

# Westcare Homecare Infection Control Policy

## INTRODUCTION

Persons using our services Services will usually include people who:

- Are elderly,
- Have chronic illnesses
- Have recently been discharged from a variety of acute healthcare setting to their home
- Are receiving treatment that hinders their ability to fight infection

***All of these people may be susceptible to infection at various stages in their life.***

The services provided by Westcare Homecare are in a non-clinical environment. However, this needs to be balanced with the requirement to maintain an environment where support and care can be delivered, in a safe manner in order to reduce the risk of infection for persons living and working in the client's home.

Westcare Homecare endeavour to apply the infection prevention and control requirements of the National Standards for Infection Prevention and Control in Community Services as part of everyday practice and this is applied consistently by everyone working in Westcare Homecare.

## POLICY

Standard Precautions are a group of routine work practices required for a basic level of infection prevention and control in homecare and are grouped under the following headings:

- hand hygiene
- use of personal protective equipment
- management of spillages of blood and body fluids
- management of sharps & needle stick injuries
- respiratory hygiene and cough etiquette
- management of waste
- management of laundry
- decontamination of the environment
- management of sharps & needle stick injuries

Standard Precautions are the foundation for preventing transmission of infection when providing healthcare and when consistently implemented the risk of infection to clients and the Healthcare assistant (HCA) is minimized (Siegel et al, 2007).



# Standard precautions

## Hand hygiene



to reduce the risk of transmission of microorganisms

## Single use equipment and appropriate reprocessing of reusable equipment and instruments



to prevent person to person transmission of microorganisms

## Personal protective equipment (PPE)



PPE as appropriate based on a point of care risk assessment (PCRA): to prevent exposure to infectious microorganisms

## Practising respiratory hygiene and cough etiquette



reduces the risk of transmission of infectious microorganisms spread by droplets and aerosols

## Safe handling and disposal of sharps



assist in preventing transmission of blood borne virus

## Aseptic technique



to prevent microorganisms on hands, surfaces or equipment from being introduced into a susceptible site

## Environmental controls (cleaning and spills management)



to assist in preventing transmission of microorganisms from the environment to people who use healthcare services and healthcare workers

## Appropriate handling and disposal of waste and linen



assists in reducing transmission of microorganisms



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**Standard Precautions apply to situations where there is a risk of contact with:**

- blood
- all body fluids, secretions and excretions (except sweat), regardless of whether or not they contain blood
- non-intact skin
- mucous membranes

The rights of the clients to receive care irrespective of their medical condition must be balanced with the responsibility of Westcare Homecare Ltd to offer suitable protection to staff. It is all staffs responsibility to follow the policy and procedures surrounding infection control

**Standard Precautions should be applied as standard principles by ALL staff for the care of:**

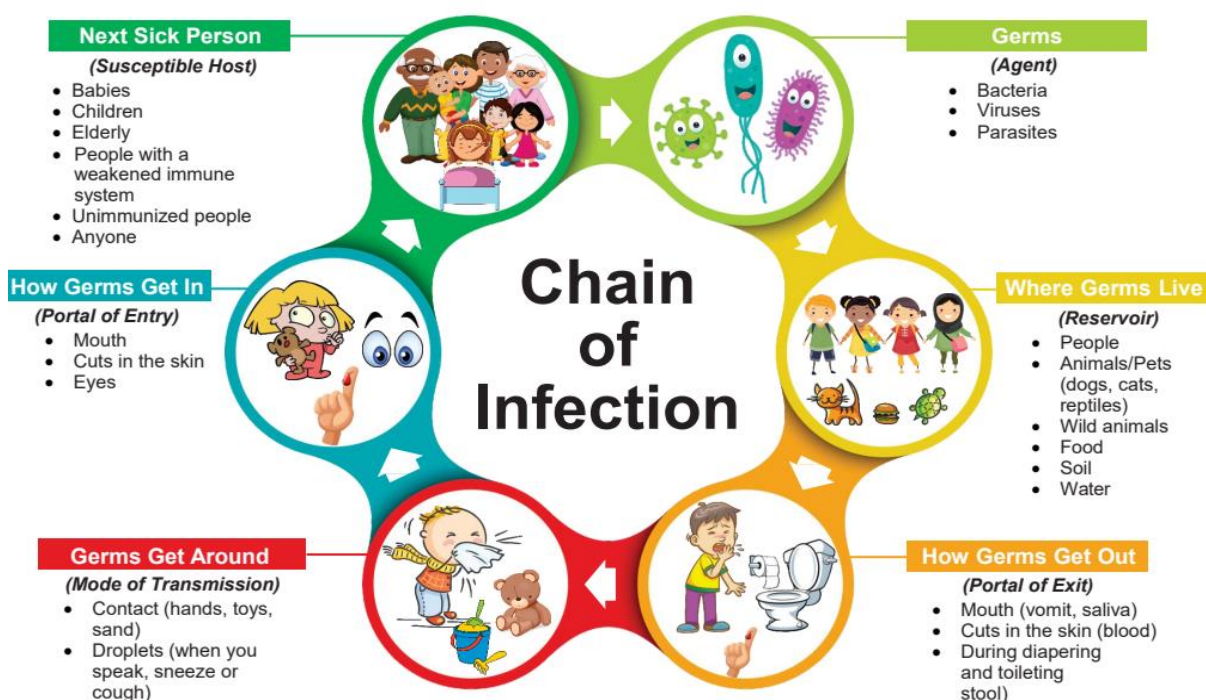
- *ALL clients*
- *ALL the time*

It is recommended that all healthcare assistants (HCA) receive education and training on Standard Precautions. This will include hand hygiene which is recommended as mandatory, in Guidelines for Hand Hygiene in Irish Health Care Settings (Royal College of Physicians/HSE 2015, National Institute of Clinical Excellence 2012 and Health Information and Quality Authority, 2009).

Employers are responsible for providing the resources necessary for implementation. These may include but are not limited to adequate supplies of alcohol hand rub/hand sanitiser and PPE.

## Chain of infection

Certain conditions must be met in order for a microbe or infectious disease to be spread from person to person. This process is known as the chain of infection which is shown in the image below. There are **six steps** in the chain of infection and transmission will only take place if all six links are intact.



## **The six links in the chain are:**

### **1. The Pathogen/Germs**

The first link in the chain of infection is the infectious agent or pathogen which can take the form of:

- Viruses – such as Influenza A, shingles and Hepatitis
- Bacteria – including Lyme disease and Leptospirosis
- Fungi – for example Candidiasis and Aspergillosis
- Parasitic protozoan diseases – such as Malaria, Giardia and Toxoplasmosis
- Prions – which are the cause of rare progressive neurodegenerative disorders such as Creutzfeldt-Jakob disease (CJD)

### **2. The reservoir**

A reservoir is the principal habitat in which a pathogen lives, flourishes and is able to multiply. Common reservoirs for infectious agents include humans, animals or insects and the environment. In humans, there are two forms of reservoir:

- acute clinical cases (in which someone is infected and is displaying signs and symptoms of the disease)
- and carriers (where someone has been colonised with an infectious agent but is not unwell).

Acute clinical cases are more likely to be diagnosed and treated which means that the patient's contacts and normal activities will normally be restricted. Carriers, however, can present more of a risk to those around them because they do not display any signs or symptoms of illness.

### **3. The portal of exit**

The portal of exit is any route which enables a pathogen to leave the reservoir or host. In humans the key portals of exit are:

- Alimentary – via vomiting, diarrhoea or biting
- Genitourinary – via sexual transmission
- Respiratory – through coughing, sneezing and talking
- Skin – via skin lesions
- Trans-placental – where transmission is from mother to foetus

### **4. The mode of transmission**

The two main ways that an pathogen moves from its reservoir to a susceptible host are via direct transmission or indirect transmission.

- Direct transmission tends to be instantaneous and occurs when there is direct contact with the infectious agent. Examples include tetanus, glandular fever, respiratory diseases, and sexually transmitted diseases.
- Indirect transmission can occur through animate mechanisms such as fleas, ticks, flies or mosquitoes or via inanimate mechanisms such as food, water, biological products or surgical instruments. Indirect transmission can also be airborne, in which tiny particles of an infectious agent are carried by dust or droplets in the air and inhaled into the lungs.

## **5. The portal of entry**

The portal of entry is the means by which an infection is able to enter a susceptible host.

Portals of entry into the human body include:

- Inhalation (via the respiratory tract)
- Absorption (via mucous membranes such as the eyes)
- Ingestion (via the gastrointestinal tract)
- Inoculation (as the result of an inoculation injury)
- Introduction (via the insertion of medical devices)

## **6. The susceptible host**

The last link in the chain of infection is the susceptible host.

How susceptible any host will be, depends on a variety of factors:

- Their age – and in particular if they are very young or very old
- Whether there is any presence of malnutrition or dehydration
- Whether there is any underlying chronic disease
- If the host suffers from immobility
- If they are taking any medication which could disrupt or suppress their immune response
- General resistance factors (such as mucous membranes, skin, cough reflex etc) that can help defend against infection

## **HOW TO BREAK THE CHAIN**

The best way to break the chain of infection is to break one or more of the links to prevent spread or transmission. If left unchecked, some infections spread quickly through the chain and grow beyond control.



# Break the Chain of Infection

## BREAK THE CHAIN!

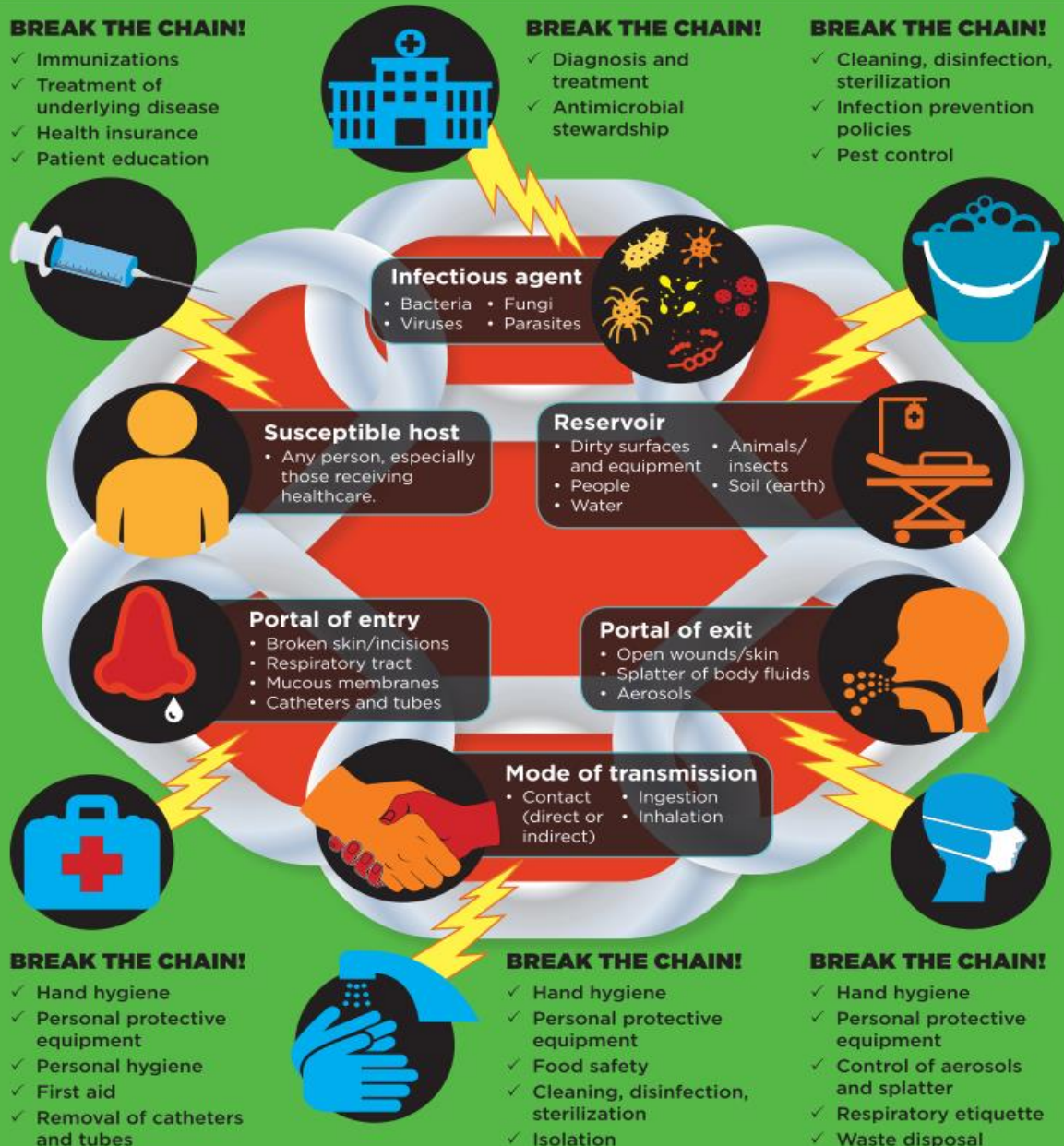
- ✓ Immunizations
- ✓ Treatment of underlying disease
- ✓ Health insurance
- ✓ Patient education

## BREAK THE CHAIN!

- ✓ Diagnosis and treatment
- ✓ Antimicrobial stewardship

## BREAK THE CHAIN!

- ✓ Cleaning, disinfection, sterilization
- ✓ Infection prevention policies
- ✓ Pest control



## **Standard Precautions and the Chain of Infection**

While the implementation of Standard Precautions breaks the chain of infection, thus minimising transmission of infection within the Healthcare environment, some highly transmissible infections required additional precautions to Standard Precautions. These additional precautions are Transmission-based Precautions.

*Transmission: The spread of infectious agents from one person to another (HIQA, 2018).*

### ***Transmission-based Precautions:***

These are measures taken in addition to Standard Precautions when caring for a client with known or suspected infectious disease for which Standard Precautions alone are not sufficient to prevent the spread of infectious disease (HSE & AMRIC, 2023b; HSE & HPSC, 2020b). Unlike Standard Precautions that apply to all clients, Transmission-based Precautions only apply to particular client based on either a suspected or confirmed infection or disease, e.g. Clostridium difficile, influenza and tuberculosis (HSE & HPSC, 2020).

**Transmission-based Precautions are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route)**

- Contact  
used for infections, diseases, or germs that are spread by touching the patient or items in the room (e.g. MRSA, gastro- intestinal illnesses, open wounds, scabies, impetigo ).
- Droplet  
used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing (e.g. pneumonia, influenza, whooping cough, bacterial meningitis).
- Airborne precautions  
used for diseases or very small germs that are spread through the air from one person to another (e.g.: tuberculosis, measles, chickenpox, Covid 19.)

## **Roles & Responsibilities**

### **Healthcare workers**

#### **All healthcare workers are responsible for:**

- implementing Standard Precautions at all times
- attending induction and ongoing training on Standard Precautions
- reporting any deficits in knowledge or resources to line managers
- reporting any illness as a result of occupational exposure
- not attending for duty with known or suspected infection without first informing line manager
- Ensure infection prevention and control is central to their role in and recognise that it is an integral component of providing safe and effective care and support for clients.

## **Mangement/Directors of Westcare Homecare**

Have a responsibility to ensure that the resources necessary to implement Standard Procedures are provided including:

- Developing infection prevention and control policies and procedures, in line with new or revised standards, guidelines, safety alerts and national updates and ensure their implementation
- an infection prevention and control induction programme for new staff
- an ongoing infection prevention and control education programme for staff
- equipment (e.g. personal protective equipment.
- development of an action plan to address any non-compliance with Standard Precautions identified by regular spot checks, supervision, and client reviews.
- Ensure that the Infection Prevention and Control roles and responsibilities are clearly documented within respective job descriptions

## **Hand Hygiene**

Hand hygiene is the general term that refers to the action of hand cleansing. This can be done by washing with soap and water and drying using paper towel or a clean towel. *Alcohol hand rub can be used on visibly clean hands and is preferable for staff to use in a healthcare setting.*

Hand Hygiene is the single most important measure in preventing and reducing the risk of infection.

### **Prior to carrying out hand hygiene:**

- All cuts and abrasions must be covered with a waterproof dressing and changed as necessary.
- Use warm water and pat hands dry rather than rubbing them, to minimise “chapping” of hands.
- Restrict jewellery to a single plain band.
- Keep finger nails short, smooth, clean and free of nail varnish and nail enhancements e.g. gel nails and false nails.
- Uniforms have short sleeves .

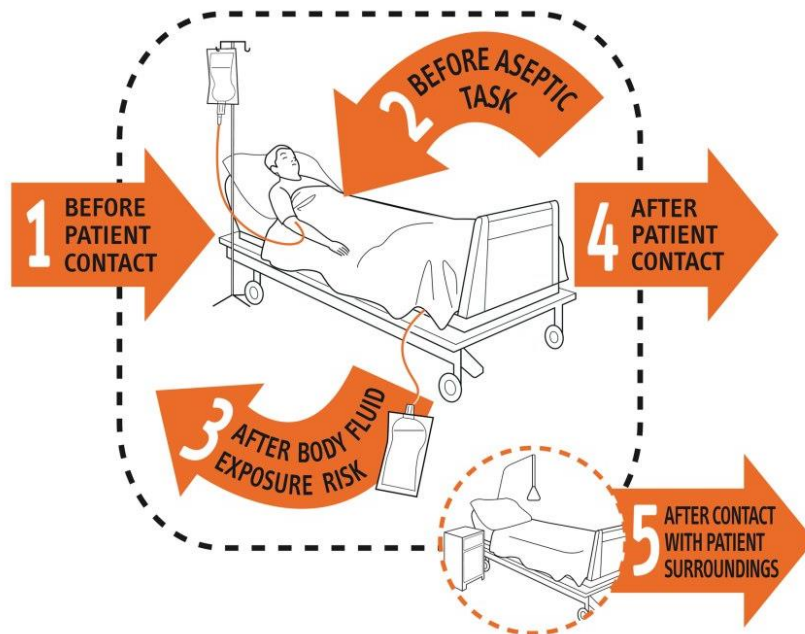
***Healthcare workers with damaged skin on their hands e.g. weeping dermatitis or persistent exfoliative skin lesions should not carry out direct care and should seek medical/occupational health advice.***

### **When to carry out hand hygiene**

The Five Moments for Hand Hygiene highlights the need to perform hand hygiene exactly where healthcare is delivered and is outlined for various settings in the following diagram.



# 5 moments for HAND HYGIENE



**Hand hygiene is also indicated in other situations. Hands should be washed:**

- Before starting work and after finishing work
- Before and after personal care/intimate care activities with each client
- Before handling any medical devices e.g urinary catheters and before wound care
- Before eating, drinking, or assisting a client with food
- After handling contaminated items such as dressings, used nappies etc.
- After using the toilet, nose blowing, covering a sneeze, or assisting a client with these activities
- After removing protective clothing e.g. gloves, aprons, masks, visors.
- After cleaning duties, handling waste and waste bins
- Before and after handling raw food, handling cooked or ready to eat food
- Whenever hands become visibly soiled

## **Handwashing using soap and water**

- Wet hands under warm running water up to the wrists, avoid using hot water.
- Apply sufficient amount of soap as per manufacturer's instructions to cupped hand and lather it evenly covering all areas of the hands and wrists using the six step technique for a minimum of 15 seconds.
- Do not place hands under running water whilst lathering soap.
- Rinse hands thoroughly under running water.
- Do not use clean hands to turn off taps. If taps are not hands free use paper towel to turn off taps.
- Dry thoroughly with a paper towel patting your hands, taking special care between the fingers.
- Discard towels into hands free non risk waste bin

In the following circumstances, liquid soap and water must be used:

- Liquid soap is used for routine hand washing and is acceptable for general social contact in healthcare settings.
- When hands are visibly soiled
- When caring for residents known or suspected to have *Clostridium difficile* infection.

*Alcohol hand rubs are not effective against C. difficile spores. Research indicates that removal of C. difficile spores occurs as a result of the physical action of hand washing and rinsing (Department of Health, 2014).*

*From a practical application hand washing with soap and water is advised when caring for all residents with diarrhoea and/or vomiting illness.*

# Handwashing Technique

## Preparation



1. Remove hand and wrist jewellery (wedding band allowed) N.B. Keep nails short



2. Wet hands thoroughly under warm running water



3. Apply 5mls of soap/antiseptic soap to cupped hand by pressing dispenser with heel of hand (do not use finger tips on the dispenser)

## Handwashing – (process takes at least 15 seconds)



A. Rub palm to palm 5 times



B. Rub right palm over the back of left hand up to wrist level 5 times. Do the same with the other hand



C. With right hand over back of left hand rub fingers 5 times. Do same with the other hand



D. Rub palm to palm with the fingers interlaced



E. Wash thumbs of each hand separately using a rotating movement



F. Rub the tips of the fingers against the opposite palm using a circular motion. Also ensure nail beds are washed



G. Rinse hands thoroughly under running water to remove all traces of soap



H. Turn off taps using elbows



I. Dry hands completely using a disposable paper towel



J. Discard paper towel in waste bin. Open bin using foot pedal only to avoid contaminating clean hands

Supported by PEI  
Developed by Infection Control Team  
St. James's Hospital

 Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

A Partnership for  
Better Healthcare 

A Strategy for the Control of  
Antimicrobial Resistance in Ireland



Clean your hands  
**Say no to infection**

### **Alcohol Hand Rub (AHR)**

This is the preferred method for hand hygiene in all clinical areas, this includes both routine and antiseptic hand hygiene because;

- of their superior microbiocidal activity
- reduced drying of the skin,
- their accessibility to healthcare workers and convenience.

AHR should only be used on visibly clean hands (WHO 2009). For optimal compliance with the Moments for Hand Hygiene, alcohol hand rub products should be readily available.

*Alcohol based hand rub products used in healthcare settings should conform to the national specification for alcohol based products.*

### **Hand hygiene using alcohol hand rub products**

- Do not use AHR on visibly soiled hands.
- Apply an adequate volume gel/ foam to ensure the hand rub comes in contact with all surfaces of the hands and wrists.
- Rub hands covering all surfaces once using the six-step technique then continue rubbing hands until dry, minimum 20 seconds.
- Follow the manufacturer's instructions for application times and product use.

### **Hand Hygiene in the Home**

In the home setting, choosing the appropriate method of hand hygiene will be influenced by the assessment of;

- what is appropriate for the provision of care
- the available resources
- what is practically possible.

To ensure that hand hygiene is carried out in a client's home, the following options are suggested:

Where clients require high levels of care and/or have invasive devices i.e. urinary catheter, Alcohol Hand Rub should be made available and may be carried by the HCA.

Alcohol hand rub (AHR) should be used in homes when;

- handwashing facilities are not readily available at the point of care or where handwashing facilities are unsuitable.
- Where clean running water and liquid soap are available and access to the sink is clear, kitchen paper towel may be used for hand drying.
- When liquid soap is not available, the healthcare worker may be provided with a supply of liquid soap and hand paper towels.

### **Hand Hygiene and Skin Care**

To help replace the skins oils lost through frequent hand hygiene, emollient hand creams which are compatible with hand hygiene products in use should be used.

The use of products which cause or exacerbate rashes, cracking or soreness of the hands, should be stopped immediately and occupational health advice sought. Alternative hand hygiene products should be provided for healthcare workers with confirmed allergies or adverse reactions to standard products used. Hand care should be carried out by all healthcare staff to keep hands in good condition and prevent skin damage.

**Healthcare workers should :**

- Avoid the prolonged use or inappropriate use of gloves.
- Avoid donning gloves whilst hands are wet.
- Avoid using hot water for hand washing.
- Avoid using soap and alcohol hand rub product at the same time.
- Rinse soap residue from hands after hand washing and dry with a patting motion rather than rubbing.

**Personal Protective Equipment (PPE)**

Healthcare assistants should wear protective clothing when there is a risk of contact with blood, body fluids, secretions and excretions (with the exception of sweat). HCA's should select the appropriate PPE (gloves, apron/gown, eye, nose and mouth protection) based on a risk assessment of the task to be carried out. Protective clothing can create a false sense of security and even increase the risk of cross infection if used incorrectly, e.g. failure to carry out hand hygiene following the removal of gloves. Gloves reduce the risk of contamination but do not eliminate it, therefore gloves are not a substitute for performing hand hygiene.

**Gloves should be worn for the following:**

- All activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions (except sweat) and excretions,
- For direct contact with sterile sites, non-intact skin or mucous membranes,
- For handling sharp or contaminated instruments and equipment,
- For invasive procedures (not carried out by WCHC)

**For the prevention of infection:**

- Gloves must be of single use and well fitting.
- put on immediately before an episode of care or treatment.
- removed as soon as the episode of care or treatment is completed.
- discarded as per waste segregation policy.
- changed between caring for different clients
- Gloves may need to be changed between different care/treatment activities for the same person.
- If wearing a disposable plastic apron, remove and discard gloves first.
- Perform hand hygiene before donning gloves for a clean procedure.
- Perform hand hygiene after removing gloves.

**Types of Gloves**

- Gloves that conform to European Community Standards must be available.
- Nitrile or powder free latex gloves must be available for healthcare delivery. Where a latex allergy is documented, for staff or residents/patients, an alternative must be available.

*For further details see Policy on the Prevention and Management of Latex Allergy (HSE, 2013).*

- Vinyl gloves are not recommended for healthcare as they do not offer adequate protection against blood and body fluids.
- Powdered and polythene gloves are not recommended for healthcare delivery.
- Disposable gloves should be used for cleaning of spillages of body fluids, in the event of an outbreak or on the advice of infection prevention and control.

### **Aprons/Gowns**

Disposable plastic aprons should be worn when there is a risk that clothing or uniform may become contaminated with blood, body fluids, secretions (except sweat) or excretions.

Gowns (full body fluid repellent) should be worn if sprays /splashes of blood or body fluids is anticipated and there is a risk of extensive contamination of the skin or clothing of healthcare workers and where an apron will not suffice. Aprons and gowns are single use and should be discarded after the procedure or episode of care and hand hygiene carried out.

### **Facial Protection – face /mouth/eye protection**

A fluid repellent mask and protective eye wear or a face shield to protect the mucous membranes of the eyes, nose and mouth should be worn during any procedure or patient/client care activity where there is a risk of blood and/or body fluids splashing onto the face e.g. irrigation of a wound or suctioning.

If a client is positive for Covid 19, Masks A fluid repellent, single use face mask should be used for procedures likely to generate splashes of blood or body fluids.

### **When using a mask**

- Ensure they are well fitting and fit for purpose.
- They should cover both the nose and mouth.
- They should only be used once.
- Masks should be changed when heavily contaminated e.g. wet with breath moisture or if torn or damaged.
- Avoid touching the mask while being worn.
- Remove the mask directly after the procedure or episode of care by handling the ties only and discard.
- If gloves, apron/gown and mask are worn, remove the mask last.
- Perform hand hygiene after removing the mask.

### **Using an FFP2 Mask**

FFP2 masks are recommended for routine care of clients with known or suspected COVID 19, pulmonary or laryngeal TB. Healthcare staff visiting a client in their home with any of the conditions above should wear an FFP2 mask in accordance with the above recommendations. The PHN should be consulted before the use of masks is discontinued. The FFP 2 mask must conform to EN1492001. In order to be effective, the mask must fit tightly to the wearers face, fit testing should be undertaken by a trained professional.

Please watch the following HSE video which should be viewed and adhered to by all persons prior to wearing FFP2 masks: <https://youtu.be/VJ2u4jKNYPA>



# COVID-19

HAND HYGIENE BEFORE  
AND AFTER USING A MASK



Coronavirus  
**COVID-19**  
Public Health  
Advice

## Safe use of Masks

### THE MASK YOU NEED

#### DO: REMEMBER TO WEAR THE CORRECT MASK FOR THE TASK:

Wear **Surgical mask**:  
for droplet precautions,  
or  
when providing care  
within 2 meters of any patient,  
or  
when working within 2 meters  
of another healthcare worker for  
more than 15 minutes.



Only wear **FFP2 (Fit Checked)**  
or **FFP3 mask (Fit Tested)**  
for aerosol generating  
procedures.



### WEARING THE MASK

**DO:** Wear your mask so it comes  
all the way up, close to the  
bridge of your nose, and all the  
way down under your chin.



**DO:** Press the metal band so  
that it conforms to the bridge of  
your nose.



**DO:** Tighten the loops or ties  
so it's snug around your face,  
without gaps. If there are  
strings, tie them high on top of  
the head to get a good fit.



**DO NOT:**  
Wear the mask  
below your nose.



**DO NOT:**  
Leave your chin  
exposed.



**DO NOT:**  
Wear your mask  
loosely with gaps on  
the sides.



**DO NOT:**  
Wear your mask so  
it covers just the tip  
of your nose.



**DO NOT:**  
Push your mask  
under your chin to  
rest on your neck.



### ONCE YOU HAVE ADJUSTED YOUR MASK TO THE CORRECT POSITION, FOLLOW THESE TIPS TO STAY SAFE:

- ALWAYS change your mask when you answer the telephone or you take a drink/break.
- ALWAYS change mask when leaving a cohort area or exiting a single patient isolation room
- NEVER fidget with your mask when it's on.
- ALWAYS wash your hands before and after handling a mask.
- ALWAYS change mask if it is dirty, wet or damaged
- NEVER store your mask in your pocket.

### REMOVING THE MASK



Use the ties or ear  
loops to take the  
mask off.

Do not touch the  
front of the mask  
when you take it  
off.

### DISPOSING OF THE MASK



Dispose of mask in a healthcare  
risk waste bin.

#### IF HEALTHCARE RISK WASTE SERVICE IS NOT AVAILABLE:

The mask, along with any  
other PPE used,  
needs to be  
double-bagged  
and stored for  
72hrs in a secure  
location, then put  
in the domestic  
waste.



Rialtas na hÉireann  
Government of Ireland



**Protective eyewear or face shields for healthcare workers should;**

- Be optically clear, anti-fog, close fitting and shielded at the sides.
- Provide protection from splashes or sprays, and are available to fit over prescription glasses.
- If single use, be disposed of after a single episode of use.
- If reusable, be decontaminated according to manufacturer's instructions.

**Footwear**

Healthcare workers should wear enclosed non-slip flat low heeled footwear that can protect them from injuries with sharp objects or hot water. This type of footwear will reduce the likelihood of a carer slipping.

**Donning and Removal of Personal Protective Equipment**

The type of PPE used will vary based on the risk of exposure anticipated and not all items of PPE will be required at the one time

Perform hand hygiene before putting on PPE.

The order for putting on PPE is:

1. Apron or Gown
2. Fluid Repellent Face Mask
3. Eye Protection
4. Gloves.

*When wearing PPE, use safe work practices to protect yourself and limit the spread of contamination. This can be achieved by;*

- Keeping hands away from face
- Limiting surfaces and items touched
- Changing gloves when torn or heavily contaminated
- Always performing hand hygiene after removing gloves.

**Removal of Personal Protective Equipment**

The order for removing PPE is:

1. Gloves – perform hand hygiene
2. Eye Protection
3. Apron or Gown
4. Fluid Repellent Surgical Mask.

***Always perform hand hygiene after removing PPE***

**Storage of PPE**

All PPE should be stored in a clean dry area, in original packaging until required. Glove and apron dispensers should be considered within areas where care is provided. Some PPE may have an expiration date and it is important to be mindful of this.

**Respiratory Hygiene and Cough Etiquette**

Respiratory hygiene is vital to prevent the spread of respiratory infections such as influenza and colds. Measures to contain respiratory secretions should be implemented by staff to include:

- Covering nose/mouth using disposable tissues when coughing, or sneezing
- Disposing of tissue in the nearest bin after use

- Performing hand hygiene with soap and water or alcohol based hand rub after contact with respiratory secretions and contaminated objects/materials
- Keeping hands away from mucous membranes of the eyes and nose.
- If a sink is not available, all staff have access to a personal supply of Alcohol Hand Rub to facilitate hand hygiene.



## **Management of a Blood and/or Body Fluid Spillage**

Consider that blood and body fluids are part of the person and need to be dealt with appropriate dignity and respect.

### **Principles of spills management**

- Blood and body fluid spillages should be dealt with immediately or as soon as it is safe to do so.
- Other persons should be kept away from the spillage until the area has been decontaminated and is dry
- Care should be taken if there are sharps present, sharps should first be disposed of appropriately into a sharps container if available
- Spills should be removed before the area is decontaminated. Adding liquids to spills increases the size of the spill and should be avoided.
- It is recommended that supplies of personal protective equipment, paper towels, cleaning chemicals and waste bags are readily available for spills management

### **Blood Spillage**

1. Wear appropriate personal protective equipment.
2. Remove the sodden material and dispose as per waste segregation policy.
3. Clean area with detergent and warm water.
4. Disinfect using a chlorine releasing solution of 1,000ppm or equivalent according to manufacturers' instructions, rinse and dry.
5. Dispose of protective clothing.
6. Perform hand hygiene.

### **Body fluid spillage e.g. faeces, vomit, urine**

1. Wear appropriate personal protective equipment.
2. Cover spillage with disposable paper towels.
3. Remove sodden material and dispose as per waste segregation policy.
4. Clean area with detergent and warm water.
5. Dispose of protective clothing.
6. Perform hand hygiene.

## **Management of Blood and Body Fluid Exposures**

Such exposures can include:

- All sharps/needle stick injuries from contaminated sharps or needles.
- Contamination of abrasions or rashes with blood or body fluids.
- Human scratches/bites causing a break in the skin and/or bleeding.
- Splashes of blood/body fluids onto mucous membranes (e.g. into mouth/lips, nose or eyes).
- Aspiration or ingestion of blood, blood components or other body fluids.



### **These incidents shall be dealt with as follows:**

#### **First Aid**

- Bleeding from the wound should be encouraged immediately.
- The wound should be washed thoroughly with running water and soap.
- Do not scrub or use a nailbrush.
- Do not suck the wound.
- Skin, eyes or mouth should be washed out immediately with copious amounts of water.
- Report the exposure
- The incident should be reported immediately to the office or the on-call

#### **Management of Laundry and Linen**

The risk of infection from used linen is minimal if handled properly. The following principles of Standard Precautions apply to the management of laundry and linen and include:

- Perform hand hygiene before handling clean linen
- Handle used linen carefully to avoid contaminating the environment; e.g. used laundry should not be shaken or placed on the floor or any clean surfaces.
- Laundry trolley/bag should be taken to the bed side.
- Wear personal protective equipment when contact with laundry and linen soiled with blood or bodily fluids, secretions and excretions (except sweat) can be anticipated.
- Do not manually sluice soiled laundry.
- Ensure that laundry is free from sharps and foreign objects such as incontinence wear.
- Perform hand hygiene after handling used linen.

#### **Management of Sharps**

As a healthcare assistant, you will not have any personal responsibility for using needles/ syringes however the following points should be noted and adhered to:

- Sharps must be carefully placed in the sharps container by the person using the sharps
- Sharps are not to be handed from one person to another
- Sharps are not to be recapped or removed from syringe
- Not to be left on beds or lockers
- Must be stored safely
- Closed when not in use
- Closed and locked when no longer needed or full
- Must be disposed of as per local guidelines



#### **Client-Care Equipment/Medical devices**

- All client care equipment should be in a good state of repair and visibly clean.
- Handle used client-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other clients and environments
- Single-use items must not be reprocessed or reused under any circumstances.
- Symbol denotes single use item.



- Do not reuse. Use once only
- Damaged equipment should be reported so that they can be replaced or repaired e.g. a torn mattress cover, a pressure relieving cushion, where the foam is exposed or commodes that are rusted
- Equipment no longer required by the client must be cleaned and dried before being returned to or collected by HSE Community Store
- When new items of equipment are introduced, read the cleaning & care instructions .

## Environmental cleaning

### NO CLIMBING NO USE OF LADDERS OR STEPS

Work clean to dirty	Start cleaning in the cleanest area & finish in dirtier area eg toilet cleaned last
Work high area to lower area	This helps to prevent cross infection as it stops contamination of clean areas from dirty areas
Leave all surfaces clean & dry	This prevents mould & bacteria growth and reduces risks of accidents/incidents/near misses
Change cleaning water & cloths regularly	Change once water/cloths are dirty ths reduces contamination and movement of dust
Hand Hygiene	Dirty hands & GLOVES soil clean surfaces follow procedures for hand hygiene including hand care

### Whats needed for cleaning

- A general-purpose detergent e.g. washing up liquid is suitable for cleaning most surfaces
- A general purpose floor cleaner is suitable for floors
- Wash and dry mops/cloths after each use, preferably in the washing machine, and never leave mops or cloths soaking in water or disinfectant overnight
- Use separate cloths for cleaning kitchens and toilets/bathrooms
- Use disposable cloths/paper towels for spills
- Disposable gloves

The routine use of disinfectants for general home hygiene is unnecessary. A low level disinfectant may be required in certain circumstances. For example if a mattress or bed is soiled with blood or body fluids the area must first be cleaned and then may be disinfected :

Milton sterilising fluid (2%) = 50 mls  
(generally 2 capfuls) mixed with 1 litre of cold water  
Household bleach e.g. Domestos (4%)  
25mls (generally a capful) mixed with 1 litre of cold water  
125mls (5 capfuls) mixed with 5 litres of cold water for larger areas

- After disinfecting, always rinse with water and dry
- Bleach is corrosive and may also damage furnishings and fabrics & should not be used on carpets or wooden floors.
- Always wear gloves when handling disinfectants to avoid contact with your skin.
- Use disinfectants with caution and always read the manufacturers instructions on dilution.

### **Do not guess**

- Mix disinfectants with cold water, do not mix with hot water



- Do not mix disinfectants with other products as it can emit fumes and can be irritating to eyes & lungs
- It is safer to add bleach to water.
- Items should be cleaned immediately if soiled.
- If an item is soiled with blood or body fluids, it must first be cleaned and then disinfected as outlined above.
- Items that have close contact with the client should be prioritised for cleaning and would include items such as mattresses, bed-frames, hoists, wheelchairs etc

### **Personal Care**

A high level of personal health, appropriate immunisations and good personal hygiene provides a good baseline protection of Healthcare workers and the adherence of staff to good infection control practices provides a further level of protection

What is personal hygiene?

Good personal hygiene is one of the best ways to protect yourself from getting gastro or infectious diseases such as COVID-19, colds and flu. Washing your hands with soap removes germs that can make you ill. Maintaining good personal hygiene will also help prevent you from spreading diseases to other people.

#### ***Personal hygiene includes:***

- cleaning your body every day
- washing your hands with soap after going to the toilet
- good oral hygiene
- covering your mouth and nose with a tissue (or your sleeve) when sneezing or coughing
- washing your hands after handling pets and other animals

#### **Conditions that you can develop if you have poor personal hygiene include:**

- COVID-19, Novo Virus and other infectious diseases
- Leptospirosis
- Diarrhoea, especially gastroenteritis
- Respiratory infections, including colds and flus
- Staph infections
- Worm-related conditions, such as threadworms
- Tooth decay
- Scabies
- Athlete's foot

#### **Infectious diseases in staff can be readily transmitted to susceptible client**

- Respiratory infections e.g. the flu, can be transmitted to clients directly by respiratory secretions when coughing or sneezing or indirectly from your hands.
- Diarrhoea or vomiting illness can also be transmitted to clients by your hands on items you have touched or on food that you have handled.
- If you have gastrointestinal or respiratory symptoms, a fever or skin rashes please consult your GP.

- If your illness is suspected to be of an infectious nature, please inform your line manager who may seek occupational health advice
- If hands are affected by rash/dermatitis/reactions to hand hygiene products please see your care manager

### **Immunisations**

Workers in a variety of occupations may be exposed to infectious agents during their employment. In the Irish workforce, the largest at risk group are Healthcare Assistants (HCAs). Other groups at significant risk include security and emergency services workers. In relation to Healthcare Assistants, immunisation should be regarded as one part of good infection control practices, which include hand washing and standard precautions when dealing with body fluids. Immunisation is an essential component in preventing transmission of infections

### **What is a healthcare-associated infection?**

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. Many of Westcare Homecare clients who need a lot of healthcare are often more vulnerable to infection; partly because their immune system is weaker because of the illness or because the treatment for the illness weakens their immune system (for example chemotherapy). The term HCAI covers a wide range of infections. The most well known include those caused by meticillin-resistant *Staphylococcus aureus* (MRSA), meticillin-sensitive *Staphylococcus aureus*

(MSSA), *Clostridium difficile* (C. difficile) and *Escherichia coli* (E. Coli). Covid 19, HCAIs cover any infection contracted:

- as a direct result of treatment in, or contact with, a health or social care setting
- as a result of healthcare delivered in the community
- outside a healthcare setting (for example, in the community) and brought in by patients, staff or visitors and transmitted to others (for example, Corona Virus norovirus).

HCAIs pose a serious risk to patients, staff and visitors. They can incur significant costs for the HSE and cause significant morbidity to those infected

### **Food Hygiene in Home care**

Westcare Homecare know that food hygiene is important, but it's particularly important in a home care setting. This is because clients are often elderly, frail, have weaker immune systems, ongoing health problems and are more vulnerable to diseases, making them more likely to suffer from food poisoning. Further, being unwell weakens the immune system and makes it harder for the body to fight infection. Getting sick from food that has gone off or hasn't been cooked properly might give a younger person symptoms that range from mild discomfort to a nasty tummy bug, but can be very dangerous for an elderly person. Microbial growth/toxin production in food can cause serious outbreaks of food poisoning which can be fatal. Staff will receive HACCP training on induction.

## Leptospirosis (Weil's disease)

Leptospirosis, also called Weil's disease, is an infection you can get from animals, soil or water.

### How you get leptospirosis

It can be spread in the urine of infected animals, most commonly rats, mice, cows, pigs and dogs.

You can get leptospirosis if:









- soil or freshwater (such as water from a river, canal or lake) that contains infected pee gets in your mouth, eyes or a cut, usually during activities like kayaking, outdoor swimming or fishing
- you touch an infected animal's blood or flesh, usually from working with animals/animal parts


It's very rare to get leptospirosis from pets, other people or bites.

### Symptoms of leptospirosis

Most people who get leptospirosis have no symptoms, or mild flu-like symptoms. But some people get seriously ill.

## Symptoms of Leptospirosis

 <p><b>High fever.</b></p>	 <p><b>Red eyes.</b></p>	 <p><b>Abdominal pain.</b></p>
 <p><b>Headache and muscle aches.</b></p>	 <p><b>Chills.</b></p>	 <p><b>Rash</b></p>
 <p><b>Nausea, vomiting and diarrhea.</b></p>	 <p><b>Yellow skin or eyes (jaundice).</b></p>	



**Go to the nearest emergency room if you are coughing up blood or have blood in your poop or pee.**

**For Non-Urgent advice, seek a GP if you might have been exposed to infected pee, water, or soil and have:**

- a high temperature, or you feel hot and shivery
- a headache
- been feeling sick or being sick
- diarrhoea
- body aches and pains
- red eyes
- a loss of appetite

**For Urgent advice, seek an urgent GP appointment or get help from the HSE emergency services if you have;**

- yellow skin (which may be harder to see on black or brown skin) and whites of the eyes (jaundice)
- a rash
- been unable to pee
- swollen ankles, feet or hands
- chest pain
- shortness of breath

#### **Treatment from a GP**

Leptospirosis can often be treated by your GP. You'll usually be given antibiotic tablets to treat the infection. Most people recover in a few days or weeks.

- It's important to finish the course of antibiotics, even if you start to feel better.
- Take paracetamol or ibuprofen to relieve any aches, pains or a high temperature.
- If you have severe symptoms, you may need to be treated in hospital.

#### **How to avoid getting leptospirosis**

Leptospirosis is rare in Ireland. You have a higher chance of getting it if you do outdoor activities like water sports (especially while abroad in tropical areas), or you work with animals or animal parts. There are things you can do to reduce your chances of getting leptospirosis.

- wash your hands with soap and water after handling animals or animal products
- clean any wounds as soon as possible
- cover any cuts and grazes with waterproof plasters
- wear protective clothing if you're at risk through your job
- shower as soon as possible if you've been in potentially infected water
- check your dog is vaccinated against leptospirosis (there is no vaccine for people)
- do not touch water or soil that may contain animal pee
- do not touch dead animals with your bare hands
- do not drink water from places like rivers, canals or lakes – always boil or treat it first

*THIS POLICY WILL BE REVIEWED EVERY 3 YEARS OR AS A RESULT IN CHANGES TO THE LEVEL OF RISK AND OR IN LEGISLATION WHICH MAY OCCUR BEFORE THIS.*

## **References**

Royal College of Surgeons of Ireland

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