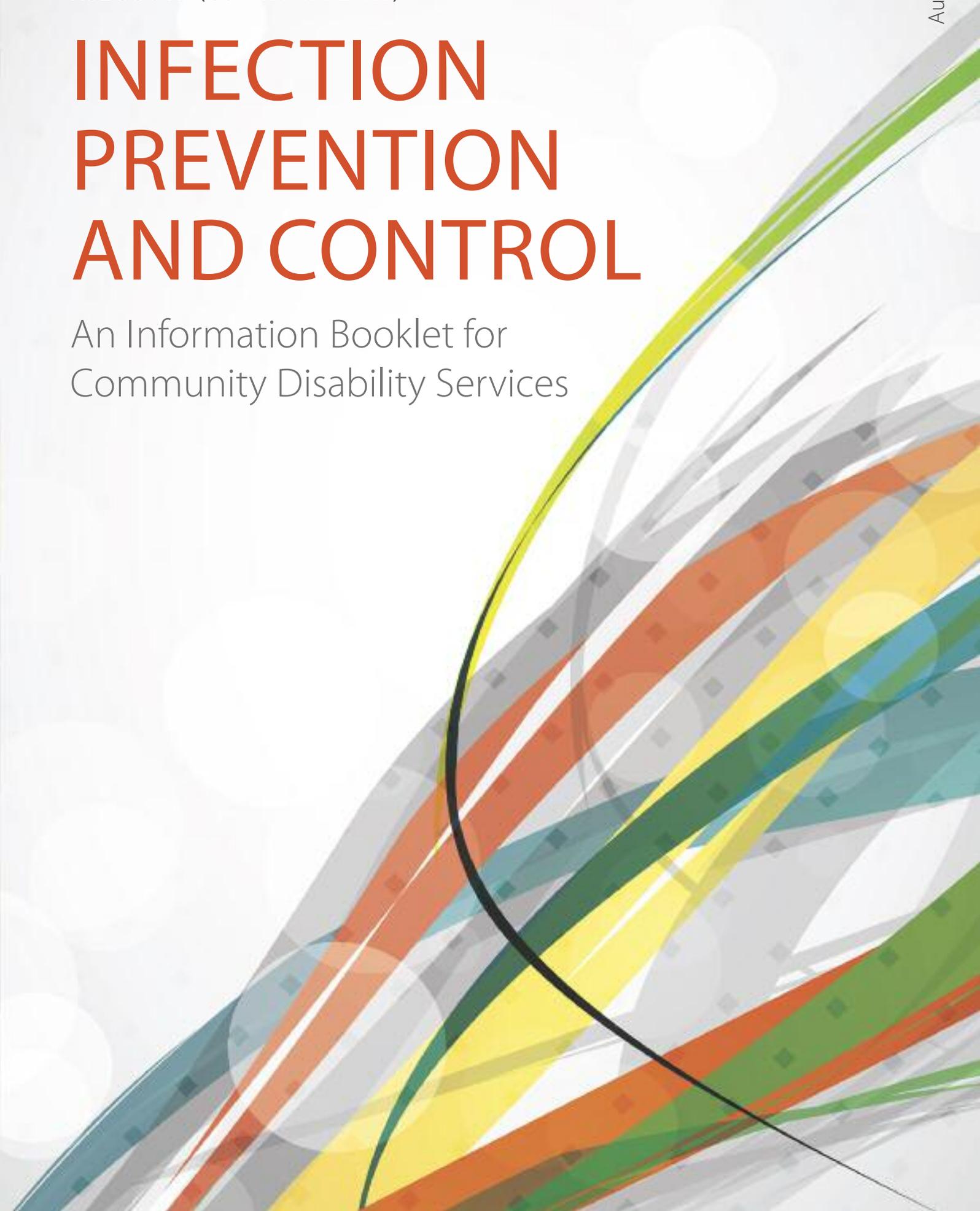


INFECTION PREVENTION AND CONTROL

An Information Booklet for
Community Disability Services



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This booklet was developed by Infection Prevention and Control for Disability Services in consultation with representatives from the Disability Services in Cork and Kerry

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INTRODUCTION

Persons using Disability Services will include people who

- Are elderly, or very young,
- Have chronic illnesses,
- Are receiving treatment that hinders their ability to fight infection or
- May have recently been discharged from a variety of acute healthcare setting to community facilities.

All of these people may be susceptible to infection at various stages in their life. Within the Disability Services people will be supported or cared for within a variety of locations such as day care facilities, community group homes or within the family home and the expectation is that the services will be provided in a non-clinical environment.

However, this needs to be balanced with the requirement to maintain an environment where support and care can be delivered in a safe manner, which is capable of being adequately cleaned and maintained in order to reduce the risk of infection for persons living, attending, working or visiting the service.

The purpose of this booklet is to provide staff working in community settings in Disability Services with guidance on infection prevention and control measures to reduce the risk of infection to both service users and staff.

This is a day to day reference booklet for staff. Further detailed information is available in 'Guidelines on Infection Prevention and Control for Community and Disability Services HSE South (Cork and Kerry) 2012, which are available at:

(Please include details of where the above guidelines are located).



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 they can spread 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 support or care for. The approach is based on the possibility that any 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. Infection can be spread through contact with body fluids, for example

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

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

- **all staff for the care of**
- **all people**
- **at all times**

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.

Standard Precautions are detailed in the section on Home Healthcare and include the following:

- hand hygiene
- respiratory hygiene and cough etiquette
- when to wear gloves, aprons and masks/goggles
- cleaning of the home and client care equipment
- care with laundry
- dealing with spills of body fluids safely
- safe use and disposal of sharps (needles and syringes)
- dealing with a needle stick injury or blood or body fluid splashes onto eyes or broken skin
- staff health, hygiene and staff immunisations
- healthcare risk waste

Other practices to prevent and control the transmission of infection are provided in the following sections:

- General Home Hygiene
 - Cleaning
 - Laundry
 - Pets
- Food Hygiene
- General Guidelines on the Management of Outbreaks (including Gastroenteritis)

HAND HYGIENE

Introduction

One of the most important routes for transmission of infection is the hands. Hands that touch any contaminated item, surface or object can be contaminated with germs from that source. Such sources of contamination may include raw food, pets, and soiled nappies, dirty surfaces such as toilets or hands contaminated with nasal secretion or saliva after sneezing, coughing or drooling. Germs picked up onto hands can be effectively removed by thorough handwashing with soap and running water or by using an alcohol hand rub if hands are physically clean.



Hand hygiene, which incorporates hand washing and drying or cleaning using an alcohol hand rub, is the most important action for preventing the spread of infection.

Points to remember when providing “hands on” care to others or when involved in food preparation

Do's

- Restrict jewellery to one flat/wedding ring.
- Keep nails short, clean and free of nail varnish and artificial nails.
- Care for your hands by moisturising regularly to protect your skin.
- Use warm water and pat hands dry rather than rubbing them to minimize chapping.
- Cover any cuts or abrasions with a plaster/band-aid and change as necessary.

Don'ts

- Do not use nail brushes as germs multiply on wet nail brushes.
- Do not carry out direct care if you have skin conditions on your hands, i.e. weeping dermatitis, seek medical/occupational health advice.

When to wash hands?

Hands should be washed:

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

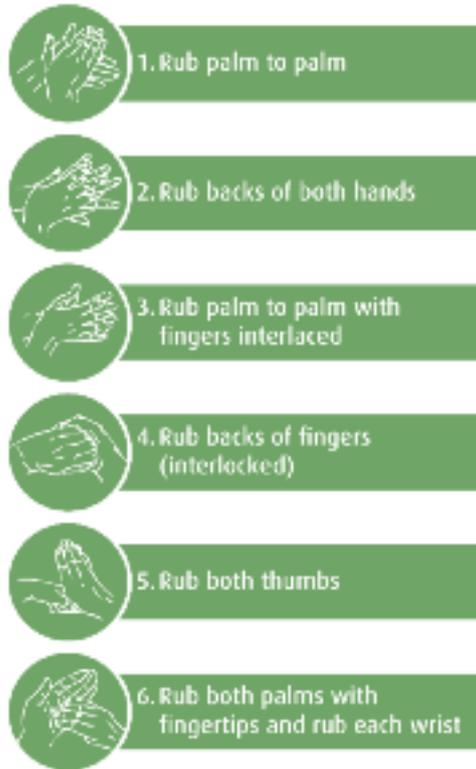
HAND HYGIENE

How to clean your hands?

Hand Hygiene Technique

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

Then:



- Rinse hands under running water and dry thoroughly

What products are used for hand hygiene?

Liquid Soap

Preferably non-perfumed and non-medicated soap should be used for all routine handwashing. Disposable containers or disposable cartridge type refills with an integral nozzle are preferred. If non-disposable reservoirs are used, the inside of the containers should be cleaned and dried before refilling. Topping up is not recommended.

Alcohol Hand Rubs

Where health care is delivered hand hygiene using an alcohol hand rub is the preferred method. An alcohol hand rub also offers a practical and highly acceptable method of hand hygiene when hands are visibly clean or hand washing facilities are limited.

Points to remember when using alcohol handrubs

Do's

- Only use alcohol hand rub, if hands are visibly clean.
- Apply an adequate volume to completely wet the hands.
- Using the six step technique rub hands covering all surfaces once then continue rubbing hands until dry minimum 20-30 seconds.
- Always allow time for hands to dry completely before carrying out another task.
- Assess the environment for appropriate and safe placement of alcohol hand rub taking into consideration your client group and the need to maintain a safe environment e.g. wall mounted or individual toggles worn by staff.

HAND HYGIENE

Don'ts

- **Do not** use an alcohol hand rub if hands are physically dirty
- **Do not** use alcohol hand rub alone after caring for a person with diarrhoea
- **Do not** place alcohol hand rub dispensers adjacent to electrical fittings or direct heat e.g. heaters
- **Do not** store alcohol hand rub near sources of high temperatures and flames - alcohol is flammable (flash point 21° - 24°C).

Hand Care

Use of products, which cause or exacerbate rashes, cracking or soreness of the hands, should be stopped immediately and alternative cleansing agents tried. Seek medical/occupational health advice. A hand lotion or cream should be used to help replace the skins oils lost through frequent hand hygiene. See 'Caring for your hands' in staff health and Immunisation section.

Hand Drying

Good quality paper towels in compatible wall mounted dispensers are required where healthcare care activities are carried out.

Cloth towels for hand drying are not advisable in a care setting as when wet they can be a source of cross infection.

Cloth towels for personal hygiene should be individual use and should be laundered and dried between uses by different persons.

Hand Hygiene in the Family Home

In the family home setting, choosing the appropriate method of hand hygiene will be heavily influenced by the assessment of what is practically possible, the available resources and what is appropriate for the episode of care. In order to ensure that hand hygiene is carried out in a client's home, when care is provided the following options are suggested:

- Where running water and liquid soap are available and access to the sink is clear, health and social care workers may carry paper towels to use in the client's home. Kitchen paper towels where provided can be used for hand drying in a family home setting.
- When soap is not available, health and social care workers should carry a supply of liquid soap and paper hand towels.
- If access to hand washing facilities is limited or unsuitable, health and social care workers should carry an alcohol handrub.
- Alcohol hand rubs should be available to health and social care workers when providing care for clients with invasive devices e.g. urinary catheter, particularly when hand hygiene facilities are not available at the point of care in the home.



Hand Hygiene for Service Users

Hand washing should be carried out by everyone after they have used the toilet, after having incontinence wear changed, and before meals. Assistance should be provided for those who are unable to clean their hands independently.

Please see the following leaflets

- Hand Hygiene for Staff HSE South (2011) and
- Hand Hygiene for Residents and Visitors HSE South (2011)

GENERAL HOME HYGIENE

In applying hygiene practices the purpose is to reduce the number of germs to a level that is not harmful to health. It would be impossible to eliminate some sources e.g. people and pets! Therefore, the emphasis must be placed on preventing transfer of germs by handwashing and good surface hygiene. The home can become contaminated with dust, dirt and accumulate rubbish with potentially infectious germs. If the environment is not cleaned regularly there is a build up of dirt, which supports the growth of germs. Therefore, cleaning is essential in the prevention of infection and the 'clean as you go' principle should be applied.

What does cleaning do?

Cleaning is the physical removal of dirt, dust and grime but does not necessarily destroy germs.

How to clean?

The effectiveness of cleaning not only depends on the product used but also in the way it is applied i.e. on the mechanical action of wiping or scrubbing and using the correct concentration. Cleaning is best achieved by washing with warm water and detergent. A detergent will dissolve grease and remove dirt. Clean cloths, clean mops etc. will be required.

Cleaning with a detergent and warm water should remove all contaminants including dust, dirt, faeces, blood, pus, urine, other body fluids and large numbers of germs.

What is disinfection?

Disinfection is a process used to reduce the number of viable germs to a level where they are unlikely to be a danger to health. Disinfection can be achieved through the use of heat (steam or water above 82°C) or chemicals such as household bleach. Dishwashers and washing machines can be used to disinfect when the correct temperatures are used or when used in combination with chemicals.

Disinfection is only achieved when the chemical disinfectant is used at the correct concentration and the correct contact time is allowed. Disinfectant will not be effective on dirty surfaces – all surfaces will have to have undergone thorough cleaning prior to the application of a disinfectant.

The routine use of disinfectants for general home hygiene is unnecessary. In certain circumstances where there is a higher risk of cross-infection, cleaning and disinfection is recommended. These situations include food preparation surfaces and areas contaminated with blood or body fluids.

How to disinfect?

The area must first be cleaned before being disinfected. Disinfection can be achieved by using, for example

- Food grade sanitizers - on food surfaces
- Milton Sterilising Fluid (2%) - 50 mls (generally 2 capfuls) mixed with 1 litre of cold water or
- Household bleach e.g. Domestos (4%)
 - 25 mls (generally a capful) mixed with 1 litre of cold water.
 - 125 mls mixed with 5 litres of cold water.

After using Milton or household bleach rinse with clean water and dry the area.

If disinfection of equipment is required, refer to manufacturers instructions of the item.

When handling used equipment that is soiled with blood or body fluids,

- Wear gloves and/or apron to avoid transferring germs to either yourself or the home environment.
- Always clean your hands after removing gloves or handling soiled equipment.

GENERAL HOME HYGIENE

When using disinfectants remember:

- Bleach is corrosive and can damage furnishings and fabrics and should not be used on carpets or wooden floors.
- Move food out of the way or cover it to prevent chemicals from getting onto the food.
- Always wear your rubber gloves when handling disinfectants to avoid contact with your skin.
- Use disinfectants with caution and always read the manufacturers instructions on dilution and contact time. Do not guess.
- Do not mix disinfectants with hot water or with other products as it can emit fumes that can be irritating to your eyes or lungs.
- It is safer to add disinfectants to water rather than water to a disinfectant.
- If disinfection is required, you must always clean first and rinse with water afterwards.
- Never recycle old food or drinks containers to store chemicals.
- Always store chemicals in safe place.

Agents for Cleaning and Disinfection

Agents	Recommended use/items to be cleaned
Detergent + warm water	Used for routine cleaning of hard surfaces and equipment including tables, chairs, floors, beds etc.
Disposable Detergent Wipes	Used for cleaning surfaces/items in between uses by different clients i.e commode chair.
Kitchen Cleaning Cleaner with degreaser i.e. washing up liquid	Used for general cleaning of kitchen equipment.
Cleaner with food grade disinfectants / sanitizer	Used for cleaning of food contact surfaces.
Bathroom Cleaner	Used for routine bathroom cleaning.
Disinfectants / Bleach (sodium hypochlorite) i.e. Milton or household bleach	<p>For disinfection if indicated</p> <p>Following cleaning disinfection with 1000 parts per million available chlorine can be achieved by using</p> <ul style="list-style-type: none"> • Milton 1% - 100 mls mixed with 1 litre of cold water, or • Milton Sterilising Fluid (2%) - 50 mls (generally 2 capfuls) mixed with 1 litre of cold water or • Household bleach e.g. Domestos (4%) <ul style="list-style-type: none"> ▪ 25 mls (generally a capful) mixed with 1 litre of cold water. <p>Note: chlorine based disinfectants are corrosive and may bleach furnishings and fabrics – use according to manufacturers instructions and only in well ventilated areas. Rinse with clean water and dry areas after use.</p>

GENERAL HOME HYGIENE

Routine cleaning practices

- Work surfaces should be cleaned and dried when visibly soiled. 'Clean as you go'.
- Cleaning is accomplished using warm water and detergent.
- Do not guess the measurement, use a measure: Extra measures will not kill more bacteria or clean better - it may damage work surfaces, make floors slippery and give off unpleasant odours.
- Always follow manufacturers' instructions when using detergents and disinfectants.
- Cleaning is not all in the solution but also requires the use of mechanical action i.e. scrubbing action.
- Colour coding of all cleaning equipment i.e. cloths, mops are necessary for different areas i.e kitchen and bathroom.
- Cloths should be rinsed out regularly and machine washed at the end of day or after cleaning is completed. Disposable cloths or towels should be used for spills.
- When cleaning change water frequently as dirty water is ineffective for cleaning.
- Buckets should be emptied after use, washed with detergent and warm water and stored dry.
- Mops which can be machine washed in a hot wash are preferred. Alternatively mops should be cleaned in detergent and warm water, they can then be soaked in disinfectant for an appropriate time, wrung out and left to air dry.
- Toilets, sinks, wash basins, baths, shower areas, surrounding areas and other identified high risk areas should be included in daily cleaning schedules.
- If cleaning is to be effective then it needs to be planned. A cleaning schedule should include:
 - All items and equipment to be cleaned
 - Frequency of cleaning
 - Procedure for cleaning
 - Safety instructions
 - Chemicals and concentration to be used
 - Person responsible



LAUNDRY

The risk of infection from used linen is minimal if handled properly.

The following points should be followed to ensure safety in relation to laundry in a group home, day care or family home setting. Where an onsite laundry facility is used please refer to 'Guidelines on Infection Prevention and Control for Community and Disability Services HSE (Cork and Kerry) 2012'.



How should linen be handled?

- Linen soiled with blood or body fluids should be handled in a manner that prevents contamination of skin and mucous membrane or clothing, and that avoids transfer of germs to other persons and the environment.
- Gloves and disposable plastic aprons should be used for handling linen soiled with blood or body fluids.
- **Manual sluicing is not recommended.** In a domestic setting, prior to washing linen soiled with blood or body fluids, remove any solid matter in a controlled manner, flush into the toilet and place the items directly into the machine. Use a cold pre-wash cycle followed by a hot wash cycle with detergent.
- Hands must be washed after handling laundry.

How should linen and clothing be washed?

- Thorough washing and rinsing at temperatures of 40-60°C with detergent will remove most organisms and is sufficient in most circumstances.
- Linen, clothes, soiled with blood or body fluids should be machine-washed separately using detergent at or above 60°C (or the hottest wash cycle tolerated by the fabric), a biological washing powder is recommended.
- Launder any cloths and towels used in the kitchen and food preparation separately from clothes and bedlinen. Wash in a hot machine wash at or above 60°C using a biological washing powder.
- Clean and soiled laundry should be stored separately.
- It is recommended that the washing machine is not located in the kitchen. Ideally the laundry area should not be located in a site, which is accessed through the kitchen.
- Where linen/clothing is soiled with body fluids regularly, a semi-industrial washing machine with a sluice cycle and capability of a disinfectant cycle i.e attain and hold temperatures of 71°C for 3 mins or 65°C for 10 mins is recommended. Water soluble or alginate bags may be required in conjunction with the machine. Refer to Section 9 in 'Guidelines on Infection Prevention and Control for Community and Disability Services HSE (Cork and Kerry) 2012' for further details.

HOME HYGIENE AND PETS

Pets can often enhance the quality of life of clients living in or attending Disability Services. However, there can be worries that a person may catch an infection from a pet, especially if the person's immunity is reduced through age or illness. Domestic cats, dogs and other types of pets, although apparently healthy can act as carriers of enteric pathogens such as Salmonella and Campylobacter. Sensible precautions as outlined can minimise risks associated with pets.

- Hand hygiene is essential for everyone after any contact with a pet or their feeding utensils, bedding or litter.
- Pets such as dogs or cats should be under the care of a veterinarian, appropriately immunised from disease. Dogs must be wormed regularly.
- Pet living quarters, litter trays should be regularly cleaned. Protective gloves (disposable or designated household gloves) should be worn when cleaning these areas.
- Cleaning of pet cages and tanks should not be carried out in the kitchen.
- Floor surfaces used by pets and pet feeding areas should be regularly cleaned.
- Pets should not be housed or allowed into the kitchen, food preparation and food storage areas.
- Pet feeding utensils should be designated for pet's sole use and washed separately.
- Hands should be washed after handling pets, pet cages, pet feeding utensils or other pet objects, especially before eating.
- Spills from pets such as faeces, urine and vomit should be cleaned immediately and any contaminated surfaces cleaned and disinfected.
- If a pet appears unwell, it should be taken to a vet.
- Pregnant women should not deal with a cat's litter box.



REQUIREMENTS FOR KITCHEN HYGIENE

In community group homes the following is recommended as best practice. Further Guidance in relation to Food Hygiene should be sought from the local Environmental Health Office:

Personal Hygiene for Staff involved in food preparation

- Prior to commencing work, wash hands thoroughly with liquid soap and warm water and dry with paper towels.
- All staff involved in food preparation and service must have clean outer clothing i.e. disposable plastic apron over clothes.
- Jewellery should be limited i.e. no wrist or hand jewellery, rings - flat band only.
- Hand care- keep nails cut short and smooth – no nail varnish or artificial nails.
- Food workers should ensure that lesions and cuts on exposed areas of the skin are totally covered with a distinctive coloured water proof dressing.

Training

- All staff working in food preparation must have formal food safety training commensurate with their duties.

Illness Policy

Staff suffering from or being a carrier of a disease likely to be transmitted through food must not be permitted to handle or prepare food or enter any food handling area.

Structural Hygiene

- All surfaces e.g. walls, floors, ceiling, doors, appliances and fittings and work surfaces should be in a good state of repair.
- Walls, floors, work tops and all surface contact materials and appliances must be smooth, durable and easily washable.
- Exposed wood is not an acceptable material in any kitchen area.
- All splash-backs should be sealed and easily cleaned i.e tiles.
- A separate handwashing sink designated solely for staff handwashing with wall mounted liquid soap and paper towels are recommended.

Storage of Food

- Kitchen fridges should not be used for storage of medication. Vaccines or specimens should not be stored in the kitchen fridge.
- All foods should be stored appropriately, within their expiry dates i.e.
 - Perishable foods stored at 5°C or less
 - Frozen foods at -18°C or less
 - Dry goods stored in a well ventilated area
- All unwrapped/exposed food should be stored in food grade containers i.e. containers that will withstand dishwasher temperatures.

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Cleaning

- All staff should know the appropriate cleaning agents for use in a food area. (See general hygiene)
- Kitchens mops and buckets must be stored in a designated cleaning area/cupboard. These cleaning materials should be designated for the kitchen/food areas only.

Waste

- Waste should be stored in lidded bins and removed quickly from the kitchen.
- Waste outside should be stored in tightly fitted lidded refuse bins.
- Rubbish provides an attraction for flies, rodents and other vermin so it is important that it is managed properly.

Equipment and Appliances

- A dishwasher that can reach a minimum of 82°C should be provided in this area.
- All equipment should be designed, installed and maintained to facilitate effective cleaning.
- Plants and flowers should be excluded from food preparation areas.
- Pets should be excluded from kitchen/dining areas.



FOOD HYGIENE CODE

Only buy food from deli counters and butchers where the raw and cooked food are kept separate and served with separate utensils.



Check the use by dates on perishable foods i.e. meats and dairy products.



Buy chilled and frozen foods towards the end of shopping.
Do not keep for long periods in a warm car: if this is unavoidable use a cool box / bag.



Separate cosmetic products, cleaning agents, fire lighters etc from the foodstuffs when packing and transporting shopping.



Minimise the handling of food during food preparation.



Once food is cooked serve immediately or maintain above 63°C and serve within 90 mins or cool rapidly and refrigerate at or below 5°C.



Keep hot food very hot (over 63°C) and cold food very cold (below 5°C).
Keep food out of the danger zone i.e. the temperature range between 5°C to 63°C - room temperature.



Cook and reheat meat dishes, soups, gravies and stews to very high temperatures (above 74°C is safe).
To be sure: use a thermometer inserted into the deepest point of the food.



Wash hands frequently and before preparing food, after handling raw meats, unwashed vegetables, coughing, sneezing or smoking, use of the toilet, cleaning jobs, changing nappies, or handling pets or rubbish.



Clean as you go. Clean and disinfect surfaces that come into contact with food, including spillages.
Use disposable cloths/paper towels where possible.
Cloths and tea towels should be machine washed at end of the day. Wash hands after cleaning.



Keep raw meat separate from cooked or ready to eat foods in fridge, shopping bags, worktops etc. Never store raw food above ready to eat food.
Keep foods covered while in the fridge.

HOME HEALTHCARE

STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS

It is not always possible to identify people who may spread infection to others. Hence, routine precautions are recommended for the care and treatment of all clients, to prevent the spread of infection.

Standard Precautions are a set of protective measures designed to prevent contact with blood and body fluids and apply to situations where you anticipate 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 are work practices required for a **basic level of infection prevention and control**. They can be applied as standard principles by

- **ALL** staff, when providing care to
- **ALL** clients, at
- **ALL** times.

Standard Precautions are applied regardless of whether you know if the person has or has not got an infection.

Key Elements of Standard Precautions are

1. Hand hygiene
2. Respiratory Hygiene and cough etiquette
3. Protective Clothing - when to wear gloves, aprons and masks/goggles
4. Cleaning of the home
5. Care of client care equipment
6. Care with laundry
7. Dealing with spills of body fluids safely
8. Care and disposal of sharps (needles)
9. Dealing with a needle stick injury or blood or body fluid splashes onto eyes or broken skin
10. Staff health, hygiene and staff immunisations
11. Healthcare Risk Waste

1. HAND HYGIENE (REFER TO HAND HYGIENE SECTION)

2. RESPIRATORY HYGIENE AND COUGH ETIQUETTE

Respiratory infections such as flu can be spread through respiratory secretions when people cough and sneeze. The following good hygiene practices are recommended for everyone:

- Cover nose/mouth when coughing or sneezing and turn away from others.
- Use disposable one-use tissues when coughing or sneezing.
- Dispose of tissue in the nearest bin after use.
- Carry out hand hygiene regularly and after hands are soiled with respiratory secretions.
- Keep hands away from the mucous membranes of the eyes and nose.

HOME HEALTHCARE

3. PROTECTIVE CLOTHING - WHEN TO WEAR GLOVES, APRONS, MASKS/GOGGLES

Protective clothing should be worn when in contact with

- blood, body fluids, secretions and excretions (with the exception of sweat)
- wounds or non-intact skin
- mucus membranes(inner surfaces of the mouth)

The type of protective clothing required will depend on the amount of contact anticipated and the task involved.

Protective clothing can create a false sense of security and even increase the risk of cross-infection if used incorrectly e.g. failure to clean hands following removal of gloves.

Gloves

Gloves reduce the risk of contamination but do not eliminate it; therefore gloves are not a substitute for hand hygiene.

Disposable gloves (nitrile or powder free latex) should be worn for the following:

- all activities that carry a risk of contact with blood or body fluids,
- for direct contact with non intact skin e.g. wound, rashes
- for direct contact with mucus membranes (inside of mouth) or
- when handling contaminated equipment e.g. soiled linen, used nappies.



Remember

- Gloves should be well fitting.
- Gloves must be changed between caring for different clients.
- Gloves may need to be changed between different care activities for the same client.
- Always clean your hands after removing gloves.
- If wearing a disposable plastic apron and gloves, first remove and discard gloves followed by the apron then wash your hands.
- Household gloves are recommended for household duties.

How do I remove my gloves safely?

Gloves reduce the risk of contamination but do not eliminate it; therefore gloves are not a substitute for hand hygiene.

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

1

Grasp the outside edge near your wrist with the opposite gloved hand: peel off turning glove inside-out. Hold it in the opposite gloved hand.

2

Slide your ungloved fingers under the remaining glove at your other wrist.

3

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

HOME HEALTHCARE

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 person to wash,
- assisting a person to dress,
- assisting a person to eat their meals or
- removing/changing bed linen or moving equipment which is not soiled.

Aprons

When direct contact between your clothing and blood/body fluids is anticipated, or during activities which are likely to generate splashing of body fluids, it is recommended that a disposable apron is worn.

Remember

- Aprons are single use and should be discarded after each use.
- Aprons if required must be changed between caring for different clients.
- Aprons may need to be changed between different care activities for the same client.
- Always clean your hands after removing aprons.

When wearing gloves or /and an apron

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

Masks/Goggles

Face masks and eye protection are only necessary when splashing of blood or body fluids to your face is anticipated and are not routinely required in a home care setting. However they may need to be available as required for activities such as suctioning.

4. CLEANING OF THE HOME

See General Home Hygiene Section.

5. CARE OF CLIENT-CARE EQUIPMENT

All items/equipment used in the delivery of care should be visibly clean.

- Equipment should be cleaned as per manufacturers instructions and this is generally achieved using detergent and warm water. When followed by drying, cleaning is adequate for those items, which either do not come into contact with the client or touch only intact healthy skin.
- Equipment to be used by different clients should be cleaned immediately after use e.g. shower chair.

If items are soiled with blood or body fluids,

- Following cleaning equipment should be disinfected as per manufacturers instructions and this is usually achieved using a chlorine based disinfectant and cold water with 1000 ppm (parts per million) available chlorine i.e. 100 mls of Milton 1% in 1 litre of cold water, rinse with clean water and dry.
- For dilution and use of household bleach follow manufacturers' instructions.



HOME HEALTHCARE

MEDICAL DEVICES

'Single Use Devices'

- Single use items are for one episode of use by one person and must not be reprocessed and/ or reused.
- Ensure that single use items are disposed of after use according to local waste policy.
- Examples include vacutainer barrels, enteral feeding giving sets/bags, 500ml normal saline bottles, syringes, dressings, some nebuliser sets.



Symbol denotes single use item, do not re-use. Use once only

'Single Patient Use Devices'

- Some items can be reused for the same client these are labelled as 'single-patient use'.
- It is necessary to have manufacturers instructions for reprocessing/cleaning of 'single patient use' / reusable devices which should give recommendations on:
 - method of decontamination (cleaning with or without disinfection)
 - number of times item can be used or length of time item can be in use
 - storage of item in between uses
 - schedule for servicing and or validation.

Examples include some nebuliser sets, reusable enteral feeding syringes.

For cleaning of reusable devices in community group homes the following is recommended

- Cleaning is carried out in a clean utility/treatment room where available or
- Cleaning is carried out in a clean area associated with the use of the device i.e reusable enteral feeding syringes in kitchen area.

Further advice on decontamination, medical devices and management of sterile supplies can be found in Section 8 of 'Guidelines on Infection Prevention and Control for Community and Disability Services' HSE South (Cork and Kerry) 2012 which includes an A-Z of cleaning of equipment, a limited number of items are included in the following table.

HOME HEALTHCARE

DECONTAMINATION OF EQUIPMENT

Equipment	Recommendation
Glucometer (Blood glucose monitoring device)	<p>See Blood Glucose Monitoring Section 12.5 of the Guidelines on Infection Prevention and Control HSE South 2012</p> <p>For persons on regular blood glucose monitoring designate the glucometer for individual use only. If used for 'multi patient use', it must be decontaminated according to manufacturer's instructions in between <u>each</u> use.</p>
Lancing devices (a) Pen style lancing device (b) Disposable Lancets	<p>(a) Single patient use'- used by resident him/herself.</p> <p>(b) Recommended for use by staff. Single use device with retractable needle which is disposed of immediately after use into a sharps bin.</p> <p>In day care settings if clients require blood glucose monitoring request that client brings their own BGM and supplies.</p>
Hoist Slings/sliding sheets	<p>Each person should have his or her own hoist sling/sliding sheet. Launder regularly, immediately if visibly soiled.</p>
Mattresses(foam /pressure relieving)	<p>Clean as part of routine cleaning and in between each use by different clients in accordance with manufacturer's instructions.</p> <p>Clean the cover with detergent and warm water, rinse and dry. If soiled with blood or body fluids: Following routine cleaning, disinfect using a chlorine releasing disinfectant/hypochlorite at 1,000 ppm concentration, rinse and dry. Do not disinfect unnecessarily as this may damage the mattress cover.</p> <p>Routinely inspect for damage including opening the cover and inspect foam. If either the cover is torn or the foam of the mattress becomes contaminated, the mattress should be condemned and foam and/ or cover replaced.</p>

HOME HEALTHCARE

DECONTAMINATION OF EQUIPMENT

Equipment	Recommendation
<p>Nebulisers- mask, chamber, tubing 'Single use'</p> <p>'Single patient use'</p> <p>Compressor for Nebulisers</p>	<p>Dispose of immediately after each use.</p> <p>Cleaned and changed according to manufacturers instructions or immediately if damaged.</p> <p>Where required on a regular basis designate for individual resident use, change filters and service according to manufacturer's instructions.</p> <p>In day care settings if clients require nebulisation request that client brings their own equipment</p> <p>Refer to Guidelines on the use of nebuliser administration equipment in long term care settings HSE South Cork & Kerry (2010)</p>
<p>Syringes Enteral 'Single use'</p> <p>'Single patient use and Reusable'</p>	<p>Dispose of immediately after each use.</p> <p>Reusable enteral syringes (purple) should be cleaned according to manufacturers' instructions. Enteral feeding syringes may be disposed of as healthcare non risk waste. See Section on Enteral feeding in Guidelines on Infection Prevention and Control for Disability Services HSE South (Cork and Kerry) 2008</p>
<p>Suction Equipment</p> <p>(a) Catheter/Yankeur (b) Tubing</p> <p>(c) Disposable Liner and Liner Holders</p> <p>(d) Reusable collection container (Suction jar)</p> <p>(e) Filter</p>	<p>Use, clean, service and validate according to manufacturer instructions.</p> <p>(a) Single use only (b) Single resident/client use – flush through after each use, change according to manufacturers instruction.</p> <p>(c) Disposable suction liners are the preferred option and should be disposed of as healthcare risk waste into leak proof containers. If a solidifying agent is in the liner it may be disposed of in a yellow health care risk waste bag. Dispose of after use and/or at 24 hrs. Liner holder should be cleaned between uses and as part of routine cleaning.</p> <p>(d) Collection container should be decontaminated between each resident/client by sterilisation. In the home setting empty contents into the toilet, wash with warm water and detergent, and disinfect by immersing in a hypochlorite solution/chlorine based disinfectant at 1000 ppm, then rinse and dry.</p> <p>(e) Suction apparatus should be fitted with a filter to protect the machine from contamination. Change filter if it becomes wet or discoloured, according to manufacturer instructions and prior to storage.</p>

HOME HEALTHCARE

6. CARE WITH LAUNDRY

Refer to Section on General Home Hygiene - Laundry.

7. DEALING WITH SPILLS OF BODY FLUIDS SAFELY

- All spillages must be dealt with as soon as possible to protect others and prevent damage to surfaces in the environment.
- Other people should be kept away until the spillage has been cleaned and the area is dry.
- Spills should be removed before the area is cleaned.
- Care should be taken if there are sharp items present. Sharps should first be removed before cleaning the area.
- Disposable cloth/towel is recommended to clean spillages.

Body fluid spillage e.g. blood, faeces, urine.

1. Wear disposable gloves
2. Wear a disposable plastic apron if splashing is anticipated
3. Cover spillage with disposable paper towels.
4. Remove sodden paper towels.
5. Clean area with detergent and warm water using a disposable cloth.
6. Dispose of paper towels, gloves, apron and cloth safely in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into waste bag/bin.
7. Following spillages of blood, vomit, faeces disinfect the area with sodium hypochlorite i.e. Milton or household bleach 1000 ppm (parts per million) available chlorine i.e 100 mls of Milton 1% in 1 litre of cold water.
8. Following disinfection rinse surface/equipment with water.
9. Leave the area dry.
10. Wash and dry hands.

Bleach (sodium hypochlorite or equivalent) i.e. miltion or household bleach

- are not suitable for urine spills ,
- should be used in well ventilated areas,
- should be used as per manufacturers' instructions.
- can damage /bleach soft furnishings carpets
- can corrode metals – ensure to rinse thoroughly.

Note: Chlorine granules may be provided in commercially available 'spills kits', chlorine granules are generally recommended for small spills only and are not recommended for urine spills.

HOME HEALTHCARE

8. SAFE USE AND DISPOSAL OF SHARPS (NEEDLES AND SYRINGES)

It is the personal responsibility of the person using a sharp to dispose of it safely.

1. Sharps trays with integral sharps bins are recommended for carrying sharps to and from the place of use. The bin size should correspond to the tray.
2. Ensure the bin size and aperture is of appropriate size for disposal of sharps in use.
3. Needles and syringes should be discarded as a single unit immediately after use into an approved sharps container.
4. Sharps must not be passed directly from hand to hand and handling should be kept to a minimum.
5. Needles should not be recapped, bent, broken or disassembled before disposal.
6. Sharps containers should be located in a safe position that avoids spillages, is at a height that enables safe disposal of sharps, is away from public areas and is out of reach of clients, visitors e.g. wall mounted at a height that enables safe disposal by all staff, in a locked press/area.
7. The sharps containers must be sealed when $\frac{3}{4}$ full. Do not overfill. Sealed containers must be disposed of in an approved manner.
8. If appropriate use temporary closure mechanism when sharps bins are not in use i.e. when taking a sharps tray to and from the place of use.
9. The sharps container must be assembled and closed correctly and signed for by the person doing so. Date and location must be identified.
10. Sharps containers should be removed for disposal only when the above information is present.
11. Sharps bins should be disposed of every 3 months even if not full.
12. Sharps safety devices are recommended for use if a risk assessment has indicated that they will provide safer systems of work practices for HCW, carers and clients. Sharps safety devices include needleless devices and retractable devices e.g. lancets.
13. Where safety devices are introduced they must be accompanied by appropriate training and education for the users.
14. Sharps tray should be emptied and cleaned after each procedure.



Sharps Waste generated in Disability Services

Sharps waste generated in a Disability Service should be disposed of as Healthcare Risk waste through an approved collection. For details see Section 20 in the Guidelines on Infection Prevention and Control for Community and Disability Services HSE South (Cork & Kerry) 2012

HOME HEALTHCARE

9. DEALING WITH NEEDLE STICK INJURIES, BITES OR BLOOD OR BODY FLUID SPLASHES ONTO EYES OR BROKEN SKIN

Such exposures include:

- Injuries from used sharps or needles which penetrate the skin
- Contamination of abrasions/broken skin with blood or body fluids
- Human scratches/bites where the skin is broken
- Splashes of blood/body fluids onto mucous membranes e.g eyes/mouth
- Aspiration or ingestion of blood, blood components or other body fluids

First Aid

1. **Bleeding** from the wound (needlestick injury or bite) should be encouraged by gently pressing on the area
2. The wound should be **washed** under cool running water.
3. **Do not suck** the wound, scrub or use a nailbrush.
4. The wound should be **covered** with a waterproof dressing.
5. Skin, eyes or mouth should be **washed** out with copious amounts of water.

Reporting and Follow up

1. The incident should be **reported immediately** to the person in charge and an accident/incident form completed and local policy followed.
2. **Assessment of the injury** should be carried out by an Occupational Health Department, General Practitioner or Medical Officer by local arrangement.

REMEMBER

1. BLEED

2. WASH

3. REPORT

For further details refer to Section 3 Guidelines on Infection Prevention and Control for Community and Disability Services HSE South (Cork and Kerry) 2012

HOME HEALTHCARE

10. STAFF HEALTH, HYGIENE AND IMMUNISATION

A high level of personal hygiene and appropriate immunisations provides good baseline protection for health and social care workers and helps prevent the spread of infection.

Details on staff immunisation and advice on exclusion from work is available in the Guidelines on Infection Control for Community and Disability Services HSE South (Cork & Kerry) 2012 (Section 7 Immunisation and Appendix 2 Exclusion from work.)

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 of this document).
- Short sleeves or rolled up sleeves must be worn to ensure that you can carry out hand hygiene correctly.
- Hair should be clean and away from your face, avoid touching 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/flip flops.

Caring for your hands

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

Should you be at work?

Infectious diseases in staff can be readily transmitted to susceptible people for example

- Respiratory infections e.g. the flu can be transmitted to those you care for by respiratory secretions when coughing sneezing and on your hands.
- Diarrhoea or vomiting illness can also be transmitted to those you care for by your hands, on items you have touched or on food that you handle.

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.

11. HEALTH CARE RISK WASTE

Guidance on the management of waste in a healthcare setting is detailed in Section 20 Guidelines on Infection Control for Community and Disability Services HSE South (Cork & Kerry) 2012

GENERAL GUIDELINES ON THE MANAGEMENT OF OUTBREAK OF INFECTION

Please refer to Guidelines on Infection Prevention and Control for Community and Disability Services HSE South (Cork & Kerry) 2012 for detailed information on

- Monitoring and Reporting of Infectious Diseases and
- Control of an Outbreak

Notification of Infectious Diseases and Outbreaks

Certain cases of infectious diseases, whether confirmed or suspected, must be notified by the Medical Officer/GP/Person in Charge to the Department of Public Health. A standard form and advice on local arrangements is available from the Senior Medical Officer (SMO). A list of notifiable diseases appears in the above guidelines (See appendices). It is recommended that cases of other infectious diseases, which are not statutorily notifiable (e.g. scabies) should also be reported by the Medical Officer/GP/Person in Charge to the SMO /Infection Prevention and Control Nurse when an outbreak is suspected.

Prompt notification and reporting of cases of infectious disease and suspected outbreaks to the SMO and Infection Prevention and Control Nurse is essential for the monitoring of infection, and allows for early investigation and prompt control of its spread.

What is an outbreak?

An outbreak may be defined as two or more linked cases of the same illness (two or more person (staff or clients) having the same infectious illness at the same time) for example two people with vomiting and diarrhoea.

Management of Acute Infectious Gastroenteritis (Diarrhoea and Vomiting)

- Acute infectious gastroenteritis is a common but preventable illness. Symptoms include a combination of diarrhoea, nausea, vomiting and occasionally abdominal pain, cramps and fever. All cases should be taken seriously and presumed to be infectious until advised otherwise.
- In the absence of a known non-infectious cause acute infectious gastroenteritis is defined as
 - diarrhoea, three or more episodes in a 24 hour period, or
 - bloody diarrhoea or
 - vomiting together with at least one other symptom (diarrhoea, abdominal pain/cramps, fever)

Note:

Diarrhoea is defined as three or more loose/watery bowel movements which take up the shape of their container (which are unusual or different for the resident/client) in a 24 hour period.

- A range of germs cause gastroenteritis: bacteria such as Salmonella, E-coli 0157 and viruses such as norovirus and rotavirus, these germs produce a range of symptoms. Most acute diarrhoeal infection is caused by viruses and is short lived. However, in bacterial infections, the diarrhoea can be persistent.
- Germs which cause gastroenteritis are transmitted via contaminated food, water or the contact route e.g. germs are carried in faeces and spread by unwashed hands to surfaces touched by hands (e.g. taps, toilet flush handles, door handles), to food and other service users and staff.
- All cases of gastroenteritis should be regarded as potentially infectious. All persons working where there is a special risk of spreading the illness, e.g. working with food, in healthcare or child care settings should be excluded from work until they are well. Germs causing gastroenteritis may infect without causing symptoms or be excreted for long periods after recovery, but transmission is unlikely providing that good personal hygiene is practiced.

GENERAL GUIDELINES ON THE MANAGEMENT OF OUTBREAK OF INFECTION

- In residential care the resident's GP should be notified. If infection is suspected, arrange for specimens of faeces to be sent to the laboratory. If the laboratory reports a notifiable disease, notify the Senior Medical Officer (SMO).
- Two or more cases, which are suspected or known to be infectious and occur within a few days, in for example, a residential or day care setting should be investigated and the Senior Medical Officer at the Department of Public Health and Infection Prevention and Control Nurse notified.
- In the event of an outbreak a record of cases should be maintained. (See Section 10 Guidelines on Infection Prevention and Control for Community and Disability Services HSE South (Cork & Kerry) 2012 for a sample case log with instructions on what information should be maintained).

In Day Care Settings

- The SMO, Infection Prevention and Control Nurse (IPCN) or Principal Environmental Health Officer will advise on any special measures necessitated by an outbreak.
- Clients who have symptoms of gastroenteritis should not attend until they have been without symptoms for 2 days.
- Where clients develop symptoms of gastroenteritis in a day care settings they should leave as soon as possible.
- Whilst ill in the day care setting a toilet should be designated for their use and they should stay in a separate room or area if possible whilst awaiting transport.
- After the person leaves the day care setting the toilet and area used should be cleaned and disinfected.

In the Residential Healthcare Setting

- The SMO, IPCN or Principal Environmental Health Officer will advise on any special measures necessitated by an outbreak.
- Residents should have a separate room with toilet facilities or the sole use of a designated toilet/commode as long as symptoms persist.
- Consideration should be given to the safety of visitors of residents with infections, particularly elderly and very young visitors. Visitors should be encouraged to hand wash or use alcohol hand rub product on entering and leaving the healthcare facility.
- Visiting restrictions may be required during an outbreak of infection particularly for elderly and very young visitors. Information for visitors should include asking them not to visit if they have had symptoms of diarrhoea or vomiting within the previous 48 hrs.
- In the event of a hospital admission being necessary the receiving hospital must be notified of the possibility of infection before the resident arrives so that appropriate precautions can be put in place to prevent spread.

ADEQUATE HAND HYGIENE FACILITIES FOR SERVICE USERS AND STAFF ARE ESSENTIAL

**Close attention must be given to regular hand washing using liquid soap and paper towels
Remember to offer people the opportunity to wash their hands after using the bathroom and before eating.**

GENERAL GUIDELINES ON THE MANAGEMENT OF OUTBREAK OF INFECTION

Infection Prevention and Control during Outbreaks

When there is a suspected outbreak of diarrhoea/vomiting in a facility, effective infection control is crucial and close attention must be paid to:

- Regular hand washing for everyone using liquid soap and paper towels. Remember to offer people the opportunity to wash their hands after using the bathroom and before eating.
- Ensuring all ill staff and service users are excluded until 48 hours after symptoms have resolved (or longer if advised by Dept of Public Health).
- Separating those who are ill from those who are not – advice should be sought. In a healthcare setting Contact Precautions should be implemented.
- Using disposable gloves and aprons when dealing with all body fluids.
- Cleaning and disinfection of frequently touched surfaces.
- Cleaning and disinfection of toilet areas and nappy changing areas.
- Cleaning and disinfection of care equipment.
- Careful disposal of waste e.g. contaminated paper towels, cleaning cloths used for spills, nappies, used gloves and aprons should be placed immediately into plastic bags, which are tied securely, and removed to a suitable refuse storage area outside the premises. In a healthcare setting such waste will be disposed of as health care risk waste.

Guidance on Cleaning During Outbreaks of Gastroenteritis (Diarrhoea/Vomiting)

When cleaning up spills of vomit or diarrhoea

- Wear disposable gloves and apron.
- Use paper towels/kitchen roll or disposable cloth to soak up excess liquid. Transfer these and any solid matter directly into a plastic bag and dispose of carefully.
- Clean the soiled area with detergent and warm water, using a disposable cloth.
- Disinfect the contaminated area with a dilution 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 or
 - Household bleach e.g. Domestos (4%) 25 mls (generally a capful) mixed with 1 litre of cold water or 125 mls mixed with 5 litres of cold water for larger areas.
 - Note chlorine based disinfectants are corrosive and may bleach furnishings and fabrics – use according to manufacturers instructions and only in well ventilated areas. Rinse and dry areas after use.
- Dispose of gloves and apron. Rubber gloves if used must be washed thoroughly, disinfected and dried.
- After cleaning wash hands thoroughly using soap and water and dry using paper towel.

GENERAL GUIDELINES ON THE MANAGEMENT OF OUTBREAK OF INFECTION

Cleaning of the Environment and Equipment

It is recommended that hard surfaces within the vicinity of any incident of vomiting are cleaned and disinfected.

- Horizontal surfaces, furniture and soft furnishings in the vicinity of the soiled area should be cleaned with detergent and warm water, using a disposable cloth.
- Particular attention should be paid to surfaces touched by hands including wash hand basins, work surfaces, taps, toilets and bath rails, telephones etc.
- Use freshly prepared disinfectant to disinfect hard surfaces after cleaning as above.
- Disposable cloths should be used for cleaning areas soiled with diarrhoea and/ or vomit and discard after use.

Other considerations

- Soiled linen should be placed carefully into the washing machine.
- Soiled pillows should also be laundered.
- Dispose of any exposed food that may have been contaminated.
- If soft furnishings, carpets become contaminated they should be cleaned with detergent and warm water, then disinfected with hypochlorite (if bleach – resistant) or steam cleaned if possible.

If you have concerns about a possible outbreak of gastroenteritis seek advice.

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USEFUL CONTACTS

Department of Public Health, Senior Medical Officers (SMO)

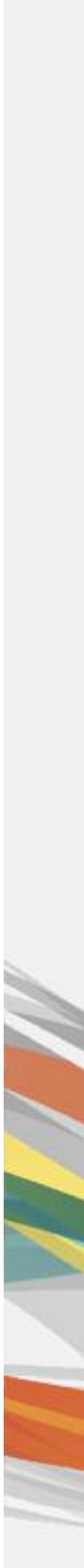
Cork City and County	HSE South, Floor 2, Block 8, St. Finbarr's Hospital, Douglas Road, Cork	021 49 27601
Kerry	HSE South, Kerry Community Services Rathass, Tralee, Co. Kerry	066 718 4548

Infection Prevention and Control Nurse (IPCN)

Patricia Coughlan	Cork / Kerry Disability Services, St. Finbarr's Hospital, Cork	086 7872179 021 49 23148
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Principal Environmental Health Officers

North Lee City/County	HSE South, 26 South Mall, Cork	021 49 21801
South Lee City/County	HSE South, Floor 2, Father Mathew Quay, Cork	021 49 27703
North Cork	HSE South, St. Joseph's Rd., Mallow, Co. Cork	022 44920
West Cork	HSE South, Coolnagarrane, Skibbereen, Co. Cork	028 51456
Kerry	HSE South, Edward Court, Edward St, Tralee, Co. Kerry	066 718 4810





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