BROTHERS OF CHARITY SERVICES IRELAND

NATIONAL POLICY ON INFECTION PREVENTION AND CONTROL

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Approved by	**Brothers of Charity Services Ireland**		
Signed	**Michael Hennessy, Chief Executive**		
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Contents

Ethos

'We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and we aim to further the dignity of all associated with our services.'

'We continue the Brothers of Charity Services' tradition of being open to the best contemporary influences. We want to be inspired by the most creative ideas...and to ask how we give them concrete expression.'
The Brothers of Charity Services Ethos (2001), Going Forward Together.

1.0 Introduction

The Brothers of Charity Services endeavour to offer services/supports in local communities. This enables each person who is supported by our services to positively engage in the social and economic life of their local towns and villages and in doing so, develop a range of relationships that enhance their quality of life. Our responses are based on the recognition of each person (who is supported by our service) as an individual, an equal citizen with equal rights and an absolute respect of that status. We, therefore, support each person to live their lives based on their own personal visions and choices, to identify and select their personal goals in life and to develop their personal plan to achieve those goals.

2.0 Policy Statement

The prevention and control of infection is an essential and important element in the quality of service/support provided in all settings. The following policy outlines best practice in Infection prevention and control, highlighting standard and transmission based precautions and antimicrobial stewardship, which will assist services to formulate protocols for infection prevention and control practice and management.

3.0 Purpose

3.1 The purpose of this Infection Prevention and Control policy is to provide staff with guidance on infection prevention and control measures to reduce the risk of infection both to themselves and to the individuals they support.

4.0 Scope

4.1 All employees, students and volunteers working in Brothers of Charity Services Ireland must comply with this policy.

5.0 Legislation/other related policies

- National Clinical Guidelines for Infection and Prevention Control (IPC) 2023. National Clinical Guideline No. 30 Vol 1 and Vol 2
- Health Act 2007, (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- HIQA, National Standards for the Prevention and Control of Healthcare Associated Infections, 2009
- HIQA. National standards for Infection prevention and control in Community Settings 2018
- HSE (2022) Community Infection Prevention & Control Manual, HSE
- Safety, Health and Welfare at work Act 2005
- GDPR - Include the following GDPR notice in all relevant policies
  "In order to fulfil its obligations as a Service Provider the Brothers of Charity Services Ireland is required to create and process records which hold both personal and sensitive data. These records are kept 'in confidence' and processed in strict accordance with the privacy and data protection rights of the individual. The BOCSI shares records only for the purpose of compliance with service delivery, health, and regulatory requirements. Data will be disclosed where required or authorised by law and in line with the General Data Protection Regulations."

6.0 Glossary of Terms and Definitions and Abbreviations

6.1 Terms

The Services refers to the Brothers of Charity Services Ireland.

Staff includes all persons paid or unpaid who support individuals in our services

Person Supported refers to the people who receives supports in the BOCSI services

6.2 Definitions

Infection Prevention and Control: Infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene. (WHO, 2017)

6.3 Abbreviations

IPC: Infection prevention and control

TBP: Transmission based precautions

HCA: Healthcare associated infection

PPE: Personal protective equipment

FFP2: Filtering face piece – a mask that conforms to EN149 European standard for testing and marking requirements for filtering half masks

AGP: Aerosol generating procedure

MDRO: Multi Drug Resistant Organism

7.0 Roles and Responsibilities

7.1 All staff, students and volunteers must adhere to this policy.

7.2 All Services Managers, Heads of Department and Team Leaders are responsible for ensuring that all staff and relevant others are informed of this policy and adhere to its requirements.

8.0 Procedure/Protocol/Guideline

8.1 Healthcare associated infection (HCAI)

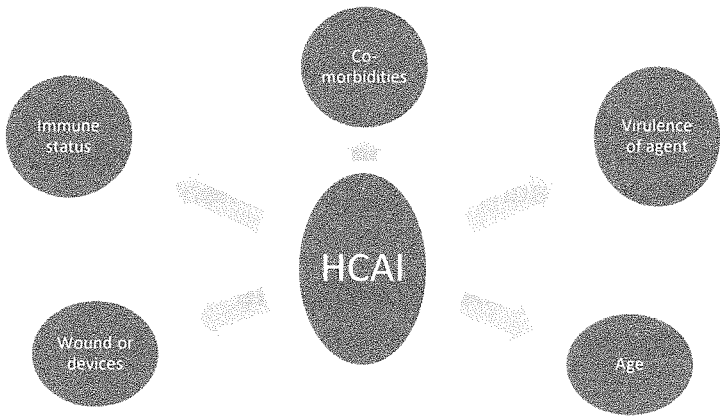
HealthCare Associated Infection(s) (HCAI's): are infections that can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. The term HCAIs includes any infection acquired as a direct result of treatment in any health or social care setting or as a result of healthcare delivery in the community (HIQA, National Standards of IPC in Community Service 2018)

In order to respond appropriately to prevent the transmission of infection, it is important to understand how infections spread. Almost all-infectious disease is associated with microorganisms including bacteria, virus and protozoa. Microorganisms exist naturally everywhere in the environment. Most microorganism do not cause infection in otherwise healthy people. However, some microorganism can cause infection and disease in a proportion of otherwise healthy people and almost any microorganism can cause infection in some very vulnerable people.
Microorganism including bacteria, viruses, fungi and protozoa can be involved in causing either *colonisation or infection*, depending on the susceptibility of the host:

- With *Colonisation*, there is a sustained presence of replicating microorganisms on or in the body, without causing infection or disease.
- With *Infection*, invasion of infectious microorganisms into the body results in an immune response, with or without symptomatic disease.

Infectious microorganisms transmitted during healthcare come primarily from human sources, including people who use healthcare services, healthcare workers and visitors. Source individuals may be actively ill, may have no symptoms but be in the incubation period of a disease or may be temporary or long-term carriers of an infectious microorganism with or without symptoms. Infectious microorganisms may also reside in the healthcare environment.

Fig 1.0 Factors influencing healthcare associated infection (HCAI)



8.1.1 All medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the Medical Officer of Health (MOH)/Director of Public Health (DPH) of certain diseases, notifiable diseases. This information is used to investigate cases to aid in preventing spread of infection and further cases. The information will also facilitate the early identification of outbreaks. It is also used to monitor the burden and changing levels of diseases, which can provide the evidence for public health interventions such as immunisation.

8.1.2 All medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the Medical Officer of Health of "any unusual clusters or changing patterns of any illness, and individual cases thereof, that may be of public health concern". In addition, immediate preliminary notification should be made to the Medical Officer of Health of any serious outbreak of infectious disease in the locality.

8.1.3 Registered providers of designated centres are required to report outbreaks of notifiable diseases to HIQA within three working days. 'Notifiable diseases' are those diseases identified and published by the Health Protection Surveillance Centre (www.hpsc.ie) and include Clostridium Difficile infection, Noro viral infection, Methicillin-Resistant Staphylococcus Aureus (MRSA), Influenza and Hepatitis.

8.1.4 An outbreak of infection or foodborne illness may be defined as two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen (e.g. diphtheria or viral haemorrhagic fever). HPSC, (2022)

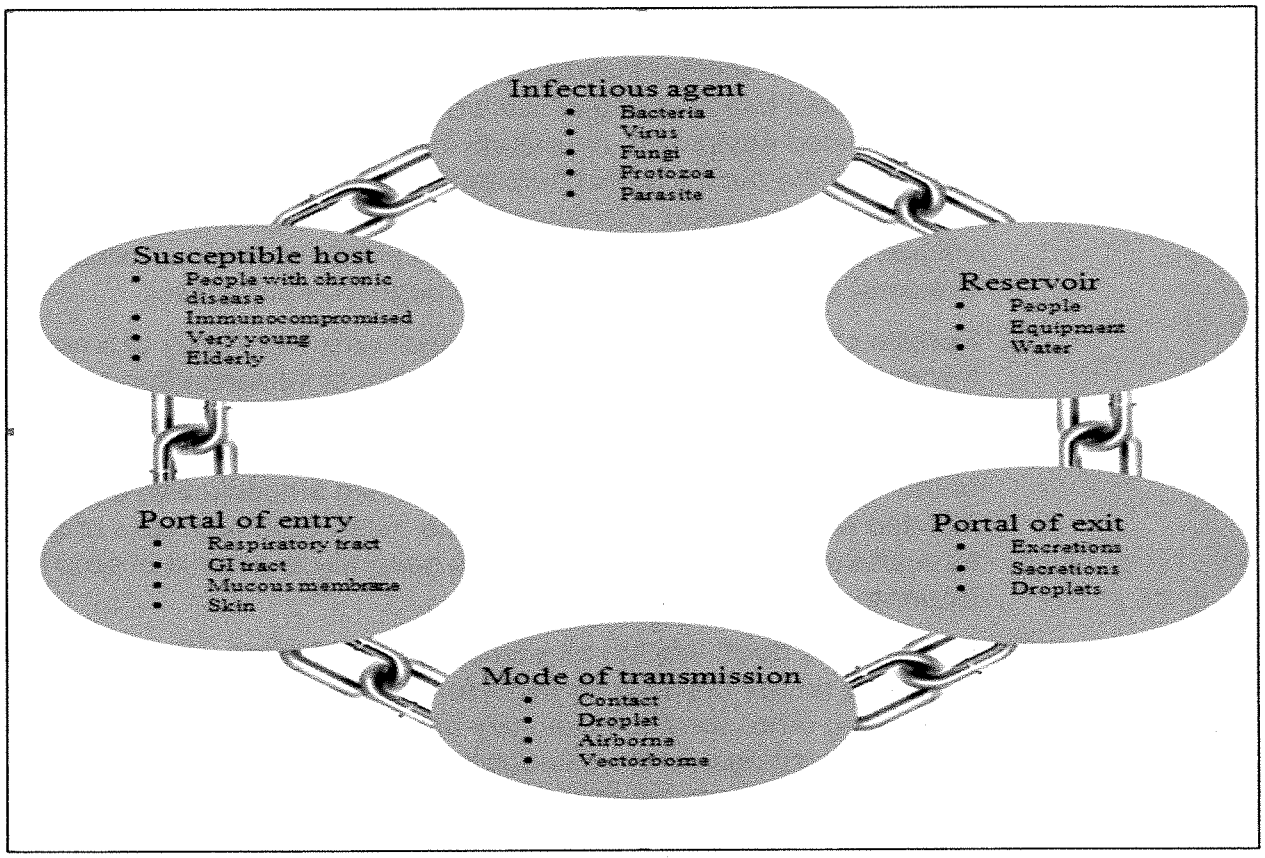
See Appendix 2 for list of Notifiable diseases and Appendix 3 for list of preliminary notifications

Also found here:https://www.hpsc.ie/notifiablediseases/ and NCEC IPC Guidelines https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/ further information for the management of infectious diseases

8.2 The Chain of Infection

For an infectious microorganism to spread from one individual to another it must go through a process which is known as the Chain of Infection. This is a cycle of events, which supports the microorganism to exit one host and enter another. The Chain of Infection has six elements. The fundamental goal of all infection prevention and control practices is to break this chain, thus preventing the microorganism from spreading by implementing key infection prevention and control principles.

Figure 1.1 The Chain of Infection



1. **Infectious/Causative Agent:** The microorganism causing the infection. For example, in health and social care we commonly experience infections caused by bacteria such as Escherichia (E Coli). Methicillin Resistant Staphylococcus Aureus (MRSA), Clostridioides and viruses such as influenza, norovirus (winter vomiting bug) and SARS-CoV-2 (Covid-19).
2. **Reservoirs:** People, animals, food, soil, water. This is where the microorganism causing the infection resides in the body. Respiratory infections such as SARS-CoV-2 (which causes the disease COVID-19) will be found in the nose/mouth/lungs (respiratory tract) of an infectious person. MRSA and Pseudomonas bacteria may have a reservoir in a wound bed. A reservoir can also be a piece of equipment, like a commode/toilet, enteral device, or sink. Water is also deemed a reservoir, and can harbour, Legionella bacteria, and pseudomonas aeruginosa, which can live in sinks and shower drains.

3. **Portals of exit:** How the microorganisms exits the body (the reservoir). This will depend on the reservoir site. For example, the reservoir for SARS-CoV-2 is the respiratory tract; therefore its portal of exit will be via respiratory secretion (e.g., through coughing). The reservoir for C. Difficile is the bowel; its portal of exit will be from the bowel secretions, e.g. Diarrhoea. Showers, taps etc. is a portal of exit for water based microorganism
4. **Means of Transmission:** This is how the microorganism spreads (transmits). In healthcare, there are multiple ways a microorganism can transmit – described as direct or indirect transmission. For example, direct transmission could be a person infected with Influenza coughing directly into the face of another individual. Indirect transmission could be via the contaminated hands of healthcare workers, through the sharing of contaminated equipment, or through inadequate ventilation systems. In healthcare the main means of transmission are considered contact, droplet and airborne, however microorganisms can also spread through common vehicle (e.g. Legionella bacteria through poorly maintained ventilation systems) and vectors (e.g. malaria through mosquito bites).
5. **Portals of entry:** How the microorganism enters the body of a new host. For example, a person could inhale droplets of influenza through close contact with an infected person who is coughing. Another example could be through eating food contaminated with a bacteria such as Salmonella, or through a break in the skin through sharing a needle with a person infected with Hepatitis B etc. One of the most common routes of entry is through the faecal oral route, and this generally is a result of poor hand hygiene
6. **Susceptible host:** We are all susceptible to infection. However, our risk of becoming unwell depends on multiple factors – our age, our general health, any other conditions we may have such as diabetes, whether we are vaccinated against the microorganism, medical interventions, and our previous exposure to the microorganism (immunity).

Community infection prevention and control Manual, (2022)

8.2.1 How do we break the chain?

By putting Infection prevention control practices in place, which are known as Standard precautions and Transmission based precautions.

Steps we can all take to break the chain:

1. Clean Hands
2. Clean Equipment
3. Clean Environment

8.3 Standard Precautions

Standard Precautions are a group of routine infection prevention and control practices and measures that should be used for all individuals at all times regardless of suspected, confirmed or presumed infectious status in any setting where supports and services are provided.

Standard precautions are an opportunity to break the chain of infection

8.3.1 Standard precautions should be used in the handling of blood, (including dried blood), all other body fluids/substances, secretions and excretions, (excluding sweat), non-intact skin and mucous membranes.

8.3.2 When Standard Precautions are consistently implemented the risk of spread of infection to staff and individuals is minimised.

8.3.3 All staff providing care to people supported should be educated about standard based precautions on induction and updated as recommended by the Training department.

8.3.4 Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non- intact skin and mucous membranes may contain transmissible infectious agents.

8.3.5 Standard infection prevention and control precautions must be developed and implemented across all service areas.

The IPC principles that constitute Standard precautions are listed in Table 1.

Table 1: Standard Precautions

Standard Precautions
Hand Hygiene as consistent with the WHO 5 moments of hand hygiene
Personal Protective Equipment (PPE) for Staff
Respiratory hygiene and cough etiquette
Safe injection practices including safe use and disposal of sharp
Aseptic technique
Management of care equipment
Environmental hygiene
Safe handling and disposal of waste
Management of laundry and linen

See ***Appendix 1*** for further information on Standard precautions

8.4 Transmission Based precautions (TBP)

Transmission Based Precautions (TBP) are an additional set of measures are recommended when Standard precautions alone may not be enough to prevent the spread of infection. Transmission Based Precautions are applied to people supported, suspected or confirmed to be infected or colonised with microorganisms transmitted by the contact, droplet or airborne route (see Appendix 2).

The aim of TBP is to reduce the opportunities for that infection to spread by breaking the chain of infection at the route of transmission.

TBP are in addition to Standard Based Precautions.

8.4.1 TBP by their nature can impact quite severely on a person supported, for example, isolation can have a profound psychosocial impact. For this reason, the decision to instigate TBP should take the whole person into consideration, and advice should be sought from the Line Manager if there is a concern for the individual's well-being as a result of instigating TBP. This consideration should form part of the IPC Risk Assessment.

8.4.2 Clear and appropriate communication with person supported/staff is essential reduce the risk of harm from instigating TBP.
When deciding whether to instigate TBP it is essential that you refer to appropriate and up to date advice in relation to the suspected or confirmed microorganism. Go to the Health Protection Surveillance Centre www.hpsc.ie for specific advice in relation to the precautions required.

8.4.3 It is good practice to place people on TBP in a single room. Where this is not possible, a minimum distance should be maintained between people supported. (Follow current HPSC.ie advice).

Where single rooms are unavailable or in short supply, consider the following as part of your risk assessment:

- Prioritise people supported who have highly infectious disease for which other control measures are not available
- Prioritise those with excessive cough and sputum production
- Consider the person's ability to perform hand hygiene and follow respiratory/cough etiquette
- Place together in the same people supported who are infected with the same laboratory confirmed microorganism and are suitable roommates (this is referred to cohorting)

The key elements of TBP are:

- Contact precautions
- Droplet precautions
- Airborne precautions

8.4.4 ***Contact precautions*** are used when there is a known or suspected risk of direct or indirect transmission of infectious microorganisms that is not effectively contained by standard precautions alone

Contact transmission can be direct (e.g. blood from an infected person comes in contact with a mucous membrane or break in the skin of another person) or indirect (e.g. via shared equipment that has not been cleaned sufficiently, e.g. commodes).

Direct and indirect contact transmission is considered to be responsible for the majority of spread of healthcare associated infections.

8.4.5 Contact precautions should be implemented when there is a risk of direct or indirect transmission of infectious microorganisms that are not effectively contained with Standard Precautions alone. Examples of this are Clostridium difficile (C.Diff), MRSA, highly infectious skin infections, e.g. impetigo etc.

There are 5 main contact precautions that should be applied in addition to standard precautions:

- Hand Hygiene

- Use of appropriate PPE
- Special Handling of Equipment (including environment, waste and linen)
- Person supported placement
- Minimising person supported movements between care areas

8.4.6 Before applying any precaution remember to fully communicate the reason you are doing this to the person supported and other staff to reduce anxiety and fear and encourage compliance with measures. The exact application of precautions will vary depending on your service, and how they may impact people supported.

Table 2.0 Applying contact precautions in practice

Precaution	*How to do it*	*Reason-Break the Chain*
Hand Hygiene	• Refer to the 5 moments of hand hygiene	• Microorganisms can spread easily to people supported/ environment/ staff through contaminated hands. • Good access to sinks/alcohol based hand rub at point of care is likely to improve compliance of good hand hygiene.
Use of appropriate PPE	• Additional PPE may be required in addition to those mentioned in standard precautions, e.g. long sleeved gowns	• Wearing appropriate PPE helps to contain infectious microorganisms, especially those that could be transmitted through contamination in the environment, e.g. Norovirus- winter vomiting bug. • Appropriate PPE will help contain microorganisms that transmit through direct contact, e.g. blood and body fluid splashes • It is critical to don and doff PPE correctly • Please refer to BOCS IPC portal for further guidance on donning and doffing PPE
Special handling of equipment	• Consider all the equipment required for optimum care. • Best IPC practice recommends equipment should be dedicated to that person alone for the duration of TBP and not shared. • Once TBP have ended, all equipment used by the person supported must be thoroughly cleaned and disinfected/disposed of as appropriate.	• Any medical device that is to be reused must be cleaned, disinfected and/or sterilised in line with manufactures recommendation. • Dedicating the equipment to the person supported with known or suspected infection may reduce the transmission of that infection via that equipment to another person supported.
Person Supported placement	• Best IPC practice requires that all people supported with a known or suspected infection should be cared for in a single room with en-suite. • An IPC risk assessment must take place if this is not possible • Cohorting of people supported with the same lab confirmed communicable infection may be required when the capacity to self - isolate in single rooms is limited • Explain to person supported/carers/all staff the reason contact precautions are in place. • Encourage person supported to remain in their room for duration of the precautions • Keep all notes/charts/supplies outside of room – only bring in what is required for the task being undertaken. Laundry basket should be inside the room • Ensure hand hygiene performed on	• Helps reduce contact between the person infected and other people supported • Can reduce spread of gastrointestinal infections if bathroom is not shared • If an ensuite is not available, please ensure a dedicated commode/ toilet is provided. • If bathing or showering is required, a communal bathroom can be used provided the area is fully cleaned and disinfected immediately afterwards and before it used by another person supported. • Signage will remind healthcare workers/ visitors to adhere to precautions • May facilitate greater frequency of cleaning as there is less impact on surrounding area/ other service users • But • Isolation can be very traumatic for the people we support – ensure person supported does not suffer harm as a result of isolation, e.g. encourage frequent checks by staff, use alternative methods of communication (e.g. virtual) with contacts etc.

	entry and exit to room and prior to donning and after doffing PPE. • Place clinical waste bin at exit to ensure any used PPE/waste is discarded appropriately • Keep door closed only when safe to do so – consider impact on person supported • Place signage on door to ensure all staff/visitors know contact precautions in place – see www.hpsc.ie for posters/ information • Increase frequency of cleaning/ disinfection – especially frequently touched surfaces	• Do not unnecessarily prolong isolation – refer to www.hpsc.ie / local IPC team/ Manager for guidance on duration of contact precautions depending on infectious microorganism. • Whilst in the isolation room, gloves may need to be removed and hand hygiene performed in order to comply with the 5 moments for hand hygiene specifically before clean/aseptic procedures and after contact with blood/bodily fluids. If glove change is anticipated, bring a pair of new gloves with you on entry to the room.
Minimising person supported movements between other people supported	• Hand hygiene must be performed prior to moving the person supported and appropriate clean PPE donned	• Limiting movement of the person on Contact Precautions may reduce the risk of contaminating the wider environment. • Person supported on contact precautions may be brought outside of their room, for example for a walk, once a risk assessment has been undertaken and all practical and appropriate measures have been put in place to prevent transmission of infection.

8.4.7 ***Droplet precautions*** are used for people who use healthcare services who are known or suspected to be infected with microorganisms transmitted over short distances by large respiratory droplets.

Some infectious microorganisms can be transmitted through the respiratory route, generated through coughing, sneezing or talking. Infectious particles may travel to another person either directly (i.e. from being in close contact with a person coughing/sneezing and inhaling their droplets) or indirectly (touching a surface where a person has coughed onto, then transferring the microorganism to your eyes/nose/ mouth via your contaminated hands).

In general 'droplet' refers to microorganisms that are considered larger, therefore it is considered that they do not remain suspended in the air for long periods and are more likely to 'fall' onto surfaces and contaminate them.

Some common 'droplet' microorganisms experienced in community health and social care include influenza, Norovirus (Winter Vomiting Bug, during vomiting) and SARS-CoV-2 (COVID-19).

Similar to contact precautions, there are a number of key IPC practices to prevent the spread of infection through the droplet transmission route.

These include:

Standard precautions – including respiratory hygiene and cough etiquette

- Use of appropriate PPE
- Special handling of equipment
- Minimising people supported movement

The role of ventilation is currently being researched following experience of SARS-CoV-2 (COVID-19) outbreaks and the potential impact of poor ventilation on outbreak outcomes. Ensuring an area receives the benefit of fresh air must be balanced with the comfort of staff and people supported (e.g., open windows may not be possible in winter).

Local Managers will support services with advice on how to do an IPC risk

assessment in these circumstances.

When instigating droplet precautions consider the impact on the person supported. For example, communication may be challenging when staff are wearing PPE and loneliness may be experienced when people supported are asked to remain in their rooms and not take part in social activities. Clear communication is required in all situations, with an accompanying risk assessment to ensure any precautions are considered in terms of their impact on the person supported. Easy read materials or other forms of supportive communication aids will assist. Staff should communicate the needs required to the appropriate MDT member

Table 3.0 Applying droplet precautions in practice

Droplet Precaution	*How to do it*	*Reason - Break the chain*
Standard Precaution	• Strict adherence to hand hygiene • Strict adherence to respiratory/ cough hygiene • See IPC for standard precautions	Prevents the spread of droplets through contaminated hands. Contains the transmission of organisms when the person supported is in close contact with another person.
Use of appropriate PPE	See IPC portal for standard precautions	As new evidence on the spread of SARs- CoV-2 emerges changes to PPE will be recommended by public health
Special Handling of equipment	• Best practice is to assign equipment and avoid sharing of equipment • Ensure all equipment is thoroughly cleaned and decontaminated as per manufactures advice.	To ensure equipment is not shared between people supported.
Minimising People Supported Movement	• People supported on droplet precautions should ideally remain in their room • Cohorting may be advised if single rooms are not available • If the person supported has to move about the service for any reason or transfer to another part of the service, they should be encouraged to wear a surgical facemask.	• Fully explain the reason behind the wearing of mask outside of their room • If person supported cannot tolerate a face mask they should be supported to follow respiratory/ cough hygiene
Environmental Management	• Ventilation • Terminal cleaning	• Ensure door is closed when possible • Terminal cleaning ensures all surfaces, equipment, curtains etc. are cleaned and decontaminated to remove droplets

The role of physical distancing has come to the fore in light of the COVID-19 pandemic. Maintaining a minimum distance of 1m between individuals in the healthcare setting to the greatest extent practical, reduces the risk of contact and droplet transmission from people with unrecognised contact or droplet transmitted colonisation or infection. Please refer to the NCEC Clinical guidelines for further information on Physical distancing

8.4.8 Airborne precautions prevent transmission of microorganisms that remain infectious over time and distance when suspended in the air. These microorganisms may be inhaled by susceptible individuals who have not had face-to-face contact with (or been in the same room as) the infectious individual. Microorganisms' associated with airborne precautions include Measles, Chicken Pox and Tuberculosis.

Airborne precautions are generally less common in community settings however there are indications that the influenza virus, SARS CoV-2 (COVID-19) and other respiratory viruses may sometimes be transmitted via the airborne route and in certain circumstances, for example when performing AGPs.

The key aspects of applying airborne precautions relate to:

- Standard precautions, including cough/respiratory hygiene
- Appropriate ventilation
- Use of appropriate PPE; particularly correctly fitted FFP2 respirator masks. When respirator masks are clinically indicated to be used, the wearer should undertake a fit check each time a respirator mask is worn to ensure there are no gaps between the mask and face for unfiltered air to enter.
    - Services should contact their Manager for more information on where to source Fit Testing locally.
    - PPE should be available in a range of sizes to ensure the wearer has appropriately fitting PPE.
    - PPE should be easily accessible and should be located outside the room/bay of the person supported.
    - It is helpful to display posters as a prompt for staff in correct donning & doffing procedure. IPC Posters can be found here: https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/posters/
    - If staff are unfamiliar with PPE donning and doffing, a buddy system should be introduced to ensure the donning and doffing of PPE is correct.
    - All PPE with the exception of a mask, can be removed inside the individual's room. Masks should be removed outside of the individuals room
- Minimising exposure of people who use healthcare services and healthcare workers to the infectious microorganism.
- Alcohol based hand rub dispenser should be located next to the PPE dispenser.

Table 4.0 Applying airborne precautions in practice

Airborne precautions	***How to do it***	***Reason-Break the Chain***
Standard precautions	See section on standard precautions and IPC portal	
Appropriate Ventilation	'Appropriate' ventilation is difficult to define, however factors to consider are access to natural ventilation, access to single rooms with door closed if possible, where this is not possible ensuring adequate spacing between people supported, limiting the number of persons in close proximity – including assigning dedicated staff to the area	It is good practice to minimise the number of staff and the time staff are exposed within shared airspace with a person on Airborne Precautions Consider individuals safety and comfort when closing doors/opening windows
Appropriate PPE	FFP2 Respirator masks are recommended as part of airborne precautions. FFP2 masks should be 'fit checked' to ensure they sufficiently prevent inhalation of respiratory particles from an infected person Fit Checking is different to Fit Testing. For advice on Fit Checking see IPC portal	The Health & Safety Authority indicate that where a risk assessment indicated that HCWs require an FFP2 masks to deliver care every effort should be made to comply with the requirement for fit testing of the workers. Contact

		your Manager for further guidance.
Minimising exposure	Reduce exposure to individuals on airborne precautions through limiting their contact with other people supported, visitors and staff	

8.5 Vaccinations

8.5.1 Staff must comply with local Human Resources procedures with regard to completing a medical prior to commencing employment.

8.5.2 Vaccination should ideally take place before employment. Routine review of general immunisation status may also be appropriate. Immunisation must be seen as just one part of a wider policy to prevent transmission of infection to health-care workers (HCW) and to people supported. Immunisation should never be considered as a substitute for good infection prevention and control practices. The employer should introduce reasonable measures to minimize the risk of employees acquiring or spreading infection.

8.5.3 All staff may be exposed to communicable diseases and / or blood / bodily fluid exposure, and therefore should be vaccinated as appropriate. Decisions about vaccinations recommended should be based on the duties of the individual rather than on job title alone.

8.5.4 All staff and volunteers are to be offered the annual seasonal vaccination.

Vaccinations	*Recommendations*
Hepatitis B	➢ *Staff should be offered Hepatitis B vaccination if not previously vaccinated.* ➢ *Staff should have anti-HBs levels checked if previously vaccinated against Hepatitis B and response not known.*
Influenza	➢ *Staff members are offered vaccination against influenza on an annual basis each autumn*
COVID 19	➢ *Staff members are offered COVID19 vaccine in line with Public Health and HSE guidance*

8.5.5 *Pregnant staff: It is important that staff who are pregnant or planning a pregnancy should ensure that they are appropriately immunised and compliant with Infection Control Precautions.*

8.5.6 Staff must be made aware of any individuals within their care that carry an infectious disease and consider the potential for spread of infection.

8.5.7 People supported must be screened for Hepatitis B and Hepatitis C on receiving a service or transfer. If not immune to Hepatitis B they must be offered Hepatitis B vaccine Programme.

8.6 Antimicrobial stewardship

Antimicrobial stewardship is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions.

Antimicrobial Stewardship includes not only limiting inappropriate use but also optimising antimicrobial selection, dosing, route, and duration of therapy to maximise clinical cure, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events, and cost.

Antimicrobial resistance: resistance of a microorganism to an antimicrobial medication that had been originally effective for treating infections caused by it.

Antimicrobial resistance is recognised as a significant national and global priority. The relationship between the use of antimicrobials in all human settings, agriculture and animal husbandry and the emergence of antimicrobial resistance is well documented.

There is also significant concern regarding use of antimicrobial agents in residential care facilities for older people and in the community as reflected in the 2016 HALT study and surveillance data on antimicrobial consumption in the community.

IPC practices are recognised internationally as a key part of an effective response to antimicrobial resistance.

Preventing infection reduces the need for antimicrobials and the opportunity for microorganisms to develop resistance.

8.7.1 BOCSI will ensure that all staff have the competencies, training and support to enable safe and effective antimicrobial stewardship practices.

8.7.2 Vaccination can also reduce antimicrobial resistance through preventing infectious diseases and reducing the prevalence of primary viral infections, which are often inappropriately treated with antimicrobials.

For further information on antimicrobial stewardship please see the following:

https://quality.bocsi.ie/Factor5/IPCAntimicrobial

8.7 Risk Assessment

Preventing the spread of infection is a major challenge in all healthcare environments. The principle risk is the possibility for microorganism colonisation or infection in people using healthcare services or healthcare workers arising from activities within a healthcare service. Risk management is the basis for preventing and reducing harm arising from healthcare associated infection. Applying a risk management approach in your daily routines will help break the chain of infection. While caring for people continually assess for potential infection risks and take immediate action to help break the chain.

(DOH, IPC National Clinical guidelines, 2023)

There is a four-step risk management process:

- Risk Identification
- Risk Assessment
- Risk Treatment
- Risk Monitoring & Review

In compliance with safety, health and welfare at work act 2005 and as part of the organisation safety management systems all BOCSI centres must risk assess all significant work related risks this includes all risks associated with IPC.

Please refer to BOCSI Risk Management Policy for guidance found here: https://policies.bocsi.ie/Home/Document?DocumentID=44

8.8 Audit

Annual IPC audits must be carried out by a relevant person suitably qualified, see link to National Audit template: https://quality.bocsi.ie/Factor5/IPCGuidelines

9.0 Revision

This policy will be reviewed every three years of operation and thereafter every three years or if necessary amended in the light of experience of its operation and changing legislation and/or guidance from appropriate bodies.

10.0 References/bibliography

- BOCSI guidelines for the prevention and management of Covid 19, Influenza and respiratory illness 2024 Version 1.3
- National Guidelines for Infection and Prevention Control (IPC) 2023. National Clinical Guideline No. 30. Vol 1 and Vol 2
- Health Act 2007, (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013
- HIQA. National standards for Infection prevention and control in Community Settings 2018
- HSE (2022) Community Infection Prevention & Control Manual, HSE
- HSE Health Protection and Surveillance Centre. Point Prevalence Survey of Healthcare-Associated Infections & Antimicrobial Use in Long-Term Care Facilities (HALT): May 2016 - Ireland: National Report. Dublin: HSE Health Protection Surveillance Centre; 2017.

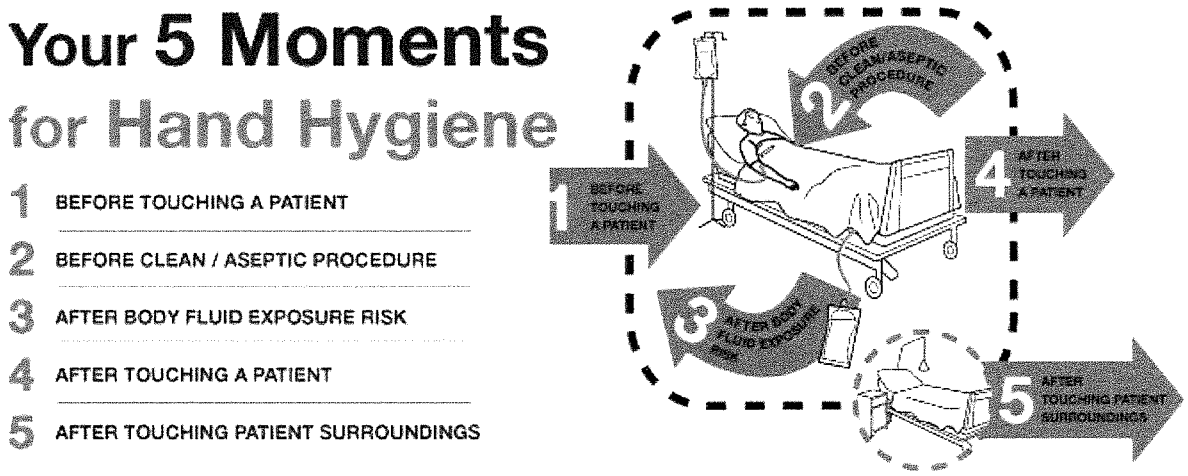
Appendix 1: Standard Precautions

1.1 Hand Hygiene

It is essential that a culture of hand hygiene be embedded in every part of the BOCSI services.

All staff should be trained in hand hygiene and should update as recommended by the training department.

Hand hygiene is the single most important method of infection control to protect both staff and people supported 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.



It is the responsibility of all staff to follow effective hand-washing procedures at all times when assisting people supported 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 person supported if hand washing is not feasible.

Hand washing technique signage should be displayed at hand washing areas.

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, including gel and acrylic 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

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

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.
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, people supported and visitors all make sure their hands are clean

People supported must be encouraged and assisted to wash their own hands, as much as possible.

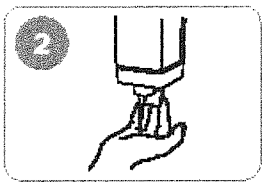
Remember, clean hands save lives and stop the spread of many infections.

How to hand wash

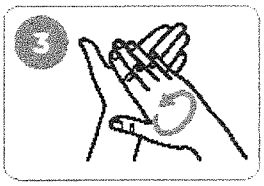
Wash hands when visibly soiled. Otherwise, use handrub with hand sanitiser.

Length of time to spend washing: 40-60 seconds

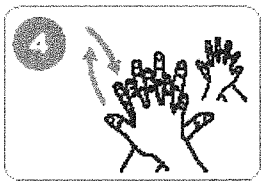
Wet hands with water



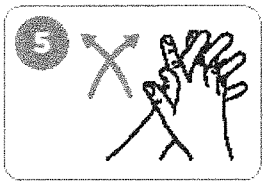
Apply enough soap to cover all hand surfaces



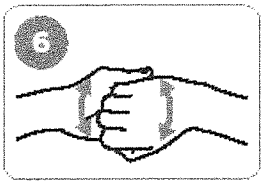
Rub hands palm to palm



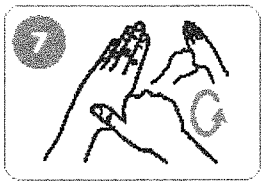
Right palm over the back of the left hand with interlaced fingers and do same on other hand



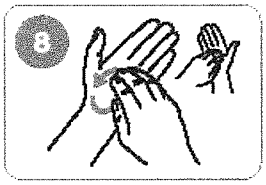
Palm to palm with fingers interlaced



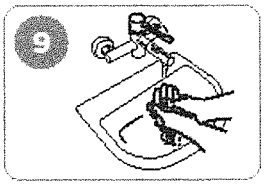
Backs of fingers to opposite palm with fingers interlocked



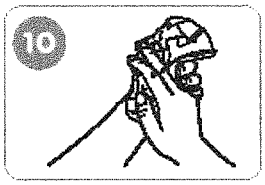
Rotational rubbing of left thumb clasped in right palm and do same on other hand



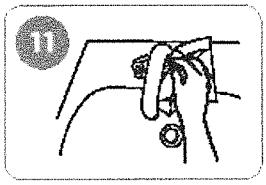
Rub in a circle with clasped fingers of right hand in left palm do same on other hand



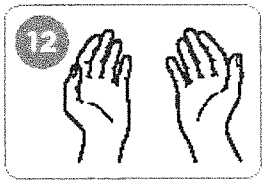
Rinse hands with water



Dry hands thoroughly with a clean towel or single use towel



For non-clinical hand wash basins turn off the tap with a tissue



Your hands are now safe

RESIST

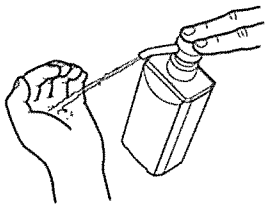
www.hse.ie/infectioncontrol

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

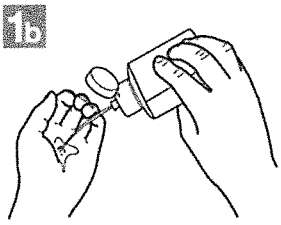
Duration of the entire procedure: 20-30 seconds

1a

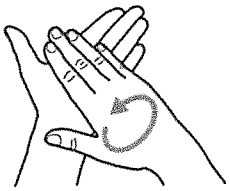


Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

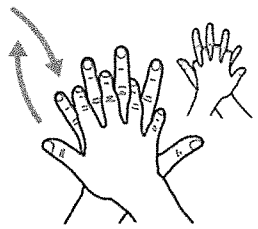


2



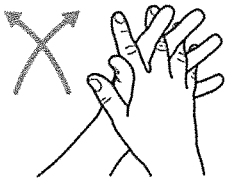
Rub hands palm to palm;

3



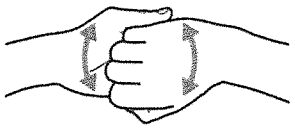
Right palm over left dorsum with interlaced fingers and vice versa;

4



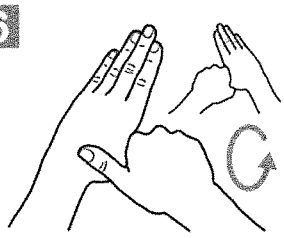
Palm to palm with fingers interlaced;

5



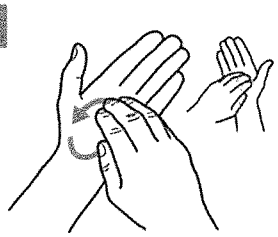
Backs of fingers to opposing palms with fingers interlocked;

6



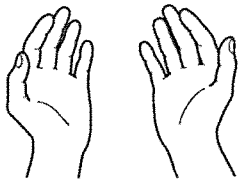
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.

1.2 Personal Protective Equipment (PPE)

Staff, when exposed to blood, body fluids or infectious materials shall wear personal protective equipment (PPE); PPE shall include gloves, masks, aprons, gowns, nose, mouth and eye protection.
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.

PPE should be used where it is likely to be beneficial as outlined in the guidance below.

It should not be used in other settings where it does not provide any benefit. The unnecessary use of PPE will deplete stocks and will increase the risk that essential PPE will not be available to help protect staff and people accessing services when PPE is needed.

All staff must complete training for donning and doffing PPE safely and update as per service needs and recommendations
Visit: www.hseland.ie

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).
- When handling contaminated equipment e.g. soiled linen, used incontinence wear.

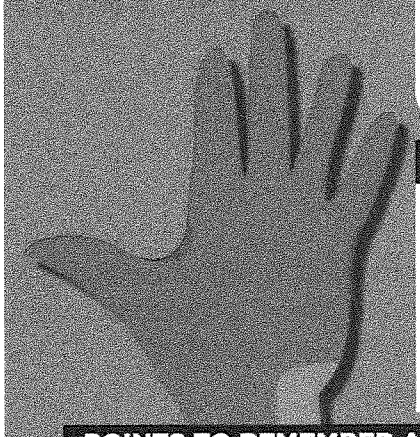
- Gloves should be well fitting.
- Gloves must be changed between caring for different individuals.
- Gloves may need to be changed between different care activities with the same person.
- Always practice hand hygiene before putting on gloves and immediately after removing gloves.
- If wearing a disposable plastic apron and gloves, first remove and discard gloves followed by the apron then use hand hygiene.
- Household gloves are recommended for household duties.
- 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.
  - Removing/changing bed linen or moving equipment, which is not soiled.

Safe use of **Gloves**

REMEMBER:

GLOVES ARE NOT A SUBSTITUTE FOR HAND HYGIENE.

HAND HYGIENE FIRST IN ALL CASES.



WHEN TO WEAR GLOVES

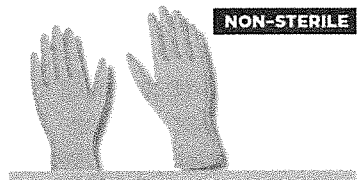
- When in contact with blood/bodily fluids, non-intact skin or mucous membranes.
- As required for transmission based precautions.
- When in contact with chemical hazards such as disinfectants, preserving agents or cytoxic drugs.

WHEN NOT TO WEAR GLOVES

- Direct Patient Care: Taking blood pressure, temp, pulse etc.
- Indirect Patient Care: Giving oral medications, using the telephone etc.
- Where there is no potential for exposure with blood/bodily fluids or contaminated environment.
- In non-clinical settings.

SELECT THE CORRECT GLOVES FOR THE TASK

Sterile
Procedures

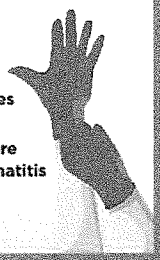


(Nitrile, Latex, Medical Vinyl)
Potential for contact with infectious material

POINTS TO REMEMBER ABOUT WEARING GLOVES

DO:

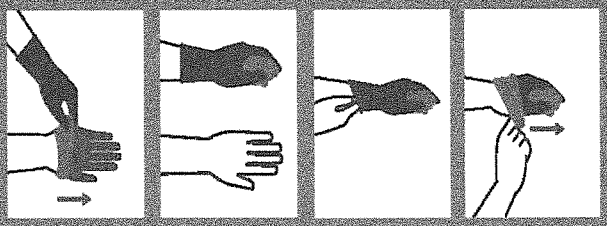
- ✓ Perform hand hygiene before putting gloves on and after taking gloves off
- ✓ Perform hand hygiene and change gloves between tasks
- ✓ Ensure hands are thoroughly dried before putting on gloves to reduce risk of dermatitis
- ✓ Make sure the gloves fit you properly



DO NOT:

- ✖ Re-use or wash gloves
- ✖ Double-glove
- ✖ Use alcohol hand gel on gloves
- ✖ Use gloves if they are damaged or visibly soiled
- ✖ Touch your face when wearing gloves or other surfaces
- ✖ Wear the same gloves from one patient to another
- ✖ Wear gloves for a prolonged time

REMEMBER SAFE DOFFING OF GLOVES



PEEL THE GLOVE AWAY FROM YOUR WAIST, TURN IT INSIDE-OUT

HOLD THE INSIDE-OUT GLOVE IN THE GLOVED HAND

SLIDE YOUR UNGLOVED FINGER UNDER THE WRIST OF THE OUTSIDE GLOVE

PEEL THE GLOVE AWAY FROM YOUR WAIST, TURN IT INSIDE-OUT, LEAVING THE INSIDE GLOVE HOLDING THE SECOND

ENSURE HAND HYGIENE AFTER EVERY DOFFING OF GLOVES

...AND DISPOSE OF CORRECTLY

Dispose of gloves in the appropriate waste stream.

HEALTHCARE NON-RISK WASTE

RESIST

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.
- Aprons are single use and should be discarded after each use. Aprons if required must be changed between caring for different people.
- Aprons may need to be changed between different care activities for the same person.
- Care should be taken to remove aprons carefully using ties and taking care not to touch the outer surface. The apron should be folded/rolled into a ball before disposal into a waste receptacle.
- Always clean your hands after removing aprons.

Face Masks.

- Surgical facemasks are only necessary when splashing of blood or body fluids to the wearer's face is anticipated. They do not provide protection against aerosolised particles and are not classified as Respiratory Equipment.
- Should be worn appropriately (covering nose and mouth).
- Should be single-use and discarded immediately when soiled/following use. They should not be left attached around the wearer's neck following use and should not be reused.
- Should be removed using the ties/strings and disposed of in the appropriate waste stream. Care must be taken not to touch the front on the mask.

Eye protection & Visors.

Eye and face protection must be worn when there is risk of splashing body fluids onto mucous membranes e.g. eyes/nose. Eyes can be protected by wearing either goggles or a visor. Personal glasses are not a suitable substitute. If reusable eye/face protection is used, it should be decontaminated in accordance with the manufacturer's guidelines. Hands should always be decontaminated after removing the equipment.

- Sequence for Donning (Putting on) PPE Equipment

Before Entering Room

1. Wash hands with soap and water / Alcohol hand rub
2. Put on Apron / Gown
3. Put on Mask
4. Put on Safety Glasses
5. Put on gloves
6. Enter Room

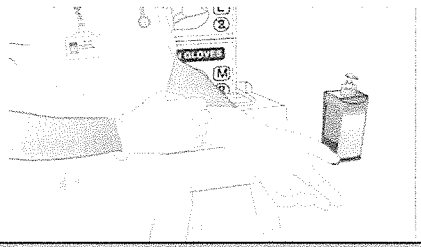
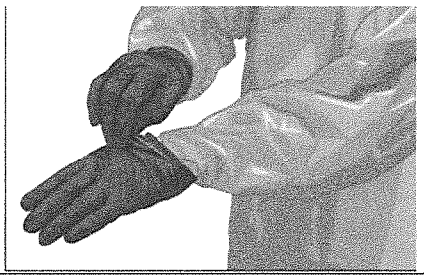
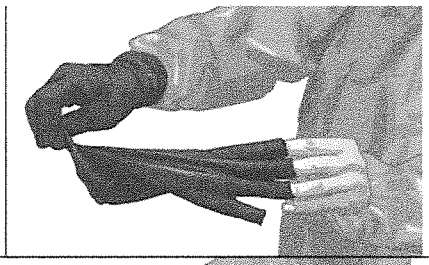
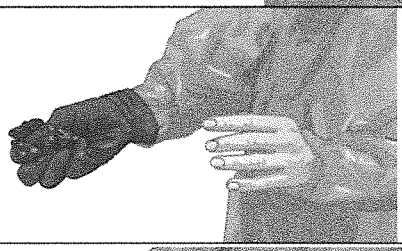
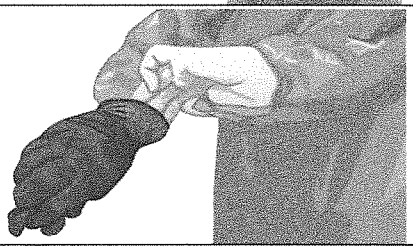
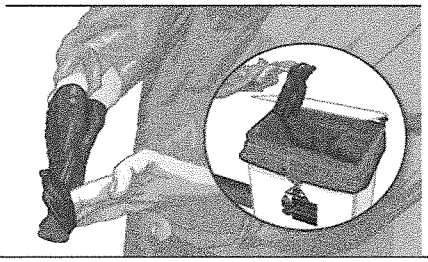
Sequence for Doffing (taking off) PPE Equipment

1. Take off gloves
2. Wash Hands thoroughly – do not shake
3. Take off Apron / Gown

Outside Room

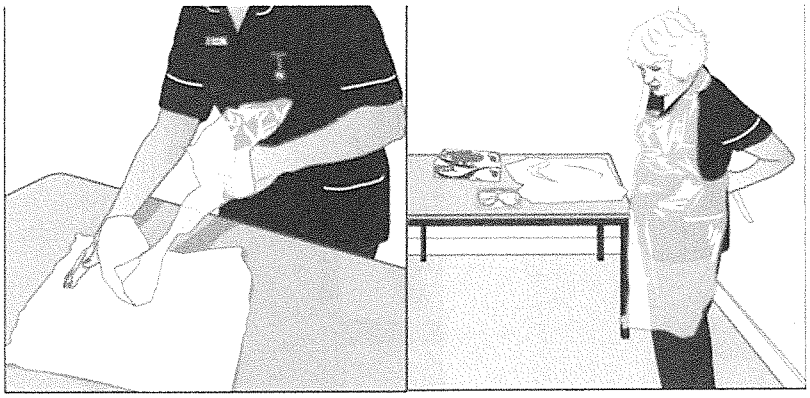
1. Take off safety glasses by sides or band only and discard
2. Take off Mask without toughing the front of the mask, discard into waste

Donning and Doffing Gloves (Taking on and off gloves)

Putting on gloves	
Perform hand hygiene before any contact with PPE equipment For gloves to be effective: • Select nitrile gloves according to hand size – should be a good fit (not too big/small). • Extend to cover wrist.	
Removal of gloves	
NB **Do not touch** –outside of gloves as they may be contaminated!	
Grasp the outside of the glove with opposite gloved hand, peel off	
Hold the removed glove in the gloved hand.	
Slide the fingers of the ungloved hand under the remaining glove at the wrist.	
Peel the second glove off over the first glove Discard into an appropriately lined waste bin. Perform hand hygiene immediately on removal.	

Donning and Doffing Aprons / Gowns

- Apron – pull apron over-head and fasten at back of waist and make sure sleeves are rolled up



Removal of Aprons

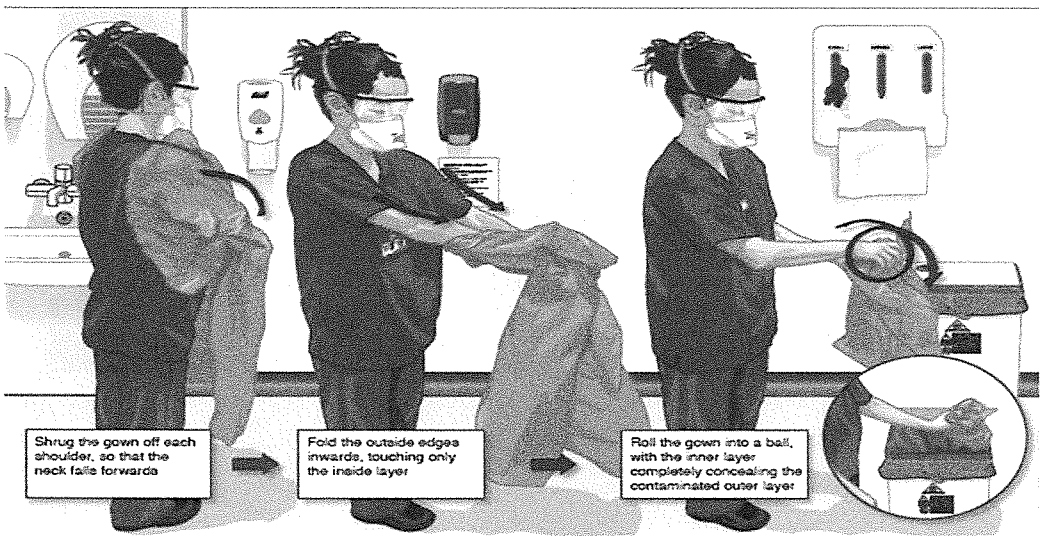
- Remove gloves as directed and perform hand hygiene.
- Aprons are single use and should be removed once moisture laden as they are no longer effective as PPE.
- NB Do not touch – front of apron as it may be contaminated!
- Break ties first at the shoulders, then at the waist – touch only inner aspect of apron, and pull away from body.
- Discard disposable items into appropriate lined waste bin.

Donning a Fluid Repellent Gown

Gown – fully cover torso neck to knees and ties at the back of waist

Removal of Fluid Repellent Gowns

- Remove gloves as directed and perform hand hygiene.
- Fluid repellent gowns are single use and should be removed once moisture laden as they are no longer effective as PPE.
- NB Do not touch –front of gown as it is contaminated!
- With clean hands, unfasten ties first at the shoulders and then at the waist.
- Remove gown using a peeling motion, pull gown from each shoulder towards same hand.
- Turn gown inside out.
- Hold gown away from body and roll.
- Discard disposable items into appropriate lined waste bin.



Perform hand hygiene immediately on removal.

Goggles / Eye Shields

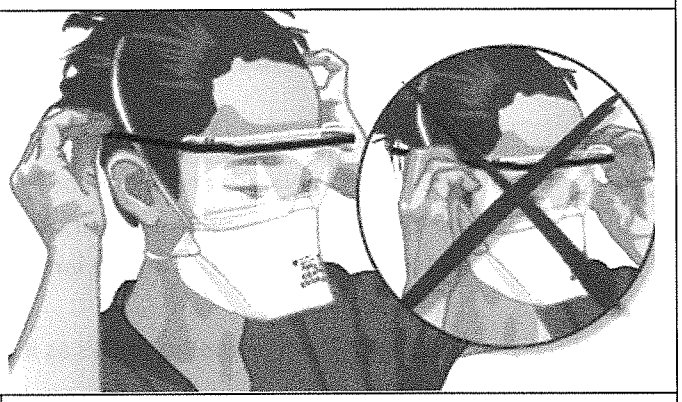
For face goggles/eye shields to be effective:

- Goggles – place over face and eyes, adjust to fit.
- Eye shields – place over face, adjust headband to fit.

Removal of goggles/eye shields:

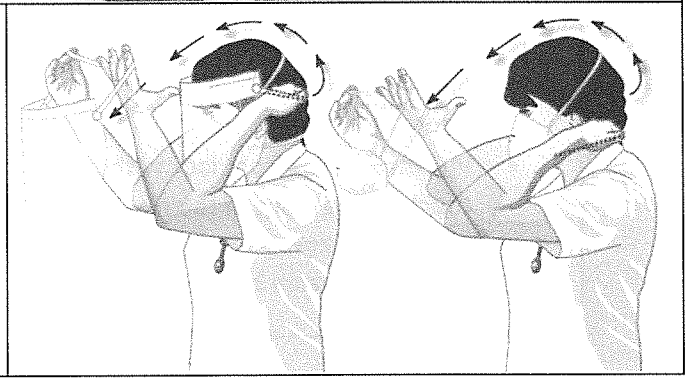
Goggles

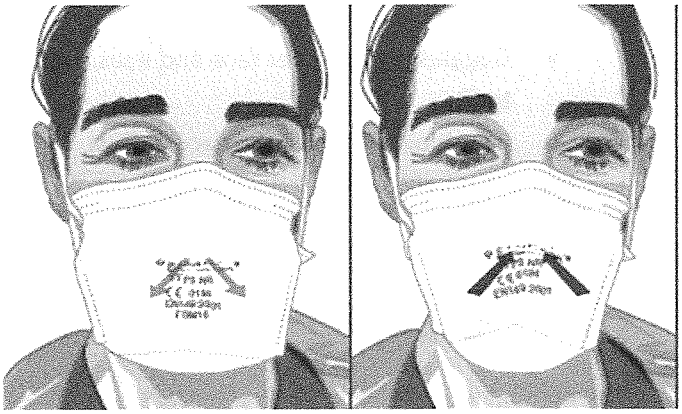
- Remove gloves as directed and perform hand hygiene.
- NB Do not touch –front of goggles as it may be contaminated!
- Handle only by the sides, pull away from body.
- Place into a receptacle for decontamination.



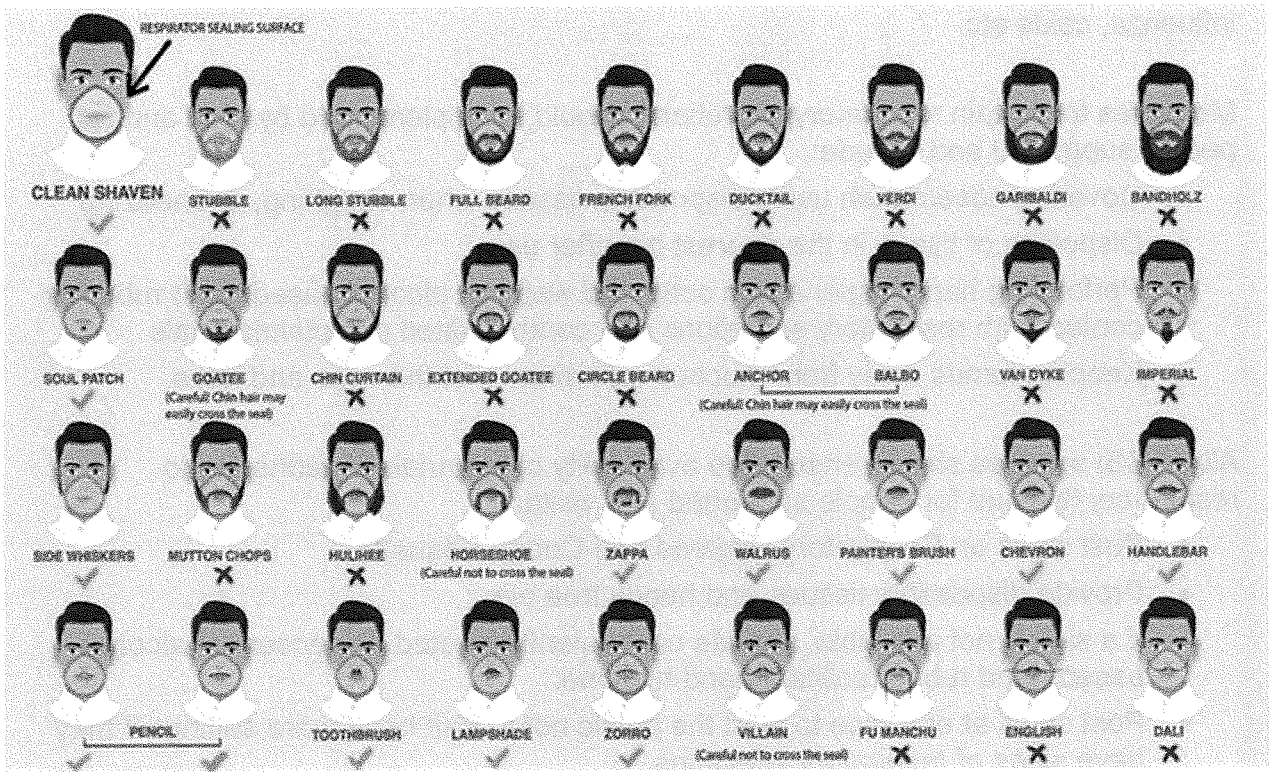
Eye shields

- Remove gloves as directed and perform hand hygiene.
- NB Do not touch –front of eye shield as it may be contaminated!
- Handle only by the headband, pull away from body.
- Discard into a lined waste bin or place into a receptacle for decontamination



For FFP2/FFPE Surgical face masks to be effective:	
• Secure ties or elastic bands at middle of head and neck (if applicable). • Fit flexible band to the nose bridge. • Ensure fit is snug to face and below chin. • Check fit to ensure there are no gaps (facial hair should be considered as it can prevent an accurate fit). • If using a non-formed mask or surgical mask – when placed correctly the mask should move in and out when breathing.	
Removal of FFP2/FFP3./ surgical masks:	
• Masks are single use and should be removed once filled with condensation as moisture laden masks are no longer effective as PPE. • NB Do not touch –front of masks as it is contaminated! • Unfasten ties first at the bottom (if applicable) and then at the top – or stretch elastics. • Pull mask away from face without touching the front of the mask. Discard disposable items into appropriate lined waste bin.	
Perform hand hygiene immediately on removal.	

Pictures of Facial Hair Recommended When Wearing a Mask



1.3 Respiratory hygiene and cough etiquette

Respiratory hygiene is vital to prevent the spread of respiratory infections such as influenza, colds etc.

Measures to contain respiratory secretions should be implemented by staff and for people supported and include:

- Covering nose/mouth using disposable tissues when coughing, or sneezing
- Disposing of tissue in the nearest bin after use
- Performing hand hygiene with soap and water or alcohol based hand rub after contact with respiratory secretions and contaminated objects/materials
- Keeping hands away from mucous membranes of the eyes and nose.

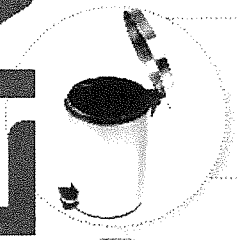
All BOCSI services should ensure the availability of materials for adhering to respiratory hygiene for people supported and visitors.

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

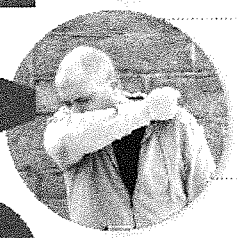
COVER UP

COUGHING AND SNEEZING

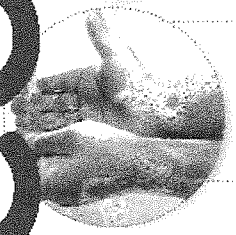
- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve



- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds

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

1.4 Safe injection practices including safe use and disposal of sharp

Sharps are medical devices. Examples include needles, scalpels, cannula that can cut, prick, cause injury and or infection.
Certain categories of healthcare workers are at risk of potential sharps injuries.
These include:

- doctors
- nurses
- healthcare assistants/ support workers
- allied health professionals
- laundry and waste management personnel
-

Sharps contaminated with infected blood can transmit blood borne viruses that include Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV). The risk of exposure to sharps injuries must be assessed. Control measures must be put in place to prevent or minimise the risk of injury.

Manager responsibilities
As a manager, you must:

- assess the risk of exposure to sharps injuries
- identify ways to eliminate or minimise the risk
- implement, monitor and review practices, procedures, control measures and findings of incident reviews
- ensure there are local procedures for employees who receive a sharps injury

Employee responsibilities
As an employee it is your responsibility to:

- work in a responsible manner, taking care of your own safety, health and welfare
- cooperate with the regular review of risk assessments and control measures
- attend training as appropriate
- use safety equipment or PPE provided
- report any defects in equipment and unsafe systems of work
- report any incidents or near-misses involving sharps

Risk assessment
A sharps risk assessment must be carried out to check if existing workplace controls are adequate or if further control measures are necessary.

- Risk reduction measures

If the risk assessment shows a risk of injury or infection from sharps, control measures must be put in place. These measures include:

- eliminating the unnecessary use of sharps by using needless intravenous systems
- substituting unprotected medical sharps with safer sharps devices
- keeping handling of sharps to a minimum
- prohibit the recapping of needles
- sharps get placed in a sharps bin immediately after use
- ensuring that needles are not:
    - passed from hand to hand
    - bent or broken
- ensuring that appropriate PPE is made available
- training based on a training needs assessment to include safe working practices with sharps
- reporting any incident involving sharps
- following local first aid and follow-up procedures

Vaccinations

- A vaccine is available for protection against Hepatitis B, but not for Hepatitis C or HIV.
- The Immunisation Guidelines for Ireland, Royal College of Physicians of Ireland, list the vaccines recommended categories of workers based on the type of work they carry out. See NIAC Immunisation Guidelines for Healthcare workers: https://rcpi.access.preservica.com/uncategorized/IO_28aaa7fe-4b48-4161-8f31-fa5c11377931/ for further information.
- Employees must be informed of the benefits and drawbacks of both vaccination and non-vaccination. Records of vaccination and follow-up (where required) should be retained by Occupational Health. This should be kept confidential and in line with GDPR.

Post incident response and follow-up

- Local procedures must be in place to ensure employees who have sustained a sharps injury have access to treatment and follow up. This should include employees who work out-of-hours or away from their base.
- When determining appropriate response and follow-up procedures, you should

take into account the HSE/HPSC guidelines for the emergency management of injuries (including needle-stick and sharps injuries (see below)

Sharps-related incidents

- Sharps-related incidents must be reported. Incidents are reported in line with the HSE Incident Management Framework (PDF, 3MB, 148 pages)
- Certain categories of work-related sharps injuries must be reported to the Health and Safety Authority (HSA) please refer to Section 6.0 of the policy.
- As sharps are considered to be medical devices, there is a voluntary system of reporting incidents to the Health Products Regulatory Authority (HPRA) www.hpra.ie

For Patient information on management of sharps disposal see here: Layout 1 (hse.ie)

Template Risk Assessment for Needles stick Injury or other Exposure Incident

Person supported Name:	**Location:**		
Name of Assessor:	**Signature of Assessor:**		
Name of Manager:	**Signature of Manager:**		
Date of Assessment:	**Date of Review:**		
Identify staff at risk delete as appropriate.: nurse, doctor, community support worker, care staff, driver, instructor/ supervisor, household, other (inform contractors/visitors if there is a risk of being bitten)			
Purpose of Assessment: Review procedure for * checking blood sugar levels/ blood samples/ administering medication via injection /exposure to bites/other *delete as appropriate			
	Yes	**No**	**Controls**
Frequency			___times / day / week
Is this procedure necessary			
Is there a safer needle device			
Are you trained in correct use of needle device			
Could the person supported carry out the procedure			
Is the person supported cooperative			
Staff hand hygiene + cover cuts			
Staff wears gloves			
Single use lancet			
Single use cotton wool /gauze disposed immediately			
Assemble sharps box correctly, not overfull, i.e. 2/3 full			
Position sharps box in a safe place close to point of use.			
Discard sharp items in a sharps box immediately after use.			
Do not re-cap, bend, dissemble or break needles.			
Test strip discarded of immediately			
The user is responsible for disposing of sharps			
Hand hygiene after removal of gloves			
Are my vaccinations up to date			
Bites: Does CB in your area include biting			
Bites: are you aware of the protocols in relation to the CB			
Are you aware of procedure following an inoculation injury			

Control i.e.

- If not necessary do not continue, and supervise person supported carrying out the procedure
- Explore with local pharmacy, GP, medical suppliers if there is a medical device incorporating safety-
- Engineered protection mechanisms available
- Wash hands and apply plasters required prior to putting on gloves
- Use single use lancet only
- Do not over fill sharps box above warning line
- Place sharps box close to point of use
    - •Immediately dispose of used sharp into sharps bin
    - •The user is responsible for disposing of used sharps
    - •Wash hands after removal of gloves
    - •Use clinical waste bag for disposal of gloves/ cotton wool/gauze
    - •Ensure you are vaccinated against Hepatitis B, if appropriate. Contact Occupational Health Service
    - •All inoculations injuries are reported immediately see procedure following a needle stick injury

Procedure following a Needle stick Injury or other exposure Incident
(Bite or scratch where the skin barrier is broken)

- Wash the area thoroughly with soap and warm water.

In the case of needle stick injury/wound, encourage them to bleed

- Do not suck the puncture site.
- Do not use a nailbrush.
- Wash eyes with clean tap water.

- Report the incident at once to your Team Leader/Manager.
  - Accident/Incident form to be completed by injured individual.
  - Manager to complete NIMS form.

- Contact the Occupational Health Services (OHS) immediately to organise an appointment to see the Occupational Health Physician

Should the incident occur at a weekend, it should be dealt with immediately rather than waiting until the weekend is over.

- If a Team leader/manager/OHS is not available, the incident should be brought to the attention of the A&E Department of your nearest hospital immediately in order that the prophylaxis is initiated as quickly as possible.

- Visit the A&E Department where the situation will be assessed and arrangements made for blood samples to be taken from the person exposed i.e. Hep.B Antibodies if status not known, and bloods to be saved for further testing if necessary. All staff attending the A&E Department must first be booked in at the desk.

- The Team leader/Manager under whose care the source/person supported must arrange for blood to be taken from the person supported and tested for Hep. B, C and HIV. Informed consent is required when taking blood samples from any person supported. To ensure urgent testing of blood use red stamp on person supported blood form's, or write in red.

Please be aware that this type of injury/ incident can cause significant distress for the staff member and it can be some months before they get full closure.

It is imperative that follow up by Team Lead/ Manager is made within 5 days of the incident to provide support and ensure all procedure has been followed correctly.

- ✓ **Offer EAP support**
- ✓ **Ensure Occupational health has been in contact with them**
- ✓ **Ensure risk assessment is complete**

1.5 Aseptic Technique

Aseptic technique protects people supported during invasive clinical procedures by employing a variety of infection control measures that minimise, as far as practicably possible, the presence of pathogenic microorganisms. A number of approaches to promote aseptic technique are available.

Aseptic technique is also commonly referred to as ANTT – Aseptic Non-Touch Technique. The Principles of ANTT procedure are:

- **A**lways decontamination your hands
- **N**ever contaminate key parts of sterile materials/equipment or key sites
- **T**ouch non-key parts with confidence
- **T**ake appropriate infective prevention precautions, e.g. PPE, Waste Disposal

More information on ANTT is available in the National Clinical Effectiveness Committee Draft Guidance on Infection Prevention and Control 2022 and subsequent updates published on www.hpsc.ie.

Additional resources and information is available at https://www.antt.org/. This site includes useful posters/ prompt which can be downloaded for display in clinical areas. It also includes posters outlining steps to ANTT in community settings such as homes

Aseptic technique is used to prevent contamination of key parts (for example the part of an intravenous catheter that will be within the vein) and key sites (the place where the catheter will be introduced into the vein) by microorganisms. When aseptic technique is performed, asepsis is ensured by

- Identifying and protecting key parts and key sites
- Hand hygiene
- Use of a no touch technique
- Use of sterile equipment
- Disinfecting key parts prior to use (scrub the hub).
- Allow sufficient drying time post disinfecting

In Community Health & Social care settings the most common procedures undertaken which require an aseptic technique are – insertion of a urinary catheter, wound dressings and venepuncture. Other activities undertaken by some services include managing devices such as central venous access devices. Undertaking aseptic technique is a skilled clinical practice which requires training and education in both theory and practice, followed by competency assessment. All clinicians should consider their competence in relation to undertaking aseptic technique. If unsure talk to your manager and request additional support and training.

1.6 Management of care equipment

All medical and individual care equipment must be kept clean and dry at all times.
Any infectious microorganism introduced into the body can cause infection in vulnerable people.

In all healthcare settings, reusable medical devices should be handled in a manner that minimises the risk to people supported, health care worker and environmental contact with potentially infectious material.

Principles of reprocessing reusable medical devices include:

- Before purchase, health care facilities should ensure that manufacturers reprocessing instructions are provided and can be followed by the health care facility, in an appropriately controlled environment, with appropriate storage facilities.
- Reusable medical devices and person supported equipment used in the clinical environment must be reprocessed according to their intended use and **manufacturers** recommendations. A copy of the manufacturer's instructions and recommendations should be retained on site to be referred to as required
- Single use medical devices should not be reprocessed for reuse. Exceptions to this should only be considered in an emergency situation. This exception should be based on a risk assessment.

Further information on the reprocessing of invasive medical devices can be found at:
NCEC IPC Clinical Guidelines 2023:
https://quality.bocsi.ie/Factor5/Resource?ItemID=57
HSE – Community Infection Prevention and Control Manual (lenus.ie)

1.7 Environmental Hygiene

- Cleaning is the physical removal of dirt, dust and grime but does not necessarily destroy germs.
- 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 for the allocated time as per instructions.
- Product labels and Material Safety Data Sheets (MSDS) contain instructions for the safe and effective use of the cleaning product including the precautions required when using the product (e.g. wearing gloves, good ventilation etc.). Ensure that these instructions are adhered to.
- 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. All cloths and mop heads should be color coded to correlate with different areas.
- Cleaning with detergent and warm water should remove all contaminants including dust, dirt, faeces, blood, pus, urine, other body fluids and large numbers of germs.

- A schedule for routine cleaning of the home and the required frequency of each cleaning task should be documented. Each cleaning task must be documented as soon as possible following completion of the task. If a scheduled cleaning task is not completed, the reason should be documented and the task should be completed as soon as possible. Managers are required to ensure that the required cleaning is completed and documented.
- During an outbreak of infection, an unusual increase in the incidence of a particular organism or a pandemic, appropriate Transmission Based Precautions shall be implemented. These shall include enhanced routine cleaning. Enhanced routine cleaning shall incorporate daily (minimum) cleaning and/or disinfecting of the environment and equipment including frequently touched surfaces in household and office common areas (e.g. staff login-tablets, tables, hard-backed chairs, doorknobs, door handles, light switches, bathroom fixtures, counter tops, remote controls, house phones, mobile phones, desks, toilets, computer keyboards, Ipads and tablets, taps, sinks etc.). Depending on the type of outbreak, certain areas will require more frequent cleaning and/or disinfection, e.g. sanitary areas during an outbreak of gastrointestinal infection. A rota should be developed for this and staff should initial the rota when complete. The Outbreak or Pandemic response team will develop guidance on the increased cleaning requirements depending on the situation
- Cleaning is essential in the prevention of infection and the 'clean as you go approach' principles must be applied.
- 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.
- Crockery and cutlery should, preferably, be washed after use in a dishwasher. Machine washing at high temperatures is a form of thermal disinfection. Where a dishwasher is temporarily unavailable, items should be washed in hot water, detergent residue rinsed off and air-dried on the draining rack.
- In an individual's own home particular care should be taken of potentially contaminated items especially chopping boards used for raw meat and poultry. These items need to be thoroughly cleaned with hot water and washing up liquid and should be kept separate from foods that will be eaten without further cooking.

➢ **Management of Spillages of Blood and Body Fluids**

- Spillages of blood, urine, faeces or vomit must be dealt with immediately. Staff must wear appropriate PPE.
- Each area should have to hand a spill kit. This should contain disposable gloves, aprons, paper towel/scoop, goggles hand sanitiser.
- Body fluid spillages should be soaked up, as much as possible, with disposable paper towels. The area should be cleaned using warm water and general-purpose detergent and disinfected (except urine spillages) using a disinfectant of 1OOOppm or 1; 10 dilution of 5.25% sodium hydrochloride or equivalent. The surface should be rinsed and dried. After discarding PPE hand hygiene must be performed.

- Large volume blood spills are to be decontaminated with a chlorine-based disinfectant. Spillage are to be wiped up with disposable paper towels or scooped and discarded into a healthcare risk bag, rigid container or where these are not available, double bagging is best practice. The area is to be washed with a general-purpose detergent and water. Gloves and apron are to be discarded into healthcare risk waste or double bagged as appropriate. After discarding PPE, hand hygiene must be performed.
- Urine spills are to be covered and soaked up as much as possible with disposable paper towels. The area is to be cleaned using warm water and general-purpose neutral detergent. Chlorine based disinfectants are not to be applied directly onto spillages of urine as it may result in the release of chlorine vapour

1.8 Safe handling and disposal of waste

- ***Waste Management***
  - **Non-Risk Waste**

Non-risk waste is waste, which is not hazardous to those who come into contact with it. Its contents are non-infectious, non-radioactive and non-chemical.

Category	Description	Waste
Domestic Waste	This includes normal household and catering waste, all non-infectious waste, non-toxic, non-radioactive, and nonchemical waste. Examples include flowers, office waste, paper hand towels, wrapping paper, cardboard, newspaper and cans.	Clear/Black Bags in foot operated pedal bins
Confidential Waste	This includes shredded waste documents of a confidential nature e.g. notes relating to person being supported at BOCSI and laboratory results.	Clear/Black Bags in foot operated pedal bins
Care Items	Items not contaminated with blood or body fluids and items contaminated with faeces, urine or breast milk that has been assessed as non-infectious. Examples include plastic items, plastic bottles, plastic packaging, empty IV solutions fluid bags, administration sets, gloves and aprons.	Clear/Black Bags in foot operated pedal bins
Potentially Contaminated Items	Items contaminated with faeces, urine or breast milk that has been assessed as non-infectious and not contaminated with blood or other body fluids. Examples include incontinence wear, stomas bags, urinary drainage bags, tubing and urinary catheters.	Clear/Black Bags in foot operated pedal bins
Kitchen Waste	Containers should be provided at appropriate locations within the kitchen/catering area, for collection of waste. Waste material shall be stored for collection and/or disposal in a designated area, physically separated from the food storage or food preparation areas.	Clear/Black Bags in foot operated pedal bins

- **Risk Waste.**

Risk Waste is waste, which is potentially hazardous to those who come in contact with it, by nature of its infectious, biological, chemical or radioactive content, or by being categorised as a sharp.

Category	Description	Waste
Infectious Waste	1. Blood, and any items visibly soiled with blood, e.g. blood giving sets and bags, wound dressings, wound drains, swabs, disposable aprons and gowns that are blood stained. 2. Items contaminated with faeces, urine or vomit with known or suspected transmissible micro-organisms. 3. Items contaminated with body fluids other than faeces, urine or vomit. 4. Incontinence wear with known or suspected enteric pathogens e.g. Clostridium difficile or salmonella. 5. Other healthcare infectious waste from treatment areas as covered by definition of Infectious Waste.	*Yellow Clinical Waste Bin – disposed of by a healthcare waste service.
Sharps	Categorised as any object that has been used in the diagnosis, treatment or prevention of disease and that is likely to cause a puncture wound or cut to the skin. Examples include used needles, scalpels, razors, lancets, contaminated broken glass, stitch cutters or any other contaminated disposable sharp instrument or item.	Yellow Sharps Bin which are returned to pharmacy
Pharmaceutical	Unused drugs and other pharmaceutical products should be returned to the pharmacist. This is the preferred method of disposal of pharmaceutical products.	Return to Pharmacy

If a healthcare waste service is not available in the location then all healthcare risk waste should be:

- placed in a black plastic rubbish bag
- tied in a second bag
- labelled with date and time
- placed in a designated, secure location for 72 hours
- after 72 hours, collected with normal household waste service

Segregation & Packaging of Healthcare Risk & Non-Risk Waste

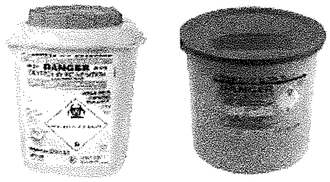
RISK WASTE

YELLOW BAG

- All blood-stained items and all items soiled with body fluids assessed as infectious
- Suction catheters & tubing
- Incontinence waste from known or suspected enteric infections

*** NO SHARPS OR FREE LIQUIDS**

YELLOW SHARPS BIN (with blue or red lid)



- Needles, Syringes & Scalpels
- Contaminated slides & glass
- Sharps tips of clear IV giving sets
- Blood stained glass
- Stitch cutters
- Guide wires/trocars
- Razors

*** NO FREE LIQUIDS**

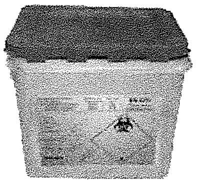
YELLOW 30/60 LITRE RIGID BIN (with yellow lid)

- Blood administration sets (never disconnect line from bag)
- Contained blood and body fluids
- Non-cultured laboratory waste (including autoclaved microbiological cultures)
- Disposable suction liners
- Redivac drains (ensure drain closure sealed)
- Sputum containers
- Chest drains

*** NO SHARPS OR FREE LIQUIDS**

RISK WASTE

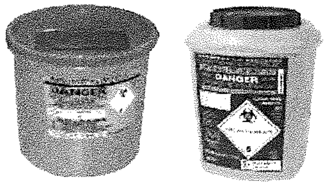
YELLOW 30/60 LITRE RIGID BIN (with purple lid)



- Cytotoxic drugs including infusion lines, left over drug preparations and personal protective equipment used.
- Small quantities of residual medicines or pharmaceuticals left over after administration to patients.

*** NO SHARPS OR FREE LIQUIDS**

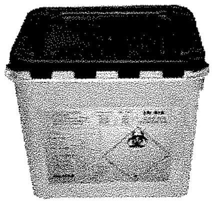
YELLOW SHARPS BIN (with purple lid)



- Contaminated cytotoxic sharps, needles, syringes, sharp instruments and broken glass

*** NO FREE LIQUIDS**

YELLOW RIGID BIN (with black lid)



- Non-autoclaved microbiological cultures
- Large / recognisable anatomical body parts
- Placentas with additional leak proof containment
- Large solid metal objects and instruments

*** NO SHARPS OR FREE LIQUIDS**

NON-RISK WASTE

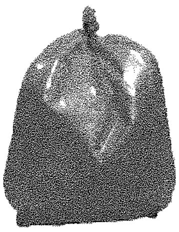
CLEAR BAG

- Incontinence wear (from non-infectious patients)
- Oxygen face masks
- Empty urinary drainage and empty stoma drainage bags
- Clear tubing (e.g. oxygen, urinary catheters, ventilator, naso gastric, IV lines with tips removed)
- Enteral feeding equipment
- Non contaminated gloves, aprons and masks
- Empty continuous ambulatory peritoneal dialysis (CAPD) bags
- All other household non-risk, non-recyclable waste

*** NO SHARPS OR LIQUIDS**

RECYCLABLE WASTE

GREEN BAG



- Mixed Dry Recyclables - Paper, Cardboard, Tetra Packs, Plastic Packaging / Wrappings, Tins/Cans, Plastic Bottles

*** NO SHARPS OR LIQUIDS**

PLEASE NOTE:

1) Do not use waste bags for sharp or breakable items or for liquids
2) Close healthcare risk waste bags using "swan neck" when 2/3 full
3) Sign and seal sharps bins correctly when 3/4 full or at manufacturers fill line
4) Label all healthcare risk waste appropriately at point of generation
5) Apply traceability tags to all healthcare risk waste at point of generation
6) Use long sharps bins for large trocars, knives, stapling guns etc.
7) For all 30/60 litre rigid bins, add absorbent material or gelling agent in sufficient quantities to hold the fluid and prevent leakage.
8) For further details on healthcare risk waste, please refer to www.dohc.ie/publications

An Roinn Sláinte
DEPARTMENT OF HEALTH

Endorsed by: IPS Infection Prevention Society

2014 Edition

Principles of Laundry Management

The risk of infection from used linen is minimal provided that it is handled, washed and decontaminated in a safe manner. The high temperature of the water, the laundry detergent and the laundering process physically removes and destroys most microorganisms. Any organism remaining is likely to be destroyed by further processes of tumble drying and ironing.

Standard Precautions which apply to the management of laundry and linen are:

- Hand hygiene

Must be carried out following the handling of used laundry and linen and prior to handling clean linen.

- Personal Protective Equipment

Must be worn when anticipated contact with laundry and linen soiled with blood or body fluids occurs.

- Maintaining a clean safe environment.

By handling, transporting and processing used and soiled linen in a manner that prevents contact with skin and mucous membranes, staff clothing and avoids transfer of micro-organisms to other people and the environment.

- Prevention of exposures to staff with body fluids.

By ensuing, that manual sluicing of soiled laundry or linen is not carried out and items soiled with blood or body fluids are placed in a red alginate or water-soluble bag and laundered.

Used Laundry and Linen.

- Remove from the bed with care, avoiding the creation of dust, do not shake or place on the floor or on any clean surface.
- Place in the appropriate bag/container at the bedside.
- Wear appropriate protective clothing when handling laundry soiled with body fluids.
- Do not manually sluice or hand wash items soiled with blood or body fluids i.e. do not rinse or spray soiled items under running water.
- Place items soiled with blood or body fluids in a red alginate or water-soluble bag at the point of initial contact. Do not fill the alginate bag or water-soluble bag more than 2/3 full. Close/tie the bag.
- The red alginate or water-soluble bag is placed directly into the washing machine.
- The alginate bag opens during the washing process as the seams/stitching dissolves. When the item/s have been laundered, it is safe to remove the item/s and the bag from the washing machine. Dispose of the alginate bag in non-risk waste – i.e. black bag.

- Carry out hand hygiene after handling used linen and laundry.
- Ensure that sharps and other items i.e. incontinence wear are not inadvertently discarded into laundry baskets.
- 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.
- Do not overload the washing machine as this may compromise the washing process.
- Ensure that laundry baskets/clothes hampers are included in routine cleaning schedule.
- Do not store laundry containers/skips in clean areas such as clean linen rooms and living accommodation.

Linen contaminated with highly transmissible organisms will be placed into a yellow clinical waste bag for disposal via a healthcare waste service. If a healthcare waste service is not available in the location, then the contaminated linen should be:

- ❖ Placed in a black plastic rubbish bag.
- ❖ Tied in a second bag
- ❖ Labelled with the date and time
- ❖ Placed in a designated, secure location for 72 hours.
- ❖ After 72 hours, collected with normal household waste service.

- Each person should have their own laundry basket and their items should be transported and washed separately.
- In each house, washing machines and driers are often in or near 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.
- Dry laundry as soon as possible after washing. Do not leave laundry in the washing machine overnight. Ensure that clothes are ironed or once the clothes have been dried, they are folded or hung up.

General Laundry and Clothing.

- Stained/contaminated pillows where the covering is torn shall be condemned and replaced as necessary.
- Duvets and pillows shall be cleaned or replaced bi-annually or as required. This shall be recorded in the 6 Monthly cleaning checklist.
- Routine curtain cleaning/steaming shall occur bi-annually or replacement as required. This is recorded in the 6 Monthly cleaning checklist.

- Each person shall use and retain control over their own clothes, where appropriate.
- Each person will have his or her own laundry basket.
- Each person shall be supported in the management of his/her laundry in accordance with his or her needs and wishes. Ensure that clothing is regularly laundered, and people always have sufficient clean clothing.
- Where a person is unable to manage their own linen and clothing, follow used laundry and linen above for washing clothes.
- Each location shall provide adequate space for each person to store and maintain his/her clothing and personal property and possessions.

Appendix 3 Notifiable Diseases

Notifiable Diseases

All medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the Medical Officer of Health (MOH)/Director of Public Health (DPH) of certain diseases, notifiable diseases. This information is used to investigate cases to aid in preventing spread of infection and further cases. The information will also facilitate the early identification of outbreaks. It is also used to monitor the burden and changing levels of diseases, which can provide the evidence for public health interventions such as immunisation.

All medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the Medical Officer of Health of "any unusual clusters or changing patterns of any illness, and individual cases thereof, that may be of public health concern". In addition, immediate preliminary notification should be made to the Medical Officer of Health of any serious outbreak of infectious disease in the locality. (HPSC, 2022)

Notifiable Diseases and their respective causative pathogens

specified in the Infectious Diseases (Amendment) Regulations 2022 (S.I. No. 281 of 2022) May 2022

Disease	Causative Pathogen
Acute anterior poliomyelitis	Polio virus
Ano-genital warts	Human papilloma virus
Anthrax	*Bacillus anthracis*
***Bacillus cereus* food-borne infection/intoxication**	*Bacillus cereus*
Bacterial meningitis (not otherwise specified)	
Botulism	*Clostridium botulinum*
Brucellosis	*Brucella* spp.
***Campylobacter* infection**	*Campylobacter* spp.
Carbapenemase producing *Enterobacteriaceae*, infection or colonisation	Carbapenemase producing *Enterobacteriaceae*, infection or colonisation
Chancroid	*Haemophilus ducreyi*
Chickenpox – hospitalised cases	Varicella-zoster virus
Chikungunya disease	Chikungunya virus
***Chlamydia trachomatis* infection (genital)**	*Chlamydia trachomatis*
Cholera	*Vibrio cholerae*
***Clostridium difficile* infection**	*Clostridium difficile*
***Clostridium perfringens* (type A) food-borne disease**	*Clostridium perfringens*
COVID-19	SARS-CoV-2
Creutzfeldt Jakob disease	
variant Creutzfeldt Jakob disease	
Cryptosporidiosis	*Cryptosporidium parvum, hominis*
Cytomegalovirus infection (congenital)	Cytomegalovirus
Dengue fever	Dengue virus
Diphtheria	*Corynebacterium diphtheriae* or *ulcerans* (toxin producing)
Echinococcosis	*Echinococcus* spp.
Enterococcal bacteraemia	*Enterococcus* spp. (blood)
***Escherichia coli* infection (invasive)**	*Escherichia coli* (blood, CSF)
Giardiasis	*Giardia lamblia*
Gonorrhoea	*Neisseria gonorrhoeae*
Granuloma inguinale	*Klebsiella granulomatis*
***Haemophilus influenzae* disease (invasive)**	*Haemophilus influenzae* (blood, CSF or other normally sterile site)
Hepatitis A (acute) infection	Hepatitis A virus
Hepatitis B (acute and chronic) infection	Hepatitis B virus
Hepatitis C infection	Hepatitis C virus
Hepatitis E infection	Hepatitis E virus
Herpes simplex (genital)	Herpes simplex virus
Herpes simplex (neonatal)	Herpes simplex virus
Human immunodeficiency virus infection	Human immunodeficiency virus
Human Monkeypox infection	Monkeypox virus of the orthopoxvirus genus
Influenza	Influenza A and B virus
***Klebsiella pneumoniae* infection (invasive)**	*Klebsiella pneumoniae* (blood or CSF)
Legionellosis	*Legionella* spp.
Leprosy	*Mycobacterium leprae*
Leptospirosis	*Leptospira* spp.
Listeriosis	*Listeria monocytogenes*
Lyme disease (neuroborreliosis)	*Borrelia burgdorferi*
Lymphogranuloma venereum	*Chlamydia trachomatis*
Malaria	*Plasmodium falciparum, vivax, knowlesi, ovale, malariae*
***mcr*-positive *Enterobacteriaceae* infection or colonisation**	*mcr*-positive *Enterobacteriaceae* infection or colonisation
Measles	Measles virus
Meningococcal disease	*Neisseria meningitidis*
Mumps	Mumps virus
Non-specific urethritis	
Novel or Rare Antimicrobial-resistant Organism (NRAO)	
Noroviral infection	Norovirus
Paratyphoid	*Salmonella* Paratyphi
Pertussis	*Bordetella pertussis*
Plague	*Yersinia pestis*
***Pseudomonas aeruginosa* infection (invasive)**	*Pseudomonas aeruginosa* (blood or CSF)
Q Fever	*Coxiella burnetii*
Rabies	Rabies virus
Respiratory syncytial virus infection	Respiratory syncytial virus
Rotavirus infection	Rotavirus
Rubella	Rubella virus
Salmonellosis	*Salmonella* spp. other than *S.* Typhi and *S.* Paratyphi
Severe Acute Respiratory Syndrome (SARS)	SARS-associated coronavirus
Shigellosis	*Shigella* spp.
Smallpox	Variola virus
Staphylococcal food poisoning	Enterotoxigenic *Staphylococcus aureus*
***Staphylococcus aureus* bacteraemia**	*Staphylococcus aureus* (blood)
***Streptococcus* group A infection (invasive)**	*Streptococcus pyogenes* (blood, CSF or other normally sterile site)
***Streptococcus* group B infection (invasive)**	*Streptococcus agalactiae* (blood, CSF or other normally sterile site)
***Streptococcus pneumoniae* infection (invasive)**	*Streptococcus pneumoniae* (blood, CSF or other normally sterile site)
Syphilis	*Treponema pallidum*
Tetanus	*Clostridium tetani*
Toxoplasmosis	*Toxoplasma gondii*
Trichinosis	*Trichinella* spp.
Trichomoniasis	*Trichomonas vaginalis*
Tuberculosis	*Mycobacterium tuberculosis* complex
Tularemia	*Francisella tularensis*
Typhoid	*Salmonella* Typhi
Typhus	*Rickettsia prowazekii*
Verotoxigenic *Escherichia coli* infection	Verotoxin producing *Escherichia coli*
Viral encephalitis	
Viral haemorrhagic fevers	
Viral meningitis	
West Nile fever	West Nile virus
Yellow fever	Yellow fever virus
Yersiniosis	*Yersinia enterocolitica, Yersinia pseudotuberculosis*
Zika virus infection	Zika virus

Please refer to the case definitions for the above diseases. The up-to-date list of diseases and case definitions are available on the HPSC website at www.hpsc.ie/notifiablediseases

Clinicians should notify cases of notifiable diseases to the Director of Public Health/Medical Officer of Health for the area of residence of the patient using the notification of infectious disease form.

List of Medical Officers of Health (MOH) by HSE Area

HSE East Counties Dublin, Kildare and Wicklow Medical Officer of Health, Department of Public Health, Room G29, Dr Stevens' Hospital, Dublin 8. Phone: 01 6352145 Fax: 01 6352103 Email: idnotifications.east@hse.ie	**HSE Midlands** Counties Laois, Offaly, Longford and Westmeath Medical Officer of Health, Department of Public Health, Area Office, Arden Road, Tullamore, Co. Offaly. Phone: 057 9359891 Fax: 057 9359907 Email: hprotmidlands@hse.ie
HSE Mid West Counties Clare, Limerick and North Tipperary Medical Officer of Health, Department of Public Health, Mount Kennett House, Henry Street, Limerick. Phone: 061 483337 Fax: 061 464205 Email: MWnCoV1@hse.ie	**HSE North East** Counties Cavan, Louth, Meath and Monaghan Medical Officer of Health, Department of Public Health, Kells Business Park, Kells, Co. Meath Phone: 046 9282700 Fax: 046 9282744 Email: dph.ne@hse.ie
HSE North West Counties Donegal, Sligo and Leitrim *County Donegal* Medical Officer of Health, Department of Public Health, Iona House, Upper Main Street, Ballyshannon, Co. Donegal. Phone: 071 9852900 Fax: 071 9852901 Email: infoid@hse.ie	*Counties Sligo and Leitrim* Medical Officer of Health, Department of Public Health, Bridgewater House, Rockwood Parade, Sligo. Phone: 071 9174750 Fax: 071 9138335 Email: infoid@hse.ie
HSE South Counties Cork and Kerry *County Cork* Medical Officer of Health, Department of Public Health, Floor 2, Block 8, St Finbarr's Hospital, Douglas Road, Cork.	*County Kerry* Medical Officer of Health, Department of Public Health, Rathass, Tralee, Co. Kerry. Phone: 066 7184548 Fax: 066 7184542 Email: dph.south@hse.ie

Phone: 021 4927601 Fax: 021 4923257 Email: dph.south@hse.ie	
HSE South East Counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford Medical Officer of Health, Department of Public Health, Lacken, Dublin Road, Kilkenny. Phone: 056 7784142 Fax: 056 7784599 Email: HealthProtection.SE@hse.ie	**HSE West** Counties Galway, Mayo and Roscommon Medical Officer of Health, Department of Public Health, Merlin Park Hospital, Galway. Phone: 091 775200 Fax: 091 758283 Email: public.health@hse.ie **Out of hours contact for DPH/MOH** - phone Ambulance Control

Last updated: 20 May 2022

Appendix 3 List of Immediate Preliminary Notifications to HSE Senior Medical Officer

Immediate preliminary notification to a Medical Officer of Health is required for the following:

hpsc

Disease	Causative Pathogen
Acute anterior poliomyelitis	Polio virus
Anthrax	*Bacillus anthracis*
Botulism	*Clostridium botulinum*
Cholera	*Vibrio cholerae*
COVID-19	SARS-CoV-2
Diphtheria	Corynebacterium diphtheriae or ulcerans (toxin producing)
Haemophilus influenza disease (invasive)	Haemophilus influenzae (blood, CSF or other normally sterile site)
Influenza of a new or re-emergent subtype	Influenza A and B virus
Legionellosis	*Legionella spp.*
Monkeypox	Monkeypox virus of the orthopoxvirus genus
Meningococcal disease	*Neisseria meningitis*
Paratyphoid	*Salmonella* paratyphi
Plague	*Yersinia pestis*
Rabies	Rabies virus
Severe Acute Respiratory Syndrome (SARS)	SARS-associated coronavirus
Smallpox	Variola virus
Tularemia	*Francisella tularensis*
Typhoid	*Salmonella* Typhi
Typhus	*Rickettsia prowazekii*
Verotoxic Escherichia Coli infection	Verotoxin producing Escherichia coli
Viral haemorrhagic fevers	
Yellow fever	Yellow fever virus

Immediate preliminary notification to a Medical Officer of Health is also required if there is a serious outbreak of infectious disease

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Appendix 4 National IPC PPGS

The following IPC PPGs can be found on: https://policies.bocsi.ie/
and Quality Assurance & Enhancement - Factor 5 - Infection Prevention and Control (quality-bocsi.azurewebsites.net)

- BOCSI Guidance for the prevention and management of COVID-19, Influenza and respiratory illness
- BOCSI National Audit tool
- BOCSI National Cleaning guidance
- BOCSI National Training recommendations