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Prevention.
Control.
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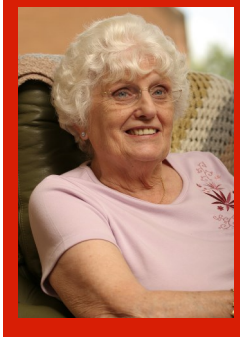
NHS

Preventing Infection Workbook

Guidance for Domiciliary Care staff 3rd Edition



Name

Job Title

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Acknowledgements

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1. Introduction

Almost 1 million service users receive domiciliary care across the UK and many are at an increased risk of infection.

As an NHS Community Infection Prevention and Control (IPC) Team in North Yorkshire, our aim is to support domiciliary care staff to provide the highest standard of IPC practice.

The topics covered in the Workbook are based on the 'Community IPC Policies for Domiciliary Care staff' which contain further advice and guidance on IPC practices. The Workbook and Policies are produced in accordance with national guidance and are evidence-based.

By applying the principles within the Workbook, you will demonstrate a commitment to high quality care and patient (service user) safety. The *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (Code of practice)*, Department of Health and Social Care, updated 2022, states "Good infection prevention and control, including cleanliness, is essential to ensure that people who use health and social care services receive safe and effective care".

The *IPC Education Framework*, NHS England, 2023, describes 3 tiers to classify the IPC education requirements of staff:

Tier 1 - Everyone working in health and social care settings

Tier 2 - Staff working directly with/providing care to service users and/or who visit the service user's environment, e.g. domiciliary carers

Tier 3 - Staff who are responsible for an area of care, e.g. domiciliary care team leaders and/or managers

The Workbook content is applicable to staff in each of the 3 tiers.

The Workbook is designed to be undertaken in stages which allows completion of each 'Test your knowledge' section. On completion, your manager will check that you have achieved 100% in your IPC knowledge and sign the 'Certificate of completion'. You should keep the Workbook as evidence of learning and as an on-going reference guide to provide you with easily accessible advice for day-to-day care of service users.

Completion of this Workbook helps your domiciliary care provider demonstrate compliance with the *Code of practice* and the Care Quality Commission registration requirements in relation to IPC training.

2. Infection prevention and control

Infection prevention and control is a key priority for the Department of Health and Social Care, reinforced by the standards set out in the *Code of practice* and the Care Quality Commission (CQC) registration requirements. Infection prevention and control sits under one of the CQC's 'Key questions': **Are you safe?** As part of the assurance process, the CQC seek evidence that all domiciliary care staff are able to effectively assess and manage the risk of infection.

An infection occurs when microorganisms, such as bacteria and viruses, enter the body and cause damage. These microorganisms can come from a variety of sources and often take advantage of a route into the body provided by a medical device, e.g. urinary catheter. Some infections can reach the bloodstream causing serious or life threatening infection (bacteraemia), and can result in death.

Infection prevention and control means doing everything possible to prevent infection from both developing and spreading to others. Understanding how infections occur and how different microorganisms spread is essential to preventing infections.

Healthcare associated infection (HCAI)

The term HCAI refers to infections associated with the delivery of healthcare in any setting, e.g. in a service user's own home, supported living, sheltered housing complex, hospital, care home, GP surgery or dental surgery. Also a HCAI can affect anyone receiving care at home.

Infection risk increases when living either permanently or temporarily in a shared care setting, such as supported living or a sheltered housing complex.

Some people are more susceptible to a HCAI due to:

- Age - the very young or old
- Low immunity - as people get older their immune system diminishes
- Recovering from illness
- Having an underlying condition/disease, e.g. diabetes
- Being under-nourished

Domiciliary care can be a challenging environment in which to manage

TBPs (Transmission based precautions)

In some circumstances, SICPs may be insufficient to prevent the spread of specific infections, and additional 'Transmission based precautions' (TBPs) may also need to be taken by staff when caring for service users with a confirmed or suspected infection.

TBPs are categorised by the following routes of transmission:

Contact TBPs

Used to prevent and control infections spread by direct contact with the service user, or indirectly from the service user's immediate environment and care equipment. This is the most common route of infection transmission.

Contact TBPs require staff to wear a disposable apron and gloves for direct contact with the service user, their environment and equipment, e.g. helping a service user get out of bed, help with feeding, cleaning the room. When there is a risk of splashing of body fluids to the mucous membranes, e.g. nose, mouth, eye protection and a fluid resistant surgical mask should also be worn.

Droplet TBPs

Used to prevent and control infections spread over short distances (about 1 metre) via droplets from the respiratory tract of one person directly onto a mucous membrane, e.g. eyes, nose, mouth, of another person. Droplets can travel through the respiratory system to just before the alveoli (airsacs). Droplet TBPs require staff to wear a disposable apron, gloves, eye protection and a fluid resistant surgical mask. Droplets fall rapidly onto surfaces due to their weight

Airborne TBPs

Used to prevent and control infections transmitted without necessarily having close service user contact via aerosols from the respiratory tract of one person directly onto a mucous membrane, e.g. eyes, nose, mouth, of another person. Aerosols can travel further through the respiratory system than droplets, to within the alveoli (endpoint). Airborne TBPs require staff to wear a disposable apron, gloves, eye protection and filtering respiratory protective equipment. Unlike droplets, because the size is much smaller, aerosols can travel on air currents for potentially hours before they fall onto surfaces

4. Hand hygiene

Hand hygiene refers to the process of hand decontamination where there is physical removal of dirt, blood, body fluids and the removal or destruction of microorganisms, e.g. bacteria and viruses, from the hands.

Hands may become contaminated from direct contact with a service user, handling care equipment and contact with the general environment.

Hand hygiene is one of the most important procedures for preventing the spread of healthcare associated infection. It is essential that everyone takes responsibility to ensure that the care provided is carried out in a safe manner. All staff should have training on hand hygiene and it is best practice that this is provided on a regular basis, e.g. annually.

Bare below the elbows

It is best practice to be 'Bare below the elbows' (BBE) to facilitate good hand hygiene when delivering direct care to service users. BBE is about exposing the forearms and being free from wrist and hand jewellery (other than a plain band ring). Nails should be clean, short, free from nail varnish, false or gel nails and nail jewellery. Religious bands can be worn, but should be moved up the forearm during hand hygiene and secured during care activities.

Long sleeves, if worn, should be rolled or pushed up to the elbows. If disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene.

Hand cleaning methods

Handwashing (using the technique shown on page 14)

Wash hands with liquid soap, warm running water and dry with paper towels or kitchen roll when:

- Hands are visibly soiled or dirty
- Caring for a service user with vomiting or diarrhoea

5. Patient placement and assessment for infection risk

Patient placement applies only if a service user is in a supported living or sheltered housing complex.

Assessment for infection risk applies to all admissions, transfers and discharges to and/or from all health and social care facilities or providers including:

- Admissions to hospital
- Transfers from one domiciliary care provider to another domiciliary care provider, or to a care home
- Attendance for treatment or support in another health or adult social care setting

When applicable, prior to a service user's transfer, staff with responsibility for arranging the transfer should provide information on the service user's infection status (confirmed, suspected or no known infection). Due attention should be paid to the service user's confidentiality. This ensures both the appropriate placement of the service user and that appropriate infection prevention and control precautions are taken.

Transfer documentation, such as patient passport or an Inter-health and social care infection control transfer Form, should be used to document whether the service user presents an infection risk or not. This should be given to any person providing further support or nursing/medical care. A form can downloaded at www.infectionpreventioncontrol.co.uk.

Definitions of infection risk
Confirmed risk
A service user with an infection that has been confirmed by a laboratory test or clinical diagnosis, e.g. meticillin resistant *Staphylococcus aureus* (MRSA).

- Use disposable gloves when providing personal care and domestic (rubber) gloves can be worn for cleaning.
- Disposable gloves are single use items. They must be put on before an episode of contact with a service user, changed between each different task on a service user and removed as soon as the task is completed. Gloves should be removed before removal of an apron (if worn), see pictures on page 2
- Gloves are not a substitute for hand hygiene.
- Do not apply alcohol handrub to or wash disposable gloves as this may affect their level of protection.
- Gloves should not be kept in staff uniform or workwear pockets as the gloves can become contaminated.
- Domestic gloves should be washed with general purpose neutral detergent, e.g. washing up liquid, and warm water, rinsed and dried after use.

Aprons

A single use disposable apron should be worn when:

- There is a risk of exposure to blood and/or body fluids, broken skin, mucous membranes or other sources of contamination, e.g. the service user has a confirmed or suspected infection
- There is a risk of contamination to the front of uniforms or workwear when providing 'hands on' care
- Decontaminating care equipment or the environment

Aprons should be removed and hands washed or alcohol handrub applied as soon as the task is completed.

Facial protection

- A fluid resistant surgical mask and safety goggles or visor should be worn when there is a risk of splashing of blood and/or body fluids or substances hazardous to health, e.g. disinfectants, to the face, or the service user has a confirmed

7. Respiratory and cough hygiene

Good respiratory and cough hygiene is essential to reduce the risk of spreading respiratory illnesses, e.g. TB (pulmonary tuberculosis) and, more commonly, viruses such as COVID-19, influenza (flu) and colds. In vulnerable people, these can cause more severe illness such as pneumonia. Other viruses, such as measles and chickenpox, are also transmitted through respiratory secretions.

When a person with a respiratory infection coughs, sneezes or talks, millions of viral or bacterial particles are released from the nose and mouth in respiratory droplets. These droplets travel in the air, contaminating people and surfaces in their path.

Infection is then spread either:

- Person-to-person, e.g. the droplets land directly on the mucous membranes of a person's eyes, nose or mouth, and the infection then enters the body.
- Indirectly, e.g. the droplets land on surfaces such as a bed, table or person's hands that then come into contact with that surface become contaminated. If hands are not cleaned and the person touches their eyes, nose or mouth, they can become infected.

Bacteria and viruses can survive in the environment from hours to months, e.g. influenza virus up to 24 hours, COVID-19 up to 72 hours.

Preventing the spread

Ventilation is very important to prevent the spread of respiratory infection. Staff should ensure rooms are well ventilated by regularly opening windows whenever possible.

Staff should promote good respiratory and cough hygiene, encouraging, assisting and advising service users to:

- Cover their nose and mouth with a disposable tissue when sneezing or coughing

8. Safe disposal of waste, including sharps

All staff are responsible for the safe management and disposal of waste. Waste is potentially hazardous and, if not disposed of correctly, can result in injury or infection.

Good waste management is important to ensure:	
Reduction of health and safety risks from waste	✓
Sustainability and protection of the environment	✓
Compliance with environmental legislation	✓

Any waste that is generated during the course of a service user, e.g. catheter bags, continence pads, personal protective equipment (PPE), should be disposed of as per local policy. Waste will usually be disposed of as household waste, unless alternative arrangements are in place with the Local Authority.

Disposal of waste, including sharps

- Appropriate PPE, e.g. disposable apron and gloves, should be worn when handling waste.
- Clean hands after handling waste and after removing PPE, e.g. gloves, aprons.
- All waste bags should be no more than 2/3 full. This allows enough space for the bag to be tied securely.
- Best practice is to use foot pedal operated waste bins with a lid and liner. Where available, always use the foot pedal to open the lid to prevent hand contamination.
- Avoid expelling air from a waste bag while leaning over it as harmful microorganisms, such as bacteria and viruses, may be released into the air.
- Make sure all waste is securely bagged and tied, using a suitable plastic tie or secure knot, as pictured.

Dealing with body fluid spillages (not blood/blood stained)

Best practice is to use an appropriate spillage kit for the type of spillage, following the manufacturer's instructions. Alternatively, a chlorine-based solution, such as household bleach, can be used. Always dilute as per the manufacturer's instructions or prepare as per the table below.

*** See note on page 29 regarding solution use on unsuitable surfaces.**

Action for body fluid spillages (not blood/blood stained)
Prepare a household bleach solution: dilution of 1 in 100, e.g. 10ml of household bleach in 1 litre of cold water.
1. Clean hands and put on disposable apron and gloves.
2. Ventilate the area, e.g. open windows/doors as fumes will be released from the chlorine.
3. Soak up any excess liquid or clean up any solid material using paper towels, e.g. kitchen roll.
4. Clear away paper towels promptly, dispose of in a plastic bag.
5. Disinfect with the household bleach solution. Leave for the required contact time as per manufacturer's instructions.
6. Clean the area with a detergent wipe or disposable cloth, general purpose neutral detergent, e.g. washing up liquid, and warm water, then leave to air dry or dry with paper towels.
7. Dispose of cloths and paper towels in the plastic bag.
8. Remove gloves, clean hands, remove apron. Dispose of in the plastic bag, tie the plastic bag and place into the waste bin.
9. Wash hands with liquid soap and warm running water, rinse and dry thoroughly to prevent the transmission of infection.

Note

- Diluted chlorine-based disinfectant solutions become less effective after 24 hours. When a solution is made, the date and time should be recorded and the solution disposed of after 24 hours.

effective. It is important that the correct amounts of chlorine, e.g. household bleach, and cold water are used. Always add household bleach to cold water. If hot water is used, it breaks down the active ingredient of bleach, making the solution ineffective (meaning the bleach does not work).

Diluted chlorine-based disinfectant solutions become less effective after 24 hours. When a solution is made, the date and time should be recorded and the solution disposed of after 24 hours.

3. Sterilisation

Sterilisation is a specialist means of decontamination of care equipment which is not undertaken in domiciliary care.

Single use

Items for 'single use' must not be used again as they should only be used once. This will be indicated on the packaging or item, e.g. catheter bag, that the item is 'single use' only with the symbol shown or will state 'single use'.

Single patient (service user) use

Items for 'single patient use' can be decontaminated, if required, and used again on the same person, but cannot be used on another person. This will be indicated on the packaging that the item, e.g. oxygen mask, as 'single patient use'.

Disinfection solution guide for household bleach
Care equipment, e.g. commode, shower chair, raised toilet seat, contaminated with blood/blood stained body fluid
Dilution of 1 in 10, e.g. 10 ml of household bleach in 100 ml of cold water or 1 ml in 1 litre of cold water
Care equipment, e.g. commode, shower chair, raised toilet seat, contaminated with body fluid (not blood/blood stained), or when the service user has a confirmed or suspected infection
Dilution of 1 in 100, e.g. 10 ml of household bleach in 1 litre of cold water

11. Safe management of linen, including uniforms and workwear

Used laundry, e.g. service user's linen (sheets, bedding, towels), clothing, and staff uniforms or workwear, can be soiled with urine, faeces or other body fluids and microorganisms, such as bacteria and viruses. Care should be taken to reduce the risk of spreading infection when handling used linen.

Handling service user's used linen and clothing

- Disposable apron and gloves should be worn when handling used, soiled or infected linen and clothing.
- Do not shake used linen when making or stripping beds as microorganisms will be dispersed into the air and contaminate the environment. Instead, carefully fold sheets inwards and roll up. Place in a container or bag not onto the floor or other surface.
- After handling used laundry, ensure that hands are washed after removing PPE, e.g. gloves, apron.
- To reduce the risk of transmission of infection, staff should not rinse soiled bedding and clothing by hand as this may cause splashing of body fluids onto the skin or into the eyes, nose or mouth. Items should be washed on a pre-wash cycle in the service user's washing machine or communal washing machine at the highest temperature stated on the washing instruction label.
- If the washing machine and/or dryer are in the kitchen, do not sort laundry and prepare food at the same time.

Staff uniforms or workwear

- Uniforms and workwear should specifically support good hand hygiene and should be fit for purpose.
- A clean uniform or workwear should be worn daily.
- Uniforms and workwear should be washed separately from

Note

- Disposal of sharps containers is usually undertaken by the community nursing team or the service user returning it to where it was issued from, e.g. GP, Health Centre.
- Skin is an effective barrier to microorganisms, e.g. bacteria and viruses. Any cuts or broken skin should be covered with a waterproof dressing.
- The risk of acquiring a blood-borne virus from an infected service user depends on the type of injury and is approximately 1 in 3 for hepatitis B, 1 in 30 for hepatitis C and 1 in 300 for HIV.
- There is currently no vaccine available for hepatitis C.

Remember

- Always replace the lid of sharps to the temporary closed position after use to prevent the risk of spillage.
- Report any concerns regarding risks with sharps to your manager.

Test your knowledge *Please tick the correct answer*	True	False
1. Inoculation injuries include splashes of blood and/or body fluid to the eyes, nose or mouth and bites that break the skin.	☐	☐
2. Sharps should be disposed of at the point of use by the person using the sharp.	☐	☐
3. In the event of a sharps injury, 'Bleed it', 'Wash it', 'Cover it' and 'Report it'.	☐	☐
4. There is a vaccine available for hepatitis C.	☐	☐

13. Safe management of the care environment

Cleaning and disinfecting are different:

- Cleaning with detergent wipes or detergent, e.g. washing up liquid, and warm water removes dirt and reduces the number of microorganisms, such as bacteria and viruses, to a safe level. If disinfection needs to be performed, cleaning must be carried out first
- Disinfecting destroys most, but not all, microorganisms and should be used for dealing with blood and/or body fluids, or if the service user has a confirmed or suspected infection

Best practice for cleaning and disinfecting

- Wear appropriate PPE, e.g. apron, gloves
- Staff should wash their hands before putting on and after removing PPE.
- Detergent wipes or a detergent, are suitable for cleaning most surfaces.
- Whenever possible use disposable mop heads and cloths. Wash and leave reusable mops and cloths to air dry after each use. Do not leave mops or cloths soaking overnight.
- Use separate cloths for cleaning kitchens and bathrooms.
- Reusable domestic gloves can be worn for routine household duties, disposable gloves for cleaning toilets.
- Domestic gloves should be washed with detergent and warm water, rinsed and dried after use.
- Domestic gloves can be worn by other staff providing skin is not broken and hands are washed before wearing them.
- The routine use of disinfectants for general home cleaning is unnecessary. A disinfectant such as household bleach may be required in some circumstances. For example, if the service user has a confirmed or suspected infection or the area is contaminated with blood or body fluids.

Household bleach should not be used on soft furnishings,

14. Antimicrobial stewardship

An increasing number of common infections are becoming resistant to the medicines used to treat them. This is referred to as 'antimicrobial resistance' (AMR) which is a significant and growing threat to public health in the UK and around the world.

'Antimicrobial stewardship' (AMS) is part of the fight against AMR. The purpose of AMS is to:

- Ensure the right antibiotic for the right person, at the right time, with the right dose and the right route
- Improve antibiotic prescribing and public awareness of AMR

What can domiciliary care staff do to tackle AMR?

- Preventing infections spreading through consistent use of standard infection control precautions and, when required, transmission based precautions.
- Informing the GP or other healthcare professional of any signs of deterioration in a service user's condition.
- Supporting service users to take any antimicrobial treatment on time and to complete their prescribed course.
- Become an 'Antibiotic Guardian'. Simply make a pledge at https://antibioticguardian.com/.

Test your knowledge *Please tick the correct answer*	**True**	**False**
1. Antimicrobial resistant is when infections are resistant to the medicines used to treat them.	☐	☐
2. Antimicrobial stewardship is part of the fight against antimicrobial resistance.	☐	☐
3. Consistent use of 'Standard infection control precautions' can help to tackle AMR.	☐	☐
4. Staff should support a service user to complete their prescribed course of antibiotics.	☐	☐

15. Specimen collection

A specimen is a sample of body fluid, e.g. urine, faeces. All specimens are a potential infection risk and must be collected using standard infection control precautions.

Specimen collection

The GP Practice should provide a specimen container, transport bag and instructions. The colour of the specimen container top may vary depending on the manufacturer.

- Whenever possible, obtain a fresh specimen and take at a time when it can be transported to the GP Practice.
- Wash hands before and after specimen collection.
- Wear appropriate personal protective equipment.
- Specimen containers must be labelled correctly, including the service user's name, date of birth and date taken.
- Take care to avoid contaminating specimens. Faeces specimens can be submitted even if contaminated with urine. However, urine specimens cannot be submitted if contaminated with faeces.

- The specimen container lid must be securely closed.

- Take care to avoid contaminating the outside of the specimen container.
- If provided, specimens containers should be placed inside the plastic transport bag after they have been labelled and the bag should be sealed using the integral sealing strip, do not staple.
- A clean rigid container with a lid, e.g. an ice cream or margarine tub, can be used to transport specimens.
- Specimens should be taken to the GP surgery in the correct specimen container as soon as possible after collection and within 24 hours.

catheter bag is changed, therefore, it is essential to follow good practice.

- Standard infection control precautions must be applied.
- Before changing the leg bag, always wash hands, wear disposable apron and gloves.

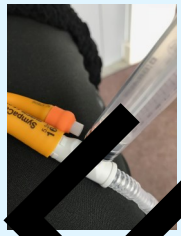
- When detaching the used leg bag from the catheter, do not touch the end of the catheter.
- When removing the protective cap from the new catheter leg bag tube, do not touch the end of the tube.
- Empty the urine from the leg bag, place the used leg bag in a securely tied plastic bag and dispose of as per local policy.
- Remove PPE and clean hands.
- Record the date when the catheter leg bag is changed.

Overnight drainage bags

If a person has a leg bag during the day, an additional larger limb drainage bag (night bag) should be used for overnight use. The night bag should be attached to the leg bag to keep the original system intact.

- Standard infection control precautions must be applied.
- When attaching or removing a night bag, always wash hands and wear disposable apron and gloves.
- Attach the night bag to a stand to ensure that the drainage tap is not touching the floor, to prevent contamination of the tap.
- When removing the protective cap from the new night bag tube, to prevent contamination and infection, do not touch the end before attaching it to the drainage tap on the leg bag.
- Night bags are single use only and should not be reused.

Specimen collection



You may be asked to collect a mid-stream or 'clean catch' specimen. If the service user is catheterised, a sample should be taken from the sample port, not from the drainage tap, using a non-touch technique. Send a sample **before** starting antibiotics. A specimen container with boric acid may be supplied as it preserves bacterial numbers for up to 72 hours. Fill with urine to the 'fill line' on the container.

Preventing a UTI

It is extremely important to prevent service users from acquiring a UTI as this can cause serious illness, such as a bacteraemia (infection of the blood), and in some cases death. A UTI can be prevented by:

1. Preventing dehydration

In older people dehydration increases their risk of developing a UTI and for those with dementia it can lead to more challenging behaviour. With age the sense of being thirsty decreases so some users may not recognise they are thirsty.

- Encourage service users to drink 6-8 mugs or glasses (1½-2 litres) of fluid a day unless fluid restricted. This will help to ensure some users receive adequate hydration to produce a pale yellow coloured urine which will flush bacteria out of the bladder, see 'Urine colour chart' on page 50.

2. Good personal hygiene

- It is important to remind females to wipe with toilet paper from front to back after they have passed urine, and dispose of toilet paper after each wipe into the toilet or commode.
- Routine personal hygiene should be undertaken daily, such as a bath or shower.
- If the service user is unable to bathe or shower, staff should wash the genital and anal area daily with soap and warm water.

surfaces and carpets, as it may damage them. Use general purpose neutral detergent, e.g. washing up liquid, and warm water or a carpet shampoo machine or steam cleaner.

- To prevent contamination of hands, the sink and surrou ing environment, staff should not rinse soiled linen or clot g by hand. Wash items on a pre-wash cycle in the ser e user's communal washing machine.
- Wash soiled linen or clothing separately as soon as p ible at the highest temperature advised on the washing instruct label.
- Waste should be securely bagged d tied, ing a suit le plastic tie or secure knot, and d pose f as p local policy.
- Whenever possible, the se e user s uld have a shower or bath daily, as *C. difficile* spore ma e on other areas of their body.
- Encourage the service u r to drink p nty of fluids to prevent dehydration. Seek advice from eir GP or healthcare professional i e restricte

Definition of diarrh a: An eased nber (2 or more) of watery d quefied s s, i.e pes 5, 6 and 7 only, within a dura n of 24 ho . Please remember: hands must be was d with lig soap and warm running water when c vice users f diarrhoea

Bristol stool form scale

Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage shaped, but lumpy
Type 3	Like a sausage, but with cracks on its surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces, ENTIRELY LIQUID

19. MRGNB, including CPE

Bacteria which are normally found in the bowel include *E. coli*, Klebsiella, Pseudomonas, Enterobacter and Proteus. Collectively, these bacteria are referred to as Gram-negative bacilli (GNB) and are part of our 'good' bacteria (normal flora). They can also be found in the environment, in water, soil, on hands of staff and care equipment, such as walking frames.

In some people, these bacteria have developed resistance to many commonly used antibiotics. These are called multi-resistant Gram-negative bacteria (MRGNB) which are resistant to antibiotics and can pass on their resistance to other types of bacteria. New MRGNB known as carbapenemase producing Enterobacterales (CPE) have been identified.

When MRGNB cause an infection, e.g. urine, chest, wound infection, they can be very difficult to treat due to their resistance to many antibiotics.

How is MRGNB spread?

They can be passed to other people by direct contact on hands, or by contaminated surfaces or care equipment. MRGNB can then be transferred into wounds or other body entry sites, e.g. urinary catheters.

Service users with MRGNB

Most people with MRGNB are colonised (a colonised person is said to be a 'carrier'), they do not have any symptoms of infection and do not require antibiotic treatment. If a service user has symptoms of an infection causing a urine, chest or wound infection, antibiotic treatment will be prescribed.

Preventing the spread of MRGNB

Standard infection control precautions and, when required transmission based precautions must be applied, as advised by your local Community Infection Prevention and Control or UK Health Security Agency Team. For full guidance and advice refer to your local policy.

Note

- MRSA colonisation may be long-term, this should not affect a service user's daily activities and they can socialise with other people, friends and family.
- If required, complete transfer documentation (see page 16).
- There are no restrictions for service users in sheltered accommodation and all communal facilities can be used.

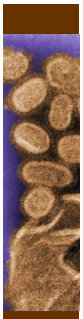
Remember

- MRSA colonisation means that MRSA is present on the body, but is not causing an infection or illness.
- MRSA infection means that MRSA is present in the body and is causing illness.

It's a fact

- Scientists have found evidence that a type of MRSA was present in hedgehogs long before the use of antibiotics.

Test your knowledge *Please tick the correct answer*	True	False
1. MRSA colonisation means that MRSA is present on the body without causing harm.	☐	☐
2. Staff should be routinely screened for MRSA.	☐	☐
3. Service users with MRSA can socialise in and outside of their home.	☐	☐
4. MRSA is not usually a risk to healthy people.	☐	☐



can cause infection. Droplets remain in the air for a short period and can travel about 1 metre. They can land on surfaces and care equipment and can infect others when these are touched and the person then touches their eyes, nose or mouth

- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). An AGP is a medical procedure that can result in the release of airborne particles (aerosol) from the respiratory tract, when treating someone with a confirmed or suspected virus. During an AGP, smaller viral particles than droplets are produced which can remain in the air for longer and travel further than 1 metre

Procedures within domiciliary care which are categorised as AGPs are rare, but include tracheostomy tube insertion and removal.

Respiratory and cough hygiene

Encourage and assist service users with good respiratory and cough hygiene (see pages 22 and 23).

Management of a service user with a respiratory illness

Standard infection control precautions and, when required transmission-based precautions must be applied, as advised by your local Communicable Disease Infection Prevention and Control or UK Health Security Agency Team. For full guidance and advice refer to your local policy.

- Staff must wear appropriate personal protective equipment (PPE), as per national guidance, including a fluid resistant surgical mask and eye protection, e.g. goggles or visor (prescription glasses do not provide adequate protection).
- Service users in their own home should be advised to stay at home whenever possible, and those in supported living or a sheltered housing complex should be

household bleach. Routine cleaning products are ineffective against viral gastroenteritis (see pages 30-31 for details). Cleaning and disinfection should be undertaken, if possible, at least twice daily and include commonly touched hard surfaces, e.g. toilets, commodes, taps, door handles, grab-rails. A fresh solution should be made every 24 hours. Do not use household bleach on soft furnishings, untreated wooden surfaces and carpets, use detergent and warm water in a carpet shampoo machine or steam cleaner.

- Ventilate rooms well by opening windows whenever possible.
- Encourage the service user to remain at home (isolation) and not to use communal facilities, if applicable, until they are symptom free for 72 hours or as advised.
- Whenever possible, the service user should not attend outpatient or non-urgent appointments, until symptom free for 72 hours or as advised.
- Linen and clothing should be washed at 60°C or the highest temperature stated on the washing instruction label.
- Waste should be securely bagged and tied, using a suitable plastic tie or secure knot, and disposed of as per local policy.
- Staff with vomiting and/or diarrhoea should contact their office and remain off duty until symptom free for 48 hours.

Advice for a service user with viral gastroenteritis

- Drink plenty of fluids to prevent dehydration. Seek advice from the service user's GP or healthcare professional if fluid intake restrictions are in place.
- Wash hands thoroughly after each episode of diarrhoea and vomiting with liquid soap and warm running water. If unable to access hand washing facilities, non-alcohol skin wipes, e.g. baby wipes, can be used.
- If possible, try to avoid preparing and handling food for other people until free from symptoms for 72 hours or as advised.

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