



Communicable Disease Guideline

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1 Purpose

The purpose of this Guideline is to provide information on the correct use of barrier personal protective equipment and the cleaning and disinfection of equipment to minimise the risk of disease transmission.

2 Scope

This guideline applies to the staff, contractors, volunteers and affiliates of LSV.

3 Introduction

A communicable disease is one which can be transferred from one person to another through transfer of body fluids or through close personal contacts.

LSV members and affiliates as health care workers may be exposed to and potentially catch a communicable disease whilst performing training, rescue or first aid duties.

They may also transmit their own communicable disease to patients or other lifesaving colleagues.

Some of these diseases are preventable through immunisation programs.

Correct disinfection of equipment and the use of barrier protective gear will minimize the risks of disease transmission.

Exclusion of LSV members and affiliates and members from high risk activities at times when they are potentially infective will reduce transmission risk.

4 Responsibilities of LSV and Administrators

At national, state, branch and club level, there needs to be a high level of awareness of the potential problems of cross infection but also a strong sense of realism and perspective.

Immunisation, in particular, hepatitis B and tetanus must be emphasised. The aim is to have all active LSV members and affiliates immunised.

Officials must set a good example by their actions, their knowledge and in the conduct of classes and examinations.

First aid officers must be appointed wherever first aid facilities are provided – for example, clubs, pools, carnivals, special events etc. This officer must be a suitably qualified person, able to assume responsibility for all aspects of first aid, including all facets of cross-infection.

5 Modes of Transmission

Communicable diseases can be transmitted by:

- Contact
- Droplet
- Airborne
- Vector-borne transmission

5.1.1 Contact Transmission

This is the most common mode of transmission and involves transmission by touch or contact with blood or body substances. Contact can be through direct or indirect contact with an infected person or contaminated objects or the environment.

Examples of infectious agents/ diseases that are transmitted by contact transmission include:

- Gastroenteritis
- Ebola
- Open or discharging purulent wounds (e.g. multi-resistant organisms)

- Multi-resistant organisms (MRO's) e.g. Faecal contamination from carriers of Vancomycin Resistant Enterococci (VRE) or Clostridium Difficile, Carbapenem Resistant Enterobacteriaceae (CRE).

Direct Transmission

Transferal of the infectious agent from one person to another e.g. a patient's blood entering into the healthcare worker via blood splatter into eyes or through a needle stick injury.

Indirect Transmission

Transferal of the infectious agent through an intermediate object or person e.g. a device or medical equipment is used to provide care for an infectious person, then not cleaned and then used on another person.

5.1.2 Droplet Transmission

This transmission occurs when droplets of infectious agents are expelled into the atmosphere through breathing, coughing, sneezing or talking or through procedures such as oral suctioning or any actions generating aerosols. Transmission may also occur indirectly via contact with contaminated equipment with hands and then mucosal surfaces. Examples of infectious agents that are transmitted by droplet transmissions include:

- Influenza
- Rubella
- Pertussis
- Severe Acute Respiratory Syndrome (SARS)

5.1.3 Airborne Transmission

This transmission occurs when particles containing infectious agents become airborne. Small particle infectious aerosols are created during normal breathing, talking, coughing and sneezing or when larger molecules of infectious agents evaporate in conditions such as low humidity. Clinical procedures such as airway suctioning, ventilation via bag valve masks and endotracheal intubation promote airborne transmission.

Examples of infectious agents that are transmitted by airborne transmission include:

- Meningococcal Disease
- Measles
- Chicken Pox
- Tuberculosis

5.1.4 Vector-borne Transmission

A vector is a carrier of diseases.

Contaminated objects (e.g. hypodermic needles) and living microorganisms fall into this category. A number of insects found in Australia, particularly mosquitoes, can transmit diseases. The best advice to avoid catching an insect borne disease is to avoid being bitten. Examples of vector-borne infections include:

- Malaria
- Dengue Fever
- Ross River Fever

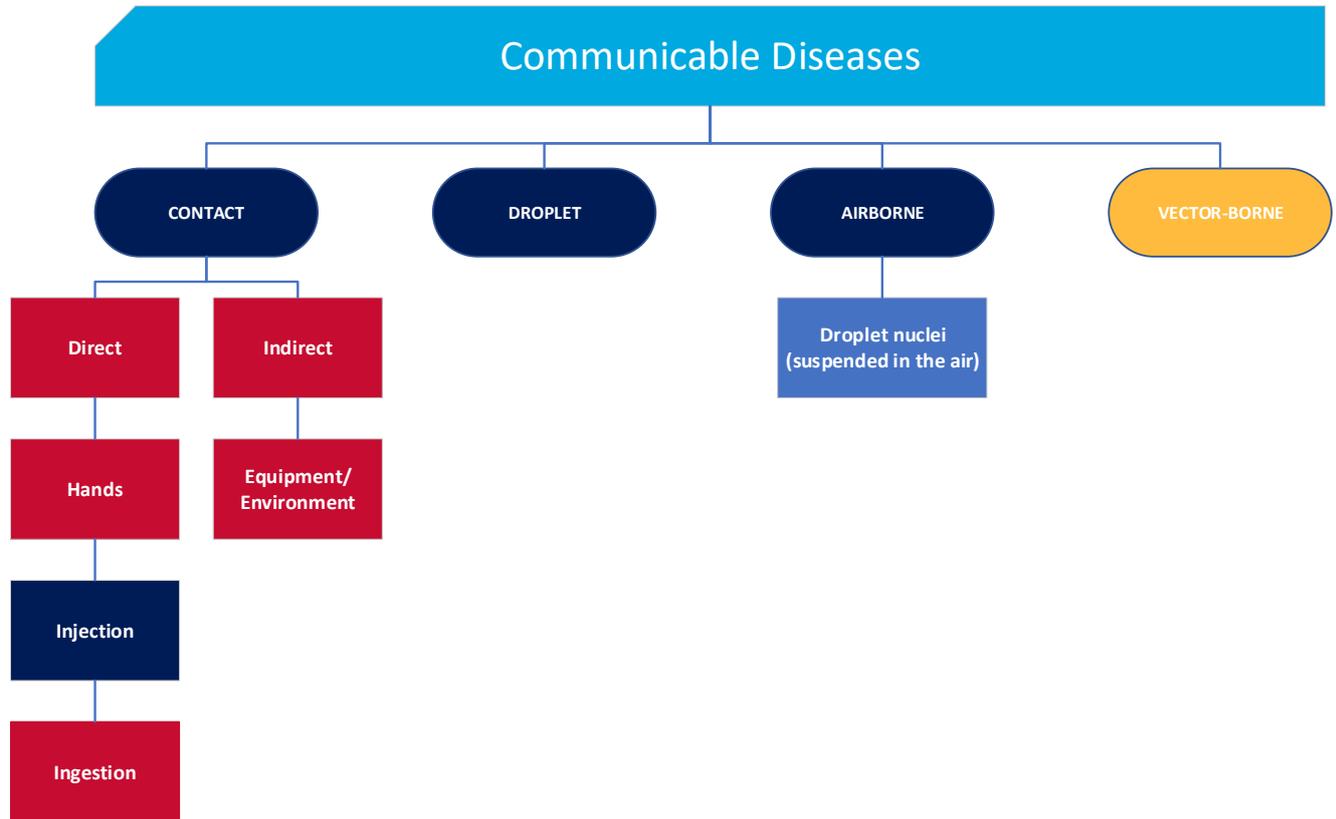


Figure 1: Transmission of Communicable Diseases

6 Prevention of contracting an infectious disease

All people potentially harbour infectious microorganisms. As such, it must be assumed that all blood and bodily fluids and/or substances are potentially infectious. Medical Precautions are the work practices required to achieve a basic level of infection/disease prevention and control. The use of Medical Precautions aims to minimise, and where possible, eliminate the risk of transmission of communicable diseases, particularly those caused by exposure to blood, bodily fluids or airborne pathogens.

6.1.1 Medical Precautions

Medical Precautions apply to all patients regardless of their diagnosis or presumed infection status.

Precautions must be used in the handling of:

- blood (including dried blood)
- all other bodily fluids and/or substances (except sweat)
- open wounds
- mucous membranes
- suspected airborne contaminants or pathogens

Medical Precautions consist of the following practices:

- hand hygiene before and after all patient contact
- the use of personal protective equipment; gloves, eye protection and face masks
- the safe disposal of sharps
- routine environmental cleaning/decontamination
- appropriate medical waste management
- respiratory hygiene and cough etiquette
- appropriate handling and disposal of first aid items

Medical Safety Precautions are the minimum infection prevention and control measures that must be used at all times for all patients and in all situations.

All clubs providing first aid should appoint a First Aid Officer whose duties include ensuring that proper body substance precautions are always taken and that full records are kept.

6.1.2 Precautions during routine care

Contact and droplet precautions are recommended during routine care of patients in the above circumstances:

- Place a surgical mask on the patient if available and they have not already done so, unless this will aggravate breathing difficulties
- Perform hand hygiene before donning gloves, and a P2/N95 mask
- After the incident remove PPE and perform hand hygiene, and wipe contacted/contaminated surfaces with detergent/disinfectant.

6.1.3 Aerosol-Generating Procedures

Aerosol-Generating Procedures (AGPs) include non-invasive ventilation, cardiopulmonary resuscitation, and manual ventilation before intubation by a qualified practitioner.

The potential for airborne spread of Communicable diseases in similar nature to 2019-nCoV is still unknown, however appropriate care should be taken when performing AGPs.

Nebuliser use should be avoided and alternative administration devices (e.g. spacers) should always be used.

Airborne precautions should be used routinely for high-risk AGPs. These include:

- Perform hand hygiene before donning gloves, eye protection and a P2/N95 mask, which should be fit checked
- After the incident, remove gloves, perform hand hygiene, and remove eye protection and P2/N95 mask
- Do not touch the front of any item of PPE during removal
- Dispose of the used PPE in an appropriately marked bag/container
- The room surfaces should be wiped clean with disinfectant wipes by a person wearing appropriate PPE (i.e. gloves, and surgical mask)

6.1.4 Use of PPE in Life Threatening Situations

In circumstances where LSV members and affiliates are providing clinical care in life threatening situations (for example, cardiopulmonary resuscitation upon arrival), they may not have sufficient time to adequately apply airborne precautions. In these circumstances, officers are advised to:

- Use a surgical mask as a minimum precaution
- At completion of the incident, remove gloves, perform hand hygiene, remove PPE and perform hand hygiene again
- Notify LSV Comms if you have had a close contact with a suspected or confirmed case of a communicable disease without using appropriate PPE; and
- Seek advice from your local public health authority regarding any need to be isolated and monitored for symptoms of the virus.

6.1.5 Workplace Infection Control

Workplace Infection control procedures, relating to good personal hygiene, help reduce the likelihood or the spread of communicable diseases within the workplace.

- Illness - if you are ill or experiencing influenza like symptoms, you are advised to stay at home until well, and limit contact with other people to avoid infecting them
- Coughing- cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the rubbish bin. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow
- Hand washing – the spread of many pathogens can be prevented with regular hand washing. Thoroughly wash your hands with water and soap for at least 15 seconds after visiting the toilet, before preparing food, and after touching clients or equipment. Dry your hands with disposable paper towels
- Unbroken skin – intact and healthy skin is a major barrier to infection. Cover any cuts or abrasions with a waterproof dressing

- Personal items – don't share towels, clothing, kitchen utensils, drink bottles or other personal items

7 Suspected Communicable Disease Infection Process

Suspected infection during a response – conscious and responsive
<p>If the patient is conscious and responsive, triage the patient as per standard first aid protocols with consideration to the criteria above to understand if they are considered to be a carrier of a communicable disease.</p> <p>If the patient is considered as a suspected case of communicable disease:</p> <ul style="list-style-type: none">• Isolate the patient away from other responders and members of the public• If suspected to be a transmitted via droplet or airborne particles, place a non-vented P1 or P2 mask on the patient as soon as possible• Withdraw from the scene• Notify Patrol Captain or supervisor and LSV Comms (13 SURF)• Follow instructions from LSV Comms (13 SURF)• Complete decontamination procedures
Suspected infection during a response - unconscious and unresponsive
<p>If the patient is unconscious and unresponsive:</p> <ul style="list-style-type: none">• Assess your personal safety.• If it is considered unsafe to treat the patient, isolate the patient and contact LSV Comms who will communicate with Ambulance Victoria for patient transfer <p>If the risk of the patient being a suspected case is considered to be low:</p> <ul style="list-style-type: none">• Take precautions in accordance with LSV Communicable Diseases Policy• Apply PPE and continue to treat patient• Complete hand hygiene and wash exposed skin, preferably with alcohol-based sanitiser• If there is a risk of contamination, consider the need to decontaminate clothing worn during treatment.

Figure 2: Suspected Infection Procedure

8 Immunisation

LSV members and affiliates may be exposed to and transmit vaccine preventable diseases. Maintenance of immunity against these diseases helps prevent spread to and from patients and colleagues.

LSV members and affiliates should be encouraged to visit their family doctor for appropriate vaccines before or shortly after starting any lifesaving duties that would put them at risk of disease transmission.

LSV's recommendations in accordance with SLISA's recommendations are:

- **Diphtheria/Tetanus**

Diphtheria is an acute bacterial infection caused by toxigenic strains of *Corynebacterium diphtheriae*. It primarily affects the tonsils, pharynx, nose and larynx, with early symptoms of malaise, sore throat, anorexia and low-grade fever (rarely >39.1 °C).

All LSV members and affiliates should have received at least three vaccine doses (usually given in childhood).

Booster dose recommended for those aged 50+.

- **Hepatitis B**

The onset of Hepatitis B is usually insidious, with anorexia, abdominal discomfort, nausea, vomiting, lethargy, and occasional rash and arthralgia. It often progresses to dark urine, light stools and jaundice.

This vaccine is strongly recommended for all LSV members and affiliates performing first aid or patrolling duties.

Vaccinated LSV members and affiliates should have their immune status checked (blood test) if not done previously.

Those not immunized should attend their family doctor to arrange injection schedule.

A small number of people do not develop an immune response to the vaccine (discovered with the follow up blood test). These people should see their family doctor and be given a hepatitis B immunoglobulin injection within 72 hours of any potential blood or body fluid exposure.

- **Hepatitis C**

More than 90 per cent of infections with Hepatitis C are asymptomatic, and acute infection may only be detected in patients following the investigation of elevated liver enzymes. When symptoms and signs do occur, they are similar to other forms of viral hepatitis, but usually milder. Symptoms include anorexia, abdominal discomfort, nausea, vomiting, lethargy, and occasionally rashes and arthralgia. Jaundice and dark urine may follow.

No vaccine available.

Universal barrier precautions essential for personal protection.

- **HIV/AIDS**

AIDS is a severe, life-threatening disease that represents the late clinical stage of infection with HIV. HIV weakens the immune system by destroying a type of white blood cell (CD4 or T-helper lymphocytes).

No vaccine available.

Universal barrier precautions essential for personal protection.

- **Hepatitis A**

Illness due to hepatitis A typically causes fever, fatigue, malaise, anorexia, loss of appetite, nausea, vomiting, abdominal pain, clay-coloured bowel movements, joint pain, and jaundice in more than 70 per cent of patients.

Transmitted through faecal-oral route (e.g., poor hand washing then food contact)

Could be considered by LSV members and affiliates staying in close communal bunkroom accommodation.

- **Meningococcal**

Clinical features of invasive meningococcal infection include an acute onset of meningitis or septicaemia. Typical symptoms include fever, intense headache, nausea

Vomiting and neck stiffness.

Transmitted through saliva and close personal contact.

Could be considered by LSV members and affiliates staying in close communal bunkroom accommodation.

- **Influenza**

Seasonal vaccine available.

Influenza is an acute respiratory disease. Symptoms include fever, headache, myalgia, lethargy, coryza, sore throat and cough.

Influenza viruses are predominantly transmitted by airborne spread in aerosols but can also be transferred by direct contact with droplets.

9 First Aid

LSV members and affiliates who have known cuts or other small wounds on their hands should avoid administering first aid involving contact with body substances of the patient.

Protective equipment should always be worn except for simple procedures not involving body substances. For LSV members and affiliates, this will mean using gloves but there may be circumstances where mask and protective glasses should also be worn. In certain cases, it may be safer and more appropriate to wait for an ambulance or a doctor.

LSV members and affiliates will not usually use needles or other sharp items of equipment in the course of their duties. Needles may however be found near lifesaving facilities. Should this happen, needles should be handled as per the protocols described in the SLSA sharps policy. It is usually the responsibility of ambulance personnel to dispose of any sharps they use within the lifesaving facilities.

Patient clothing contaminated with blood or other body substances must be removed as soon as practical, but this may often be left to the ambulance officers. Protective gear must be worn when handling contaminated clothing. A supply of impermeable plastic bags should be available for the disposal of contaminated clothing and debris.

Linen contaminated with body substances must be stored in hazardous waste 'yellow' bag, or suitable container until cleaned. It must be washed with detergent in hot water (at least 71 degrees C for 25 minutes).

For general surface disinfection of blood or body substances, after cleaning has been completed, the recommended solution is household bleach. Surfaces should be cleaned as per the decontamination guidelines below.

10 Resuscitation

The chance of transmission of HIV or hepatitis B to healthcare workers through performance of expired air resuscitation is extremely remote.

Therefore, while mouth to mouth resuscitation should never be delayed:

- LSV members and affiliates should keep masks and gloves as close as possible to their areas of responsibility.
- In clearing the patient's airway, the member must take care not to scratch their own skin on the patient's teeth. Clearing of the airway should always be done under direct vision. Gloves should be worn if possible.
- Because of inevitable contact with the patient's saliva and often vomitus, gloves should be worn as soon as they are available during expired air resuscitation.
- LSV members and affiliates should change to a method which involves the use of a mask as soon as possible.
- In cases where resuscitation has been performed, efforts should be made to determine the health status of the patient after admission to hospital. Considerations of privacy may prevent information being provided but the effort should be made through the medical resources of the club or the association. LSV members and affiliates have the right to know whether they have placed their own health at risk through their actions. In cases where the patient has died, the police or coroner will often be able to provide information. In some cases, the member's personal doctor may have access to this information on a confidential basis.
- LSV members and affiliates who have performed resuscitation or been exposed to a patient's body substances should consult their personal doctor within one to two days to be advised on whether they require and health checks or treatment.
- All resuscitation equipment should be maintained, accessible and readily available.
- All active LSV members and affiliates should be competent in the performance of mouth to mask resuscitation.

11 Occupational Exposure to Blood/body Fluids

Types of incidents which may pose a risk to LSV members and affiliates:

- Contamination of cuts/abrasions with blood and /or body fluids.
- Contamination of mucous membranes (eyes or mouth) with blood and/or body fluids.
- Needle sticks or cuts with contaminated sharp objects.

Action to be taken:

- Skin – clean the area with warm soapy water and antiseptic (e.g., Betadine).
- Avoid squeezing mucous membranes (eye, mouth) – wash/irrigate with water or saline.
- Report the incident to appropriate club officials and record in an Incident Logbook. If possible, note name and contact details of the source person.
- Exposed person should go within 24 – 36 hours to their doctor or local hospital for treatment and counselling.
- Dispose of needles as per the SLSA Sharps Policy.

12 Decontamination

Decontamination is the removal of neutralisation of potentially dangerous substances, communicable diseases, bodily fluids or germs from an area, object, and/or person. A consistent and thorough approach to decontamination cleaning is essential to minimising infection transmission risk between LSV members, patients and to ensure LSV is providing safe care.

KEY POINTS	EXPLANATORY NOTE
<p>Gather required equipment required for cleaning</p> <ol style="list-style-type: none"> 1. Waste bags – general and bio-hazardous waste ‘yellow’ bags 2. Cleaning/disinfectant wipes or spray 3. Disposable/single use cloths 4. Mop, bucket and disinfectant cleaning solution <p>Dilute disinfectant cleaning solution in mop bucket as per manufacturer instructions</p>	<p>Cleaning PPE includes:</p> <ul style="list-style-type: none"> • Hand Sanitiser Solution • Face Masks (P2/N95) • Computer/Phone Antibacterial Alcohol Wipes • Surface anti-bacterial wipes • Standard gloves • Goggles/Protective eyewear • Biohazard bags • Chlorinated Detergent • Chlor-clean or chlorine-based spray disinfectant • Avaguard Hand Sanitiser
<p>Apply clean personal protective equipment, and adopt Medical Precautions</p> <ol style="list-style-type: none"> 1. Perform hand hygiene 2. Gloves 3. P2/N95 mask 4. Protective eyewear 	

<p>Clean all equipment and the clinical area with cleaning/disinfectant wipes or spray and single use/disposable cloths</p> <ol style="list-style-type: none"> 1. Clean all equipment and surfaces which have been in contact with the patient 2. Clean all surfaces frequently touched during transport and care of the patient 3. Clean all flat surfaces paying particular attention to high touch areas and work surfaces, the exterior of equipment used, patient assessment equipment, first aid bed, rails, door handles and any other surface used or touched 4. Allow surfaces to dry <p>Note: doors should remain open during cleaning to allow adequate ventilation while cleaning is completed.</p>	<p>Avoid cleaning methods which may disperse microbes into the air by using sweeping products or spray and wipe techniques.</p> <p>Reusable patient treatment equipment including oxygen, spinal board, blood pressure cuff and cable and equipment bags must be cleaned using disinfectant wipes.</p> <p>Any vehicle (4x4, ATV) control panels, steering wheel, and radios should be wiped with disinfectant wipes.</p>
<p>Remove waste from incident location/club facility</p> <ol style="list-style-type: none"> 1. General waste should be placed in a bag before being disposed of in a normal waste bin 2. Hazardous waste should be placed in a tied bio-hazardous waste 'yellow' bag, or suitable container before being disposed of in a bio-hazardous waste bin <p>Note: doors should remain open during cleaning to allow adequate ventilation while cleaning is completed.</p>	

Figure 3: Decontamination Procedures

13 LSV members and affiliates with Infectious Diseases

LSV members and affiliates with infectious diseases may pose a risk of passing on those infections to patients or other lifesaving colleagues. The rights and responsibilities of the member, the association, lifesaving colleagues and patients should all be considered.

13.1.1 Skin Infection

Employees with skin infections should seek medical advice regarding their fitness for duty and contact with patients.

13.1.2 Diarrhoea and/or Vomiting

Employees with diarrhoea and/or vomiting are requested to absent themselves from work for 48 hours after their last episode of diarrhoea and vomiting and be without signs and symptoms prior to returning to work. Following Salmonella gastroenteritis employees may continue to harbour pathogens but be symptom free.

13.1.3 Blood Borne Viruses

If an employee is found to be positive for HIV, Hepatitis C or Hepatitis B confidentiality must be maintained. If disclosed members should seek medical information and advice regarding their fitness for duty and the management of contact with patients.

13.1.4 Immuno-Suppressed Members

Substantial depression of immune function predisposes a person to infection. Members who are or may be immunosuppressed to this extent would normally be unable to work. Employees who are

immune-suppressed must have their fitness to perform operational duties assessed by a medical practitioner.

14 Infections of short duration

Most infections are of brief duration. Throat infections, diarrhoea, cold sores and the childhood infectious diseases are some examples. Trainees with such conditions should be warned of the risks of transmitting their illness to others during hands-on sessions with either manikins or other members of the class.

It will often be possible for them to delay their training to a later date or to re-arrange curriculum so that affected candidates learn their theory while they are infectious. If this is not possible, they should be restricted to manikin practice with their own face piece, on a single manikin, with a minimum of training partners. Transmission of such infections is often via hands rather than saliva or coughed droplets.

German measles (rubella) is very dangerous during pregnancy and can have severe consequences such as miscarriage or birth defects known as congenital rubella syndrome (CRS), especially if the mother contracts the disease during the first trimester (first three months) of her pregnancy.

15 Infections of long duration

Examples of this group of conditions are:

- Known positive blood test for HIV
- Known positive blood test for hepatitis B or C
- Known carrier status for typhoid

Provided that the rules on manikin decontamination and care are strictly followed, the most recent scientific evidence is that the risk of spread of HIV or hepatitis B or C is negligible during supervised manikin practice. Persons with these conditions should not be precluded from being taught resuscitation.

When practising on a student partner during training, clearing the airway of foreign material by putting the fingers into the mouth should be simulated or simply watched as an instructor demonstration.

Mouth to mouth and mouth to mask techniques of resuscitation should be practised on the manikin and not on other members of the class.

The older types of manikins without separate face pieces and disposable bag systems are difficult to decontaminate and should not be used if class members have known infections.

16 Association's responsibilities

LSV will provide an environment where discrimination against LSV members and affiliates based on infectious disease is not acceptable. No member should be disadvantaged or discriminated against solely because they have an infectious disease.

As with all illnesses, a member with an infectious disease will be considered individually, dependent on the course of the infection, its likely infectivity, the member's medical fitness and availability for appropriate work. Only in special circumstances will a member be redeployed or have their duties modified.

17 LSV member's and affiliate's responsibilities

Persons with serious communicable diseases such as HIV or hepatitis C or carrier status may be or wish to be members of lifesaving organisations.

LSV members and affiliates whose lifestyle puts them at risk of acquiring chronic infectious diseases that may pose a risk to patients or other LSV members and affiliates should seek medical advice, have appropriate investigations and avail themselves to counselling.

LSV members and affiliates have an ethical responsibility to notify LSV if their infection status poses a risk to patients or lifesaving colleagues.

Those who choose NOT to notify a person in authority within the SLSA of their infective or potentially infective status must bear full responsibility for their actions as defined by law.

Those who choose to notify a responsible authority within the association are assured of maximum confidentiality. It is suggested that an appropriate person for notification in the first instance is the state medical officer.

If necessary, the state or national medical officer will communicate with the physician responsible for the medical care of the affected member and define the areas of duty which do not put either the member or the bathing public at risk. This communication will only occur after due consultation with the member concerned and after having obtained his/her written permission.

All LSV members and affiliates have a responsibility to follow medical advice and treatment of any infection, to practise a high standard of hygiene and to follow the Communicable Diseases policy of the SLSA.

18 Cross infection during first aid/resuscitation training

At the commencement of training sessions, it is advisable that members be informed of the facts on cross-infection. They should be asked that if any of them suffer from a communicable disorder, this information be given to the appropriate authority on a strictly confidential basis so that suitable arrangements can be made to avoid transmission of the condition to other trainees.

19 Precautions for all classes

If more than one manikin is used in a training class, trainees should be assigned to one manikin to limit the potential for cross infection.

The use of manikins with individual face or mouth nose pieces along with disposable lung bags or airway tubes is strongly recommended as they reduce the risks of cross infections if manufacturer recommendations are followed.

At the start of the class, each trainee should be issued with his own face or mouth nose piece for use during the entire session. If mouth to mask is being taught, then ideally there should be a mask for each trainee.

When practising on a student partner, clearing the airway of foreign material should be simulated rather than actually putting fingers into the mouth.

All persons responsible for CPR training should be familiar with the need for personal hygiene and for the cleaning, disinfection and maintenance of training manikins and accessories.

20 For further Information

The information contained within this guideline is current and up to date at the time of creation. Any instruction or guidance to be followed by all LSV Members and affiliates has been created in consideration with SLSA Guidelines and other appropriate sources. For further detailed information relating to Disease Prevention and control please refer to the Communicable Disease Prevention and Control Unit Victorian Department of Health resource, <https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>.

21 Definitions

Term	Definition
AGPs	Aerosol-Generating Procedures
CPR	Cardiopulmonary Resuscitation
PPE	Personal Protective Equipment
LSV	Life Saving Victoria

SLSA	Surf Life Saving Australia
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22 Associated References

Document Title	Document Number and Version
Communicable Diseases Guideline Surf Life Saving Australia	7.10, Version Number: 2.0, Release Date: 1 December 2010
Infection Control Manual Ambulance Victoria	19 October 2015
https://www.betterhealth.vic.gov.au/	2020

23 Document Governance

Date Created	DD/MM/YY	Date Approved	DD/MM/YY	Date Reviewed	DD/MM/YY (2 years) <i>or as required</i>
Created By	TITLE	Approved By	TITLE (<i>manager or higher</i>)	Reviewed By	TITLE