



Saint John of God Kerry Services

Hospitality - Compassion - Respect

23

Infection Control Standard Precautions Policy and Procedure

Saint John of God Kerry Services

Title:	Infection Control Standard Precautions
Document Reference:	Kerry 23
Revision date:	April 2023
Revision Number:	04
Pages, incl. cover & signature:	10
Approved By:	PPP Group



Policy and Procedure

The purpose of this policy and procedure is to provide information to staff on best practice in the use of standard precautions to reduce the risk of transmission of any infectious diseases within the residential and day care setting. These precautions apply to service users, staff, volunteers and visitors, regardless of their diagnosis or presumed infection status.

Where there are National guidelines/recommendations for specific outbreaks e.g. Swine Flu, Ebola, and Coronavirus etc. the Service will communicate national advice on same through the local communication channels for all staff to follow. Please be advised this policy is to be read in conjunction with the HSE infection control policies.

1. Each employee is responsible for reporting any suspected or actual infectious condition to their Supervisor.
2. Hand Washing
 - 2.1 Clean hands are an integral component of infection control. Hands must be washed;
 - after coming into contact with blood, body fluids, secretions, excretions and contaminated items whether or not gloves are worn
 - between service user procedures to reduce the risk of cross contamination
 - before, during and after food preparation and in between food handling procedures as required
 - after contact with raw meat/chicken
 - after using the toilet
 - after removing gloves
 - 2.2 The following are the steps in effective antiseptic hand hygiene which should take at least 15 seconds;
 - Wet hands with warm water and use approx. 5 mls of liquid soap by pressing the soap dispenser with heel of hand
 - Rub palm to palm 5 times.
 - Rub right palm over back of left hand, up to wrist level, 5 times.
 - Do the same with the other hand.
 - With right hand over back of left hand, rub fingers 5 times.
 - Do the same with the other hand.
 - Rub palm to palm with the fingers interlaced.
 - Wash thumbs of each hand separately using a rotating movement.
 - Rub the tips of the fingers against the opposite palm using a



circular motion.

- Ensure nail beds are washed.
- Rinse hands thoroughly under running water to remove all traces of soap.
- Turn off taps with the elbows. If the taps are not elbow operated, turn them off with a paper towel.
- Dry wrists and hands completely with disposable paper towels.
- Discard in a waste paper bin using the foot pedal to avoid contaminating clean hands.

2.3 The efficiency of hand washing is improved if the following principles are met;

- finger nails are kept short,
- no artificial nails or nail polish is worn,
- all wrist and hand jewelry is removed (apart from wedding bands), and
- any cuts and abrasions on the hands and wrist are covered with a waterproof dressing.

3. Personal Protective Equipment (PPE)

Staff will observe the following;

- gloves and aprons will be used when in contact with blood, body fluids, secretions, excretions and contaminated items,
- gloves will be worn when touching mucous membranes (nostrils, the lips of the mouth, the eyelids, the ears, the genital area, and the anus) and non-intact skin,
- a change of gloves is required between all procedures to prevent cross contamination,
- following removal of gloves hands will be washed before carrying out next task,
- disposal of PPE,
- wash hands after removing PPE, and
- the use of an antiseptic solution or alcohol hand rub is permitted between procedures however best practice recommends hand washing regardless.

4. Suspected/Actual Infectious Outbreak

4.1 In the event of a suspected/actual infection outbreak within Kerry Services, the staff member will;

- report suspected or actual outbreak to Supervisor and line management,
- contact the Service's Health Care Nurse, Tralee and/or Supervisor in Beaufort who will provide appropriate advice,
- confirm outbreak with Doctor/Public Health and follow instructions given,



- isolate the individual to prevent further spread,
 - ensure the door to the room will be kept closed,
 - wear gloves and apron before entering room if contact with infected material likely,
 - wear a face mask if advised by health professional,
 - remove gloves and apron before leaving the room, and
 - wash hands immediately with antiseptic agent or decontaminate hands with an alcohol rub/gel
- 4.2 An outbreak of infectious disease within Residential Services must be reported to HIQA by the Person in Charge within the allocated timeframe.
- 4.3 Where effective environmental De-contamination is necessary, the location Supervisor will ensure that;
- the environment is maintained in a clean state and in line with good housekeeping practices, and according to general cleaning policy.
 - they liaise with Service's Health Care Nurse, Tralee and/or Supervisor in Beaufort as to best practice/ precautions to be taken,
 - all surfaces are thoroughly washed with hot water and detergent and dried thoroughly,
 - staff wear PPE when carrying out environmental de-contamination,
 - dirty laundry will be brought to the washing machine in a purposeful container e.g. a laundry basket/ skip
 - gloves are worn when handling soiled clothes,
 - clothes are washed at the correct temperatures as per advice from Service's Health Care Nurse, Tralee and/or supervisor in Beaufort,
 - soiled clothes/linen are washed separate to other items,
 - staff wear PPE when handling any equipment soiled with any body fluids,
 - staff clean equipment thoroughly after each use according to manufacturer's instructions, and
 - single use items must not be re-used.

5. Specific to COVID-19 outbreak key elements include:

5.1 HAND HYGIENE

- Hand hygiene is the single most important action to reduce the spread of infection in health and other social care settings and is a critical element of standard precautions.
- Facilities must provide ready access for staff, residents and visitors to hand hygiene facilities and alcohol-based hand rub.



- Staff should adhere to the WHO five moments for hand hygiene.
- Hand hygiene must be performed immediately before every episode of direct resident care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination, handling of waste and laundry.
- Residents should be encouraged to wash their hands after toileting, after blowing their nose, before and after eating and when leaving their room. If the resident's cognitive state is impaired, staff must help with this activity.
- The use of gloves is not a substitute for hand hygiene. Hand hygiene is required before putting on gloves and immediately after they have been removed.
- HSEland hand hygiene training is available online and staff are required to complete every two years on www.hseland.ie

5.2 RESPIRATORY HYGIENE AND COUGH ETIQUETTE

- Respiratory hygiene and cough etiquette refers to measures taken to reduce the spread of viruses via respiratory droplets produced when a person coughs or sneezes.
- Disposable single use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose.
- Used tissue should be disposed of promptly in the nearest foot operated waste bin.
- Some residents may need assistance with containment of respiratory secretion. Those who are immobile will need a waste bag at hand for immediate disposal of the tissue such as a bag. Hands should be cleaned with either soap and water or an Alcohol Based Hand Rub (ABHR) after coughing sneezing, using tissues or after contact with respiratory secretions and contaminated objects.
- Staff and residents should be advised to keep hands away from their eyes, mouth and nose.
- HSEland Respiratory Hygiene and Cough Etiquette as well as Standard and Transmission Based precautions training is available online and staff are required to complete every two years on www.hseland.ie
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5.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- As part of standard precautions, it is the responsibility of every HCW to undertake a risk assessment PRIOR to performing a clinical care task, as this will inform the level of IPC precautions needed, including the choice of appropriate PPE for those who need to be present.



- Full guidelines on the appropriate selection and use of PPE Appendix 2 & 3 and <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectio npreventionandcontrolguidance/ppe/>
- Educational videos are also available on www.hpsc.ie at <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectio npreventionandcontrolguidance/videoresourcesforipc/>
- All staff must be trained in the proper use of all PPE that they may be required to wear.
- HSEland PPE training is available online and staff are required to complete every two years on www.hseland.ie
- Note that in outbreak situations or other circumstances where extended use of one set of PPE (other than gloves) when moving between patients with a diagnosis of COVID-19, it is important to make every effort to avoid generalised use of PPE throughout the facility without considering the level of risk.
- In the event of extended use of PPE define clean and contaminated zones. PPE should be donned before entering the contaminated zone and doffed and hand hygiene before entering clean zones. Where staff are having meals on a unit to minimise staff interaction, it is essential that the staff refreshment area is a clean zone. Corridors between units should be designated clean zones. Clinical stations should normally be clean zones.
- Transiting through the hallway of a contaminated zone without providing patient care does not require use of PPE if the residents are in their rooms and there is no physical contact with staff wearing PPE.

5.4 CARE EQUIPMENT

- Where possible use single-use equipment for the resident and dispose of it as healthcare waste inside the room.
- Where single use equipment is not possible, use dedicated care equipment in the resident's room or cohort area. This should not be shared with other residents in non COVID-19 areas e.g. lifting devices, commodes, moving aides etc.
- If it is not possible to dedicate pieces of equipment to the resident or cohort area these must be decontaminated immediately after use and before use on any resident following standard cleaning protocols
- There is no need to use disposable plates or cutlery. Crockery and cutlery should be washed in a dishwasher, or by hand using household detergent and hand-hot water after use.



5.5 MANAGEMENT OF BLOOD AND BODY FLUID SPILLAGES

- Should be managed in line with local policy Management of Waste

5.6 MANAGEMENT OF WASTE

- Dispose of all waste from residents with confirmed or suspected COVID-19 as healthcare risk waste (also referred to as clinical risk waste).
- When removing waste, it should be handled as per usual precautions for healthcare risk waste.
- The external surfaces of the bags/containers do not need to be disinfected.
- All those handling waste should wear appropriate PPE and clean their hands after removing PPE.
- Hands-free health-care risk waste bins should be provided in isolation rooms and HSE Health Protection Surveillance Centre www.hpsc.ie.
- If healthcare risk waste service is not available in the facility then all consumable waste items that have been in contact with the individual, including used tissues, should be put in a plastic rubbish bag, tied placed in a second bag and left for 72 hours. This should be put in a secure location prior to collection.
- Waste such as urine or faeces from individuals with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system.

5.7 SAFE MANAGEMENT OF LINEN (laundry)

- All towels, clothing or other laundry used in the direct care of residents with suspected and confirmed COVID-19 should be managed as 'infectious' linen.
- Linen must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment.
- Disposable gloves and an apron should be worn when handling linen.
- All linen should be handled inside the resident room/cohort area. A laundry skip/trolley should be available as close as possible to the point-of-use for linen deposit, for example immediately outside the cohort area/isolation room.
- When handling linen, the staff member should not:
 - rinse, shake or sort linen on removal from beds/trolleys;
 - place used/infectious linen on the floor or any other surfaces (e.g., a bedside locker/table top); or handle used/infectious linen once bagged;
 - overfill laundry receptacles; or to place inappropriate items in the laundry receptacle (e.g., used equipment/needles)



- When managing infectious linen, the staff member should:
 - Place linen directly into a water-soluble/alginate bag and secure;
 - Place the alginate/water-soluble bag into the appropriately-coloured linen bag (as per local policy).
 - Store all used/infectious linen in a designated, safe area pending collection by a laundry service.
 - If there is no laundry service, laundry should be washed using the hottest temperature that the fabric can withstand and standard laundry detergent.
 - Laundry should be dried in a dryer on a hot setting.

5.8 ENVIRONMENTAL HYGIENE

- The care environment should be kept clean and clutter free in so far as is possible bearing in mind this may be the individual's home.
- Individual's observation charts, medication prescription and administration records (drug karees) and healthcare records should not be taken into the room to limit the risk of contamination.

5.9 ROUTINE CLEANING

- Decontamination of equipment and the care environment must be performed using either:
 - A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)); or
 - A general purpose neutral detergent in a solution of warm water, followed by a disinfectant solution of 1,000 ppm av.cl.
 - Only cleaning (detergent) and disinfectant products supplied by employers are to be used. Products must be prepared and used according to the manufacturer's instructions and recommended product "contact times" must be followed
 - Hoovering of carpet floor in an individual's room should be avoided during an outbreak and while the patient is infectious. When the individual is recovered the carpet should be steam cleaned.
 - All shared spaces should be cleaned with detergent and disinfectant.
 - Equipment used in the cleaning/disinfection of the isolation area should be single-use where possible and stored separately to equipment used in other areas of the facility.
 - Household and care staff should be trained in the appropriate use and removal of PPE.
 - In practical terms isolation room cleaning may be undertaken by staff that are also providing care in the isolation room.



5.10 FREQUENCY OF CLEANING

- All surfaces in the individual's room/zone should be cleaned and disinfected twice daily and when contaminated.
- These include bedrails, bedside tables, light switches, remote controllers, commodes, doorknobs, sinks, surfaces and equipment close to the individual e.g. walking frames, sticks. Handrails and table tops in facility communal areas, and nurses station counter tops
- The individual's rooms, cohort areas and clinical rooms must be cleaned and disinfected at least daily & a cleaning schedule should be available to confirm this.

5.11 TERMINAL CLEANING

- The room should be **terminally cleaned** when the ill individuals are moved or discharged this will be coordinated by supervisor / household staff.
- Terminal cleaning should always be performed after the individual has vacated the room and is not expected to return.
- In addition to the routine cleaning protocols, a terminal clean is needed.
- Removal of all detachable objects from a room or cohort area, including laundry and curtains
- Removal of waste
- Cleaning (wiping) of lighting and ventilation components on the ceiling
- Cleaning of the upper surfaces of hard-to-reach fixtures and fittings
- Cleaning of all other sites and surfaces working from higher up to floor level
- A terminal clean checklist is good practice to support cleaning or household staff to effectively complete all environmental cleaning tasks, which should be signed off by the cleaning supervisor before the room reopens for occupancy.

5.12 Crockery and cutlery

- These should be washed in a hot dishwasher or if not available, by hand using hot water and detergent, rinsed in hot water and dried. There is no need to separate the crockery and cutlery for use by ill individuals from that of other residents.

