team briefing can introduce an updated official recommendation, demonstrate its practical effect and allow questions. Record the source/date and follow the organisation's approval process. When researching an infection, distinguish the agent, source and transmission route; explain why particular hosts are susceptible; and check disease-specific precautions and reporting. Individual-case, outbreak, clinician and laboratory notification requirements can differ. Use current health-authority sources, record references and explain findings in your own words.

Key terms and abbreviations

Term	Meaning
Infectious agent	A microorganism capable of causing infection.
Reservoir	Where an infectious agent normally lives and multiplies.
Animate	Living; for example, people and animals that may act as reservoirs of infectious agents.
Inanimate	Non-living; for example, soil, water, equipment and surfaces that may act as reservoirs, sources or contaminated objects.
Source of infection	Where a person acquires an infectious agent; the source and reservoir are not always the same.
Fomite	A contaminated, non-living object that can transfer microorganisms.
Vector	A living carrier, such as a mosquito or tick, that transmits an infectious agent.
Colonisation	The presence of microorganisms without necessarily causing illness.
Infection	Invasion or multiplication of microorganisms with a response in the host.
Standard precautions	Routine infection-prevention measures applied regardless of known infection status.
Transmission-based precautions	Additional measures for particular contact, droplet or airborne risks.
PPE	Personal protective equipment: items selected to protect against a task's exposure risk.
ABHR	Alcohol-based hand rub, used when appropriate for hand hygiene.
Aseptic technique	Practices that protect key sites and parts from contamination during relevant procedures.
Reprocessing	The approved process that makes reusable equipment suitable for reuse.

Term	Meaning
Exposure	Contact with potentially infectious material through a relevant route, such as a sharps injury or splash.
Protozoa	Single-celled organisms; some are parasites, such as Giardia.
Pathogen	An infectious agent capable of causing disease.
Disease	A condition that disrupts normal health or body function; infectious disease is caused by an infectious agent.
Portal of exit	The route an agent leaves its source, such as respiratory secretions, blood or faeces.
Portal of entry	The route an agent enters a host, such as eyes, mouth, broken skin or an invasive-device site.
Susceptible host	A person whose defences make infection more likely; reduced immunity, poor nutrition, broken skin and invasive devices can contribute.
Degree of pathogen exposure	The amount, frequency, duration and route of contact with an infectious agent; risk also depends on the organism and host.
Penetrating injury	An injury that breaks the skin, such as a needlestick, potentially introducing infectious material.
Direct transmission	Transfer through direct contact with an infected/colonised person or infectious material, for example contact with an infected skin lesion.
Indirect transmission	Transfer through a contaminated intermediary, for example shared care equipment that was not properly cleaned.
Droplet transmission	Respiratory particles deposit on eyes, nose or mouth during close contact; follow the prescribed precautions.
Airborne transmission	Infectious particles are inhaled from the air; for example, tuberculosis can require airborne precautions.
Common vehicle transmission	Several people are exposed through a shared contaminated source, such as food, water or medication; it does not mean a transport vehicle.
Parasite	An organism living on or in a host and obtaining resources from it. Parasitic protozoa, worms and scabies mites are examples.

Term	Meaning
Outbreak	Linked infection cases in a setting; Victorian viral-gastro guidance defines an outbreak as two or more related cases.
Outbreak Management Plan	A coordinated plan defining roles, reporting, precautions, cleaning, staffing, communication and recovery during an outbreak.
Sequencing in asepsis	Prepare, perform the procedure and clean up in a planned safe order, protecting key parts and sites.
Environmental control in asepsis	Reduce surrounding activity, dust and other contamination risks before and during an aseptic procedure.
Hand hygiene in asepsis	Clean hands at the required moments before, during and after a procedure, including around glove use.
Maintenance of aseptic fields	Protect key parts and sites using the appropriate field and non-touch technique; correct any breach.
PPE in asepsis	Select protection appropriate to the procedure, including sterile gloves when needed; apply and remove it safely.
Contaminated zone	A designated area for used items, waste or soiled linen; keep it separate from clean supplies and equipment.
National infection prevention guidelines	The Australian Guidelines for the Prevention and Control of Infection in Healthcare provide evidence-based guidance for local procedures.
Contact time	The time an approved disinfectant must remain in contact with a surface under the specified conditions.
Fit test	A formal assessment that a particular respirator model and size seals adequately on the wearer.
Fit check	The wearer's seal check each time a tight-fitting respirator is put on; it does not replace fit testing.
Hand dermatitis	Inflamed or damaged hand skin that needs reporting and an approved skin-care response.

Key distinctions

Concept	Compare with
Standard precautions Used routinely for everyone; controls depend on the task.	Transmission-based precautions Added when a particular transmission risk requires further measures.
Cleaning Removes dirt and organic material; an essential step before further processing.	Disinfection / sterilisation Disinfection inactivates many pathogens; sterilisation eliminates viable microorganisms including bacterial spores.
Gloves A protective item for an indicated task.	Hand hygiene Required at appropriate moments; gloves do not replace it.

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Public sources underpin the summaries. References were reviewed on 18 October 2026. Source material remains the property of its original creators. Local procedures and current legal or clinical requirements should be checked when applying the learning.

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