Infection Prevention and Control

An information booklet for Home Helps and Personal Assistants
About this booklet

This booklet aims to provide Home Helps and Personal Assistants with common sense information on infection prevention and control. Family carers may also find elements of this booklet useful.

The purpose of the booklet is to outline:

- The importance of applying infection prevention and control principles in the home.
- The infection prevention and control practices to provide a safe environment for clients and staff.
- One’s own role in relation to infection prevention.

This booklet is not designed to be a comprehensive infection control guideline. Staff seeking further detailed information should refer to the Guidelines on Infection Prevention and Control in the Health Centre or contact their line manager or Infection Prevention and Control Nurse.

Infection Prevention and Control Nurses in your area:

<table>
<thead>
<tr>
<th>Cork and Kerry Disability Services</th>
<th>086 7872179</th>
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<tbody>
<tr>
<td>Kerry Community Services</td>
<td>086 7871397</td>
</tr>
<tr>
<td>Cork Community Services</td>
<td>087 6299567</td>
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</table>

HSE South Occupational Health Departments in your area:

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<tr>
<th>Kerry</th>
<th>066 7184432</th>
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<tbody>
<tr>
<td>Cork</td>
<td>021 4922018/9</td>
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Policies and Procedures are located at:

Further copies of this booklet are available from the Infection Prevention and Control Nurses.

This booklet has been developed by Community and Disability Infection Prevention and Control in collaboration with the Occupational Health and Environmental Health Departments. The Infection Prevention and Control Nurses would like to acknowledge the following groups for reviewing this booklet: Home Helps, Home Help Coordinators, Disability Service Providers and Public Health Nursing departments.
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Bibliography
Infections are caused by germs such as bacteria, fungi or viruses entering the body. They can be minor and stay in one area, like a boil, or their effects can be felt throughout the body, like flu. Often, infections are easily dealt with, but sometimes they can cause serious problems.

The guidance on infection prevention and control in this booklet is designed to protect you and the clients you are caring for. The approach is based on the possibility that all body fluids can pass on infection and people do not always have signs of infection. Body fluids refer to blood, all secretions and excretions except sweat. The body fluids more commonly encountered when providing client care in the home are urine and faeces.

Examples of how infection can spread in this way are:

- a person may carry salmonella in their faeces without any signs of infection. They may then contaminate food by not washing their hands after using the toilet thus spreading salmonella to others through this food or
- a person may be infected with a blood borne infection e.g. Hepatitis B, that could be transmitted to others by direct contact with their blood e.g. shared use of razors or a needlestick injury.

In order to protect yourself and the clients you care for, infection prevention and control measures called Standard Precautions should be used by:

- All staff for the care of
- All clients
- All the time

regardless of whether you know if the person has or has not got an infection. Standard Precautions are a set of protective measures designed to prevent contact with blood and body fluids of any other person.

The infection control measures or Standard Precautions include the following:

- staff health, hygiene and staff immunisations
- hand hygiene
- sneezing and cough etiquette
- when to wear gloves, aprons and masks/goggles
- cleaning of the home and client care equipment
- care with laundry
- dealing with body fluids safely
- care with needles (sharps)
- dealing with a needle stick injury or blood or body fluid splashes onto eyes or broken skin.
Staff Health and Hygiene

A high level of personal hygiene and appropriate immunisations provides good baseline protection for Healthcare Workers and helps prevent the spread of infection.

Personal Hygiene

- Carrying out hand hygiene regularly while at work will protect you and the clients that you care for from the risk of cross infection. (Refer to the Hand Hygiene section).
- Short sleeves or rolled up sleeves must be worn to ensure that you can carry out hand hygiene correctly.
- Hair should be clean, away from your face and avoid touching it during personal care.
- Wear clean work clothing each day which should be machine washable. Outdoor clothing such as jackets, coats and scarves should be removed while providing client care.
- Enclosed foot wear should be worn to protect from injury e.g. no sandals or flip flops.

Caring for your hands

- Any cuts or scrapes should be covered with a waterproof plaster.
- Finger nails should be short and clean with no gel/false nails or nail polish.
- Any skin problems i.e. dermatitis should be reported to your line manager who will refer you for medical/occupational health advice.
- Protect your hands by using a water based moisturizer.
- Wrist jewellery or rings with stones should not be worn while providing care; a flat band/wedding band is acceptable.

Should you be at work?

Infectious diseases in staff can be readily transmitted to susceptible clients.

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.
Staff Immunisations – Are you covered?

The National Immunisation Advisory Committee recommends specific vaccinations for healthcare workers who have significant client contact.

These are:

**Hepatitis B**
- Get immunized against Hepatitis B infection if you are at risk of contact with blood, body fluids or at risk of needle stick injury.

It is essential that ALL healthcare workers/carers employed (permanent or temporary capacity) by the HSE South are assessed by the Occupational Health Department pre-employment or as soon as possible following commencing employment. Contact your Line Manager/Home Help Co-Ordinator to arrange this service.

**Influenza**
- The flu vaccine is offered to all healthcare staff during the influenza season each year.

**TB skin test**
- This is not an immunisation, but a pre-employment skin test is recommended if you have no evidence of a BCG scar or no documented evidence of having received BCG vaccination.

**Measles/Mumps/Rubella**
- A blood test will be taken to check for immunity for those born before 1978.
  - If non immune, 2 doses of MMR are recommended.
- If born after 1978, evidence of two MMR vaccines will be required.
- If a susceptible healthcare worker is exposed, advice should be sought by your Line Manager from the Occupational Health Department

**Varicella**
- A blood test will be taken to check immunity. If non-immune, vaccination will be offered.
Hands and Hand Hygiene

Healthcare staff hands are the most common way in which infection is transmitted. Keeping your hands clean is one of the best ways to keep from getting sick and spreading illness. Cleaning your hands gets rid of germs you pick up from other people, from the surfaces you touch and from the animals you come in contact with and prevents these germs being spread to others.

Just because hands look clean, we can’t assume that they are clean. To reduce the spread of infection it is important that hand hygiene is carried out at the right time and in the right way.

When do I carry out hand hygiene?

Hand hygiene must be carried out:

- On arrival to the home
- Before any personal care activities such as bed bath, shower, assisting client to get dressed
- Before any clean task such as preparing/handling food, assisting a client to brush their teeth, contact with a urinary catheter or feeding tube even if gloves were worn
- After contact with body fluids such as handling soiled bed linen, emptying commodes/urinals even if gloves were worn
- After any personal care activities as above
- After contact with areas/items in the home likely to be contaminated during household duties e.g. bins or cleaning cloths, toilets, touching pets etc.
- When leaving the home when care is finished
- After personal bodily functions such as blowing your nose or using the toilet
- After smoking

Remember:

to encourage and assist your clients to wash their hands also, particularly after using the bathroom and before they eat.
Before carrying out hand hygiene, ensure to:

- Cover any cuts or grazes with a waterproof plaster.
- Keep your fingernails short, clean, no gel or false nails and free of nail varnish.
- Take off your watch and any jewellery such as bracelets - a flat/wedding ring is acceptable.

How do I wash my hands?

- Wet your hands under warm running water.
- Apply liquid soap into a cupped hand.
- Rub your hands together for at least 15 seconds without adding more water.
- Cover all hand surfaces remembering palms, back of hands, finger tips, between fingers, thumbs and wrists - see Hand Hygiene Technique on page 7 and carry out each step 5 times.
- Remember to wash and rinse under your ring if worn.
- Rinse your hands under running water.
- Dry your hands with good quality paper towels that are soft and absorbent.
- Don’t forget to dry under your ring.

What do I need to carry out hand hygiene?

If liquid soap and kitchen paper towels are available in the home, these can be used for handwashing. If they are not available, discuss with your line manager or the nurse coordinating the clients care for supplies. Bar soap is not recommended.

Alcohol hand rubs are sometimes recommended for use in homes. There are only effective if hands look clean. They are also not effective against all germs for example, clients with Norovirus (the vomiting bug) or with Clostridium difficile diarrhoea. If alcohol hand rubs are recommended for client care, the need for supplies must be discussed with either your line manager or the nurse coordinating the clients care. Only alcohol hand rubs approved through Infection Control are to be used in a clients home.
Using alcohol hand rub

• If your hands look clean, use an alcohol based hand rub where supplied.
• Apply a sufficient amount of rub to cover hands using the 6 step technique as shown on page 7.
• Ensure all areas of the hands are covered - minimum of 20 to 30 secs. You only need to carry out each step once.
• Rub the alcohol hand rub into your hands until completely dry before carrying out another task – do not use paper towels.
• **Do not** use alcohol hand rub if your hands are dirty.
• **Do not** use alcohol hand rub when caring for a client who has diarrhoea.
• Alcohol hand rubs should not be used after washing your hands.

If alcohol hand rubs are recommended for the care of your client remember:

• Do not place alcohol hand rub dispensers adjacent to electrical fittings or direct heat e.g. near lamps or heaters.
• Do not store alcohol hand rub near sources of high temperatures and flames as alcohol is flammable.

Top tips to take care of your hands:

• Moisturise your hands regularly to protect the skin from the drying effects of regular handwashing.
• Use warm water and pat hands dry, this minimises chapping.
• Cover any cuts or scrapes with a waterproof plaster/band aid and change as necessary.
• Nailbrushes are not recommended as germs multiply on wet nailbrushes and nail brushes can also graze your skin.
• If you have skin conditions on your hands e.g. weeping dermatitis - seek advice from your line manager who will refer you for medical/occupational health advice. Direct client care is not advisable if you have such skin conditions.
Hand Hygiene Technique

When washing your hands:
• Wet hands thoroughly under running water
• Apply soap, covering all areas of the hands, working up a lather.

Then:

1. Rub palm to palm
2. Rub backs of both hands
3. Rub palm to palm with fingers interlaced
4. Rub backs of fingers (interlocked)
5. Rub both thumbs
6. Rub both palms with fingertips and rub each wrist

• Rinse hands under running water and dry thoroughly

This handwashing technique is based on procedure described by G.A.J. Ayliffe et al. J. Clin. Path. 1978, 31:923
We gratefully acknowledge ICI Pharmaceuticals UK for providing guide drawings. © H.G. Wallace Ltd. 1991
Sneezing and cough etiquette

Avoid sneezing or coughing onto your hands.
- Always carry disposable tissues.
- If coughing or sneezing, turn away from others.
- Cover your nose and mouth with clean tissues.
- Dispose of used tissues into a bin immediately.
- Wash your hands thoroughly with soap and water.

Remember:
Encourage or assist your client to also carry out these simple actions.

Gloves

Gloves reduce significantly the risk of contact with body fluids but do not eliminate this risk completely. Therefore, hand hygiene must be carried out after removing gloves.

Disposable, single use, non-powdered, latex gloves will be supplied if there is a risk of contact with blood or body fluids in the course of your work.

When should I wear gloves?

Disposable, single use, latex gloves should be worn for:
- all activities that have a risk of contact with blood or body fluids,
- direct contact with broken skin e.g. a wound or a rash,
- direct contact with eyes, inside the nose and mouth,
- for handling equipment likely to be soiled with blood or body fluids e.g. emptying commodes.

Remove your gloves immediately after the task you needed to wear the gloves for, discard and carry out hand hygiene.

Gloves can carry germs from one client to another or from one part of the body to another, so gloves must be:
- changed between clients and
- as needed between different care episodes for the same client. For example, attending to the hygiene of a client, who has been incontinent and then needs assistance with eyecare; gloves must be removed.
and hand hygiene carried out between these two care episodes. Gloves can have small holes or can leak or tear so you must always clean your hands after you remove your gloves.

When are gloves not needed?

Gloves are not needed when there is no possible risk of exposure to blood or body fluids or to broken skin, for example:

- assisting a client to wash
- dressing a client
- removing/changing bed linen or moving client equipment which is not soiled.

How do I remove my gloves safely?

Remember: The outside of your gloves is contaminated, so remove carefully as follows:

1. Grasp the outside edge near your wrist with the opposite gloved hand: peel off the glove turning it inside-out. Hold it in opposite gloved hand.
2. Slide your ungloved fingers under the remaining glove at your other wrist.
3. Peel off the glove from inside over the first glove, creating a bag for both gloves. Discard.

What type of gloves should I use?

The most suitable glove type and size should be selected for the task to be carried out. Disposable, single use, non-powdered latex gloves are the recommended glove to be worn if there is a risk of contact with blood or body fluids, broken skin or mucous membranes. Ensure the glove size is correct for you.

If you or your client has a known allergy/sensitivity to rubber or latex, nitrile gloves are recommended. If you experience a skin reaction using gloves, please inform your line manager who will seek medical/occupational health advice/appointment.

Reusable, household gloves should be worn for routine home cleaning. These reusable gloves should be for your use only. Different gloves should be used for the bathroom and kitchen cleaning tasks. Household gloves should be washed after use.

Gloves should not be taken from one house to another.
When do I wear aprons?

You should be given a supply of disposable plastic aprons if there is a risk of blood or body fluids splashing onto your clothes. Aprons are single use, should be discarded immediately after the activity and hands washed.

Remove apron by breaking the neck ties first, then break the back ties and roll up the apron touching the inside only, discard and wash hands before any other activity.

**Remember:**
If wearing gloves and aprons, remove the gloves first, then the apron and remember to wash your hands.

How to safely use gloves and aprons:

- Keep your hands away from your face
- Limit the surfaces and items you touch
- Remove your gloves when torn or heavily contaminated
- Always wash your hands after removing gloves

When would I wear face masks or eye protection?

Face masks and eye protection are only necessary when splashing of blood or body fluids to your face or eyes is anticipated.

Face masks are not routinely needed and will be made available if required e.g. pandemic flu and some cases of TB.
Routine cleaning in the home

Cleaning and disinfecting are not the same thing.
Cleaning removes dirt from surfaces where germs thrive whereas disinfecting destroys most but not all germs.
Cleaning with detergent and warm water to remove dirt and reduce the number of the germs to a safe level is generally enough.
Cleaning must be carried out prior to disinfection if disinfection is required.

What is needed for cleaning?

• A general purpose detergent e.g. washing up liquid is suitable for cleaning most surfaces.

• A floor cleaner e.g. “Flash All Purpose” or a similar type product is suitable for floor cleaning.

Clean cloths and mops:
• Wash and dry mops/cloths after use preferably in the washing machine and never leave mops or cloths soaking in water overnight.
• Use separate cloths for kitchens and toilets/bathrooms cleaning.
• Use disposable cloths/paper towels for spills.

• Reusable household gloves should be worn for routine household duties and should be for your use only.
Always wash your household gloves and your hands after use.
What is needed for disinfecting?

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 may then be disinfected using a low concentration of household bleach. This can be achieved by using, for example

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

If disinfection of client care equipment is required, refer to manufacturers instructions of the item or seek advice from the nurse co-ordinating the clients care.

Remember:

- Bleach is corrosive and may also damage furnishings and fabrics and should not be used on carpets or wooden floors.
- Always wear your rubber gloves when handling disinfectants to avoid contact with your skin.
- Use with caution and always read the manufacturers instructions on dilution. Do not guess.
- Do not mix disinfectants with hot water.
- Do not mix disinfectants with other products as it can emit fumes that can be irritating to your eyes or lungs.
- It is safer to add chlorine to water rather than water to chlorine.
- If disinfection is required, you must always clean first.

When handling used equipment that is soiled with blood or body fluids, wear gloves and a disposable plastic apron if splashing to clothes is likely.
### Client equipment

Reusable items used during client care in the home are to be cleaned with detergent and warm water and thoroughly dried.

- 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, bedframes, lifting aids etc.

- When new items of equipment are introduced, read the cleaning and if needed the disinfection instructions.

- Damaged equipment e.g. a mattress cover that is torn or a pressure relieving cushion where the foam is exposed, commodes that are rusted, needs to be reported for replacement.

If a client no longer requires equipment e.g. a client has been admitted for long term care or the equipment needs repair, all such items must be cleaned and dried before returning to the HSE Community Stores.

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### Some top tips for cleaning!

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<tr>
<td>1. Work from clean to dirty</td>
<td>Start cleaning in the cleanest area and finish in the dirtier areas e.g. when cleaning the bathroom, leave the toilet until last. This helps to prevent cross infection as it stops contamination of clean areas from dirty areas.</td>
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<tr>
<td>2. Work from high to low</td>
<td>This helps to prevent cross contamination as above.</td>
</tr>
<tr>
<td>3. Leave all surfaces clean and dry</td>
<td>It is important to leave cleaned surfaces as dry as possible. This prevents mould and bacterial growth, and helps prevents accidents.</td>
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<tr>
<td>4. Change cleaning solutions and cloths often</td>
<td>One of the main causes of contamination is the use of one cloth and basin for all cleaning. Change your cleaning solution/cloth once it looks dirty so that you are removing dust and dirt and are not just moving it from one area to another.</td>
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<tr>
<td>5. Wash your hands often</td>
<td>Dirty hands and dirty gloves soil clean surfaces. Wash your reusable household gloves and wash your hands.</td>
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Washing clothes at home

The risk of infection to you from a clients clothing is minimal once it is handled in a safe manner and washed properly.

How should I handle laundry in a clients’ home?

- Handle any laundry soiled with blood or body fluids with rubber gloves (your bathroom rubber gloves) and avoid touching it to your clothes or skin.
- Bring the laundry basket to the bedside to reduce handling – laundry should not be shaken or placed on the floor or on any clean surface.
- Laundry soiled with, for example, faeces should be dealt by
  - removing any solid faeces with disposable gloved hands and toilet tissue and
  - placing this into a commode or flushing it down the toilet.
- Body fluids such as blood, faeces or vomit should not be removed by spraying/rinsing under running water.
- If clothes/ or linen are heavily soiled e.g with blood, consider disposal of the item but please discuss this with the client.
- Always wash your household gloves and your hands after handling used/soiled laundry.

How should laundry be washed?

- Do not overload the washing machine as this will not wash the clothes as well.
- In a client’s home, washing machines and driers are often in the kitchen. In this situation, be conscious of the tasks being undertaken i.e. sorting laundry and preparing food should not be carried out at the same time. Ensure that hands are always washed after handling laundry and before preparing food.
- Check the washing instructions on the clothing label.
- Used laundry and soiled laundry should not be washed together.
- If laundry is soiled with body fluids, remove as outlined previously and place directly into the washing machine. Rinse using a cold pre-rinse cycle and then wash with detergent using the hottest wash tolerated for that clothing.
- Dry laundry as soon as possible after washing. Do not leave laundry soaking in water or in the washing machine overnight.
- Tumble drying or hanging the clothing or linen on a clothes line are suitable methods of drying.
- Laundry should never be taken to your own home for washing or drying.
How do I manage a blood or body fluid spill?

If the environment is contaminated with body fluids there can be a risk of infection spreading to others, therefore all spills should be cleaned up as soon as possible.

• Put on gloves, a disposable plastic apron may be needed if splashing to clothes is likely.
• Cover the spill with paper towels/kitchen roll to soak up the spill.
• Carefully remove and dispose of paper towels directly into a plastic bag.
• Clean the spill area using a neutral detergent e.g. Fairy Liquid or for floors, a floor cleaner, warm water and a disposable cloth
• Then disinfect the area, using a low concentration of household bleach. This can be achieved by using, for example
  ▪ Milton Sterilising Fluid (2%) - 50 mls (generally 2 capfuls) mixed with 1 litre of water
  ▪ Household bleach e.g. Domestos (4%)
    - 25 mls (generally a capful) mixed with 1 litre of water.
• Place all used gloves, apron and disposable cloths into the plastic bag, securely close and place directly into the general waste.
• Wash hands.

Note:
• Disinfectants should not be used directly on a urine spill.
• Please refer to “What is needed for disinfecting” (page 12) for more detail.
How do I manage sharps?

Sharps (e.g. used needles) are any sharp objects that have been used by a client and may be contaminated with their blood or body fluids. These sharps may then puncture your skin which may expose you to the clients blood or body fluids.

In the home setting, the most likely sharps that you may come across are used needles from the client e.g. a diabetic who checks their blood sugar or takes insulin.

As a Home Help, you will not have any personal responsibility for using needles / syringes in the course of your work; nonetheless the following points should be noted for the safe use and disposal of sharps.

Sharps must be carefully placed in a designated sharps container by the person using the sharps.

Used sharps must:
- Be immediately placed into a sharps container after use.
- Not be handed from one person to another.
- Not be recapped or be removed from the syringe
- Not be left lying around on beds, lockers etc.

Sharps containers should be:
- stored safely i.e. out of reach of children
- closed to the temporary closure in between use
- closed and locked when ¾ longer needed.

All clients who use needles should be disposing of them in a sharps container. Sharps should not be burnt or disposed of in the domestic waste. If your client is, or starts using needles and does not have a sharps container, please inform/discuss with the nurse coordinating the clients care or the Home Help Coordinator/Line Manager.

Closed sharps containers must be disposed of properly

Directions on the disposal of sharps bins will be provided to the family so that the bins are disposed of safely as follows:
- The label on the container must be completed to identify the source i.e. the patients name and the date the bin was assembled and closed and signed.
- The family may return the sharps containers to the Health Centre, clinic where the client is attending or to the clients General Practice (GP) where it will be replaced with a new container. Please note that the GP is not obliged to accept sharps bins.
How would I manage a needle stick injury or a splash of body fluids onto my eyes or broken skin?

A needle stick injury occurs when a needle that a client has used then pricks you.

A human scratch or bite where skin is broken and causing bleeding is another example. These incidents provide an opportunity for the clients’ blood to enter your blood and the possibility to transmit blood borne viruses e.g. Hepatitis B, Hepatitis C and HIV if the client was infected.

All these incidents need to be treated immediately as follows:

- If a **needle stick injury**, encourage the area to bleed under cold running water. Do not suck the wound or use a nail brush.
- If **splashes to broken skin** immediately wash the area/injury with soap and cold water. The wound should be covered.
- **Eye splashes** should be rinsed well with cold water.
- **Splashes to the mouth** should be washed out with cold water.
- **Human bites** should be encouraged to bleed by gently squeezing and washed thoroughly with soap and cold water.
- Report exposure to your line manager immediately who will refer you for follow-up medical/occupational health care.
- A report form should be completed with your line manager and you then bring this form with you for medical assessment. In the HSE South, this form is called the “Blood and Body Fluid Exposure” report form.
- HSE staff should always contact the Occupational Health Department for routine follow-up. The Occupational Health Department can be contacted for advice and follow up during weekdays from 8.30am to 5pm. If an exposure occurs at weekends, please attend your local Hospital Emergency Department (A&E).
- The type of follow up will depend on the degree of risk of the exposure and may include blood tests and drugs that would provide protection from developing an infection and/or counseling.

Remember:

1. Bleed
2. Wash
3. Report
Bacteria and viruses in food can cause food poisoning even though the food smells and tastes delicious. The following are advised to prevent food poisoning:

- Only buy food from deli counters and butchers where the raw and cooked food are kept separate and served with separate utensils.
- Check the use by dates on perishable foods.
- Buy chilled and frozen foods towards the end of shopping. Do not keep for long periods in a warm car: if this is unavoidable use a cool box / bag.
- Keep hot food very hot (over 63°C) and cold food very cold (below 5°C).
- Cook and reheat meat dishes, soups, gravies and stews to very high temperatures (above 74°C is safe). To be sure: use a thermometer inserted into the deepest point of the food.
- Wash hands frequently and before preparing food, after handling raw meats, unwashed vegetables, coughing, sneezing or smoking, use of the toilet, cleaning jobs, changing nappies, or handling pets or rubbish.
- Clean as you go. Clean and disinfect surfaces that come into contact with food, including spillages. Use disposable cloths/paper towels where possible. Cloths and tea towels should be machine washed at end of the day. Wash hands after cleaning.
- Keep raw meat separate from cooked or ready to eat foods in fridge, shopping bags, worktops etc. Never store raw food above ready to eat food. Keep foods covered while in the fridge.
- Never wash raw chicken / turkey under kitchen tap as splashes can transfer germs around the sink area which may cause illness. Wash sink area with warm soapy water after preparing fowl.
How do I manage pets?

Pets are associated with increased levels of germs in the home and of particular risk in a kitchen where food is prepared. Sensible precautions can reduce any infection risk to an acceptable level.

- Hands should be washed following any contact with animals, their bedding or litter.
- Pets are best housed and fed elsewhere than in the kitchen and their dishes and utensils should be washed separately from other household articles.
- Avoid cleaning pet cages and tanks in the kitchen sink.
- Once opened, pet food containers should be kept separate from food for human consumption.
- Food not consumed in one hour should be taken away or covered to prevent attracting pests.
- For cleaning up for any animal excrement, clean and disinfect as per blood/body fluid spills.
- Never deal with a cat’s litter box if you are pregnant.

When should I contact my Line Manager?

It’s important to tell your Line Manager / Home Help / Personal Assistant Co-Ordinator or the nurse coordinating the patient/client care if:

- You think the client may need more or different medical or nursing help.
- There is a change in circumstances – for example, if the clients medical/nursing/personal care needs change.
- Discuss any situation that arises that causes you to be concerned for whatever reason, with your line manager.
Test your infection prevention and control knowledge by answering the following questions:

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
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</thead>
<tbody>
<tr>
<td>1. Your personal health and hygiene are important in helping prevent infection</td>
<td></td>
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<tr>
<td>2. Good hand hygiene is one of the main ways of preventing infections from spreading</td>
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<tr>
<td>3. The only time you need to wash your hands is before eating and drinking</td>
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<tr>
<td>4. You always need to wash your hands after removing gloves</td>
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<tr>
<td>5. Gloves are not always needed when assisting a client with personal hygiene</td>
<td></td>
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<td>6. Gloves may need to be changed between different care activities for the same client</td>
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<tr>
<td>7. It is ok to use alcohol hand rub if caring for a client who has diarrhoea</td>
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<td>8. Nail varnish or artificial nails can be worn at work</td>
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<td>9. Any cut or graze should be covered with a waterproof plaster</td>
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<tr>
<td>10. Disinfectants are not necessary for general home hygiene</td>
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</tbody>
</table>

I have read the “Infection Prevention and Control Information Booklet for Home Helps and Personal Assistants”

Your name in CAPITALS: ...............................................................................................................................................................  

Your signature: ..............................................................................................................................................................................  Date: ..........................................................

Useful websites

www.hse.ie  Health Service Executive
www.hpsc.ie  The Health Protection Surveillance Centre

Bibliography

Grampians Region Infection Control Group Environmental Services -A Little Yellow Infection Control Book


HSE South (Cork and Kerry)

Community and Disability Infection Prevention and Control Nurses, Cork and Kerry
April 2011