

Infection prevention and control: key points for accreditation

20 August 2025

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

HealthPathways-Infection Prevention and Control

- Investigations
- Legal and Ethical
- Lifestyle and Preventive Care
- Medical
- Mental Health
- Older Adults' Health
- Medicines Information and Resources
- Public Health**
- Disaster Planning and Management
- Immunisation
- Infection Prevention and Control**
- Blood or Body Fluid Exposure
- Gastroenteritis in Adults
- Hand Hygiene
- Influenza
- Multi-drug Resistant Organisms (MDRO)
- Tetanus Prone Wound Management
- Local Public Health Units (LPHUs)
- Notifiable Conditions in Victoria
- Specific Populations
- Surgical
- Women's Health
- Our Health System



Melbourne

HEALTHPATHWAYS

Latest News

8 July

Health.vic

[Health alerts and advisories](#)

8 July

TGA alerts

TGA alerts:

- [Safety Alerts](#) (for health professionals)
- [Recall Actions](#) (for health professionals)
- [TGA Medicine Shortages](#) (for health professionals)

2 July

Victorian Government investigation of sexual assault allegations

The Victorian Government is [investigating sexual assault allegations involving a former childcare worker](#) linked to multiple centres across Melbourne. See [further information](#) including support for concerned families and a dedicated advice

Pathway Updates

Updated – 31 July

[Cardiovascular Disease \(CVD\) Risk Assessment](#)

Updated – 23 July

[Anti-seizure Medications \(ASMs\)](#)

Updated – 22 July

[Prostate Cancer - Screening](#)

Updated – 22 July

[Prostate Cancer - Diagnosis](#)

Updated – 22 July

[Biliary Colic and Cholecystitis](#)

[VIEW MORE UPDATES...](#)

 ABOUT HEALTHPATHWAYS

 BETTER HEALTH

 RACGP RED BOOK

 USEFUL WEBSITES

 MBS ONLINE

 NPS MEDICINEWISE

 PBS

 NHSD

Click 'Send Feedback' to add comments and questions about this pathway.

[SEND FEEDBACK](#)

HealthPathways- Blood or Body Fluid Exposure

Blood or Body Fluid Exposure

Assessment

- Take a history of the exposure, including:
 - date, time, and place.
 - nature of exposure e.g., needle-stick with [livestock injection products](#) may need specialised management.
 - type and mode of exposure.
 - if exposed person is already on [pre-exposure prophylaxis \(PrEP\)](#) or [post-exposure prophylaxis \(PEP\)](#) for HIV.
 - what first aid was administered e.g., did they wash the wound.

See The Australian Society for HIV Medicine (ASHM) – [PEP Guidelines: Immediate Management and Assessment](#).
- Determine if any information is available about the [source](#), including their [HIV status](#).
- Assess risk of transmission by:
 - type of injury.
 - body fluid involved.
- Check the exposed patient's:
 - hepatitis B virus (HBV) vaccination status.
 - previous testing for HBV, hepatitis C virus (HCV), HIV.
 - general health, pregnancy and breastfeeding status, renal or hepatic disease status, medications.

Management

- Provide [immediate first aid](#).
- Consider general principles for managing blood or body fluid exposures (BBFE):
 - [Discarded needle in the community](#)
 - [Occupational BBFE](#)
 - [Shared drug equipment](#)
- Reassure and provide support to the exposed person, who may be distressed by the incident.
- Manage further based on the likelihood of transmission:
 - [Managing exposures with no risk of BBV transmission](#)
 - [Managing exposures which have a risk of BBV transmission](#)

Management

- Provide [immediate first aid](#).
- Consider general principles for managing blood or body fluid exposures (BBFE):
 - [Discarded needle in the community](#)

Discarded needle in the community

- Seroconversion following a community needle-stick injury is extremely rare.
- [HIV post-exposure prophylaxis \(PEP\)](#) is not recommended if injury in the community from a needle discarded by an unknown person.

- [Occupational BBFE](#)
- [Shared drug equipment](#)

- Reassure and provide support to the exposed person, who may be distressed by the incident.

- Manage further based on the likelihood of transmission:

- [Managing exposures with no risk of BBV transmission](#)
- [Managing exposures which have a risk of BBV transmission](#)

An exposure has the potential for blood borne virus (BBV) transmission if the injury carries a risk, and the body fluid is infectious or potentially infectious.

- Obtain verbal consent for [blood tests](#) of both source and exposed person.
- Assess [tetanus immunisation](#) status and provide vaccination if appropriate.
- Manage according to risk and type of exposure:
 - [Possible HIV exposure](#)
 - [Possible HBV exposure](#)
 - [Possible HCV exposure](#)
- Consider blood tests to determine possible seroconversion, particularly if occupational exposure:
 - [Scheduled blood tests](#)
 - [Unscheduled blood tests](#)
- Advise the exposed person about [preventive behaviours](#) while being managed for BBV exposure.
- If the source or exposed person is infected with [HIV](#), [HBV](#), or [HCV](#), and is not already in the care of an appropriate medical specialist, request assessment and management according to the appropriate pathways.
- Ensure appropriate follow-up with the impacted source and exposed person's regular medical practitioner.

Assessing Respiratory Presentations in General Practice

About assessing respiratory presentations in general practice ▾

Assessment

1. Consider method for assessing symptomatic patients:

- Telehealth ▾
- Face-to-face ▾

2. Screen patients ▲ at the time of booking or on arriving at the practice. Encourage all patients to complete a RAT prior to arrival.

Patient screening and practice access

- Screen all patients prior to or upon arrival into the clinic.
 - Check if they have any symptoms of an acute respiratory or febrile illness.
 - Check for risk of measles – recent travel, exposure to measles case or exposure site, rash.
 - Encourage all patients to complete a RAT (COVID specific or a COVID/influenza/RSV combination) prior to arrival.
- Waiting room considerations:
 - Physical distancing of waiting room chairs
 - If suspected measles ensure patient waits in a separate room with door closed. See [Measles](#).
 - Staggering face-to-face appointments over the day
 - Consider having patients wait in car parks until their doctor is ready to see them if respiratory symptoms or if at increased risk of severe illness due to medical condition or immunocompromise

3. Perform a clinical assessment. Determine:

- duration and nature of symptoms (see also [Dyspnoea](#), [Haemoptysis](#), [rash in unwell children](#), and [Chronic Cough in Adults](#)).
 - if occupational or recreational exposure to recent respiratory outbreaks.
 - whether the patient has higher risk of severe disease. Consider [medical risk factors](#) ▾ and [immunosuppressive](#) ▾ conditions and medications.
 - [vaccination](#) ▾ status.
 - travel history.
 - impact of local [outbreaks](#) ☑ (e.g., childcare settings, Residential Aged Care Homes (RACHs), supported residential services (SRS)).
 - prior infections including COVID-19, where reinfection may occur as early as 28 days post recovery. ¹
4. Consider non-infectious presentations e.g., cardiac ([heart failure](#), [heart valve disease](#)), [pulmonary embolism](#), haematological, endocrine, malignant causes.
5. Consider the needs of [priority populations](#) ▾.
6. Arrange [investigations](#) ▾ as indicated by provisional diagnosis.

Assessment

1. Consider method for assessing symptomatic patients:

- Telehealth ▾
- Face-to-face ▲

Face-to-face

Ensure good [hand hygiene](#) is practiced.

Consider modifications to the practice set-up to minimise infection risk:

- [Isolation room](#) ▲

Isolation room

- Decluttered
- Isolated
- Allows for physical distancing
- Dedicated equipment, if possible
- Dedicated access to PPE

- [Separate waiting rooms](#) ▲

Separate waiting rooms

- Decluttered
- Isolated
- Allows for physical distancing

- In addition, consider the following environmental adaptations to reduce risk of airborne transmissible infections:
 - Opening windows or using building heating ventilation and air conditioning (HVAC) systems to increase fresh air into spaces and increase the air changes per hour
 - Installing portable air purifiers for contained spaces or as an adjunct to the above measures. See Victorian Department of Health – [Ventilation](#) ☑.
 - Patients with suspected respiratory infections should be asked to wear a mask (surgical or N95) whilst in the practice.
 - Cohorting of patients to [optimise use of PPE](#) ▾ if infectious outbreak. This may include having dedicated times or separate areas allocated to seeing patients with respiratory symptoms.

If the patient requires urgent face-to-face assessment but this cannot be accommodated at the practice, consider referral to an [Urgent Care Clinic](#) ☑.

See [Respiratory Infectious Diseases Practice Management](#) for further details.

Management

1. Refer to emergency department, Residential Aged Care Homes (RACHs), Hospital in the Home (HITH), or consider the Victorian Virtual Emergency Department (VVED) [\[link\]](#) for non-life-threatening conditions if consistent with the patients' Advance Care Plan or goals of care [\[link\]](#) if:
 - suspicion of a moderate to severe disease process.
 - where appropriate care cannot be delivered through general practice.
2. Manage according to the likely diagnosis:
 - COVID-19 – consider rapid access to antiviral treatment.
 - Influenza – antiviral treatment can commence for high-risk patients while awaiting results.
 - Respiratory syncytial virus (RSV) [\[link\]](#)
 - Pertussis
 - Measles – requires urgent testing for confirmation and notification to the Department of Health.
 - Pneumonia (child or adult) or atypical pneumonia e.g., Legionnaires' disease, pneumococcal disease [\[link\]](#), *Mycoplasma pneumoniae* [\[link\]](#).
 - Asthma (child or adult), COPD, bronchiectasis
 - Bronchiolitis, croup, RSV infections, etc. in children – see Respiratory – Child.
 - Less common conditions:
 - Tuberculosis – especially in patients with known exposure to TB, or those who previously lived in higher incidence countries [\[link\]](#).
 - Patients with recent travel – consider infections including Middle East respiratory syndrome (MERS) [\[link\]](#), avian influenza [\[link\]](#), measles. See CDC – Travelers' Health [\[link\]](#): Destinations [\[link\]](#).
 - Psittacosis [\[link\]](#)
 - Non-infectious causes e.g., cardiac (heart failure, heart valve disease), pulmonary embolism, haematological, endocrine, malignant causes.
3. Advise the patient to isolate while symptomatic, according to public health advice for the diagnosis [\[link\]](#).
4. Follow the Notifiable Conditions in Victoria pathway if the cause of infectious disease is a suspected or confirmed notifiable condition [\[link\]](#).
5. Offer a routine follow-up appointment (telehealth or face-to-face), for clinical assessment and review of results where required. Alert patient of the need for an earlier review, if respiratory symptoms progress or condition deteriorates.
6. If the patient identifies as Aboriginal and Torres Strait Islander, understand their specific cultural and spiritual needs [\[link\]](#) and offer referral to specific Indigenous services [\[link\]](#). Ensure Indigenous status is clearly marked on all referrals to both mainstream and Indigenous services.

Referral

- Refer to emergency department, Residential Aged Care Homes (RACHs), Hospital in the Home (HITH), or consider the Victorian Virtual Emergency Department (VVED) [\[link\]](#) for non-life-threatening conditions if consistent with the patients' Advance Care Plan or goals of care [\[link\]](#) if:
 - suspicion of a moderate to severe disease process.
 - where appropriate care cannot be delivered through general practice.
- Consider referral to an Urgent Care Clinic [\[link\]](#) for acute assessment if not able to be provided at the practice or for treatment not requiring emergency care after usual clinic hours.
- If Aboriginal and Torres Strait Islander patient, offer referral to specific Indigenous services [\[link\]](#). Ensure Indigenous status is clearly marked on all referrals to both mainstream and Indigenous services.

Information

 For health professionals [\[link\]](#)

Education

RACGP – Respiratory Health [\[link\]](#)

Further information

- Victorian Department of Health – COVID-19 Infection Prevention Control Guidelines [\[link\]](#)
- RACGP:
 - Infection Prevention and Control Guidelines [\[link\]](#)
 - Managing COVID-19 at Home [\[link\]](#)



Respiratory Infectious Diseases Practice Management

This pathway can be used to assist general practice management of respiratory infectious disease and assist in preparing a practice pandemic response plan. A practice emergency response plan for unexpected events, including pandemic diseases, is a requirement for practice accreditation as per the Royal Australian College of General Practitioners in the Standards for General Practice 5th Edition [\[2\]](#).

See also:

- [Assessing Respiratory Presentations in General Practice](#)
- [COVID-19](#)
- [Influenza](#)

[Managing vulnerable patients](#) ▾

[Coordination](#) ▾

[Infection control](#) ▲

[Practice considerations](#) ▾

[Staff considerations](#) ▾

[Patient considerations](#) ▾

See:

- [Primary Care Guidance for the Response to COVID-19 Risks](#) [\[2\]](#)
- [RACGP – Infection Prevention and Control Guidelines](#) [\[2\]](#)
- [COVID-19 Infection Prevention and Control Guidelines](#) [\[2\]](#)

[Personal protective equipment \(PPE\)](#) ▾

[COVID in the workplace](#) ▾

Information



For health professionals ▾

[Infection control](#) ▲

[Practice considerations](#) ▲

- [Ventilation](#) ▾
- [Patient screening and practice access](#) ▾
- [Cleaning](#) ▾
- [Physical set-up](#) ▾
- [Clinical care considerations](#) ▾

[Staff considerations](#) ▲

Be aware of workplace laws. See Fair Work Ombudsman – [COVID-19 and Workplace Laws](#) [\[2\]](#) for details.

- Employers should ensure that they have appropriate processes in place for when an employee returns a positive RAT or PCR test.
- Ensure vaccination requirements are adhered to:
 - Up-to-date [COVID-19 Vaccination](#) and annual [influenza immunisation](#) are mandatory in [certain healthcare settings](#) ▾, exempting private general practice.
 - Under the Victorian Occupational Health and Safety Act 2004 (OHS Act) employers are required to provide a safe working environment for its employees. Therefore employers are able (but not required) to implement policies requiring workers to be up to date with their vaccinations. ⁴
 - See Victorian Department of Health:
 - [Vaccination for Healthcare Workers](#) [\[2\]](#) for updated legislative requirements on mandatory vaccination.
 - [Primary Care Guidance for the Response to COVID-19 Risks](#) [\[2\]](#) for general practice guidelines.
- Maintain physical distancing except where required for clinical care.
- Ensure staff members are fully trained in the use of personal protective equipment (PPE) and contact and aerosol precautions and [infection control procedures](#) [\[2\]](#).
- Identify [staff at higher-risk](#) ▾ of poor outcomes and consider [alternative arrangements for vulnerable staff](#) ▾.
- Consider [changing work arrangements](#) ▾ during outbreaks or times of increased staff furlough.
- Provide practical ways for health care workers to [manage mental health](#) ▾.

[Patient considerations](#) ▾

HealthPathways- Infection Prevention and Control

Relevant Pathways

[Assessing Respiratory Presentations in General](#)

[Practice](#)

[Blood/Body Fluid Exposure](#)

[COVID-19 Assessment and Management](#)

[Infection Prevention and Control](#)

[Infectious Disease Management in Aged Residential](#)

[Care](#)

[Infectious Diseases](#)

[Influenza](#)

[Mosquito-borne Diseases in Victoria](#)

[Practice Management Resources](#)

[Respiratory Infectious Diseases Practice Management](#)

[Hand Hygiene](#)

[Local Public Health Units \(LPHUs\)](#)

[Notifiable Conditions in Victoria](#)

[Vaccine Storage and Cold Chain Breaches](#)

Related Pathways

[Immunisation Services](#)

[Adverse Events Following Immunisation \(AEFIs\)](#)

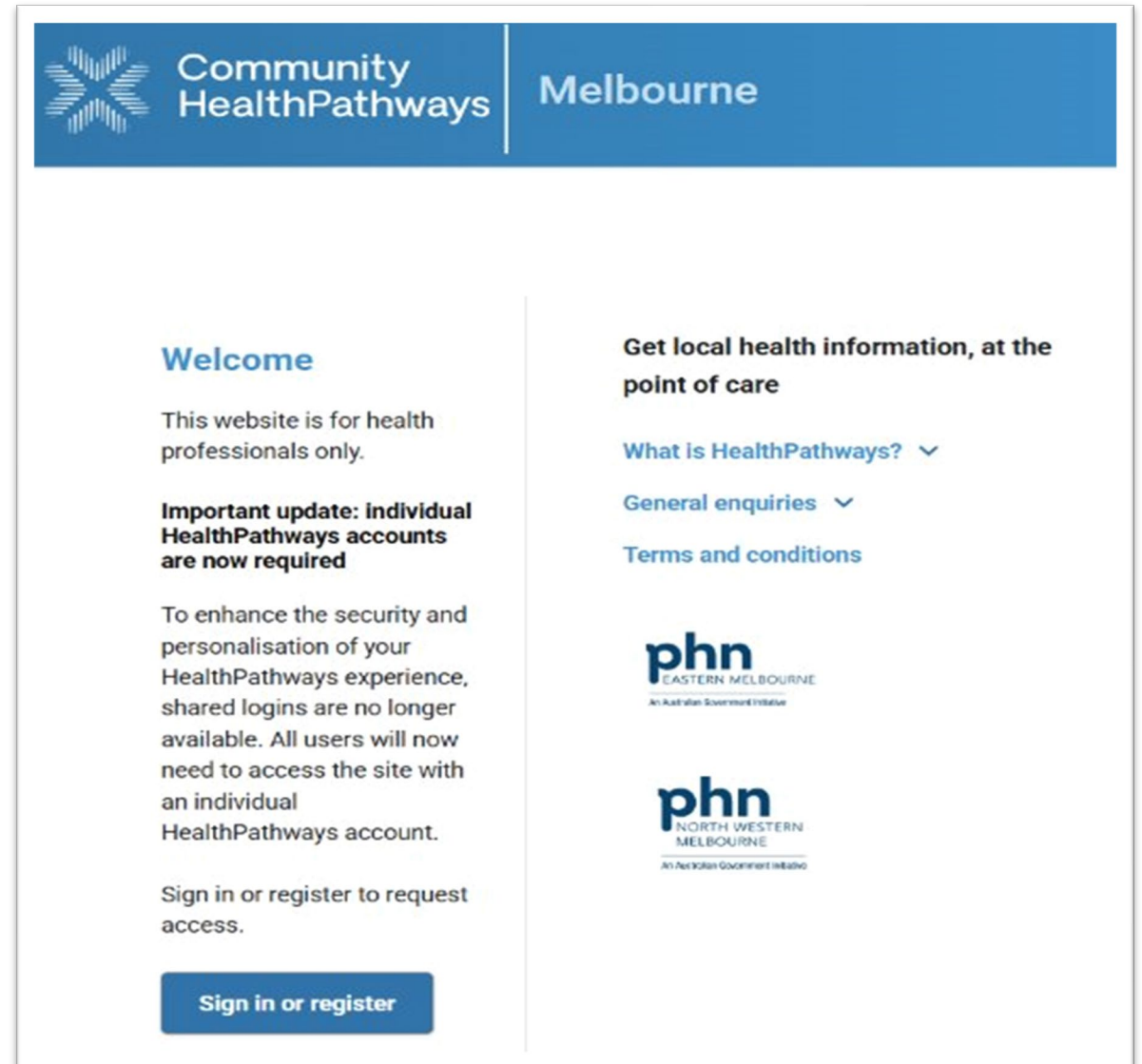
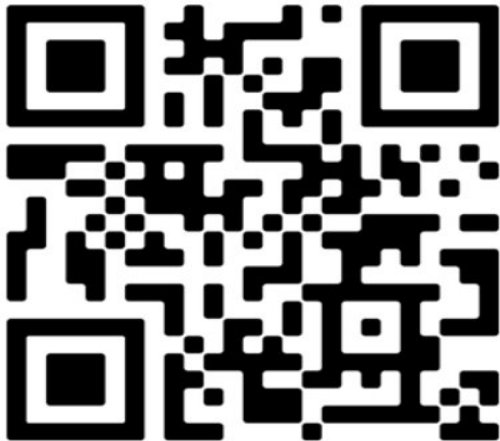
[Travel Vaccination](#)

[Vaccine Supply, Storage, and Cold Chain Breaches](#)

Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team
info@healthpathwaysmelbourne.org.au

A screenshot of the HealthPathways Melbourne website. The header is blue with a white star icon, the text "Community HealthPathways", and "Melbourne". The main content area is white. On the left, there is a "Welcome" section with a message for health professionals only, an "Important update" about individual accounts, and a "Sign in or register" button. On the right, there is a section for "Get local health information, at the point of care" with links for "What is HealthPathways?", "General enquiries", and "Terms and conditions". At the bottom right, there are logos for "phn EASTERN MELBOURNE" and "phn NORTH WESTERN MELBOURNE", both noted as Australian Government initiatives.



OR

CASE STUDY 19:

HealthPathways Melbourne assistance with influenza

A woman, 45, has booked telehealth appointments for her mother, 70, and her daughter, 10. They all live in the same house.

The woman did so because she remembered seeing signs in her regular clinic asking people with respiratory symptoms not to come in.

Her mum and daughter have both developed flu-like symptoms. She remains asymptomatic.

In the morning, before making the telehealth bookings, she gave each a combination rapid antigen test. Both tested positive for influenza A. She reports the whole household had their influenza vaccines three weeks prior.

The day before the appointment her mother developed a fever, sore throat and general muscle aches. The daughter developed symptoms three or four days prior to that. She is starting to improve, but still has a mild sore throat and cough.

On the phone, the GP decides to review the child first.

The GP notes that she has no significant past medical history, and is symptomatically improving. Her cough appears to be mild. Her breathing normal, she is eating and drinking well, and her energy seems to be slightly better today.

melbourne.healthpathways.org.au | July 2025

phn
EASTERN MELBOURNE
An Australian Government Initiative

phn
NORTH WESTERN MELBOURNE
An Australian Government Initiative

To subscribe to the HealthPathways Bulletin, please click on "Subscribe to updates" on the HealthPathways homepage or contact info@healthpathwaysmelbourne.org.au



melbourne.healthpathways.org.au