

SD-24

POLICY AND PROCEDURE

Infection Prevention and Control

Approved by: _____

Date Effective From: _____

Review Date: _____

Carriglea Cáirde Services

Procedures Manual

Title: INFECTION PREVENTION AND CONTROL

1.0 Scope

1.1 Prevention, management and control of infection.

2.0 Aims and Values

2.1 To ensure that measures are in place to prevent or minimise the occurrence of healthcare-associated infections and to ensure effective management and control of infection in the event of an outbreak.

2.2 To ensure that staff receive appropriate guidance and training to promote a person-centred approach to infection prevention and control.

2.3 To ensure that service users are provided with user-friendly information in regard to the prevention and control of infection

3.0 Contents

- 6.0 Management of infection control.
- 7.0 Healthcare risk waste management.
- 8.0 Spillages.
- 9.0 Personal protective equipment
- 10.0 Hand Hygiene.
- 11.0 Notifiable infectious diseases.
- 12.0 In the Event of an Outbreak
- 13.0 Influenza and Hepatitis B

4.0 Referenced Documents

HIQA National Standards for the Prevention and Control of Healthcare Associated Infections.
HSE Infection Prevention and Control Manual
HIQA Guide: Monitoring Programme for National Standards for the prevention and Control of Healthcare Associated Infections
Health Protection Surveillance Centre (HPSC) website

- SD-09 Catering Arrangements
- SD-12 Clinical Practice
- SD-11 Cleaning
- SD-28 Laundry
- SD-30 Medication Management
- SD-57 Waste Management & Pest Control

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HR-13	Hepatitis B Programme
CG-08	Temperature monitoring of staff during COVID-19 Pandemic
HRMF-09	Hepatitis B Vaccine Staff Consent Form
C4-12	Cleaning Programme form
C4-16	Consent form for Service users Hepatitis B Vaccine
C4-48	Outbreak Report Form.
C4-17	Consent form Influenza Vaccine (Staff)
C4-76	Temperature Chart-Medical Fridge
	Consent Form for Covid Swab (easy read)
	Covid-19 Controls Audit form
	HIQA Self-assessment tool: Preparedness planning and Infection prevention and control assurance framework for registered providers.

5.0 Responsibilities

5.1 The manager and all staff.

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6.0 MANAGEMENT OF INFECTION CONTROL

- 6.1 The Senior Services Manager Clinical Governance Lead is responsible for developing, monitoring and reviewing the infection prevention and control strategy for the Services. This includes the safe handling and disposal of clinical waste, spillages, provision of personal protective equipment (PPE) and hand sanitizing facilities.
- 6.2 An infection prevention and control committee is in place in the service, which has formal meetings that are minuted. The committee has Terms of Reference and membership includes representatives from across residential and day services.
- 6.3 The Senior Services Manager Clinical Governance Lead in consultation with the quality committee should ensure that a review of the infection control procedures is undertaken regularly to ensure:
- The continuing suitability and effectiveness of the policy/procedure.
 - That any issues arising from the review are addressed.
 - That any new infection trends nationally, or existing common infectious-disease patterns locally, are identified and preventative action taken.
- 6.4 The Person in Charge/ manager should ensure that:
- in cases where a service user has been diagnosed as having an infectious disease, a full record is made in the individual's Medical file (GP notes), and regular updates are made in the Service User *Daily Report Record*.
 - the delivery of care to service users who have an infectious disease is not only appropriate to the risk but is also sensitive, discreet and does not leave the person feeling either isolated or victimised.
 - as part of their induction, staff receive appropriate instruction and guidance on infection prevention and control procedures e.g. hand hygiene and standard precautions.
 - Staff complete the following training on HSEland:
 - Hand hygiene
 - Introduction to infection prevention and control
 - Breaking the chain of Infection
 - Donning and Doffing PPE
- 6.5 Service users must be empowered to protect themselves and other from healthcare-associated infections by providing them with appropriate user-friendly information and training.
- 6.6 The Services supports the appropriate use of antimicrobial medications.
- 6.7 In order to reduce the risk of infection, the Services offer vaccinations to service users and staff i.e. annual flu vaccination and vaccination against Hepatitis B. (*See HR-13 Hepatitis B Programme*)
- 6.8 Further guidelines in relation to Infection Control are available in:
- the HSE Guidelines '*Community Infection Prevention and Control Manual*'

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- HIQA *National Standards for the Prevention and Control of Health care Associated Infections (May, 2009)* which is available in the booklets box in all areas.
- HIQA *National Standards for infection prevention and control in community services* Sept, 2018 (Available on the HIQA website)
- Guide to HIQA’s targeted monitoring programme against the *National Standards for Infection Prevention and Control in Community Services during the COVID-19 pandemic (July, 2020)*
- COVID-19 An assurance framework for registered providers – preparedness planning and infection prevention and control measures (*HIQA, Sept. 2020*)
- The Health Protection Surveillance Centre website (*hpsc.ie*)

6.9 A high standard of cleanliness is essential in order to prevent infection. See policy and procedure on *Cleaning* for further details. Cleaning audits are carried out periodically in the services.

6.10 Arrangements are in place for linen and laundry management appropriate to the setting, including handling and segregation of clean and used linen. Contaminated linen is managed in line with best practice. See policy on *Laundry* for further details.

6.11 High standards are maintained with regard to the preparation, storage and serving of meals. See policy on *Catering Arrangements*.

6.12 **STANDARAD PRECAUTIONS;** Carriglea Cáirde Services promotes the use of HSE approved Standard Precautions which are a group of routine infection prevention and control practices and measures that should be used for all people at all times regardless of suspected, confirmed or presumed infectious status, in any setting in which care is delivered. Standard precautions include, appropriate to the setting, the following:

- hand hygiene
- use of personal protective equipment (PPE)
- management of spillages of blood and bodily fluids
- appropriate patient placement
- management of sharps
- safe injection practices
- respiratory hygiene and cough etiquette
- management of needle-stick injuries
- management of waste
- management of laundry
- decontamination of reusable medical equipment
- decontamination of the environment
- occupational safety.

6.13 **TRANSMISSION BASED PRECAUTIONS:** When necessary Transmission Based Precautions as defined by the HSE will be put in place. These are additional precautions that are recommended when Standard Precautions alone may not be sufficient to prevent the transmission of certain infectious agents such as *Clostridium difficile*, influenza or tuberculosis etc.

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Transmission Based Precautions address the specific mode of transmission of the infecting micro-organism which can be by contact (direct or indirect), and/or droplet and/or airborne.

The key elements of Transmission Based Precautions are;

- Resident Placement
- Hand hygiene
- Personal protective equipment (PPE)
- Transport
- Care equipment
- Environmental cleaning
- Management of laundry
- Occupational health
- Duration of precautions.

Before implementing Transmission Based Precautions, it is important to first consider;

- the individual resident
- the setting
- the infectious agent
- the presence of another vulnerable resident and
- the type of procedures/activities being undertaken.

When transmission-based precautions are required, it is important to minimise any potential ill effects on people and their family.

When a resident is unwell and being transferred to an acute hospital setting, ambulance control and the acute hospital personnel must be advised in advance if the resident has an infectious condition (e.g. influenza) and that necessary infection prevention and control protocols require to be put in place.

6.14 Equipment designated ‘single-use only’ must not be re-used and designated single-patient-use equipment that may be used more than once on the same person only.

6.15 Carriglea Cárde Services has a policy on *Clinical Practice* and clinical guideline documents which promote good infection control practices are in place (in the green clinical guidelines folder) on the following topics:

- Administration of Nebulised Medication (for adults) using a Compressor
- Oxygen Therapy Administration
- Percutaneous Endoscopic Gastronomy (PEG) Feeding Management.
- Undertaking Venepuncture in adults
- Administration of Subcutaneous Prefilled Pen injections
- Blood Glucose Monitoring
- Urethral Catheterisation
- Temperature monitoring of staff during COVID-19 (Coronavirus) Pandemic.

6.16 Infection prevention and control measures are considered when planning any refurbishment or maintenance projects within the Services.

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6.17 Equipment and medical devices e.g. glucometers and nebulisers must be stored, managed and use in a hygienic manner.

7.0 HEALTHCARE RISK WASTE

7.1 Staff may be required to deal with healthcare risk waste as part of their duties. Such staff should understand the associated risks and follow agreed procedures for safe disposal.

7.2 Staff should ensure that they have access to a ‘sharps bin’ for disposal of syringes, needles and other sharps e.g. razors. The procedure for the management of and disposal of sharps is set out in the *Medication Management Policy*.

7.3 Healthcare waste, including blood-stained or contaminated items should be placed in special yellow bags, available from the medical room. These bags should not be over-filled and no sharps, liquids or hard objects should be placed in them. These bags should be securely tied and disposed of in the yellow bin beside the smoking area. This bin is kept locked and the keys are available from the medical room.

7.4 The Senior Services Manager Clinical Governance Lead is responsible for organising the safe removal of healthcare risk waste from the service.

7.5 Further details on waste management within the Services are set out in the policy on *Waste Management and Pest Control*.

8.0 SPILLAGES

8.1 Whenever a spillage occurs staff must ensure that they wear the appropriate PPE such as disposable gloves and apron. Dispose of PPE appropriately and wash and dry hands thoroughly after spillage has been cleaned up.

8.2 Blood and body fluid spillages should be dealt with immediately. Spills should be removed using absorbent material e.g. disposable paper towels or kitchen roll before the area is cleaned (with detergent and warm water) and then disinfected.

A chlorine-based disinfectant is recommended when disinfection is required. Generally, there are two categories of chlorine-based disinfectants - Sodium hypochlorite (Bleach) available in liquid form - Examples: Milton, Domestos. Sodium dichloroisocyanurate (NaDCC) available as tablets, powders and granules - Examples: Presept, Haz-Tab, Klorosept, Acticlor. Use as per manufacturer’s instructions.

8.3 The area should be well ventilated if a chlorine-based disinfectant is used. Liquids should not be added directly to spills as it increases the size of the spill.

8.4 Disposable cleaning cloths/mop heads should be used to clean up spillages. If non-disposable cloths/mops are used to clean a spillage area, they should be heat disinfected in a washing machine after use at 60°C.

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8.5 Chlorine based disinfectants should not be used on soft furnishings, carpets, or other surfaces that are likely to be damaged by bleach. Chlorine is corrosive to metals and may damage some pressed-wood products. Hot water and detergent or carpet shampoo should be used. Steam cleaning can also be used.

9.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 9.1 The manager is responsible for identifying the nature of PPE that may be required.
- 9.2 Staff should ensure that an adequate supply of all the required PPE is available in an area at all times.
- 9.3 The suppliers of PPE should be reviewed periodically by the manager for their continuing suitability.
- 9.4 All line managers must risk assess their areas for the potential of service users choking on disposable gloves. Where it is an identified risk, gloves must be locked away.
- 9.5 See further details regarding Personal Protective Equipment in the HSE Infection Prevention & Control Manual (3.1.4).
- 9.6 Staff training is available on HSEland on the correct use of PPE.
- 9.7 In line with Covid-19 guidance, face masks are provided in all areas and are to be worn by healthcare workers when providing care within 2 metres of any service user or when working within 2 metres of another healthcare worker for more than 15 minutes.

10.0 HAND HYGIENE

- 10.1 It is essential that a culture of hand hygiene is embedded in every part of the service. All staff are trained in hand hygiene and can update every 2 years on HSEland.ie Staff should refer to the Guidelines on effective hand washing as set out in the HSE Infection Prevention and Control Manual (3.1.3).
- 10.2 Hand hygiene is the single most important method of infection control to protect both staff and service users alike. Staff should adhere to the World Health Organization's (WHO's) 'five moments of hand hygiene' principles or emerging best practice and relevant national guidance.
- 10.3 It is the responsibility of all staff to follow effective hand-washing procedures at all times when assisting service users with any aspect of personal care. Staff must wear new gloves after each episode of care, and wash their hands before and after the task has been carried out. The potential chain of infection is broken by effective hand hygiene. Alcohol based hand gel is available in all areas and should be used before and after contact with a service user if hand-washing is not feasible.

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10.4 Hand washing technique signage is displayed at hand washing areas.

10.5 Measures to be taken by staff to prevent cross infection include:

- Fingernails should be kept clean and short and free of nail-varnish and false nails
- Jewelry should be kept to wedding bands only
- Breaks anywhere on the skin should be covered with a waterproof dressing
- Medical advice should be sought for other skin damage, e.g. eczema

10.6 Staff must wash their hands:

- After visiting the toilet, coughing/sneezing
- Before handling food
- After handling soiled linen even if gloves are worn
- When the hands are visibly soiled

The five moments of hand hygiene in healthcare facilities are:

- Before you touch a patient/service user
- Before a 'clean/aseptic' procedure
- After bodily fluid exposure (even if gloves are worn)
- After touching a patient/service user
- After touching patient surroundings

10.7 It is important that hand washing is carried out correctly to prevent the spread of infection. Studies show that staff who provide care frequently use poor hand washing techniques and usually the most neglected areas are the tips of the finger, palm of the hand, between the fingers and the thumb.

10.8 Some of the common infections we can help prevent by regular hand washing include:

- Colds and flu
- Runny noses and chest infections
- Tummy bugs that cause diarrhea and vomiting
- Eye infections e.g. conjunctivitis
- Food related bugs that can be spread when cooking or barbecuing food
- MRSA
- Viruses e.g. COVID-19 Coronavirus

Some infections found in healthcare facilities, can be very serious and sometimes fatal. We can help stop the spread of these infections if healthcare workers, service users and visitors all make sure their hands are clean.

10.9 **Please refer to the HSE Infection Prevention and Control Manual** where full details relating to effective hand-washing techniques and Alcohol hand-rub Techniques are set out at 3.1.3 and Appendix A and Appendix B. **Remember, clean hands save lives and stop the spread of many infections.**

10.10 Service users must be encouraged and assisted to wash their own hands, as much as possible.

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10.11 Two of the Services nurse managers have completed a train the trainer hand hygiene course and provide training to both staff and service users. Training includes a demonstration and use of ultra-violet gel to enhance the quality of hand hygiene techniques.

11.0 NOTIFIABLE INFECTIOUS DISEASES

11.1 Staff members should be alert to the possibility of an outbreak of a notifiable disease. When a service user presents with signs and symptoms that could be due to an infectious disease and especially when two service users or more develop illness within 72 hours of each other, seek advice from the GP. Early recognition, prompt investigation and appropriate management when there is suspicion of an outbreak is essential.

11.2 Where in the opinion of a GP and or staff on duty in the home that there is an outbreak of any notifiable disease the GP will inform the Medical Officer in the Department of Public Health on 1890 499 199, who may contact the Consultant Microbiologist. In certain circumstances the Senior Services Manager/Clinical Governance Lead or other manager may make the notification. Early communication is vital in controlling the spread of infection.

11.3 In the event of an outbreak of influenza, a flu kit containing flu swabs and a supply of Tamiflu anti-viral medication is stored in the medical supply store at Carriglea. This should be kept stocked at all times by the Senior Services Manager/Clinical Governance Lead.

11.4 The Person in Charge in the designated centre must notify HIQA within 3 working days of an outbreak of any notifiable disease. The State Claims Agency is also informed.

11.5 Information regarding notifiable diseases can be found on the following website: Health Protection Surveillance Centre <http://www.hpsc.ie>

11.6 Reports made to the Department of Public Health should be made using the *Outbreak Report Form*.

12.0 IN THE EVENT OF AN OUTBREAK

12.1 In the event of an outbreak, the Senior Services Manager Clinical Governance Lead will arrange for an outbreak control team to be organised immediately to manage the outbreak and link with the department of public health and the HSE. The Senior Services Manager Clinical Governance Lead and Department of Public Health in collaboration with the relevant Consultant Microbiologist, as necessary, will investigate and collect information from all sources to establish if an outbreak is occurring or has occurred and establish a case definition. This will include the number of individuals affected, characteristics, timeline involved, symptoms, likely source and mode of spread.

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- 12.2 Preliminary control measures should be introduced as soon as possible and be based on sound infection prevention and control practices such as patient isolation and hand washing. Where a single room is not available for isolation of service users with infections, a number of service users that are considered to have the same condition e.g. norovirus, may be placed in a room together.
- 12.3 The Senior Services Manager Clinical Governance Lead will liaise with relevant staff to establish an Outbreak Control Team (OCT).
- 12.4 The OCT will meet at commencement of the outbreak to agree actions and as required throughout the outbreak to review progress. The team will formally declare the end of the outbreak and communicate this decision throughout the organisation.
- 12.5 The OCT will work closely with relevant staff members to advise on, co-ordinate and provide support in the following areas:
- Controlling the spread of infection.
 - Co-ordinating the investigation of an outbreak and responses to an outbreak.
 - Ensuring adequate resources are available where possible e.g. additional cleaning, administration support, equipment. etc.
 - Consider the need to redeploy staff to facilitate the management of the outbreak. Ensure that staff are deployed in a manner which will minimise the risk of transmission of infections to unaffected areas.
 - Ensure adequate supplies of linen, laundry bags, disposable healthcare waste bags etc. are readily available.
 - Decide on the frequency of the meetings. Designating a senior member of the OCT as nominated spokesperson for the team, in communications with staff, service users' families, the HSE and Department of Public Health.
 - Co-ordinating how the isolation of service users will take place.
 - Ensuring that arrangements are in place for clinical specimen collection and transportation to the relevant laboratory
 - Considering the need to screen service users/healthcare personnel/environment.
 - Recommending appropriate facilities and equipment for cleaning and decontamination.
 - Advising on ways to minimise the movement of staff into and out of the affected areas.
 - Monitoring effectiveness of initial infection prevention and control measures.
 - Alerting staff, service users and visitors to the outbreak through alert notices/posters, e-mail messages, and visiting restrictions.
 - Press releases/media briefings as per department of Public health.
 - Declaring the outbreak over. Review the experience of all participants involved in management of the outbreak.
 - Carry out a root cause analysis where appropriate.
 - Identify any shortfalls and particular difficulties that were encountered.
 - Make the necessary changes to the outbreak control plan for future outbreaks.
 - Recommend if necessary any structural or procedural improvements which would reduce the chances of recurrence.

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- The outcome and lessons learned should be disseminated so that the incident becomes a positive learning experience for those involved in the implementation of the control measures.
- Putting relevant audits in place and evaluating the outbreak.
- Issuing recommendations to update local guidelines if necessary to prevent recurrence of the outbreak.

12.6 The OCT should ensure that all staff, service users and visitors are informed of the outbreak, when appropriate, as soon as practicable. Staff should be informed of:

- The signs and symptoms of the infection.
- Appropriate infection prevention and control precautions required specific to the outbreak i.e. personal protective clothing, isolation/cohorting and specimens required etc.
- Staff should be kept up to date with relevant information as deemed suitable by the OCT. All staff must take and act on advice given in relation to the outbreak.
- Any staff members who develop symptoms related to the outbreak i.e. gastro-intestinal symptoms whilst on duty should go off duty immediately.
- Any staff members who are off duty with symptoms related to the outbreak should report to their line manager as soon as possible where arrangements may be made for the collection of specimens if required.
- Staff member should report to the Manager prior to returning to work.

Service users and their families should be kept up to date and consulted with to the greatest extent possible in relation to any operational changes. However, confidentiality must be maintained with regard to the personal information of individuals.

12.7 If the risk of infection to new admissions/respite admissions is very high and the risk cannot be reduced by routine infection control measures e.g. hand decontamination, isolation nursing or cohort nursing, a risk assessment should be carried out by the OCT to consider the consequences of infection to new service users. If it is deemed necessary the OCT may advise that in the best interest of the service users the home should close to new admissions/transfers/respite breaks so that the outbreak can be managed appropriately. The decision to close to new admissions/transfers/respite breaks will be made by the OCT. Transfer of service users out of the home should also be postponed under these circumstances.

The home will be re-opened to admissions/transfers/respite services when there is evidence that there is no longer a risk of transmission of infection to new admissions and to areas to which service users may be transferred. This decision will be made by the OCT. Prior to re-opening the home, the OCT will advise on decontamination measures required.

13.0 INFLUENZA AND HEPATITIS B

13.1 All residential service users are offered the annual flu vaccine in September. Where recommended for people at risk, pneumococcal vaccine is also offered by the GP.

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13.2 All staff are offered the annual flu vaccine in September. A consent form for flu vaccine must be completed in advance by the staff member. Three staff nurses are trained as peer vaccinators and provide flu vaccination clinics for staff when vaccines are available to the Services.

A record of all staff and service users who receive flu vaccination is kept by nursing administration support.

13.3 All residential service users are offered Hepatitis B vaccination. A consent form for Hepatitis B vaccine must be completed by the service user, or by a family member, in advance of receiving the vaccine.

13.4 All staff are offered Hepatitis B vaccination. A consent form for Hepatitis B vaccine *HRMF-09* must be completed in advance of receiving the vaccine by the staff member. *See Policy on Hepatitis B Programme HR-13.*

13.5 All respite service user and day service users are recommended to obtain vaccination against Hepatitis B and the annual flu vaccination.

13.6 When vaccines are stored in the fridge in the medical room the temperature should be recorded daily on a *Temperature Chart – Medical Fridge.*

14.0 COVID-19 (CORONAVIRUS) PANDEMIC

14.1 Carriglea Cárde Services works in co-operation with the HSE / HPSC and HIQA with regard to infection prevention and control measures to be put in place during the COVID-19 pandemic.

14.2 Two staff members are trained to carry out swab tests for COVID-19 in order to have a more person-centred and efficient means of taking swabs from service uses when required.

14.3 In addition to the general infection prevention and control measures set out in this document the following extra measures are in place during the pandemic:

- Additional cleaning procedures are put in place and recorded on a checklist.
- Relevant signage, information and educational material for staff and service users with regard hand-hygiene, respiratory hygiene and cough etiquette, donning and doffing of PPE, physical distancing, etc. is in place.
- Staff are informed to keep up to date with public health advice and guidance on www.hse.ie and www.hpsc.ie.
- Guidance with regard to safe visiting is in place and updated taking account of the psychological impact of public health restrictions on service users.
- Daily temperature checking is recorded for staff and service users. See Clinical Guideline on *Temperature monitoring of staff during COVID-19 (Coronavirus) Pandemic.*
- Additional isolation facilities are identified

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- A contingency plan is in place for procedures to be followed in the event of an outbreak.
- A risk assessment covering all COVID-19 related risks is in place.
- Additional hand sanitizing stations are installed in all areas.
- Movement of staff between different areas of the Services is kept to a minimum.
- A COVID-19 audit is carried out in all areas and HIQA self-assessment tools with regard to infection prevention and control are used to identify areas for improvement.

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