Guidelines on Infection Prevention and Control for Cork Kerry Community Healthcare

03: Standard Precautions

This guidance document has been adopted as the policy document by:

Organisation: ..........................................................
Signed: ..................................................................
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STANDARD PRECAUTIONS

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Developed by Patricia Coughlan, Liz Forde, Niamh McDonnell, Helena Sheahan-
Infection Prevention and Control Nurses

In conjunction with Occupational Health Department

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Responsibility for review Infection Prevention and Control Nurses
Introduction

Standard Precautions are a group of routine work practices required for a basic level of infection prevention and control. Standard Precautions have been designed to reduce the risk of cross infection from both recognized and unrecognized sources of infection. 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 worker (HCW) is minimized (Siegel et al, 2007).

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 visible blood
- non-intact skin and
- mucous membranes

Standard Precautions should be applied as standard principles by

- ALL healthcare practitioners for the care of
- ALL residents and patients
- ALL the time

It is recommended that all healthcare workers (HCW) 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, clinical handwashing facilities, liquid soap, paper towels, emollient hand creams, protective clothing, and sharps containers.
1. **Occupational Health Programme**

All healthcare workers should be assessed by an Occupational Health Doctor or Nurse prior to commencing work. An overview of the Occupational Health Programme in the context of infection prevention and control is given in Section 1.0 Organisation and Management (Appendix 3.0 Introduction to the Occupational Health Service).

2. **Hand Hygiene**

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

The term “Hand Hygiene” refers to hand decontamination with either:

1. Alcohol based products (gels, foams or rubs) that do not require the use of water.
2. Plain liquid soap and water.

2.1. **Preparation for Hand Hygiene**

Skin that is intact (no cuts or abrasions) is a natural defence against infection. 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.

Prior to carrying out hand hygiene:

- All cuts and abrasions must be covered with a waterproof dressing and changed as necessary. Waterproof dressings must be available.
- 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.
- Nail brushes are not recommended.
- Bare the wrists for example shirts and uniforms should have short or turned up sleeves. Cardigans are not permitted during direct care.

2.2. **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.
### My Five Moments for Hand hygiene in Healthcare settings (WHO, 2009)

#### Definitions

| Patient Zone | The patient zone is defined as including the patient and some surfaces/items in his/her surroundings that are temporarily and exclusively dedicated to him/her i.e. all items touched directly or indirectly by the patient or touched by the HCW while delivering care. This area becomes contaminated by the patients’ own microbiological flora. |
| Healthcare zone | All surfaces outside of the patients’ zone including other patients, their zones and the wider healthcare environment. It is expected to be contaminated by a wide variety of microorganisms including multi drug resistant organisms. |

**Performance of Hand Hygiene between these two geographically distinct areas helps prevent the transmission of microorganisms.**

| Critical sites | Sites within the patient zone which are associated with a higher risk of infection for the patient for example medical devices i.e. handling a urinary catheter or risk of exposure to body fluids for the health care worker i.e. handling incontinence wear. |
| Point of care | Exactly where the care takes place and is defined as the place where the three elements come together; the patient, the HCW and the care or treatment involving the patient. |


#### Definitions & Key differences

| Patient Zone | Where residents are semi independent and live in a community they will have shared living space or rooms and will move about within the facility. Therefore there is no distinct difference between the patient and healthcare zone. The patient zone will only apply where the resident is cared for exclusively in a dedicated space with dedicated equipment e.g. bedside. In the home setting the patient and their home is considered the patient zone. In outpatient setting the patient him/herself is considered the patient zone as the space and equipment used is not exclusively dedicated to the patient for any prolonged period. |
| Healthcare zone | In home care what the HCW brings into the home is considered the healthcare zone e.g. nurses bag. In residential the healthcare zone only applies where the resident is cared for exclusively in a dedicated space with dedicated equipment e.g. at the bedside. |
| Critical sites | Sites within the patient zone which are associated with a higher risk of infection for the patient for example medical devices i.e. handling a urinary catheter or risk of exposure to body fluids for the health care worker i.e. handling incontinence wear. |
| Point of care | Exactly where the care action takes place and is defined as the place where three elements come together; the patient, the HCW and the care or treatment involving the patient. |
### MOMENTS FOR HAND HYGIENE IN LONG TERM CARE FACILITIES

<table>
<thead>
<tr>
<th>4 Moments for Hand Hygiene</th>
<th>5 Moments for Hand Hygiene</th>
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<tr>
<td>1. Before touching a resident</td>
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<td>2. Before clean/aseptic procedures</td>
<td>2. Before clean/aseptic procedures</td>
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<td>3. After contact with body fluids</td>
<td>3. After contact with body fluids</td>
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<td>4. After touching a resident</td>
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**In Long Term Care Facilities:**
- Where residents are mainly cared for in a dedicated space with dedicated equipment the 5 Moments for Hand Hygiene apply.
- Where residents are semi autonomous, they may have their own room or shared accommodation but also move within the facility, the 4 Moments for Hand Hygiene apply where healthcare is delivered e.g. blood glucose monitoring.
- The concept of 4 or 5 moments for Hand Hygiene do not relate to any social contacts with or among LTCF residents unrelated to healthcare delivery i.e. shaking hands.
My Moments for Hand Hygiene in Outpatient Settings

In outpatient settings where the space and equipment used is not exclusively dedicated to the patient for any prolonged period, the patient him/herself is considered the patient zone and 4 moments for Hand Hygiene apply e.g. vaccination clinic.

In outpatient settings ‘Moment 5 - After touching the Patient’s Surroundings’ applies, where the patient is in a dedicated space with dedicated equipment and for a period amount of time e.g. dental care settings, wound care clinics. In these examples the surfaces and items in the patients surroundings will become contaminated with the patient’s own microbiological flora and therefore require decontamination once the patient has left.

Vaccination Clinics

Moments for Hand Hygiene in Clinics
4 Moments
1. Before touching a patient
2. Before clean/aseptic Procedures
3. After contact with body fluids
4. After touching a patient

Dental Clinics

Moments for Hand hygiene
5 Moments
1. Before touching a patient
2. Before clean/aseptic Procedures
3. After contact with body fluids
4. After touching a patient
5. After touching the patients surroundings

WHO Moments for Hand Hygiene posters are available at http://www.hse.ie/eng/about/Who/healthwellbeing/Infectcont/Sth/resources/Hand_Hygiene.html
Hand hygiene is also indicated in other situations e.g.:

- When hands are visibly contaminated with dirt, soil or organic material
- Before and after each work shift or work break
- Before putting on and after removing protective clothing
- After using the toilet, nose blowing, covering a sneeze, or whenever hands become visibly soiled
- Before eating, drinking or preparing food for oneself or a client
- Before preparing medication
- After handling raw food and before handling cooked or ready to eat food
- After cleaning duties
- After handling waste food or waste bins
- On entering and before leaving clinical areas.

2.3 Hand Hygiene Products

**Alcohol Hand Rub (AHR) products** – are the preferred method for hand hygiene in all clinical areas, this includes both routine and antiseptic hand hygiene. AHR are preferred because

- of their superior microbiocidal activity,
- reduced drying of the skin,
- their acceptability 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 AHR products should be readily available at the point of care.

Alcohol based hand rub products used in healthcare settings should conform to the national specification for alcohol based products. (HPSC 2014) [http://www.hpsc.ie/A-Z/Gastroenteric/Handwashing/Publications/File,14574,en.pdf](http://www.hpsc.ie/A-Z/Gastroenteric/Handwashing/Publications/File,14574,en.pdf)

**Note:** The use of alcohol based hand rubs have introduced a risk of fire and poisoning however the benefits outweigh the risk provided adequate control measures are put in place. Please refer to Technical Services Department HSE (Cork & Kerry) Fire & Safety Note on Alcohol Based Hand –Rub. HN12.2. Circulated September 2009.

A local risk assessment to determine safety issues regarding placement of AHR dispensers should be carried out.

**Liquid soap** is used for routine hand washing and is acceptable for general social contact in healthcare settings.

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

- 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. This is regardless of whether or not gloves have been worn and is for the following reasons
- There is conflicting evidence and guidance regarding the efficacy of hand hygiene products on Norovirus.

Disposable cartridge type refills in closed wall mounted units with an integral nozzle are recommended in healthcare settings.

2.4 How to perform hand hygiene

Hand hygiene using alcohol hand rub products – appendix 3.1

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

Note: Do not routinely wash hands with soap and water before or after using an AHR product.

Handwashing using soap and water – appendix 3.2

1. Wet hands under warm running water up to the wrists, avoid using hot water.
2. 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.
3. Do not place hands under running water whilst lathering soap.
4. Rinse hands thoroughly under running water.
5. Do not use clean hands to turn off taps. If taps are not hands free use paper towel to turn off taps.
6. Dry thoroughly with a paper towel patting your hands, taking special care between the fingers.
7. Discard towels into hands free non risk waste bin.

Refer to the Hand Hygiene for Staff HSE South (Long term care and Community Services) in Appendix 3.3.

2.5 Hand Hygiene Facilities

Alcohol hand rub
- AHR should be available at the point of care in all healthcare settings either through dispensers which can be attached to the bed, wall, medicine trolleys or equipment and/or in small bottles carried by staff.
- Disposable single use cartridges or containers must be used.
Clinical handwashing facilities should
• be dedicated to hand washing only and alternative sinks and disposal units are available for other purposes such as cleaning equipment and disposal of contents of residents’ wash bowls.
• have wall mounted liquid soap in disposable single use cartridges or containers, placed above the sink.
• have good quality paper towels in wall mounted dispensers placed above the sink.
• have a hands free non risk waste bin adjacent.

Clinical Hand Hygiene Facilities in healthcare settings should comply with HBN 00-10 Part C Sanitary Assemblies, contact your local IPCN for advice.

Electric hand driers are not recommended for clinical areas.

The use of nail brushes, cloth towels or bar soap is not recommended for staff hand hygiene.

2.6 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 episode of care,
• the available resources and
• what is practically possible.

In order 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, AHR should be made available and may be carried by the HCW.
• 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 towel may be used for hand drying. Where kitchen towels are not available healthcare workers may be provided with paper towels to use in the client's home.
• When liquid soap is not available, the healthcare worker may be provided with a supply of liquid soap and hand towels.

2.7 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 available in all clinical care areas.
• Emollient hand creams should be provided in wall mounted or pump dispenser. Disposable single use cartridges or containers should be used.
• 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.

Please refer to Appendix 3.4 “Hand Care for Healthcare Staff” available from HSE South Occupational Health Department.

2.8 Hand Hygiene for Residents/Patients

Residents/Patients should be
  • Provided with information about the need for hand hygiene and how to keep their hands clean.
  • Offered the opportunity to clean their hands before meals, after using the toilet, commode, bedpan/urinal and at other times as appropriate.
  • HCWs should assist those residents unable to perform hand hygiene independently.
  • Appropriate hand hygiene could be carried out using patient wipes, soap and water or alcohol hand rub.

Please refer to the leaflet Hand Hygiene for Residents and Visitors (Long term care and Community Services) appendix 3.5

3. Personal Protective Equipment (PPE)

Healthcare workers should wear protective clothing when there is a risk of contact with blood, body fluids, secretions and excretions (with the exception of sweat). HCW 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.

Refer to Appendix 3.6 Donning and Removal of PPE

3.1 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.

Gloves should not be worn where there is no risk of exposure to blood, body fluids, secretions or excretions for example
• assisting a resident to mobilise, dress or wash and
• for administrative tasks such as writing in case notes or using computer keyboard.

See Appendix 3.7 Glove Usage Pyramid

**For the prevention of infection:**

• Gloves must be
  o single use and well fitting.
  o put on immediately before an episode of care or treatment.
  o removed as soon as the episode of care or treatment is completed.
  o discarded as per waste segregation policy.
  o changed between caring for different residents/patients.

• 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 or aseptic procedure.
• Perform hand hygiene after removing gloves.
• Wear sterile gloves if contact with sterile body sites is anticipated.

**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.

**3.2 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.
3.3 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.

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.

Protective Eye Wear or Face Shields
- 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.

3.5 Footwear
Healthcare workers should wear enclosed footwear that can protect them from injuries with sharp objects if sharps are accidentally dropped.

3.6 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 and
When wearing PPE use safe work practices to protect yourself and limit the spread of contamination
- Keep hands away from face
- Limit surfaces and items touched
- Change gloves when torn or heavily contaminated
- Always perform 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

Refer to Appendix 3.6 Donning and Removal of PPE

**3.6 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.

**4. Respiratory Hygiene and Cough Etiquette**

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

Healthcare facilities should ensure the availability of materials for adhering to respiratory hygiene for residents/clients and visitors.
- Post signs on Respiratory Hygiene and Cough Etiquette.
- Provide disposable tissues and hands free bin.
- If a sink is not available, provide conveniently located dispensers of alcohol-based hand rub to facilitate hand hygiene.
- Post signs at entrance to alert the public not to visit healthcare settings if they have signs of respiratory infections.

Refer to Appendix 3.8 Respiratory Hygiene and Cough Etiquette.

During periods of increased prevalence of respiratory illness such as influenza heightened awareness of respiratory hygiene should be encouraged.
5.0 Safe Use and Disposal of Sharps

Strategies to eliminate or reduce the risk of sharps injuries are recommended and include:

- The use of sharps safety devices if a risk assessment has indicated that they will provide safer systems of work practices for HCW, carers and clients. (HSE, 2016). Sharps safety devices include needleless devices and retractable devices.
- Where safety devices are introduced they must be accompanied by appropriate training and education for the users.
- Use of safer practices to minimise risk during handling, transporting and disposal.


5.1 Safe Use of Sharps

Everyone is personally responsible for the safe use of their own sharps.

Before beginning a procedure

- Organise equipment including a sharps container for immediate disposal at the point of use e.g. use a tray with integral sharps bin.
- Visually inspect the sharps container for overfilling and replace if overfull.
- Make sure work space has adequate lighting.
- Assess the residents/patients’ ability to cooperate and seek assistance if needed.
- Ask the patient to avoid any sudden movement.
- Prepare to use the device the moment the sharps are first exposed.

During a procedure

- Keep the exposed sharps in view during use.
- Be aware of people around you.
- Stay focused on your task and stop if you feel rushed or distracted.
- Needles should not be recapped.
- Needles must not be bent, broken or removed from the syringe after use.
- Sharps must not be passed from hand to hand and handling should be kept to a minimum.
- Activate safety features of devices as soon as the procedure is completed.
- Always ensure that the safety feature has been successfully activated by observing audible or visual cues that confirm the feature is locked in place.

5.2 Safe disposal of sharps

Everyone is personally responsible for the safe disposal of their own sharps.

- Discard needles and syringes as a single unit immediately at the point of use into an approved sharps bin.

- While disposing:
• Inspect container.
• Keep hands behind the sharps.
• Never put hands or fingers into a sharps container.

• If you are disposing of sharps with attached tubing:
  • Be aware that the tubing can recoil and may lead to injury.
  • Be sure to maintain control of the tubing as well as the needle when disposing of the device.

After the procedure:
• Focus on the sharps until it is safely and correctly disposed of in the sharps bin.
• Use temporary closure on sharps bin when transporting a bin.
• Visually inspect the sharps container for overfilling and replace before they become overfull.
• Keep filled containers for disposal in a secure area.
• Sharps tray should be emptied and decontaminated after each procedure.

5.3 Sharps containers

Sharps containers:
• must be assembled correctly and signed for by the person doing so. Identify date and location.
• should be located in a safe position that avoids spillages and at a height that enables safe disposal of sharps i.e. that the opening is visible to the user.
• should be away from public areas and out of reach of patient/clients, visitors and children e.g. wall or trolley mounted.
• should be temporarily closed when not in use i.e. when taking a sharps bin to and from the place of use.
• must be closed and locked when the fill line is reached.
• must be disposed of in an approved manner.
• should be disposed of every three months even if not full.

Ensure the opening of the sharps bin is wide enough to accommodate the safe disposal of the sharps in use.
Sharps trays with integral sharps bins are recommended for carrying sharps to and from the place of use.

6 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.
• Spills should be removed before the area is decontaminated.
• Adding liquids to spills increases the size of the spill and should be avoided.
• The scientific evidence to support the use of a chlorine releasing agents to inactivate viruses in a blood spillage is inconclusive as its' effectiveness where there is a large bio-burden has not been fully established (CDC, 2003). The evidence supports the need to remove most organic material from a large spill before final disinfection of a surface.
• Chlorine releasing agents
  o should be used as per manufacturer’s instructions
  o should not be placed directly on spillages of urine or vomitus.
  o are not suitable for use on soft furnishings.
• 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. Sprinkle with a chlorine releasing agent e.g. chlorine granules (e.g. Klorosept, Presept) and leave for 2-3 minutes according to manufacturers instructions
   or
   Cover with disposable paper towels.
3. Remove the sodden material and dispose as per waste segregation policy.
4. Clean area with detergent and warm water.
5. Disinfect using a chlorine releasing solution of 1,000ppm or equivalent according to manufacturers’ instructions, rinse and dry.
6. Dispose of protective clothing as per waste segregation policy.
7. 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. Following spillages of faeces or vomit then disinfect using a chlorine releasing solution of 1,000ppm or equivalent according to manufacturers’ instructions, rinse and dry.
6. Dispose of protective clothing as per waste segregation policy.
7. Perform hand hygiene.

7. Management of Blood and Body Fluid Exposures

Such exposures 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, nares 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.
• The wound should be covered with a waterproof dressing. Skin, eyes or mouth should be washed out immediately with copious amounts of water.

Reporting the exposure
• The incident should be reported immediately to the person in charge of the ward or department where exposure occurred. A “Blood/body fluid exposure report” form and an incident report form must be completed by the ward/department manager.

Follow up treatment
• Using the ‘Blood Body Fluid Exposure Report’ the situation will be assessed and arrangements made for blood samples to be taken from the source patient if known. Consent needs to be requested from the source whose blood was involved in the incident and arrangements made for their blood samples to be taken.
• The person who was exposed will be referred by the manager to either his/ her general practitioner or attend a hospital Emergency Department immediately. Again using the ‘Blood Body Fluid Exposure Report’ the exposure will be assessed and blood samples will be taken and the person exposed will be treated based on the assessment.
• All blood samples taken should be sent immediately to the Microbiology laboratory and the form marked ‘Urgent, Inoculation injury’. The laboratory should be fully informed.
• Monitoring of sharps injuries, and investigation of the mechanism of injury should be carried out by the line manager in conjunction with Occupational Health/Infection Prevention and Control/Quality and Patient Safety in order to improve practice.
• When staff attend the Emergency Department and/or GP they should be referred to Occupational Health who will complete the follow up of the exposure. In the event that staff are not referred to Occupational Health they should contact Occupational Health directly to ensure full follow up.

This section was completed in liaison with Cork Kerry Occupational Health Departments.

Please refer to Appendix 3.9 Action following a Blood/Body Fluid Exposure Poster available from the Occupational Health Departments HSE South

8. 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 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. Items soiled with blood or body fluids should be placed in an orange alginate stitched bags or water soluble bag and laundered as per Section 9.0 Laundry.
• Ensure that laundry is free from sharps and foreign objects such as incontinence wear.
• Perform hand hygiene after handling used linen.

9. Environmental Hygiene
• The healthcare environment must be
  o well maintained and cleanable
  o free from non-essential items, and equipment, dust and dirt and
  o acceptable to the residents /clients their visitors and staff.
• Each healthcare setting should have adequate procedures for the maintenance and routine cleaning of the environment including:
  o cleaning schedules which clearly outline responsibilities of all staff involved in cleaning,
  o a roster of cleaning duties
  o the frequency of cleaning required and
  o the products to be used.

• Please refer to Section 8.0 Decontamination.

10. 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.
• Shared pieces of client care equipment used in the delivery of care must be decontaminated after each use as recommended by the manufacturer.
• Single-use items must not be reprocessed or reused under any circumstances. (MDA DB 2000)

Symbol denotes single use item. Do not reuse. Use once only.

Please refer to Section 8.0 – Decontamination
11. Resident/Patient Placement, Movement and Transfer

In resident/patient placement decisions consider the potential for transmission of infection. Local risk assessment of the individual or groups and the environment will be required prior to placement.

For example a single room maybe indicated for

- A resident with draining wounds which cannot be contained.
- A resident who is at increased risk of infection e.g. open wounds, indwelling devices in place.

**Good communication** is essential on admission/transfer or discharge of a resident to aid decision making e.g.

- A resident’s history of colonisation or infection with Multidrug Resistant Organisms (MDROs) should be documented on the transfer form and communicated verbally to the receiving unit prior to transfer from or to another healthcare setting.

- In the event of an admission to hospital from a residential care facility where there is an outbreak of infection, this information must be communicated verbally to the receiving facility and/or ambulance control prior to transfer and included on transfer documentation.

For advice please contact your local Infection Prevention and Control Nurse. See Section 18 Admissions, Transfers and Discharges.

12. Safe Injection Practices

The transmission of blood borne viruses such as Hepatitis B virus (HBV) and Hepatitis C virus (HCV) during routine procedures continues to occur in residential and outpatient settings because of improper injection, infusion, medication vial and point of care testing practices (blood glucose monitoring, INR metres) by healthcare staff. Safe injection practices are intended to prevent transmission of infectious diseases between one patient and another, or between a patient and healthcare worker (Siegel et al, 2007 and Association for Professional in Infection Control, 2016). Safe Injection Practices include

12.1 Preparation of Injections

- **Aseptic Technique**
  - Aseptic technique includes separation of clean and dirty areas.
  - Store, access and prepare medications and supplies in a clean preparation area on a clean surface.
  - Use aseptic technique to avoid contamination of sterile injection equipment.
  - Draw up medication into a syringe as close to administration as feasible.

- Use single dose vials for parenteral medication whenever possible and discard after use on one patient.

- Use a new single use sterile syringe and needle for each injection given.

12.2 Multi-dose vials

- Use multi-dose medication vials for one patient whenever possible – infection transmission risk is reduced when multi-dose vials are dedicated to one patient.
Where multi-dose vials are used, do not access in the immediate patient treatment area.

Prepare the injection in a clean preparation area and then bring to the patient area.

Do not keep multi-dose vials in the immediate patient treatment area. Store multi-dose vials in accordance with the manufacturer's recommendations and discard if sterility is compromised or questionable.

Any multi-dose vials accessed at the bedside or when the patient is present must be disposed of.

Use a new single use sterile syringe and needle for each entry into a vial.

Never leave a needle in the septum of a medication vial for multiple medication draws. This provides a direct route for microorganisms to enter the vial and contaminate the fluid.

Never pool or combine leftover vial contents for later use.

12.3 Fluid infusions and administration sets. e.g. intravenous bags, tubing and connectors.

- Infusion supplies such as needles, syringes and administration sets are single use items i.e. use for one patient and discard after one use.
- Use an IV solution (e.g. bag or bottle) for only one patient and then discard.
- Do not use fluid infusion bags to draw up mixing solutions for medications vials or flushing solutions for intravenous catheters (e.g. normal saline/sterile water) for multiple patients.
- A needle or syringe is contaminated once it has been used to enter or connect to a patients intravenous infusion bag or administration set and should be discarded.

12.4 Point of care testing (Blood Glucose, Coagulation studies)

Lancets

- A single use, disposable, auto retracting safety device must be used by staff for each patient.
- A finger stick device designated as single patient use must never be used for more than one person, this includes single use lancets, lancet holding devices or pen-like devices that provide multiple lancets in a reloadable cartridge.

Metres (Blood glucose metres, INR metres)

- In long term care settings it is preferable that blood glucose metres should be assigned to an individual person and not be shared.
- Where blood glucose meters must be used on more than one person they must be labeled by the manufacturer for multiple patient use and be cleaned and disinfected between patients according to manufacturer’s instructions.
- In health centres, day centres and for persons availing of respite services encourage clients to bring their equipment.
- Clean and disinfect multiple patient use metres after each patient use, using manufacturer recommendations. If the manufacturer does not provide instructions for cleaning and disinfection, then the testing metre should not be used for more than one patient.
- Avoid handling test strip containers with used gloves to avoid contamination. If a new test strip is needed, discard gloves and perform hand hygiene before obtaining a new test strip.
12.4 **Insulin pens**
- Insulin pens must be dedicated to an individual, never shared and must be labeled with residents/patient details.
- A single use, auto-retracting safety needle should be used by staff when administering insulin using the insulin pen.
- Never store insulin pens with needles attached.

Refer to Blood Glucose Monitoring Section 12.5 for detailed guidance
See Appendix 3.10 Safe Injection Practices poster

13. **Infection Control Practices for Lumbar Puncture**
- A surgical face mask should be worn for the procedure. This is due to the risk of droplet transmission of oropharyngeal flora of the HCW when carrying out spinal procedures such as lumbar puncture.
References & Bibliography


Appendix 3.0 An Introduction to the Occupational Health Service

What is Occupational Health?

Occupational Health (OH) is a specialist branch of medicine concerned with the two-way relationship of work and health.

Describe the Occupational Health service?

The Occupational Health service is an independent, specialist advisory service. We give staff and management objective and confidential advice on health and safety issues at work.

The Occupational Health service, which is provided by a multidisciplinary team, aims to protect staff from unnecessary risks to their health in their job. It is offered free of charge to HSE South staff in Cork and Kerry. The Occupational Health Service is not a substitute for a general practitioner consultation or a treatment service.

Where is the Occupational Health service based?

The Occupational Health service has a base in Cork and another in Kerry. You can contact the service at:

Cork University Hospital (CUH)
Opening Hours Monday-Friday 9am-5pm.
Tel: 021-4920018 Fax: 021-4920596

Moorpark Hospital which the occupational health department is located in the back of the hospital grounds. The building is behind the old staff canteen.

Parking is available in the CUH public car park.

Kerry General Hospital (KGH)
Tel: 066-7184440 Fax: 066-7184015
Opening Hours are Monday-Friday 9am-5pm.

Moorpark Hospital which the occupational health department is located in the back of the hospital grounds. The building is behind the old staff canteen.

Parking is available in the KGH public car park.

What services does the Occupational Health Department provide for staff?

- Pre-employment health assessments: You do not need to have perfect health; however, you must have adequate health to safely carry out the proposed job. Equally, we need to ensure that the job will not adversely affect your health, and it also allows us to meet any special needs you may require.
- Immunisation assessment and vaccination. These immunisations protect you against work-related diseases e.g. hepatitis B, tuberculosis and measles, mumps and rubella (MMR).
- Blood-borne fluid exposures: If you get an inoculation injury such as a needle stick or sharp injury, a human bite or a splash of blood or bodily fluids, please contact the Occupational Health Department immediately.
- The Occupational Health Department is open to staff who have returned from travel and have been in areas where they may be at risk of contracting an infectious disease.
- Work-related health surveillance. We screen employees who have a specific risk at regular intervals. This may include a questionnaire or a specific screening test.
- Influenza vaccination is offered to staff from October to February annually.
- Sickness absence reviews: Fitness for work reviews. If you have periods of frequent intermittent sickness absence, or are off work for a prolonged period, your manager may refer you to the Occupational Health Department. We can assess you by providing objective advice and support on health problems and liaise with your manager advising them on present and future prospects of your return to work.

The benefits of this are that we:
- help you return to work as soon as possible.
- ensure you remain in optimal shape.
- advise management on your expected return to work date.
- facilitate the smooth running of the health facility.
- support your rehabilitation.
- can advise on return to work on the grounds of ill health.
- can carry out return to work assessments at the workplace.
- offer psychological advice to the individual.
- be proactive about your skin problems and come and see us promptly.

Follow your health assessment, the occupational health doctor will send a written report to your line manager. This will not contain any personal details concerning your medical history or family life but will advise in general terms on:
- Fitness to work
- Restrictions indicated
- Safety implication or work modifications.
Appendix 3.1 Hand Hygiene using an Alcohol Hand Rub

1. Rub palm-to-palm.
2. Rub back of both hands.
3. Rub palm to palm with fingers interfaced.
4. Rub backs of fingers (interlaced).
5. Rub both thumbs and rub both wrists.
6. Continue rubbing hands until the hands are completely dry.

6 Step Technique
- Alcohol hand rubs must only be used on visibly clean hands.
- Dispense alcohol as per manufacturers instructions into a cupped hand.
- Cover all surfaces of the hands ONCE using the 6 step technique as outlined.
- Duration 20-30 seconds.

SAMPLE POSTER CONTACT IPCN FOR COPIES
Appendix 3.2 Hand Hygiene for Healthcare Workers

Hand Hygiene for healthcare workers

1. Palm-to-palm.
   Right palm over back of left hand, left palm over back of right hand.

2. Palm-to-palm fingers interlaced.
   Backs of fingers to opposing palms with fingers interlaced.

3. Forward with clasped fingers of right hand in left palm and vice versa.

4. Rotational rubbing of right thumb clasped in left palm and vice versa. Wrists are similarly rubbed.

6 Step Technique
A six step handwashing technique as outlined here was devised by Aylliffe et al (1978). Each step consists of several strokes backwards and forwards. Wet hands and then apply soap/antisepctic solution. Rinse hands under running water and dry thoroughly with disposable paper towel.

SAMPLE POSTER CONTACT IPCN FOR COPIES
Appendix 3.3 Hand Hygiene for staff (Leaflet)

SAMPLE LEAFLET CONTACT IPCN FOR COPIES

Hand Hygiene

Hand hygiene is a simple and very effective way to prevent the spread of healthcare infections. Healthcare associated infections can have significant consequences for the patient leading to increased morbidity and mortality, extended stay, extra treatment and psychological stress.

Do you know?

People who are often ill and/or in residential care, have an increased risk of acquiring an infection. These infections can spread to family and friends and have very serious effects. Hand hygiene is the simplest and most important method of controlling infection.

Who needs to carry out hand hygiene?

Most care activities involve the use of one’s hands. All disciplines of staff have responsibility to keep their hands clean and to themselves to carry out effective hand hygiene. Hands are the principal route by which cross infection occurs.

Why?

Hands normally have a "resident" population of microorganisms. These are:
- Deep seated
- Difficult to remove
- Part of the body’s natural defence mechanisms
They can be associated with infection following surgery, invasive procedures or in immunocompromised residents. Other microorganisms are picked up during many of the activities and those are termed "transient" microorganisms.

These are:
- Superficial and easily transferred to and from the hands
- An important source of infection
- Easily removed with good hand hygiene

When infection occurs, rapid transmission occurs. Effective hand hygiene will reduce these transient microorganisms before they are transferred to:
- Surfaces
- Other residents or
- Susceptible sites on the same resident

WHO - World Health Organisation

5 Moments for Hand Hygiene

1. Before patient contact
2. Before un包装无菌物品
3. After patient contact
4. After touching patient body fluid
5. After removing gloves

Hand Hygiene for Staff

Good quality liquid soap and water is effective for hand hygiene. Paper towels must be available for hand drying.

Alcohol Hand Rubs

Alcohol hand rubs are recommended and are preferable in the healthcare setting for social and antiseptic hand hygiene.

- Rinsed in water
- Rinsed in water
- Dried in water

Caring for your hands

- Do not use gloves unnecessarily
- Any rashes, dermatitis or glove sore problems should be referred to the Occupational Health Department for advice and follow up

Think:

- What have you just done?
- What are you about to do?
- What type of hand hygiene procedure is needed?

Infection Prevention and Control

Hand Hygiene for Staff

Guidelines on Infection Prevention and Control
Cork Kerry Community Healthcare
This is a controlled document the most recent version is on www.hse.ie/infectioncontrol

2017
Appendix 3.4 Hand Care for Healthcare Staff Leaflet

**Caring for your skin at work**

**Why is your hand care important?**

In the healthcare setting maintaining healthy skin of the hands is of great importance in preventing infection and dermatitis. Damaged skin is associated with an increased rate of bacterial and viral transmission. There is also an occupational risk to healthcare staff of acquiring blood-borne pathogens from patients. Damaged skin can also lead to further skin problems.

**What is Occupational Dermatitis?**

Occupational health experts recommend the use of moisturizing creams to prevent and treat established skin problems. Dry skin, the application of moisturizing hand creams is particularly important in the healthcare setting where the hands are exposed to repeated wet work. Frequent hand washing causes the removal of the natural oils from the skin which can lead to irritation. If the barrier is removed skin irritation is likely to occur.

**Hand Care Tips to prevent Skin Problems**

- Use warm water but not hot to wash the hands.
- Remove rings prior to hand washing.
- Use the hands prior to applying soap/liquid soap, thoroughly soaping all surfaces.
- Keep your hands painless and dry thoroughly.
- Wear gloves in cold and windy weather.

**Glove Use**

- If prolonged glove use is necessary, they should be changed at regular intervals, hands should be washed and dried before and after glove removal.
- Using moisturizing cream applications before prolonged glove use can reduce skin problems.
- Ensure the glove size is correct for your size.
- Wash and dry hands before putting on and after taking off gloves. Take care to dry thoroughly behind gloves.
- Wear gloves for all wet work, especially when in contact with washing up and detergents.
- If you notice a glove hole inimmediately.

**Guideline Points**

- Avoid all hand contact with poison and irritants, for example, metal, wax, glue, fouls, and substances such as white spirit, paint, paraffin, tar and tar products.
- Avoid all hand contact with soap and detergents, for example, wash up, skin, soap, soap, and solvents.
- Avoid all hand contact with plastics and coatings, for example, metal, wax, glue, and solvents such as white spirit, paint, paraffin, tar and tar products.
- Avoid all hand contact with soap and detergents, for example, wash up, skin, soap, soap, and solvents.
- Avoid all hand contact with plastics and coatings, for example, metal, wax, glue, and solvents such as white spirit, paint, paraffin, tar and tar products.
Appendix 3.5 Hand Hygiene for Residents and Visitors

When to clean your hands
- Please clean your hands when you come into the healthcare setting or before you visit a resident.
- Always clean your hands with soap and water after visiting the toilet.
- Always clean your hands before eating or handling food.
- Please clean your hands after visiting a resident or when leaving a healthcare setting.
- If you are resident in a healthcare setting:
  - You should be offered the opportunity to clean your hands after using the toilet or commode or before meals or drinks.
- If you're caring for a baby:
  - Always wash your hands after changing the baby’s nappy.
  - Make sure to wash your hands before feeding the baby.

Be nice to your hands
It is important that you care for your hands.
- Always cover any cuts with a waterproof plaster.
- When you can, apply hand cream as this protects your hands and helps prevent dryness and chapping of hands.

Healthcare Staff
It is good practice for all healthcare staff to wash their hands or to use an alcohol hand rub prior to contact with your wound, or doing your observations, making your bed or examining you.

For further information on infection prevention and control contact
- Cork / Kerry Disability Services
  - Tel: 021 4922488
  - Mobile: 087 782279
  - St. John’s Hospital, Cork
  - Mobile: 087 1873193
- Cork Community Services
  - Tel: 021 4921368
  - Mobile: 087 219557
- Kerry Community Services
  - Mobile: 085 977197

Hand Hygiene for Residents and Visitors

Why is Hand Hygiene so important?
Hand hygiene is one of the simplest and most effective ways to control the spread of infections in hospitals and healthcare settings. However, handwashing is often neglected or carried out poorly. Every person visiting or resident in healthcare settings can help to stop the spread of infections such as Staphylococcus (Staphylococcus aureus) or flu.

Hands will pick up germs (bacteria and viruses) when you handle anything, and even though they may appear to be clean, the germs will be there. Unfortunately we cannot see germs with the naked eye. These germs can be easily removed by hand hygiene. Visitors to a healthcare setting can bring infections into the healthcare setting without being aware of it.

Remember! Clean Hands Save Lives.
Whether you are a resident or visitor, follow these top tips and you will help us control infection in all healthcare settings.

Top tips for cleaning your hands
- No half measures! If you’re washing your hands, wet them thoroughly with water before applying soap.
- Rub hands together to work up a lather with the soap. All surfaces of both hands should then be vigorously massaged with the lather.
- Remember to pay special attention to the finger tips, thumbs and between the fingers as these areas are frequently missed.
- Are you left or right handed? Be aware that right handed people have a tendency to wash the left hand more thoroughly (and vice versa).
- Ringing? If you wear a ring, it is important you wash underneath it, by moving the ring as you wish.
- Make sure you rinse all the soap off your hands under running water and then dry your hands thoroughly. Don’t forget to dry under your ring.
- The 30 Second Rule: Remember, it should take around 30 seconds to wash your hands.

Alcohol hand rubs
Alcohol hand rubs are available in many healthcare settings to clean your hands, when using an alcohol rub remember:
- Alcohol hand rubs should only be used if your hands look dirty.
- Rub the solution into all areas of your hands.
- Continue rubbing until your hands are dry.
- Alcohol hand rubs are not sufficient for cleaning your hands after using the toilet.

Infection Prevention and Control
Guidelines on Infection Prevention and Control
03: Standard Precautions, Revision 01
Cork Kerry Community Healthcare
This is a controlled document the most recent version is on www.hse.ie/infectioncontrol
2017
Appendix 3.6 Donning and Removal of PPE (HPSC)

Personal Protective Equipment (PPE)
Adapted for Influenza

Correct sequence for putting on and removing PPE to prevent contamination of the face, mucous membranes and clothing.

Putting on PPE
1. Decontaminate hands
2. Put on disposable apron/gown
3. Put on mask (Surgical or FFP2 or FFP3)
   For FFP2 or FFP3 masks:
   A. Place mask over nose, mouth and chin
   B. Fit flexible nose piece over nose bridge
   C. Secure on head with elastic
   D. Adjust to fit
   E. Inhale – mask should collapse
   F. Exhale – check for leakage around face
4. Put on goggles if required
5. Put on gloves

Removing PPE
1. Remove gloves (avoid touching the outside of the gloves)
2. Decontaminate hands
3. Remove goggles
4. Remove gown or apron (avoid touching the front of the gown/apron)
5. Remove mask by breaking the ties. If ties are elastic grasp and lift ties from behind your head and pull off mask away from your face. Avoid touching the front of the mask & use ties to discard
6. Discard all masks (& gloves/aprons/gowns/goggles contaminated with blood or body fluids) as healthcare risk waste
7. Decontaminate your hands
Appendix 3.7 Glove Usage Pyramid

GLOVE USAGE PYRAMID
Hand hygiene must be performed when appropriate regardless of these indications for glove use

Sterile Gloves indicated for Aseptic Procedures
Clean Examination Gloves indicated in Clinical Situations
Where there is potential for touching blood, body fluids, excretions, secretions and items visibly soiled by body fluids.

Direct Resident Exposure: contact with blood, body fluids, mucous membranes and non intact skin; IV insertion and removal, taking blood, glucometre usage; changing and emptying of urinary catheter bags, suctioning.

Indirect Resident Exposure: emptying emesis basins, handling waste; handling soiled equipment; handling soiled linen; cleaning up spills of body fluids.

Gloves are not indicated (except for CONTACT Precautions) where there is no potential for touching blood, body fluids, excretions, secretions or items visibly soiled by body fluids.

Direct Resident Exposure: taking blood pressure, temperature and pulse; performing SC or IM injections (following risk assessment); bathing and dressing residents; caring for eyes or ears without secretions.

Indirect Resident Exposure: using the telephone; writing on a residents chart; giving oral medication; distributing or collecting meal trays; removing or replacing linen on a residents bed; placing non-invasive ventilation equipment or oxygen masks or cannula on a resident.

Adapted from WHO 2009 WHO Guidelines on Hand Hygiene in Healthcare: First Global Patient Safety Challenge Clean Care is Safer Care; Switzerland 140-146.

KEY MESSAGES FOR GLOVE USE:
A. Gloves are effective in preventing contamination of hands and helping reduce transmission of harmful micro-organisms.
B. However, gloves do not provide complete protection against hands becoming contaminated and if gloves are not removed immediately after a care episode in which they were indicated, may contribute to transmission of micro-organisms.
C. The unnecessary use of gloves in situations where their use is not appropriate should be avoided.

RECOMMENDATIONS ON GLOVE USE:
A. In no way does wearing gloves replace the need for hand hygiene either by handwashing or using an alcohol hand rub.
B. Wear gloves when it can be reasonably anticipated that contact with blood or body fluids, mucous membranes, non-intact skin or potentially infectious material will occur.
C. Remove gloves after caring for a resident.
D. When wearing gloves change or replace:
  • during care of a resident if moving from a contaminated body site to a clean body site (including contact with mucous membranes, non-intact skin or a medical device)
  • after touching a contaminated site and
  • before touching a clean site for the same resident or environment.

SAMPLE POSTER CONTACT IPCN FOR COPIES
Appendix 3.8 Respiratory Hygiene and Cough Etiquette (HPSC)

COUGHING AND SNEEZING

- Turn your head away from others
- Use a tissue to cover your nose and mouth
- Drop your tissue into a waste bin
- No tissues? Use your sleeve
- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds

These steps will help prevent the spread of colds, flu and other respiratory infections

SAMPLE POSTER available on www.hpsc.ie
Appendix 3.9 Action following a Blood and Body Fluid Exposure HSE South

SAMPLE POSTER CONTACT LOCAL OCCUPATIONAL HEALTH DEPARTMENT FOR COPIES

ACTION FOLLOWING A BLOOD / BODY FLUID EXPOSURE

FOR ADVICE ON THE MANAGEMENT OF A BLOOD / BODY FLUID EXPOSURE CONTACT OCCUPATIONAL HEALTH DEPARTMENT AT THE NUMBER ABOVE.

Opening Hours: Mon – Fri 8.30am -1.00pm & 2.00pm to 3.30pm
Outside of these hours attend the nearest Emergency Department.
Contact the Occupational Health Department next working day to ensure follow up of exposure

MANAGEMENT STEPS

1. APPLY FIRST AID TREATMENT
2. INFORM YOUR MANAGER
3. IDENTIFY THE SOURCE
4. COMPLETE YELLOW BLOOD / BODY FLUID EXPOSURE FORM
5. ATTEND OCCUPATIONAL HEALTH OR EMERGENCY DEPARTMENT
6. COMPLETE NEAR MISS AND INCIDENT REPORT FORM

FIRST AID TREATMENT

Sharp Injuries
- Encourage area to bleed. Wash with any soap and cold water. Do not suck the wound. Cover with dressing.

Bites and Scratches
- Encourage area to bleed. Wash with any soap and cold water. Do not use a nailbrush. Cover with dressing.

Splashes
- Wash with any soap and cold water. Contaminated clothing should be removed.

Eyes
- Wash eyes with sterile normal saline or cold tap water.

Mouth
- Rinse mouth thoroughly with cold water.

THE SOURCE
(The Patient/ Client)
MEDICAL / SURGICAL TEAM
Responsible to take blood from patient

One Red-capped bottle Microbiology Form (45D)
(With Essential Clinical Information area of form
write SOURCE)

With Informed Consent test for:
- Hepatitis B surface antigen
- Hepatitis C antibodies
- HIV antibodies
(If known Positive for any of above contact Occupational Health or Emergency Department immediately)

PERSON EXPOSED
(The Staff Member)

One Red-capped bottle Microbiology Form (45D)
(With Essential Clinical Information area of form
write PERSON EXPOSED)

With Informed Consent test for:
- Hepatitis B Antibodies

MARK EACH FORM AS URGENT - Blood Body Fluid Exposure
Send samples immediately to the Microbiology Lab - CUH

C Roche 002 01-2011
Appendix 3.10 Safe Injection Practices (HPSC)

Safe Injection Practices

Preparation of Injections

- Dedicate an area/room as an injection preparation area (clean area). Blood or body fluid contaminated items (including blood samples) must not be brought to this area.
- Draw up injections in the clean area—discard used syringes and needles etc in a dedicated dirty area (i.e. dirty utility)
- Use single dose vials/ampoules of medications when ever possible
- Use aseptic technique to avoid contamination when drawing up injections

Multidose Vials

- Local guideline should be available on the use of multidose vials
- Only use multidose vials when absolutely necessary
- If possible restrict multidose to single patient use & label with patient’s name
- If multidose vials are used both the syringe and needle used to access the vial must be sterile even if it is the 2nd dose of the same drug for the same patient
- Multidose vials must be stored away from patient bedside
- Discard multidose vials if sterility is compromised or questionable

Administration

- Do not use bags or bottles of intravenous fluids as a common source of supply for multiple patients
- Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous tubing, infusion bag or administration set
- A syringe and needle are sterile single use items. Discard both if used once

Unsafe Injection Practices and Disease Transmission

The diagram below uses a generalised example to illustrate the path of an outbreak of a blood borne virus. See below for specific outbreak.

1. A clean syringe and needle are used to draw the solution from a new vial.
2. It is then administered to a patient who has been previously infected with hepatitis C virus (HCV). Blood flow into the syringe contaminates the next syringe with HCV.
3. The needle is replaced, but the syringe is reused to draw additional solution from the same vial for another patient, contaminating the needle with HCV.
4. A clean needle and syringe are used for a second patient, but the contaminated vial is reused. Subsequent infections are now at risk for infection.

SAMPLE POSTER available at www.hpsc.ie