




# Aurora Kilkenny

## Infection Prevention & Control Policy

Policy Number	Policy Developed by	Date Developed
14 – Other Policies	Sarah Egan, Helen Nolan	23.06.2020
Version	Amendments	
6	Added changes to chain of infection, added new poster on standard precautions, added point of care risk assessment, new posters added on donning and doffing PPE, added vehicle cleaning can be recorded on ViClarity weekly vehicle checklist, Removed CPR during pandemic and nearest defib, The WHO Pandemic Phases – removed, post peak pandemic removed, HSE Land-COVID-19 Return to Work- remove. Reference and useful links updated and now includes IPC National Clinical Guidelines May 2023.	
Reviewed by		Review completed
Mairead Delaney IPCLP, Hazel Butler & Annemarie Murphy		27.01.2025
CEO signature		Next Review Date
		27-1-28.

## Mission Statement

**Enable people with complex needs to experience the same rights as every other citizen and as equal members of our community**

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## **1. INTRODUCTION**

- 1.1.** It is the policy of Aurora (Kilkenny) to minimise the possibility of transmission of infection to the people we support and the staff. A range of policies and guidelines have been developed to inform practice and ensure the risk of infection is minimised for all.
- 1.2.** Persons using Aurora will include people who are elderly, have chronic illnesses, are receiving treatment that hinders their ability to fight infection or may have recently been discharged from a variety of acute healthcare setting to community facilities.
- 1.3.** All of these people may be susceptible to infection at various stages in their life. Within Aurora people will be supported within a variety of locations such as day service facilities, community homes or within the family home and the expectation is that the services will be provided in a nonclinical environment.
- 1.4.** However, this needs to be balanced with the requirement to maintain an environment where support and care can be delivered in a safe manner, which is capable of being adequately cleaned and maintained in order to reduce the risk of infection for persons living, attending, working or visiting the service.
- 1.5.** The purpose of this policy is to provide staff working in Aurora with guidance on infection prevention and control measures to reduce the risk of infection to both supported people and staff.

## **2. DEFINITION OF INFECTION CONTROL**

- 2.1.** Infection Control refers to keeping both the people we support and staff in health care settings protected from infectious diseases.
- 2.2.** Healthcare-associated infections (HCAIs) are infections that a person may develop as a direct result of receiving healthcare in any setting. While the specific risks of acquiring infection may differ across settings, the basic principles of infection prevention and control apply regardless of the setting.

## **3. PURPOSE**

- 3.1.** The aim of this document is to assist staff in taking all reasonable steps to protect supported people and themselves from infection. Infection Prevention and Control is everybody's responsibility and all staff must be able to apply the basic principles and understand the modes

of transmission of infectious organisms.

## 4. RESPONSIBILITIES

- 4.1. All staff have an important role to play in the prevention and control of infection. It is the responsibility of all staff working in Aurora (Kilkenny) to be diligent in good infection control practice. This aims to reduce the risk for all staff and the people we support of acquiring infections as well as reducing the incidences of cross infections.

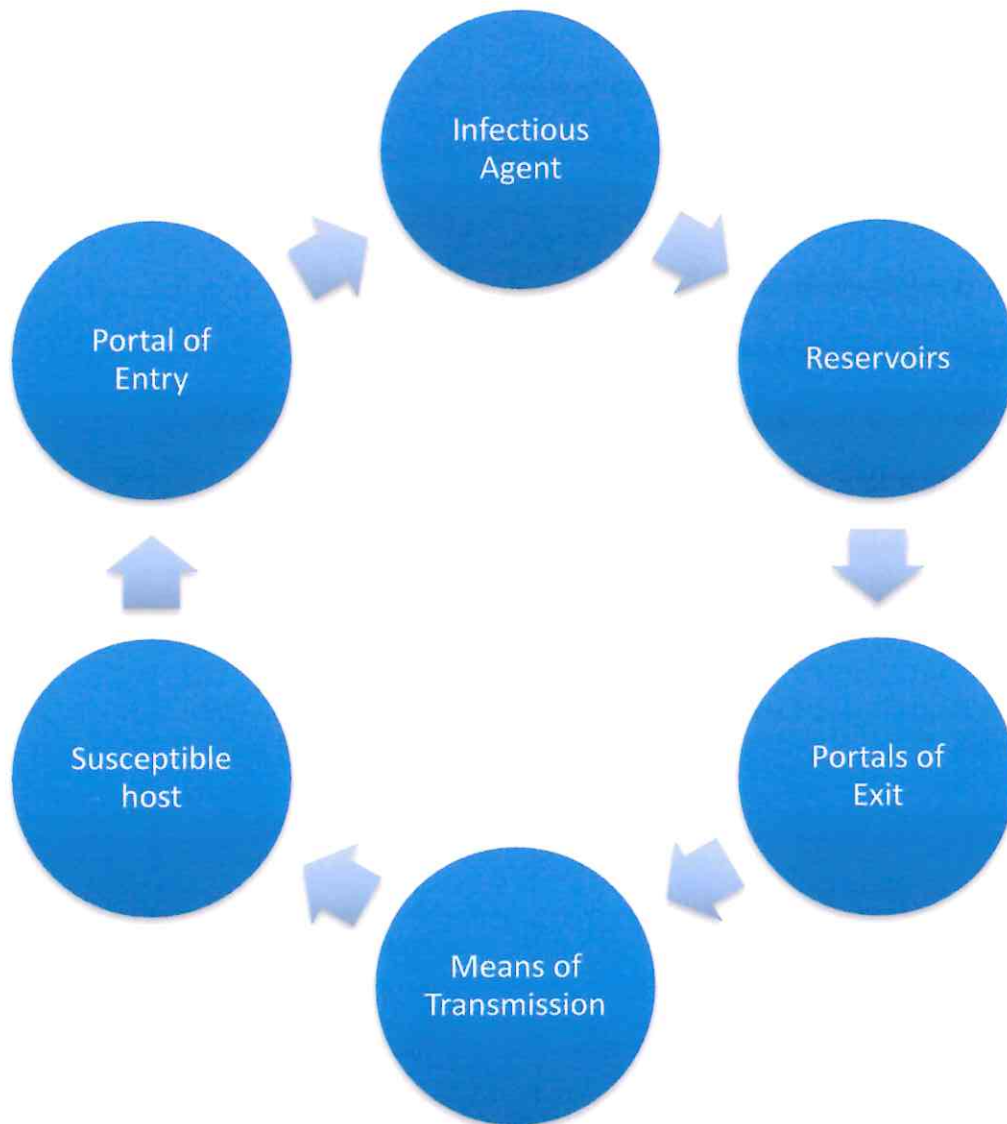
## 5. THE CHAIN OF INFECTION

- 5.1. Knowledge of the potential sources of micro-organisms, and an understanding of how they spread, enables Aurora (Kilkenny) to take appropriate measures to prevent transmission of infection. The process by which infection is spread can be thought of as a continuous chain (figure 1.1). In order for infection to be spread, all of links in the chain must remain intact. Infection control measures, therefore, aim to interrupt or break this chain in order to prevent the spread of infection.

- 5.2. The chain of infection consists of six links (See Figure 1.1), which include:

- *The infectious agent*: The virus, bacteria, fungus or protozoa.
- *Reservoirs*: The source of the infection, i.e., an infected person, contaminated food, water or equipment.
- *Portals of exit*: The secretions and excretions discharge from the body that carry the micro-organisms into the environment, e.g., blood, faeces, respiratory droplets, and skin scales.
- *Means of transmission*: How the micro-organisms reach other individuals, e.g., droplets in the air from a sneeze, by direct contact, injection or by ingesting something which has been contaminated by dirty hands.
- *Susceptible Host*: Factors such as age, previous exposure, immune status, and nutrition will influence whether or not the micro-organism, which has entered the body, results in disease. People with diabetes or other underlying conditions are more susceptible.
- *Portals of entry*: The micro-organisms enter the person through the respiratory, gastrointestinal and urinary tracts of the body.

- 5.3. Within Aurora (Kilkenny), all of the people we support are considered to be susceptible due to the numbers of people in shared areas. Staff may also be susceptible hosts and therefore have the responsibility to enforce and adhere to all of Aurora (Kilkenny) infection control policies and guidelines, and keep potential risks to a minimum.



## 6. STANDARD PRECAUTIONS

- 6.1. Are designed to reduce the risk of bloodborne and other pathogens from recognised and unrecognised sources.
- 6.2. Apply to all person supported care regardless of their diagnosis or presumed infectious status.
- 6.3. Standard precautions include;

- Hand hygiene
- Respiratory hygiene and cough etiquette
- Personal protective equipment (PPE)
- General home hygiene
- Requirements for kitchen/food hygiene
- General office/ desk cleaning and communal work areas
- Vehicle cleaning
- Waste management
- Laundry management
- Care of supported persons care equipment/ instruments/devices
- Management of exposure to blood or body fluids
- Management of needle stick/ sharps
- Staff health, hygiene and immunisation

# Standard precautions

<p><b>Hand hygiene</b></p>  <p>to reduce the risk of transmission of microorganisms</p>	<p><b>Single use equipment and appropriate reprocessing of reusable equipment and instruments</b></p>  <p>to prevent person to person transmission of microorganisms</p>
<p><b>Personal protective equipment (PPE)</b></p>  <p>PPE as appropriate based on a point of care risk assessment (PCRA): to prevent exposure to infectious microorganisms</p>	<p><b>Practising respiratory hygiene and cough etiquette</b></p>  <p>reduces the risk of transmission of infectious microorganisms spread by droplets and aerosols</p>
<p><b>Safe handling and disposal of sharps</b></p>  <p>assist in preventing transmission of blood borne virus</p>	<p><b>Aseptic technique</b></p>  <p>to prevent microorganisms on hands, surfaces or equipment from being introduced into a susceptible site</p>
<p><b>Environmental controls (cleaning and spills management)</b></p>  <p>to assist in preventing transmission of microorganisms from the environment to people who use healthcare services and healthcare workers</p>	<p><b>Appropriate handling and disposal of waste and linen</b></p>  <p>assists in reducing transmission of microorganisms</p>

**RESIST**



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Version 1 January 2023

## 7. HAND HYGIENE

### 7.1. Do's

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

### 7.2. Don'ts

- Do not use nail brushes as germs multiply on wet nail brushes
- If you have skin conditions on your hands, i.e., weeping dermatitis, seek medical/occupational health advice. Please ensure the affected area is covered appropriately.
- Hand hygiene is the single most important means of preventing infection. Hand hygiene removes or destroys any micro-organisms picked up on the hands. Many infections acquired in a community healthcare setting are as a result of staff not washing their hands. All staff should complete the Hand Hygiene for HSE Non-Clinical Staff (Programme at HSEland)

### 7.3. When to wash hands?

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

### 7.4. Hand washing Technique:

- The following technique is recommended and need only take 20 seconds.
- Wet hands before applying soap



Palm to palm



Right palm over left dorsum, and vice versa



Palm to palm, fingers interlaced



Back of fingers to opposing palms with fingers interlaced



Rotational rubbing of right thumb clapsed over left palm, and vice versa



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

- Thorough rinsing under running water is an important part of the procedure. Finally, dry the hands thoroughly using one paper towel for each hand - this also helps to prevent soreness.
- It is important to pay particular attention to the following areas, which have been shown to be the most commonly missed areas following hand washing.



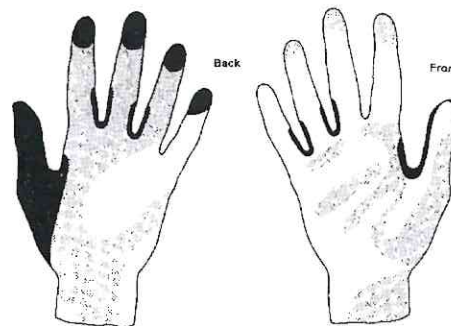
Most frequently missed



Less frequently missed



Not missed



### 7.5. Alcohol hand rub

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

#### Do's

- Only use alcohol hand rub, if hands are visibly clean.
- Apply an adequate volume to completely wet the hands.
- Using the six-step technique rub hands covering all surfaces once then continue rubbing hands until dry minimum 20-30 seconds.
- Always allow time for hands to dry completely before carrying out another task.
- Assess the environment for appropriate and safe placement of alcohol hand rub taking into consideration the needs of people supported and the need to maintain a safe environment.

#### Don'ts

- Do not use an alcohol hand rub if hands are physically dirty
- Do not use alcohol hand rub alone after caring for a person with diarrhoea if there is a risk gloves have been compromised, hand washing using soap and water followed by hand gel action
- Do not place alcohol hand rub dispensers adjacent to electrical fittings or direct heat e.g., heaters
- Do not store alcohol hand rub near sources of high temperatures and flames - alcohol is flammable (flash point 21° - 24°C)

#### 7.6. Hand Drying

- Good quality paper towels are required where healthcare care activities are carried out.
- Cloth towels for hand drying are not advisable in a care setting as when wet they can be a source of cross infection.
- Cloth towels for personal hygiene should be for individual usage.

- Hand washing should be carried out by everyone after they have used the toilet, after personal and intimate care and before and after meals. Assistance should be provided for those who are unable to clean their hands independently.

## **8. RESPIRATORY HYGIENE AND COUGH ETIQUETTE**

**8.1.** Respiratory infections such as flu can be spread through respiratory secretions when people cough and sneeze. The following good hygiene practices It should be performed everyone;

- Cover nose/mouth when coughing or sneezing and turn away from others.
- Use disposable one-use tissues when coughing or sneezing. Ensure there is an adequate supply of tissues available for people supported to use.
- Dispose of tissue in the nearest bin after use.
- Immediately wash your hands, using hand gel or soap and water
- Carry out hand hygiene regularly and after hands are soiled with respiratory secretions.
- Keep hands away from the mucous membranes of the eyes and nose.
- Encourage and instruct people supported to perform respiratory hygiene and cough etiquette.
- Educating visitors and families with regard to covering their mouth and nose, and turning their heads when coughing and sneezing.

## 9. PERSONAL PROTECTIVE EQUIPMENT (PPE)

**Point Of Care Risk Assessment (PCRA)**  
Infection prevention & control (IPC)

To be carried out before each patient\* interaction

<b>IMPORTANT</b> Check patient's symptoms/MDRO status/travel history	Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRO. Suspected or confirmed droplet (eg influenza, meningitis) or airborne illness (e.g. chicken pox, measles, MDRX TB)	If yes:	PPE (as per below) determined by level of anticipated contact and type of activities. For suspected/confirmed droplet/airborne illness - medical (droplet) or respirator (airborne) mask as minimum	
<b>HANDS</b> Perform hand hygiene as per WHO 5 moments	Can my hands be exposed to blood, body fluids, non intact skin, mucous membranes or contaminated items	If yes:	Don gloves	
<b>MUCOUS MEMBRANES</b>	Will I be exposed to a splash, spray, cough, sneeze while I am within 2 metres of a patient/client	If yes:	ADD Facial protection (includes mask & goggles or visor)	
<b>SKIN/CLOTHING</b>	Will my skin/clothing come in direct contact with blood, body fluids, non intact skin or items contaminated with body fluids	If yes:	Low contact activity = apron High contact activity = gown	
<b>IF CONDUCTING AN AEROSOL GENERATING PROCEDURE</b>	Aerosol generating procedure (AGP) Does the patient have a suspected droplet/airborne illness or an emerging respiratory pathogen	If yes:	ADD FFP2/3 respirator	

**REMEMBER: Hand Hygiene (WHO 5 moments) to protect patients and yourself**  
\*The term patient refers to patients, service users, clients, residents, person, supported individual

**RESIST**

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9.1. Protective clothing e.g., (gloves, aprons, masks/goggles) should be worn when in contact:

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

Please follow Point of Care Risk Assessment and Guidance available also on Qdrive

The type of protective clothing required will depend

- On the amount and type of contact anticipated and
- the task involved.

9.2. 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.

9.3. Disposable gloves and aprons must be worn if contact with body or blood fluids is anticipated. These should be discarded as soon as the task for which they are worn is completed. Gloves may be ineffective if worn for too long or can become a source of cross contamination. Following the removal of gloves, hands must be washed. Any wounds or broken skin should be covered with a waterproof dressing. All staff should use non-powdered vinyl gloves for general care duties or food preparation. Non-powdered latex examination gloves are only recommended for staff

involved in minor surgical or other aseptic procedures with potential exposure to blood- or blood-stained body fluids. This is due to the increase in incidences of latex allergies.

9.4. Additional PPE will be required for confirmed outbreaks of Viral respiratory illnesses such as influenza and COVID, i.e., a long sleeved, fluid-repellent disposable gown over clothing, facemask and Eye protection.

9.5.

<b>Personal Protective Equipment (PPE) Requirements by Precaution Type</b>			
<b>Precaution</b>	<b>Contact</b>	<b>Droplet</b>	<b>Airborne</b>
<b>Gloves</b>	Yes	As per Standard Precautions	As per Standard Precautions
<b>Gown/Apron (impermeable)</b>	When healthcare worker's clothing is in substantial contact with the resident, items in contact with the resident, and their immediate environment	As per Standard precautions	Gown
<b>Surgical Mask</b>	When adequate distance cannot be maintained	Yes	No
<b>Respirator Mask (FFP or equivalent)</b>	Not required	Not required (see text regarding access to respirator mask when caring for people with COVID	Yes

Goggles/face	Not required	As per standard	Yes
Shield		precautions	

### 9.6. Putting on PPE

- Decontaminate hands
- Put on disposable gown and secure with ties
- Put on surgical mask/FFP2 mask secure ties/straps to middle back of head and neck/ or loop over ear. Fit flexible band to bridge of nose. Fit snug to face and below chin. Aurora support staff with facial hair including beards and moustaches are to ensure the facemask is sealed against their face and the effectiveness of the face mask is not compromised.
- Put on Eye Protection – and adjust to fit
- Put on gloves – pull glove wrist over the gown cuff

### 9.7. Removing PPE

In patients' room	<ul style="list-style-type: none"> <li>• Avoid contact between gloved hands and external surface of the health care risk waste.</li> <li>• Remove gloves (avoid touching outside of gloves and dispose in healthcare risk waste).</li> <li>• Decontaminate hands.</li> <li>• Remove eye protection from behind and dispose in healthcare risk waste.</li> <li>• Remove gown (avoid touching the front of the apron/gown) roll from inside off shoulders and roll gown from inside away from body and dispose in healthcare risk waste.</li> </ul>
Directly outside patients' room. Ensure door is closed	<ul style="list-style-type: none"> <li>• Grasp and lift mask ties from behind your head and remove mask away from your face. Avoid touching the front of the mask and use ties to discard in healthcare risk waste bin.</li> <li>• Decontaminate hands.</li> </ul>

## HOW TO PUT ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

### Before you put on PPE key points to remember

- Identify any hazards, risk assess & manage the area
- Do not bring your mobile phone or bleep with you into isolation area
- Gather the necessary PPE
- Secure hair back off face
- Be bare below the elbows
- Remove all jewellery
- Perform hand hygiene

### For prolonged wearing of PPE or high consequence infectious disease also remember:

- Be well hydrated
- Have taken a toilet break
- Have a trained observer (PPE buddy)
- Consider waste management



## HOW TO TAKE OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

The order for removal of PPE is shown here, this is to minimise potential for cross contamination

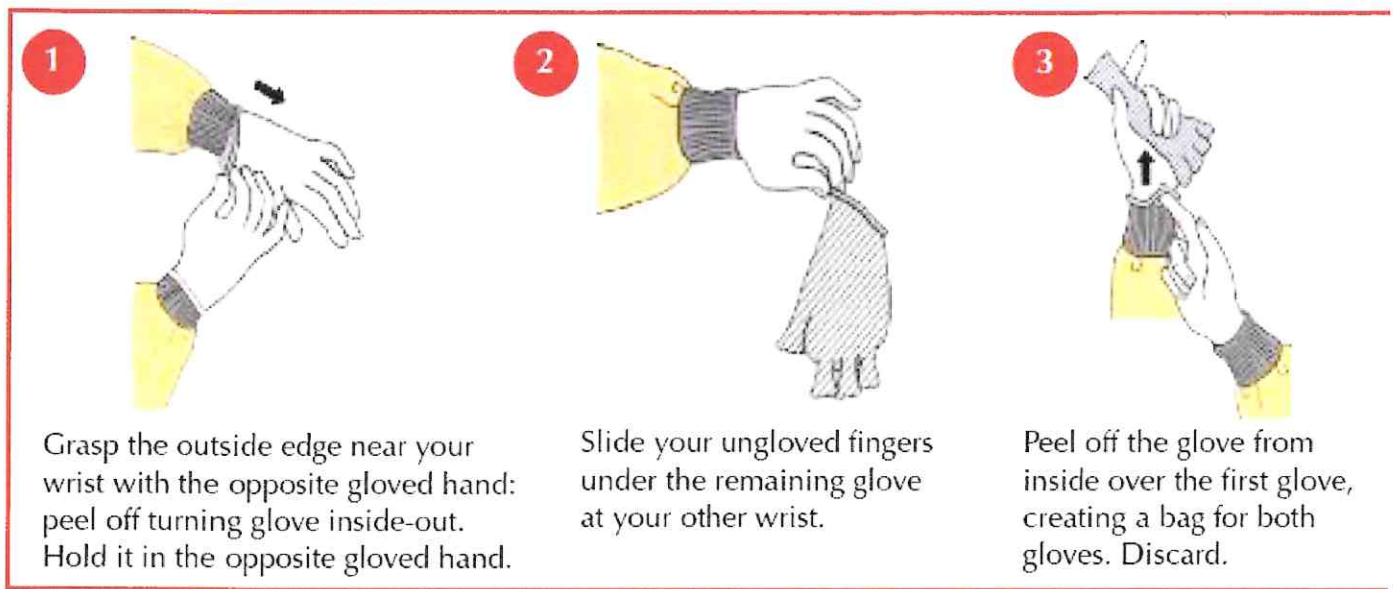
Remember to perform hand hygiene if your hands become contaminated at any stage during removal of PPE



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

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



## 10. GENERAL HOME HYGIENE

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

### 10.2. What does cleaning do?

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

### 10.3. How to clean?

- The effectiveness of cleaning not only depends on the product used but also in the way it is applied i.e., on the mechanical action of wiping or scrubbing and using the correct concentration. Cleaning is best achieved by washing with warm water and detergent. A detergent will dissolve grease and remove dirt. Clean cloths, clean mops etc. will be required. Cleaning with a detergent and warm water should remove all contaminants including dust, dirt, faeces, blood, pus, urine, other body fluids and large numbers of germs.

#### 10.4. What is disinfection?

- Disinfection is a process used to reduce the number of viable germs to a level where they are unlikely to be a danger to health. Disinfection can be achieved through the use of heat (steam or water above 82°C) or chemicals such as household bleach. Dishwashers and washing machines can be used to disinfect when the correct temperatures are used or when used in combination with chemicals.
  - Disinfection is only achieved when the chemical disinfectant is used at the correct concentration and the correct contact time is allowed. Disinfectant will not be effective on dirty surfaces – all surfaces will have to have undergone thorough cleaning prior to the application of a disinfectant.
  - The routine use of disinfectants for general home hygiene is unnecessary. In certain circumstances where there is a higher risk of cross-infection, cleaning and disinfection is recommended. These situations include food preparation surfaces and areas contaminated with blood or body fluids.

#### 10.5. How to disinfect?

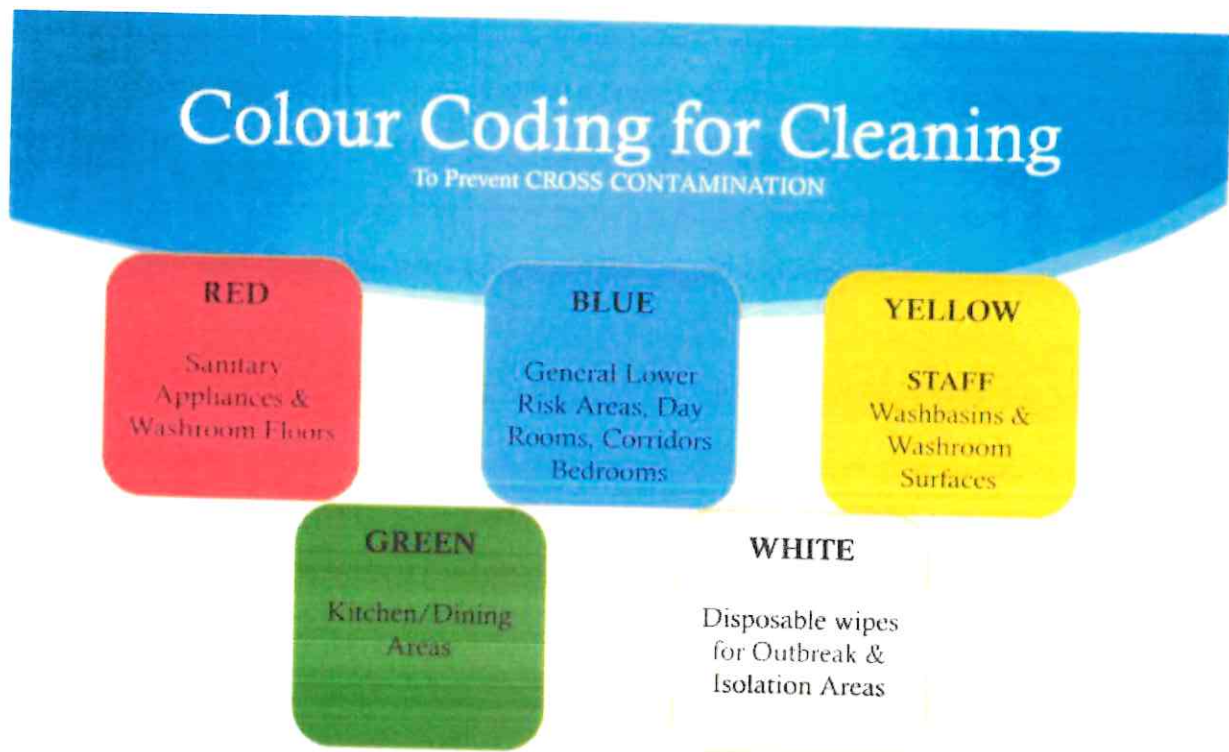
- The area must first be cleaned before being disinfected. Disinfection can be achieved by using, for example
  - Food grade sanitizers - on food surfaces
  - Milton Sterilising Fluid (2%) - 50 mls (generally 2 capfuls) mixed with 1 litre of cold water or
  - Household bleach e.g., Domestos (4%)
    - 25 mls (generally a capful) mixed with 1 litre of cold water.
    - 125 mls mixed with 5 litres of cold water.

Always mix as per product guidelines and ensure *disposal after 24 hours as product loses effectiveness*

- Any disinfectant products being used and stored in a community house will need to have a safety material data sheet available in the house. Generally, all chemical presses are to be locked with a key, however risk assessments can be carried out to justify chemicals being stored in an unlockable press if this is deemed to be a restrictive practice.

- After using Milton or household bleach rinse with clean water and dry the area.
- If disinfection of equipment is required, refer to manufacturer's instructions of the item.
- When handling used equipment that is soiled with blood or body fluids, wash your hands with gel or soap and water, wear gloves and/or apron to avoid transferring germs to either yourself or the home environment. Always clean your hands after removing gloves or handling soiled equipment.

#### 10.6. Use Colour Coding for Cleaning cloths/mop heads



Please ensure that the correct colour cloths/mop heads are used in each area

*Be aware of color blindness, Work from "High to Low" & "Clean to Dirty"*

#### 10.7. Routine Cleaning Practices

- Work surfaces should be cleaned and dried when visibly soiled. 'Clean as you go'.
- Follow 24 hour cleaning schedules day and night for your location and record on the checklist ([Health and Safety Checklists](#))
- Cloths should be rinsed out regularly and machine washed at the end of day or after cleaning is completed. Disposable cloths or towels should be used for spills.
- When cleaning change water frequently as dirty water is ineffective for cleaning.
- Buckets should be emptied after use, washed with detergent and warm water and stored dry.

- Mop heads are machine washed separately at end of each day/ dried / stored and ready for use.

## 11. REQUIREMENTS FOR KITCHEN HYGIENE

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

### 11.2. Personal Hygiene for Staff involved in food preparation

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

### 11.3. Training

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

### 11.4. Illness

- Staff suffering from or being a carrier of a disease likely to be transmitted through food must inform their line manager

### 11.5. Structural Hygiene

- All surfaces e.g., walls, floors, ceiling, doors, appliances and fittings and work surfaces should be in a good state of repair.
- Walls, floors, work tops and all surface contact materials and appliances must be smooth, durable and easily washable.

- Exposed wood is not an acceptable material in any kitchen area.
- All splash-backs should be sealed and easily cleaned i.e., tiles.
- Paper towels are recommended.
- Use colour coded chopping boards to prevent cross contamination.

#### 11.6. Storage of Food

- Kitchen fridges should not be used for storage of medication. Vaccines or specimens should not be stored in the kitchen fridge.
- All foods should be stored appropriately, within their expiry dates i.e.
  - Perishable foods stored at 5°C or less
  - Frozen foods at -18°C or less
  - Dry goods stored in a well-ventilated area
- All unwrapped/exposed food should be stored in food grade containers i.e., containers that will withstand dishwasher temperatures.
- All cooked food and raw meats should be labelled and the dated.
- Don't overpack the fridge. This can stop cool air from moving around, so your food may not be properly chilled.
- Store different foods in the correct areas of the fridge.
  - Store ready-to-eat foods such as cheese, yoghurt, cooked meats and leftovers on the middle and top shelves.
  - Put raw meat, fish and poultry in sealed containers on the bottom shelf so they don't touch each other or drip onto other foods.
- Put leftovers in the fridge within two hours. Leftover cooked rice is high-risk and must be cooled and put in the fridge within one hour.

#### 11.7. Cleaning

- All staff should know the appropriate cleaning agents for use in a food area. (See general hygiene)
- Kitchens green mop head only and bucket must be washed and dried and stored in a designated cleaning area/cupboard.

- These cleaning materials should be designated for the kitchen/food areas only. Please ensure the correct colour coding items are being used for the correct areas (green mop head and brush for the kitchen)
- Always wash the kitchen worktop before you start preparing food and after you finish. Wipe up any spills as you go.
- Clean up straight away after handling raw meat, raw eggs or soil on raw vegetables.
- You are likely to touch the fridge and door handles, the oven, the microwave, the kitchen taps and the sink area when you are preparing food. Remember to clean these well too.
- Kitchen cleaning is to be carried out daily and recorded on the 24-hour kitchen section cleaning record sheet.

### 11.8. Waste

- Waste should be stored in Pedal operated hands-free lidded bins and removed quickly from the kitchen. Do not over fill bins.
- Waste outside should be stored in tightly fitted lidded refuse bins.
- Rubbish provides an attraction for flies, rodents and other vermin so it is important that it is managed properly.

### 11.9. Equipment and Appliances

- Aurora will provide a dishwasher that can reach a minimum of 82°C, where possible.
- Plants and flowers should be excluded from food preparation areas. Pets should be excluded from kitchen/dining areas.
- Be very careful to wash anything (Utensils, chopping boards etc.) that you've used with raw meat before using it again with cooked or ready-to-eat foods.
- Wash utensils in hot soapy water or in the dishwasher.

See the Food Safety Folder No. 36 for further information on Food Safety and the SPC Food and Nutrition Policy ([Qdrive](#)). See the [Health and Safety Checklists folder](#) on the Qdrive of all required Food Safety Checklists for your location.

## **12. GENERAL OFFICE/ DESK CLEANING AND COMMUNAL WORK AREAS**

**12.1.** It is the responsibility of all staff to keep all work areas clean. Cleaning schedules relevant to your location must be adhered to. Desks areas should be cleaned before and after use by an individual - clean down work surfaces including table tops, chair arm rests, keyboards, mouse and phone before and after use.

**12.2.** Communal work areas such as meeting rooms and training rooms should be cleaned before and after use and all rubbish removed and disposed of correctly.

## **13. VEHICLE CLEANING**

**13.1.** Regular cleaning of Aurora vehicles and vehicles owned by supported persons is required as a standard infection prevention and control precaution.

**13.2.** Particular attention should be paid to frequently touched areas and surfaces of high contact, such as;

- steering wheels
- gear stick
- handbrake
- control tools i.e., indicators, horn, wipers, air conditioning, window etc.
- door handles
- seats, headrests, seat belt, buckle and holder
- document/ cup holders
- radio
- all rubbish should be removed and disposed of appropriately

**13.3.** Aurora provides hand gel specifically for the vehicle, this must remain in the vehicle and continually be replenished as required from Stores. Always ensure there is enough hand gel available for the next person to use the vehicle.

**13.4.** Vehicle cleaning can be recorded on the Driver Weekly Visual Checklist available on ViClarity.

## **14. RECOMMENDED CLEANING PROCEDURES**

Equipment	Routine Cleaning Method	Acceptable Alternative if Required	Additional Information
Waste bins and other containers for waste.	Only use bins that have lids. That are hands free and pedal operated Use appropriate size bin liners. It is necessary to empty and remove these bags on a daily basis. Bins should be washed once weekly using detergent.	If the bin contains difficult stains or organic matter, it may be necessary to use a chlorine-releasing agent.	The wall surface behind the bin should be cleaned regularly using detergent or chlorine-releasing agent.
Carpets	Vacuum daily. Steam periodically.  Do not use vacuum during a covid outbreak, after outbreak, vacuum dispose of bag and replace with new bag.	For contamination spills, clean with detergent and disinfectant (not together). Some disinfectants will damage carpets.	Ensure vacuum filters are changed frequently.
Fridges and freezers	The inside of the fridge should be cleaned with detergent every week, and as required. The outside of the fridge should be wiped down as stains are noted.	The freezer should be defrosted as required and any spillages cleaned with detergent.	
Drains	Clean regularly	Chemical disinfection is not advised.	
		Put request through ViClarity	Additional cleaning All vents to be

Vents	Regular cleaning	for maintenance to clean if too high to reach	cleaned after COVID outbreak
Shower heads	Regular maintenance Deep cleaning every 3 months	Follow SOP – on shower head cleaning	
Curtains	Clean 6 monthly		
Equipment surfaces, including lamps	Dampen dust with freshly prepared detergent solution and dry.	Clean and wipe with alcohol to disinfect.	

Equipment	Routine Cleaning Method	Acceptable Alternative if Required	Additional Information
Light shades	Ensure all lighting is free from flies etc.,	Light shades that are too high to reach – request for maintenance to be placed on ViClarity	
Floors, Wet Cleaning	Disinfection of floors is not required routinely. Wash daily with freshly prepared detergent solution. It is advisable to rinse with water to remove detergent residue. This is good practice as it prevents people	For known contaminated surfaces, use a chlorine-based solution.	

Equipment	Routine Cleaning Method	Acceptable Alternative if Required	Additional Information
	slipping when the floor gets wet.		
Furniture and Fittings	Dampen dust with freshly prepared solution daily	For known contaminated surfaces, clean and then use a chlorine-based solution.	
Mattresses  Frequent use of disinfectants will damage covers	Wash with freshly prepared detergent daily. It is equally important to dry mattresses thoroughly before putting them back on beds.	For known contamination with blood or faeces, clean and then use a chlorine-based solution.	When washing mattresses observe for any rips, tears, snags or any other signs of "wear and tear". If you notice any faults, please inform the unit manager.
Mops	Replace with clean mop head suitable for next area (colour coding) after each use. Mop heads are machine washed at end of each day	Wash all mop heads at end of day in washing machine/ dry in dryer and follow SOP on junior mopping system.	Ensure dirty mop heads are stored properly awaiting washing.
Toilet seats	Clean with freshly prepared detergent and water solution and dry.	If grossly contaminated with organic matter, use a chlorine-based solution. Rinse and dry.	After each use
Toilets	Wash inside of toilet with toilet		It is not necessary to put chlorine-

Equipment	Routine Cleaning Method	Acceptable Alternative if Required	Additional Information
	brush and detergent. This prevents the build-up of lime scale and grime.		releasing agents into the water contained in the pan.
Toilet areas. Lower wall surfaces.	Clean as required with detergent or a proprietary cleaner such as "Cif"	If grossly contaminated with organic matter, a chlorine-releasing agent must be used after area has been cleaned firstly with detergent	
Wash basins and sinks	Clean at least once a day using a proprietary cleaner such as "Cif" to remove stains. Disinfection is not normally necessary.		Clean and then disinfect if contaminated.
Kitchen appliances used on a daily basis e.g., liquidiser, health grills, juice-makers etc.	These appliances must be cleaned after each use. The appliances should be cleaned with hot water and detergent. They must be dried and stored correctly.		
Microwave ovens	All spillages must be wiped up immediately. If		

Equipment	Routine Cleaning Method	Acceptable Alternative if Required	Additional Information
	the microwave rotating plate is removable; remove and clean in hot water and detergent. Actively dry and replace in microwave.		
Learning Aids	Clean with freshly prepared detergent and hot water solution. Ensure toys are dried before storage. Machine wash soft toys.	Clean on a regular basis and more frequently during a period of infection. It may be necessary to disinfect contaminated learning aids with alcohol wipes or chorine-based products.	All learning aids should be able to be wiped. Soft toys are not recommended.

Points to remember:

1. Ensure that learning aids can be cleaned.
2. Check toys regularly for breaks or cracks, discard any damaged toys.
3. Remove dust regularly – dust is primarily dead skin cells.
4. Clean and disinfect toys during outbreak of infection or illness.
5. Immediately clean and disinfect toys that are contaminated with body fluid (blood, nasal and eye discharge, saliva, urine and faeces).
6. If soft toys cannot be laundered, they should not be there. They should be discarded.
7. Store clean toys in a clean container or clean cupboard.
8. Always wash your hands after handling contaminated toys.
9. Do not allow shared toys to be taken to the toilet area.

10. Do not put toys back into storage if they are dirty.

## 15. WASTE MANAGEMENT

15.1. Within healthcare, there are 2 types of waste:

15.2. Domestic (Non-risk).

This includes normal household and catering waste, and all non-infectious waste including non-toxic, non-radioactive and non-chemical waste.

15.3. Clinical (Risk).

Healthcare risk waste is classified as hazardous or dangerous due to the risk of it being infectious, or because it contains used sharp materials that could cause injury.

15.4. For management of waste, you must ensure that you:

- Risk assess waste before appropriately disposing it.
- Segregate and dispose of waste at the point of use.
- Ensure bins are never more than 2/3rds full

## 16. LAUNDRY MANAGEMENT

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

The following points should be followed to ensure safety in relation to laundry in all Aurora locations.

16.1. How should linen be handled?

- Linen soiled with blood or body fluids/faeces should be handled in a manner that prevents contamination of skin and mucous membrane or clothing, and that avoids transfer of germs to other persons and the environment.

- Gloves and disposable plastic aprons should be used for handling linen soiled with blood or body fluids.
- Manual sluicing is not recommended. In a domestic setting, prior to washing linen soiled with blood or body fluids/ faeces, place into red alginate bag. Use a cold pre-wash cycle followed by a hot wash cycle with detergent.
- Hands must be washed before and after handling laundry.

## 16.2. How should linen and clothing be washed?

- Thorough washing and rinsing at temperatures of 40-60°C with detergent will remove most organisms and is sufficient in most circumstances.
- Linen, clothes, soiled with blood or body fluids/ faeces should be placed in Alginate bag and machine-washed separately using detergent at or above 60°C (or the hottest wash cycle tolerated by the fabric), a biological washing powder is recommended.
- Launder any cloths and towels used in the kitchen and food preparation separately from clothes and bedlinen. Wash in a hot machine wash at or above 60°C using a biological washing powder.
- Clean and soiled laundry should be stored separately.
- It is recommended that the washing machine is not located in the kitchen, where possible. Ideally the laundry area should not be located in a site, which is accessed through the kitchen.
- Where linen/clothing is soiled with body fluids/ faeces regularly, it is recommended that the selected wash cycle attain and hold temperatures of 71°C for 3 mins or 65°C for 10 mins. Water soluble or alginate bags *MUST* be used.

## 17. CARE OF SUPPORTED PERSONS CARE EQUIPMENT/ INSTRUMENTS/DEVICES

### 17.1. All equipment/ instruments/devices used in the delivery of care should be visibly clean.

- Equipment/ instruments/devices should be cleaned as per manufacturer's instructions and this is generally achieved using detergent and warm water. When followed by drying, cleaning is adequate for those items, which either do not come into contact with the client or touch only intact healthy skin.

- Equipment to be used by different clients should be cleaned immediately after use e.g., shower chair.

### 17.2. If items are soiled with blood or body fluids,

- Following cleaning equipment should be disinfected as per manufacturer's instructions and this is usually achieved using a chlorine based disinfectant and cold water with 1000 ppm (parts per million) available chlorine i.e., 100 mls of Milton 1% in 1 litre of cold water, rinse with clean water and dry.
- For dilution and use of household bleach follow manufacturers' instructions and discard after 24 hours as product loses effectiveness

### 17.3. Single use medical devices

- **'Single Use Devices'**

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



SINGLE-USE ONLY  
DO NOT RE-USE

- **'Single Patient Use Devices'**

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

- For cleaning of reusable devices in community group homes the following is recommended
- Cleaning is carried out in a clean utility/treatment room where available or
  - Cleaning is carried out in a clean area associated with the use of the device i.e reusable enteral feeding syringes in kitchen area.

#### 17.4. Decontamination of Reusable Medical Equipment

Category	Description
<b>Critical</b>	These items confer a high risk for infection if they are contaminated with any microorganism and must be sterile at the time of use. This includes any objects that enter sterile tissue or the vascular system, because any microbial contamination could cause infection.
<b>Semi-Critical</b>	These items come into contact with mucous membranes or non-intact skin and should be single use or sterilised after each use. If this is not possible, high level disinfection is the minimum level of reprocessing that is acceptable.
<b>Non-Critical</b>	These items come into contact with intact skin but not mucous membranes. Thorough cleaning is sufficient for most noncritical items after each individual use, although either intermediate or low-level disinfection may be appropriate in specific circumstances.

This is the most common level within Community Health & Social Care

Level of Risk	Non-critical – contact with intact skin
<b>Process</b>	Clean as necessary with detergent solution. If decontamination is necessary, disinfect with a compatible low or intermediate level disinfectant after cleaning
<b>Examples</b>	Stethoscopes, sphygmomanometers, blood pressure cuffs, non-invasive ultrasound probes Intravenous pumps and ventilators Non-invasive ultrasound probes (not used on contact with non-intact skin or mucous membranes) Commodes, bedpans, blood pressure cuffs and crutches*
<b>Storage</b>	Store in a clean, dry place to prevent environmental contamination

## 18.MANAGEMENT OF EXPOSURE TO BLOOD OR BODY FLUIDS/ FAECES

18.1. All healthcare workers working in the community need to know the correct procedure for the management of inoculation injury, or any other exposure to blood or body fluids. In addition to

this, all healthcare staff in the community need to understand the principles of infection control or standard precautions and how to apply these standards to their work place.

**18.2.** Spillages of blood, urine, faeces or vomit should be dealt with immediately and appropriate personal protective equipment (PPE) should be worn.

**18.3.** For spillages of body fluid, e.g., urine, faeces or vomit, you must ensure that you:

- Wash your hands
- Wear disposable gloves
- Wear a disposable plastic apron if splashing is anticipated
- Soak up as much of the visible material as possible with disposable paper towels.
- Clean the area using warm water and general-purpose neutral detergent.
- Disinfect using a chlorine-releasing solution of 1000ppm (or equivalent according to the manufacturer's instructions), or sodium hypochlorite i.e., Milton or household bleach 1000 ppm (parts per million) available chlorine i.e. 100 mls of Milton 1% in 1 litre of cold water.
- Never put chlorine releasing agent directly on to urine spillage
- Following disinfection rinse surface/equipment with water.
- Dispose of paper towels, gloves, apron and cloth safely in a manner that prevents any other person coming in contact with these items e.g., bag separately prior to disposal into waste bag/bin.
- Wash and dry hands.

**18.4.** For blood spillages, you must ensure that you:

- Correct PPE must be worn i.e., gloves, aprons, masks
- Decontaminate all blood spills with a chlorine-based disinfectant. Use in line with the manufacturer's instructions.
- Wipe up the spillage with disposable paper towels.
- Wash the area/ equipment with a general-purpose neutral detergent and water, follow by disinfection.
- Leave the area dry.
- Remove PPE, Wash and dry hands.

## MANAGEMENT OF NEEDLE STICK/ SHARPS

### 19. SAFE INJECTION PRACTICE

**19.1.** Safe injection practice and management of sharps is a key component of standard precautions. You need to ensure the following:

- All injections should be prepared in a clean area. This area must not be used for the disposal of used needles and syringes, handling blood samples or any material contaminated with blood or body fluids.
- Eliminate the unnecessary use of sharps. Where this is not possible, use sharps with safety device.
- Needle and syringes are sterile, single-use items and must not be reused for another person supported or to access a medication or solution that might be used for a subsequent person supported.
- Single-dose vials should be used wherever possible. Single-dose vials must not be used for multiple clients. Residual products must not be combined for later use.
- Do not use bags of subcutaneous fluid and sets as a common source of supply for multiple patients. Subcutaneous fluid and sets are single use sterile items for use by a single patient.

## **20. DEALING WITH THE DISPOSAL OF SHARPS**

**20.1.** Sharps must be carefully placed in a designated sharps container by the person using the sharps.

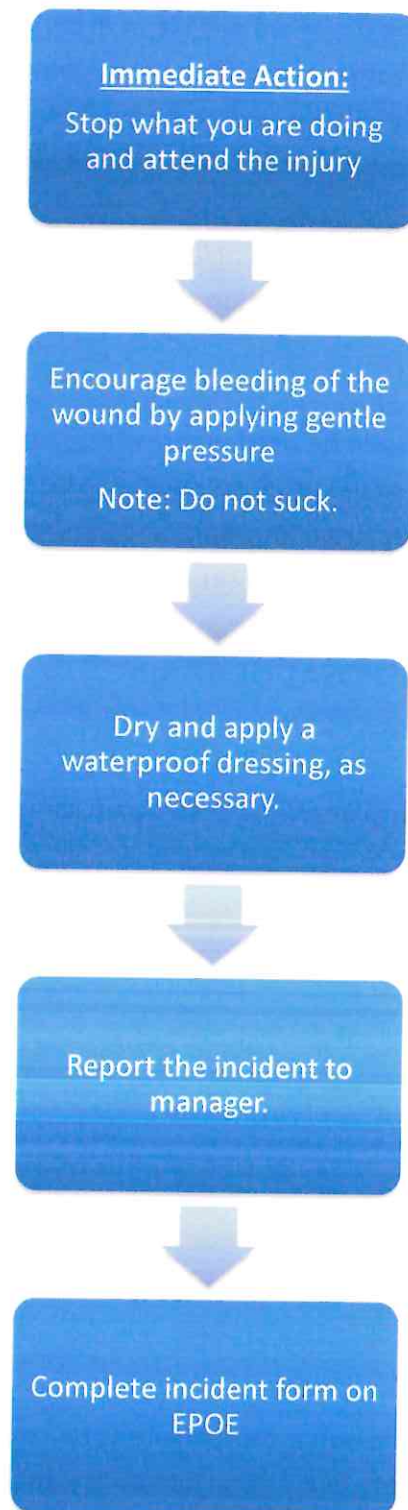
**20.2.** Used sharps must:

- Be immediately placed into a sharp's container after use.
- Not be handed from one person to another.
- Not be recapped or be removed from the syringe.

**20.3.** Not be left lying around on beds, lockers etc.

**20.4.** Sharps containers should be: a. Stored safely, i.e., out of reach of children. B. Closed to the temporary closure in between use. C. Closed and locked when 3/4 full or no longer needed.

## **21. IMMEDIATE ACTION FOLLOWING AN INOCULATION ACCIDENT/NEEDLE STICKS INJURY.**



***Note: If the injury is from a clean/unused needle, no further action is likely.***

***If the injury is from a used needle, Aurora (Kilkenny) will carry out the appropriate follow up procedures (refer to Medication policy)***

## 22. STAFF HEALTH, HYGIENE AND IMMUNISATION

- 22.1.** A high level of personal hygiene and appropriate immunisation provides a good baseline protection for health and social care workers and helps prevent the spread of infection.
- 22.2.** Cover all cuts/abrasions with a waterproof dressing.
- 22.3.** Aurora provides the seasonal flu vaccination to all Aurora employees. See [HSE](#) for more information.
- 22.4.** Aurora encourages all employees and people supported to avail of the nationwide free Covid vaccination and booster programme.
- 22.5.** Staff have the responsibility of ensuring that they do not transmit infection to others. In addition, staff have a responsibility to report any serious conditions they have that may pose a risk to other staff members and the people we support, use the line management process to report same.

These conditions include the following:

Diarrhoea and vomiting	If a member of staff develops diarrhoea and/or vomiting they must inform their manager immediately. He/she will then make a decision on whether there is a need for the individual to go home. If symptoms persist for more than a few hours the cause is likely to be viral and the individual should remain away from work for 24 hours after the last symptoms have stopped. If symptoms persist, they should visit their GP.
Sore Throats	Severe sore throats accompanied by a fever may be due to a Group A streptococcus. The individual should have a throat swab taken by their GP. Antibiotics should be prescribed by a GP.
Infectious Lesions	Staff should report all infected cuts, boils or other infected skin lesions particularly on the hands or face before commencing work. All cuts must be covered with a waterproof plaster.
Varicella Zoster Virus (VZV)	VZV can manifest as either chickenpox or shingles. Members of staff who have had chickenpox are in no danger of contracting or spreading the virus again. However, staff or people we support who have not had

	had the virus and are exposed to chickenpox or shingles may develop chickenpox.
Mumps	Mumps is spread by droplet infection and by direct contact with the saliva of an infected person. Staff who are not immune and who have been in direct contact with an infected person should seek advice from their own G.P.
Head lice	Any member of staff who has head lice should commence the appropriate treatment. Once treatment has been applied the staff member can continue working as normal. The initial treatment should be repeated 7 days after the first treatment.
Scabies	Any member of staff who believes that they have a scabies infestation should see their GP to confirm this and commence the appropriate treatment. Staff may return to work 24 hours after treatment. The initial therapy should be repeated 4-7 days after the first treatment.
Influenza	<p>Influenza, commonly known as "the flu", is an infectious disease caused by an influenza virus. Symptoms can be mild to severe. The most common symptoms include: a high fever, runny nose, sore throat, muscle pains, headache, coughing, and feeling tired. These symptoms typically begin two days after exposure to the virus and most last less than a week.</p> <p>Usually, the virus is spread through the air over relatively short distances. It can also be spread by touching surfaces contaminated by the virus and then touching the mouth or eyes. A person may be infectious to others both before and during the time they are showing symptoms. Frequent hand washing reduces the risk of viral spread. Yearly vaccinations against influenza are recommended.</p>
Covid	<p>COVID is an illness that can affect your lungs and airways. It can take up to 14 days for symptoms of coronavirus (COVID) to appear. They can be similar to the symptoms of cold and flu.</p> <p>Common symptoms of coronavirus include:</p> <ul style="list-style-type: none"> <li>• a fever (high temperature - 38 degrees Celsius or above)</li> <li>• a cough - this can be any kind of cough, not just dry</li> <li>• shortness of breath or breathing difficulties</li> <li>• loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal</li> <li>• Sore Throat</li> <li>• Symptoms can vary depending on variant and vaccination status</li> </ul>

	COVID virus is primarily transmitted between people through respiratory droplets and contact routes
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See the [Qdrive](#) and [HSE](#) for more information.

Please see Qdrive 10 for additional IPC information

## 23. TRANSMISSION BASED PRECAUTIONS

**23.1.** Transmission–based precautions are additional measures that are recommended when Standard Precautions alone may not be enough to prevent the spread of infection/disease such as Clostridium difficile, chicken pox, tuberculosis, Covid-19 etc. These additional measures include

- Contact precautions
- Droplet precautions
- Airborne precautions

**23.2.** Unlike Standard Precautions that apply to all patients, transmission-based precautions only apply to particular patients based on either a suspected or confirmed infection/disease (e.g., chicken pox).

### 23.3. Contact precautions

- Infections spread by direct or indirect contact with supported persons or the supported persons environment
- Limit supported persons movement, if necessary
- Single room
- Wear disposable apron and gloves when entering the room
- Remove and discard used apron and gloves inside room and perform hand hygiene
- Apply alcohol hand gel when outside the room.

**23.3.1.** Contact precautions are used for the following:

- Enteric infection Escherichia coli 0157, Shigella, hepatitis A, Rotavirus, Norovirus, Clostridium difficile (Wash hands with soap and water)
- Multi-drug resistant organisms, e.g., MRSA, VRE, ESBL's

- Pediculosis (lice)
- Scabies
- Major draining wounds

#### 23.4. Droplet precautions

- Must be used in addition to Contact Precautions
- Reduce the risk of transmission by large particle droplets (larger than 5 microns)
- Requires close contact between the source patient and the recipient
- Droplets usually travel 3 feet/ 1 meter or less
- Surgical mask is required when entering the room
- Limit movement and transport of the person supported, if necessary
- Use a surgical mask on the person supported if they need to use other rooms in the house.

##### 23.4.1. Droplet precautions are used for the following:

- Multi-drug resistant organisms in sputum
- Epiglottitis (*Haemophilus influenzae*)
- Influenza
- Meningitis (*Neisseria meningitidis* or *Haemophilus influenzae*)
- Meningitis, aetiology unknown
- Meningococcal sepsis or pneumonia
- Mumps
- Parvovirus B19 (Fifth Disease)
- Pertussis (Whooping Cough)

#### 23.5. Airborne precautions

- Must be used in addition to Contact Precautions
- Reduce the risk of transmission by small particle droplets (smaller than 5 microns)
- Single room, preferably with negative pressure

- Use of respiratory protection FFP2/FFP3 respirator when entering the room in addition to apron and gloves
- Remove respiratory protection when outside the room
- Keep the door closed

**23.5.1. Airborne precautions are used for the following:**

- Pulmonary TB
- Chickenpox (Varicella)
- Herpes Zoster (Shingles)
- Measles

**23.6. Placement**

- Occasionally isolation practices may be required
- Single room with en-suite facilities. If there is no en-suite toilet, locations with two toilet facilities should allocate one toilet facility for the affected person. In locations with a shared toilet facility the toilet facility should be disinfected before and after use. Person supported to use their own towel - do not share a towel with others. Shared toilet facilities will also need to be given a deep clean after use.
- Hand Hygiene facilities in the room
- Dedicated patient equipment
- Supplies of gloves and plastic aprons outside room (for airborne precautions, place small clinical waste bin outside door for disposal of masks)
- Door closed

**24. GENERAL GUIDELINES ON THE MANAGEMENT OF OUTBREAK OF INFECTION**

**24.1.** Certain cases of infectious diseases, whether confirmed or suspected, must be notified by the Medical Officer/GP/Person in Charge to the Department of Public Health. A standard form and advice on local arrangements is available from the Senior Medical Officer (SMO). HPSC list of notifiable diseases can be found on the HPSC website:

<https://www.hpsc.ie/notifiablediseases/listofnotifiablediseases>

**24.2.** It is recommended that cases of other infectious diseases, which are not statutorily notifiable (e.g., scabies) should also be reported by the Medical Officer/GP/Person in Charge to the SMO /Infection Prevention and Control Nurse when an outbreak is suspected.

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

**24.4.** The following information will be required by the SMO on supported people with suspected or confirmed infectious diseases.

- Name, age/date of birth, identification number and sex of patient
- Address
- General practitioner's name
- Date of onset of symptoms and duration of symptoms
- Type of symptoms
- Samples sent and results, if known
- Diagnosis
- Source of infection if known
- Contacts- e.g., recent hospital in-patient, family, staff and visitors
- Outcome
- Whether the case was notified/reported to the SMO. If so, the date of notification/reporting

Similar information may be required for any staff that develop similar symptoms.

#### **24.5.** [What is an outbreak?](#)

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

#### **24.6.** [In the Residential Healthcare Setting](#)

- The SMO, IPCN or Principal Environmental Health Officer will advise on any special measures necessitated by an outbreak.
- The People We Support should be cared for in a single room with en-suite facilities. If there is no en-suite toilet, locations with two toilet facilities should allocate one toilet facility for the affected person. In locations with a shared toilet facility the toilet facility should be disinfected before and after use. Person supported to use their own towel - do not share a towel with others. Shared toilet facilities will also need to be given a deep clean after use.

- Encourage the person/ people supported to use their own towel/s and utensils (i.e., cutlery, mugs, do not share a towels and utensils with others, where possible during an outbreak.
- Dishes, cutlery, mugs, etc should be washed through the normal dishwasher cycle on the highest temperature if no dishwasher is available wash in the highest tolerable temperature of water and detergent, rinse in fresh water and dry with a paper towel.
- Consideration should be given to the safety of visitors of residents with infections, particularly etc) - elderly and very young visitors. Visitors should be encouraged to hand wash or use alcohol hand rub product on entering and leaving the community home facility.
- Visiting restrictions may be required during an outbreak of infection particularly for elderly and very young visitors. Information for visitors should include asking them not to visit if they have Symptoms. See below table added

<b>Level of Precaution</b>	<b>Recommended</b>
Standard	Hand hygiene, respiratory hygiene, cough etiquette.
Contact	Hand hygiene, respiratory hygiene, cough etiquette. Provide information and access to appropriate PPE. Avoid visiting other people in the health care facility. Advise limitation of visitors.
Droplet	Hand hygiene, respiratory hygiene, cough etiquette. Visitors should be provided with and encouraged to wear a surgical mask unless known to be immune to the infection in question. Avoid visiting other people in the healthcare facility. Advise limitation of visitors.
Airborne	Hand hygiene, respiratory hygiene, cough etiquette. Visitors should be provided with appropriate PPE and strongly encouraged to adhere to requirements for respiratory protection unless known to be immune to the infection in question. Avoid visiting other patients. Advise very limited visiting. If the period of airborne precautions is of short duration avoidance of visiting should be advised.

- In the event of a hospital admission being necessary the receiving hospital must be notified of the possibility of infection before the supported person arrives so that appropriate precautions can be put in place to prevent spread.

## 25. PANDEMICS

- 25.1.** If and when National/ Worldwide Pandemics occur specific risk assessments and standard operating producers (SOP) will be put in place by Aurora. All guidelines issued by the

Government, HSE and HPSC are to be followed for the duration of the pandemic. All staff must comply with all interim measures, producers and guidelines put in place during a pandemic.

**25.2.** Updated guidance can be found on the below systems/websites;

**Aurora:** [Qdrive](#)

**HSE:** <https://www.hse.ie>

**HPSC:** <https://www.hpsc.ie>

## **26. ISOLATION TECHNIQUE**

There is no need to segregate the people we support who have an antimicrobial-resistant infection/colonisation, such as MRSA, from others because there is little risk of transmitting MRSA to healthy members of the community and there is minimal risk of becoming infected. Persons with known or suspected infection of SRSV (winter vomiting bug) and Clostridium Difficile (C.Diff) should be isolated if at all possible.

COVID Please follow the most up-to-date HSE guidelines on Infection control guidance for COVID- as it is made available also updated on the Qdrive

## **27. INFECTION CONTROL TRAINING**

**27.1.** Infection control training required by Aurora staff include;

- HSELand-AMRIC Hand Hygiene
- HSELand-AMRIC Basics of Infection Prevention and Control
- HSELand-AMRIC Standard and Transmission-based Precautions
- HSELand-Putting on and taking off PPE in community healthcare settings.
- Basic life Support/First Aid (House Specific/Optional)

## **28. REFERENCES / USEFUL LINKS**

**HSE:** <https://www.hse.ie>

**HPSC:** <https://www.hpsc.ie>

[www.gov.ie](http://www.gov.ie)

Health and Safety Authority: <https://www.hsa.ie>

The Food Safety Authority of Ireland: [www.fsai.ie](http://www.fsai.ie)

HIQA: [National Standards Healthcare association infections](https://www.hiqa.ie)

IPC National Clinical Guidelines May 2023: [gov - Infection Prevention and Control \(IPC\) \(www.gov.ie\)](https://www.gov.ie)

