

Guidance on Reducing Contamination Risk for Patients and Providers

I. Hand Hygiene Information

Effective hand hygiene is the single most important strategy in preventing healthcare associated infections (HAIs). Ease of access to hand washing facilities (soap and water) and alcohol-based hand rubs can influence the transmission of HAIs.¹

[CDC Guidelines and recommendations for hand hygiene](#)

[TGA Guidelines on the use of hand sanitisers](#)

[3M™ Avagard™ Antiseptic CHG Hand Rub Placement within your facility](#)

[Hand Hygiene and COVID-19](#)

II. Single-Patient Use Product Considerations

Single-Patient Stethoscopes

Patients in isolation are among the most infectious and can be vulnerable and susceptible to infection. Using a single-patient stethoscope is a recommended isolation precaution that helps lower the risk of cross-contamination.² A single-patient stethoscope should be used with patients under isolation precautions, stay in the patients room while the patient is in isolation, and be disposed of when no longer needed.²

Single-Patient Use Medical Tapes and Wraps

Single-patient use rolls (typically 1-2 metres) are a recommended alternative to long rolls (typically 5-10 metres). And, if available, individually-packaged single-patient use rolls can help reduce cross-contamination risk beyond unpackaged single-patient use rolls, by helping prevent tape from being exposed to environmental contaminants, minimise contact with hospital surfaces and equipment, and minimise exposure to healthcare worker hands.

If you don't have access to individually-packaged or unpackaged single-patient use rolls, keep new rolls as clean as possible (in original box), use clean gloved hands, avoid putting tape on surfaces, and discard any unused portion of tape after use on your patient.

Since medical tapes are widely used in health care settings, come in direct contact with patient skin, are typically unpackaged, and cannot be decontaminated, they serve as a potential source of cross-contamination for health care workers and patients. One study, in a 16-bed ICU at a 560-bed teaching hospital, sampled 24 bedside tape rolls at 1, 5 and 7 days and found that 100% of the tape rolls sampled were contaminated.³ A survey by the American Journal of Infection Control attributed the contamination risk to: (1) lack of policies or standards of care relating to tape storage and use; (2) tape stored in open bins in clean supply rooms which are not regularly cleaned; (3) staff members carrying rolls of tape in pockets or on stethoscopes; and (4) only 61.5% of staff discarding unused tape at patient discharge.⁴

1. Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2019. Canberra: National Health and Medical Research Council.
2. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/>
3. Berkowitz DM, Lee WS, Pazin GJ, Yee RB, Ho M. Adhesive Tape: Potential Source of Nosocomial Bacteria. *Appl Microbiol.* 1974;28(4):651-4.
4. McClusky J, Davis M, Dahl K. A gap in patient tape storage and use practices puts patients at risk for cutaneous fungal infections. *Am J Infect Control.* 2015;43(2):182-4.