

Infection Prevention and Control

An information booklet for Home Helps and Personal Assistants



HCAI



Féilmeamhachí na Seirbhíse Sláinte
Health Service Executive

Quality and Patient Safety Directorate



Office of the
Nursing & Midwifery
Services Director



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

National Clinical Programme for Healthcare-associated Infection and Antimicrobial Resistance

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 designed to be a useful resource for staff. It does not replace the need for staff to receive face-to-face training and is not a comprehensive infection prevention and control guideline.

Staff seeking further information should refer to their local infection prevention and control guidelines by contacting their line manager, local Public Health Nurse or Infection Prevention and Control Nurse.

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Permission to reprint this booklet is not required. However no modifications or adaptations to layout or wording should be undertaken without the approval of the RCPI HCAI/AMR CAG.

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About infection prevention and control

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
- A person may be infected with a blood borne infection e.g. Hepatitis B, which could be transmitted to others by direct contact with their blood, e.g. shared use of razors or a needle- stick 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 prevention and 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 moisturiser
- 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?

It is essential that ALL healthcare workers/carers' employed (permanent or temporary capacity) by the HSE are assessed by the Occupational Health Department pre-employment or as soon as possible following commencing employment. The National Immunisation Advisory Committee recommends specific vaccinations for healthcare workers based on a risk assessment. This assessment will be undertaken by the Occupational Health Department.

Contact your line manager/home help coordinator to arrange this service.

By receiving the vaccines recommended you will be protecting:

- Yourself
- Your family
- Your clients
- Your work colleagues

The need for the following vaccinations will be considered during your assessment:

Hepatitis B

- Hepatitis B vaccination is advised if you are at risk of contact with blood, body fluids or at risk of needle-stick injury

Influenza/Flu

- The flu vaccine is offered to all healthcare staff during the influenza season each year, and it is advised that all staff who deliver care and have direct contact with clients should receive this vaccine annually

BCG

- BCG is a vaccine against tuberculosis. The occupational health team will assess if this vaccination is necessary. A skin or blood test may be undertaken to decide if you need a BCG vaccine

Measles/Mumps/Rubella (MMR)

- The occupational health team will assess if this vaccination is required. A blood test may be undertaken

Pertussis (whooping cough)

- The occupational health team will assess if a booster dose is required

Varicella (chicken pox)

- The occupational health team will assess if this vaccination is required

If you have concerns about exposure to an infectious illness, discuss with your line manager who may seek advice from the occupational health team.

Hands and hand hygiene



Hands are one of the most common ways in which infection can be spread. Keeping your hands clean is one of the best ways to keep you from getting sick and/or preventing the spread of 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 assisting a client to brush their teeth, opening a urinary catheter bag and before preparing/handling food
- Before putting on gloves if needed during direct client care. See Glove Section for information on when gloves should be worn when delivering care
- After contact with body fluids such as handling soiled bed linen, emptying commodes/urinals. Gloves should be worn for these tasks and hand hygiene must be undertaken when gloves are removed (see Gloves section)
- After any personal care activities such as washing and dressing the client
- After contact with areas/items in the home likely to be contaminated during household duties e.g. bins or cleaning cloths, toilets, touching pets
- When leaving the home when care is finished
- After personal bodily functions such as blowing your nose or using the toilet
- After smoking

REMEMBER

Encourage and assist your clients to wash their hands, particularly after using the bathroom and before they eat.

Before carrying out hand hygiene, ensure you:

- 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 – one flat band/wedding ring is acceptable

How do I wash my hands?

- Wet your hands under warm running water
- Apply liquid soap into a cupped hand and rub palms together to work up a lather
- Using the steps described on page 11, wash all hand surfaces several times, remembering palms, back of hands, finger tips, between fingers and thumbs and wrists
- Remember to wash and rinse under your ring, if worn
- Rinse your hands under running water
- Pat hands dry with good quality paper towels that are soft and absorbent
- Don't forget to dry under your ring
- It will take 40-60 seconds to wash and dry your hands

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. They are only effective if hands look clean. Alcohol hand rubs are not effective against all germs for example, clients with *Clostridium difficile*

diarrhoea, and some are not effective against Norovirus (the winter vomiting bug).

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 by the infection prevention and control team are to be used in a client's 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 steps shown on page 11, rub the alcohol hand rub into all areas of your hands for a minimum of 20 to 30 seconds
- Ensure your hands are completely dry before carrying out another task. Do not use paper towels to dry hands
- Do not use alcohol hand rub if your hands are dirty or if you are caring for clients with diarrhoea. In these scenarios, wash your hands with soap and water
- Alcohol hand rubs do not need to be used after washing your hands

REMEMBER

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

- Keep in a safe place
- 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

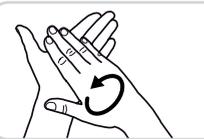
Top tips to take care of your hands

- Moisturise your hands regularly to protect the skin from the drying effects of regular hand hygiene
- Use warm water and pat hands dry, this minimises chapping
- Cover any cuts or scrapes with a waterproof dressing/plaster and change as necessary
- Nailbrushes are not recommended. This is because nailbrushes can graze your skin and germs multiply on wet surfaces

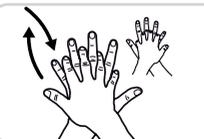
- If you have a skin condition on your hands e.g. weeping dermatitis seek advice from your line manager who will refer you for medical/occupational health advice. Direct client care is not advisable if you have skin conditions

Hand hygiene technique

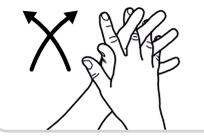
Wet hands thoroughly under running water. Apply soap, rub palms together to work up a lather, then:



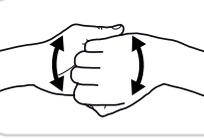
Rub palm to palm



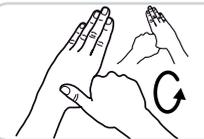
Rub back of left hand with right hand with interlaced fingers and then use left hand to rub back of right hand



Rub palm to palm with fingers interlaced



Rub backs of fingers (interlocked)



Rub both thumbs



Rub both palms with fingertips and rub each wrist

Rinse hands under running water and dry thoroughly with paper towels.

'Based on 'How to Handwash', www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf © World Health Organization 2009. All rights reserved.

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
- Clean your hands thoroughly with soap and water or alcohol hand rub

REMEMBER

Encourage and assist your clients to also carry out these simple actions which helps reduce the spread of respiratory infections.

Personal protective equipment

When should I wear gloves?

Gloves significantly reduce the risk of contact with blood or body fluids but do not eliminate this risk completely; therefore hand hygiene must always be undertaken after removing gloves.

Disposable, single use, non-powdered, gloves will be supplied if there is a risk of contact with blood or body fluids in the course of your work. Only gloves provided by the HSE supplies/stores department should be used.

Disposable, single use, 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

If gloves are required during care, you must clean your hands before putting them on.

Remove your gloves immediately after the task you needed to wear the gloves for, discard them appropriately 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
- 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 eye care; 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:



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.



Slide your un-gloved fingers under the remaining glove at your other wrist.



Peel off the glove from inside over the first glove, creating a bag for both gloves. Discard and clean your hands.

Always carry out hand hygiene after removing your gloves.

What type of gloves should I use?

The most suitable glove should be selected for the task to be carried out. Disposable, single use, non-powdered gloves are recommended 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 experience a skin reaction using gloves, please inform your line manager who will seek medical/occupational health advice.



Reusable, household gloves should be worn for routine home cleaning. These reusable gloves should be for your use only. Different household 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 clean your hands.

How to safely use gloves and aprons

- Clean your hands before putting on gloves or apron when delivering care to clients
- Keep your hands away from your face
- Limit the surfaces and items you touch
- Remove your gloves when torn or heavily contaminated
- Always clean your hands after removing gloves



When would I wear face masks or eye protection?

Face masks and eye protection are necessary when spraying or 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 T.B.

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 general purpose floor cleaner is suitable for floors
- Wash and dry mops/cloths after each use, preferably in the washing machine, and never leave mops or cloths soaking in water or disinfectant overnight
- Use separate cloths for cleaning kitchens and toilets/bathrooms
- Use disposable cloths/paper towels for spills
- Reusable household gloves should be worn for routine household duties and should be for your use only

REMEMBER

Always wash your household gloves before taking them off and then wash your hands.

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

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

REMEMBER:

- After disinfecting, always rinse with water and dry
- Bleach is corrosive and may also damage furnishings and fabrics and should not be used on carpets or wooden floors
- Always wear your household gloves when handling disinfectants to avoid contact with your skin
- Use disinfectants with caution and always read the manufacturers instructions on dilution. Do not guess
- Mix disinfectants with cold water, do not mix with hot water
- Do not mix disinfectants with other products as it can emit fumes that can be irritating to your eyes or lungs
- It is safer to add bleach to water rather than water to bleach
- 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.

Some top tips for cleaning

1. Work from clean to dirty	Start cleaning in the cleanest area and finish in the dirtier areas e.g. when cleaning the bathroom, leave the toilet until last.
2. Work from high to low	This helps to prevent cross infection as it stops contamination of clean areas from dirty areas.
3. Leave all surfaces clean and dry	It is important to leave cleaned surfaces as dry as possible. This prevents mould and bacterial growth, and helps prevent accidents.
4. Change cleaning solutions and cloths often	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.
5. Wash your hands often	Dirty hands and dirty gloves soil clean surfaces. Wash your reusable household gloves and wash your hands.

Client equipment

Reusable items used during client care in the home should 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, bed-frames, lifting aids etc
- When new items of equipment are introduced, read the cleaning and if needed, the disinfection instructions

- Damaged equipment should be reported so that they can be replaced or repaired e.g. a torn mattress cover, a pressure relieving cushion where the foam is exposed or commodes that are rusted
- Equipment no longer required by the client must be cleaned and dried before being returned to or collected by HSE Community Stores

Washing clothes at home

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

How should I handle laundry in a client's home?

- Handle any laundry soiled with blood or body fluids with disposable gloves or your bathroom household gloves
- Avoid touching your clothes or skin with the soiled laundry
- 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 with 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



Managing blood or body fluid spills

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 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

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 disposable 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. washing-up 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 cold water
 - Household bleach e.g. Domestos (4%) = 25mls (generally a capful) mixed with 1 litre of cold water
- After disinfecting, always rinse with water and dry
- Place all used gloves, apron and disposable cloths into the plastic bag, securely close and place directly into the general waste
- Clean your hands

NOTE

- **Disinfectants should not be used directly on a urine spill**
- **Bleach is corrosive and may also damage furnishings and fabrics and should not be used on carpets or wooden floors**
- **Please refer to “What is needed for disinfecting” (page 16) for more detail**

Managing 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 client's 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 3/4 full or no 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.

Instruction 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 or clinic where the client is attending



Managing a needle-stick injury and blood/body fluid splashes

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. If wearing contact lenses, the eye should be rinsed before and after removing the lenses

- 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
- 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 (check availability locally for opening times)
- If an exposure occurs at out of hours, e.g. at the weekend, please attend local Emergency Department or GP on-call service. 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 counselling

REMEMBER

- 1 Bleed** **2 Wash** **3 Report**

Managing pets



Pets are associated with increased levels of germs in the home and are 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 of any animal excrement, clean and disinfect as per blood/body fluid spills
- Never deal with a cat's litter box if you are pregnant
- Injuries or incidents involving pets e.g. dog bites should be reported to your line manager and medical advice sought as appropriate

Pest control

If you observe signs of pest droppings, smells, gnawing of food or paper and are suspicious of infestation, please make the owner of the home aware of your concern, plus inform your line manager. Any concerns around possible infestations need to be dealt with promptly.

When should I contact my line manager?

It's important to tell your line manager/home help coordinator/personal assistant coordinator 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
- Any situation that arises that causes you concern

Useful websites

Health Service Executive (HSE)

www.hse.ie

The Health Protection Surveillance Centre

www.hpsc.ie

HSE E-Learning Hub

www.HSEland.ie

This site provides a large range of education resources including a hand hygiene module.

- An email address is required to register on the site. Any email address can be used; a HSE email address is not a requirement
- When logged in, enter 'hand hygiene' in the search box to find the hand hygiene modules

Test your infection prevention and control knowledge by answering the following questions

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

I have read the "*Infection Prevention and Control Information Booklet for Home Helps and Personal Assistants*"

Name in CAPITALS:

Signature:

Date:

Check your answers against the following pages 5, 8, 9, 10, 13, 16

Bibliography

1. HSE South (Cork and Kerry) (2011). Infection Prevention & Control. An Information booklet for Home Helps and Personal Assistants.
2. Grampians Region Infection Control Group Environmental Services - A Little Yellow Infection Control Book www.grampianshealth.org.au/index.php?option=com_docman&task=cat_view&gid=25&Itemid=7 Accessed 17th August 2010.
3. HSE (2013). Immunisation Guidelines for Ireland 2013. www.immunisation.ie
4. Lawrence J. and May D. (2003). Infection Control in the Community. London, Churchill Livingstone.
5. National Institute of Clinical Excellence (2012) Infection: prevention and control of healthcare associated infections in primary and community care. www.nice.org.uk
6. Rhinehart, E. & McGoldrick, M (2006) Infection Control in Home Care and Hospice London, Jones and Bartlett.
7. HSE/HPSC (2009). Standard and Transmission- based Precautions. Draft consultation document, November 2009. www.hpsc.ie

Policies and procedures are located at:

Local contact details

Infection prevention and control nurses in your area:

Occupational health departments in your area:

Local Emergency Department:

GP on-call service: