Government of Western Australia
Department of Health

Universal prevention activities

It is important for everyone to implement universal prevention activities to minimise transmission of acute respiratory infections (ARIs) including coronavirus disease (COVID-19) especially during widespread community transmission. This document provides information on universal prevention activities for workplaces.

Separate advice is available on Department of Health website for specific at risk groups i.e. healthcare workers and residential care facilities.

Acute respiratory infection

Most ARIs are caused by viruses which cause illnesses such as influenza (flu), the common cold and COVID-19.

An ARI is defined as a recent onset of new or worsening acute respiratory symptoms:

- cough, breathing difficulty, sore throat, runny nose/nasal congestion with or without other symptoms

Other symptoms may include:

- headache, fever, muscle aches (myalgia), fatigue, nausea, vomiting and diarrhoea.
- loss of smell, taste and appetite can also occur with COVID-19
- other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling or exacerbation of underlying chronic illness

Transmission of ARIs occurs when respiratory droplets or aerosolised particles (smaller particles) carrying the virus are expelled from the respiratory tract (nose and mouth) of an infectious individual and enter the susceptible mucosal surfaces (eyes, nose and mouth) of the recipient. Respiratory droplets are generated when an infected person coughs, sneezes, sings or shouts. Indirect transmission can also occur through contaminated objects or surfaces (fomite transmission).

Viruses like severe acute respiratory coronavirus 2 (SARS-CoV-2), which causes COVID-19, can survive on surfaces for several hours to a few days depending on the surface type and environmental conditions. Viruses can be rapidly inactivated when contaminated surfaces are cleaned and disinfected using a Therapeutic Goods Administration (TGA) approved cleaning product with viricidal (virus-killing) properties.

Universal prevention activities to minimise ARI transmission

Universal prevention activities (outlined in Table 1) should be applied at the individual, community and organisational level.

Table 1. Universal prevention activities

Prevention	Universal prevention activity	Recommendation
Isolate	• Stay at home if symptomatic	• Always
Personal hygiene	• Perform regular hand hygiene with soap and water or alcohol-based hand rub • Perform respiratory hygiene and cough etiquette	• Always
Physical distancing and gathering restrictions	• Maintain a 1.5 minimum distance from people • If applicable follow jurisdictional guidance on density restrictions	• Whenever feasible
Environmental measures	• Single side ventilation – open the window/door in the room or space • Cross ventilation – open windows/doors on opposite sides of the room or space	• Whenever feasible
Cleaning	• Clean before disinfection • Use a combined detergent and disinfectant solutions or wipes for cleaning • Clean and disinfect frequently touched surfaces	• Always
Personal protective equipment	• Wear a face mask properly covering both the nose and mouth	• If symptomatic and need to leave the house urgently or for medical reasons • If asymptomatic but a close contact • Whenever physical distancing cannot be maintained

Please refer to jurisdictional guidelines for any additional requirements as some of the universal prevention activities may be mandated when there is a high burden of COVID-19 transmission in the community.

Universal prevention activities can be used in conjunction with the hierarchy of controls (refer to Diagram 1) to minimise the risk of ARI transmission including COVID-19.

Hierarchy of controls

The hierarchy of controls lists different risk avoidance or mitigation strategies in decreasing order of reliability. Some controls are more effective than others. Multiple control strategies are used until you eliminate the hazard, or it is effectively minimised. These can be implemented at the same time and/or sequentially.

Infection prevention and control is not just the use of personal protective equipment (PPE), but includes the use of multiple control measures in combination. Each layer plays a critical role in minimising the risk of transmission. There are several hazard control measures, including elimination and substitution, administrative and engineering controls, and PPE. The hierarchy consists of control measures broadly grouped into five categories as per diagram 1 and table 2.

Diagram 1. Hierarchy of controls

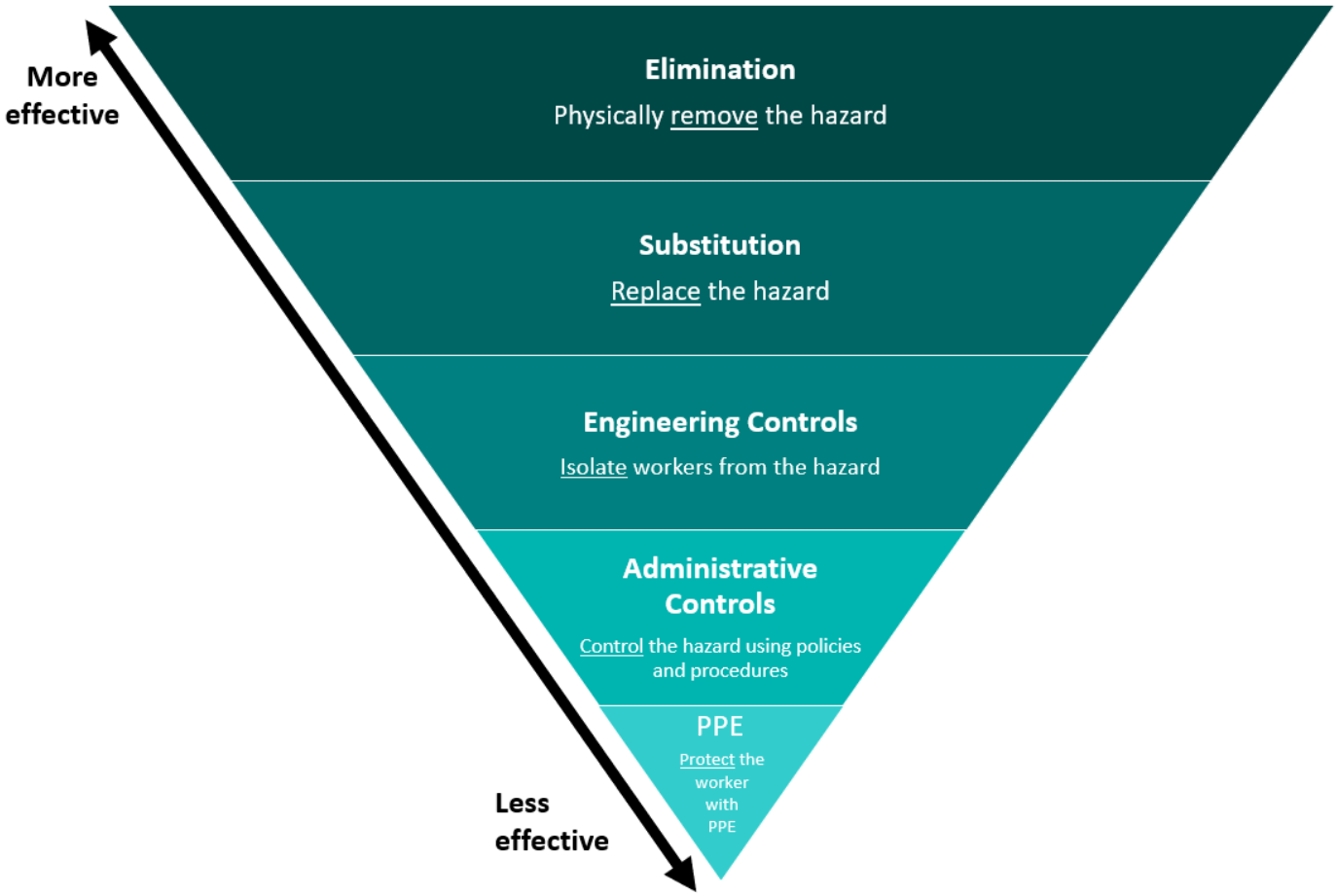
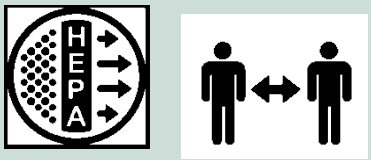


Table 2. Risk mitigation measures

Hierarchy of control measures	Examples of risk mitigation strategies
Elimination Physically remove the hazard 	• Screen staff and visitors (as per current local guidelines and organisation guidelines) • Reduce the number of visitors • Reduce the number of entry points into the workplace • Monitor visitor/staff movements • Encourage staff not to attend work if unwell
Substitution Find alternative ways of working that reduce the potential for transmission 	• Promote physical distancing • Encourage dining and group activities to take place outdoors as much as possible • Modify group activities to ensure physical distancing • Stagger the use of common areas such as kitchens and recreation areas to reduce crowding in shared spaces • Use telecommunication instead of face to face meetings where possible • Enable working from home where possible
Engineering controls Use physical barriers and other forms of hazard reduction. 	• Conduct assessments of heating, ventilation and air conditioning (ensure all ventilation equipment is regularly maintained and functioning as the manufacturer intended) • Consider use of portable air purifiers for communal areas • Review set up of staff break rooms and other shared areas to ensure physical distancing can be adhered to • Review facility design to limit the number of workers at workstations
Administrative controls Effective and consistent implementation of policies and procedures 	• Promote vaccination • Monitor staff and visitors for signs and symptoms of ARIs • Increase cleaning frequency and review cleaning and disinfection procedures, paying attention to high touch surfaces i.e. light switches, door handles, handrails etc. • Put up signs, posters, information sheets on universal prevention activities • Educate staff and visitors on hand hygiene i.e. how to wash hands with soap and water or use alcohol hand-based rub (AHBR) and coughing/sneezing etiquette • Make AHBR easily accessible within the organisation
PPE Use of correct personal protective equipment 	• Educate staff on donning (putting on) and doffing (taking off) PPE • If required fit test and fit check those wearing Particulate Filter Respirators (PFRs), e.g. P2/N95 masks • Educate staff and visitors on safe mask use and correct disposal • Ensure adequate supply of appropriate PPE

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This document can be made available in alternative formats on request for a person with disability.

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