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Public Health Wales

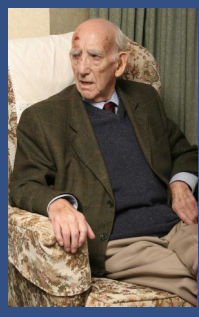
NHS

Infection.
Prevention.
Control.
You're in safe hands

Preventing Infection Workbook

Guidance for Care Homes

3rd Edition



Name

Job Title

SAMPLE

Contents

Manager to tick sections to be completed

SAMPLE

1. Introduction

The Community Infection Prevention and Control Team (IPC) at Public Hea Wales have teamed up with the NHS Community IPC Team based in N Yorkshire to develop their existing Workbook to prevent infection in C Homes for adults. We gratefully acknowledge their work and collaboratio developing a bespoke version for Wales.

We share the aim to support care homes in promoting best practice in This Workbook complements a range of resources and guidance developed by ial Care Wales, including digital learning resources for C as well as induction. Modules for IPC can be accessed on the Social Care es website https://socialcare.wales/learning-and-development/infection-pre tion-and-contro

By applying the principles within the Wo ok, you ll demo ate commitment to high quality care and s guarding o sidents. ntral concept of *The Social Services and ll-being (W s) Act 2014* is *putting the individual's well-being at the heart of d ion m g",* this includes physical, mental health and emotional being. C practices should be used to support residents to achieve p outcom nd 'what matters' in their lives, IPC should never be at the exp se compas ate care. Strategies for controlling infection can restrict a ono freedo movement and contacts and, therefore, IP decisions and k ass ments should be underpinned by equality and hu legislatio

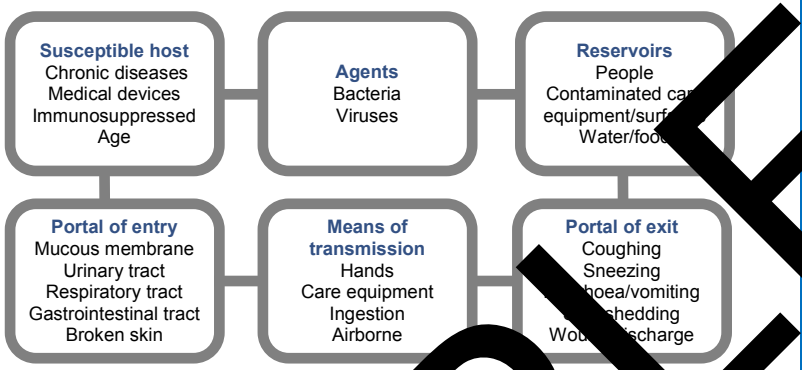
The Workbook is aim t all st g in a care home, clinical and non-clinical and includes rec nists, vo eers, students and housekeeping staff, and ed to be unde en in stages. This will allow you to complete the 'Test r kno e' sections fore moving on to the next section. On comple n, your Supervisor will check your responses and when you have ac ed 0% competency in your infection prevention and control knowledg y will sign and give you the 'Certificate of completion'. You should kee e Workbook as evidence of learning and accessible advice for d day c of residents. It may also be used to demonstrate compliance th yo emp yer's policies and procedures as well as helping the organisation demons te any compliance requirements.

The kbook is based on evidence and research by Health Protection and and produced in the National Infection Prevention and Control Manual (NIPCM) adopted in Wales.

This Workbook has been endorsed by Sue Tranka, Chief Nursing Officer, and Albert Heaney CBE, Chief Social Care Officer, Welsh Government.

SAMPLE

The chain of infection

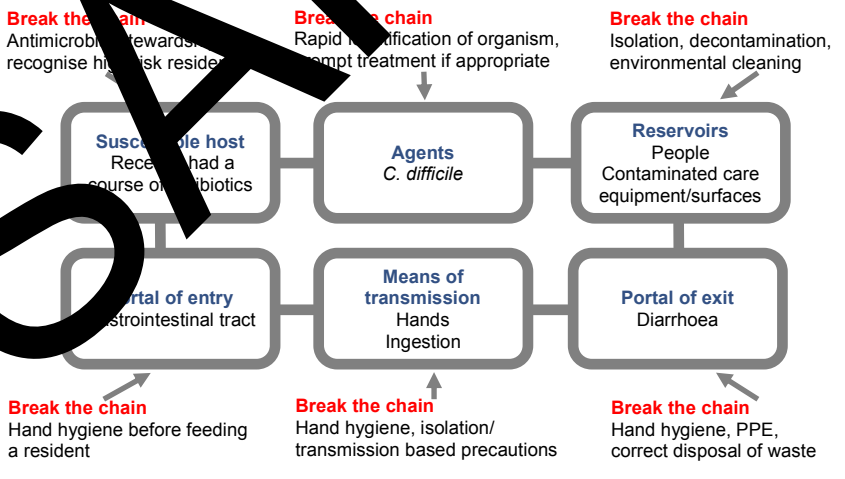


Case study: Chain of infection sh ng how *Clostridioides difficile (C. difficil* an be sp d

Mrs Brown has *C. difficile* infecti causing rh a. A member of staff changes Mrs Brown's incontine d wearin sposable apron and gloves, but does not wash her hands afte ing her g es and apron.

Her next visit is to feed Mrs Jones w ha t had a ourse of antibiotics for a chest infection. A later, Mrs J es is y unwell with profuse diarrhoea and is adm d t pital w re she is diagnosed with *C. difficile.*

Example of how to bre the ch f *C. difficile* infection



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Transmission based precautions (TBPs)

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

TBPs are categorised by the following routes of transmission

Contact precautions

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

Contact TBPs require staff to wear a disposable apron for direct contact with the resident, their care equipment and environment, e.g. helping a resident get out of bed, help with feeding, cleaning. Gloves are required when exposure to blood or body fluids, mucous membranes, e.g. eyes, nose, mouth, or non-intact skin is anticipated and for specific infectious agents. When there is a risk of splashing of body fluids to the face, eye protection and a fluid resistant surgical mask should also be worn

Droplet precautions

Used to prevent and control infections spread over short distances (about 1 metre) via droplets from the respiratory tract of one person directly onto mucous membrane, e.g. eyes, nose, mouth, of another person. Droplets do not travel through the respiratory tract to just before the alveoli (air sacs). 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 precautions

Used to prevent and control infections transmitted via aerosols from the respiratory tract of one person directly onto mucous membranes, e.g. eyes, nose, mouth, of another person. Aerosols can travel further through the respiratory system than droplets, to within the alveoli (endpoint). Aerosols can travel on air currents potentially for hours before they fall onto surfaces because they are much smaller. For advice on airborne precautions, contact your local Community IPC or Regional Health Protection Team

SAMPLE

4. Hand hygiene

Hand hygiene is the process of handwashing with liquid soap and warm running water, or using an alcohol handrub*, to remove microorganisms, such as bacteria and viruses, and prevent the spread of healthcare associated infection.

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

Hand hygiene is one of the most important ways to prevent the spread of infection. Hands may look visibly clean but microorganisms are always present, some harmful, some not. Removal of transient microorganisms is the most important factor in preventing them from being transferred to others.

Evidence and national guidance identifies that effective hand hygiene results in a significant reduction in the carriage of harmful microorganisms on the hands.

There are 2 categories of microorganisms present on the skin of the hands:	
Transient	Transient microorganisms are found on the surface of the skin. They are called 'transient' as they do not stay long, touching 'hitch-hike' on the surface of the hands where they are easily transferred to other people, e.g. to a resident's wound, urinary catheter drainage system or to care equipment and the environment. They are easily removed by routine handwashing with liquid soap and warm running water or the use of alcohol handrub*
Resident	Resident microorganisms, often referred to as 'normal flora', are found on the hands in the deep layers and crevices and are on the skin of all people. They play an important role in protecting the skin from harmful bacteria and are not easily removed by routine handwashing with liquid soap and warm running water

SAMPLE

Order for putting on PPE

Before beginning, check which items of PPE are required and that these are available in the correct size.

1. 

Apron: Ensure you are 'Bare below the elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie securely at the back of your waist.

2. 

FRSM or FFP3 masks: Secure loops behind ears or upper ties/elastic bands on the middle of your head, lower ties/bands at your neck. Fit flexible band to your nose bridge. Fit snug to your face and below your chin.

Staff must be FIT tested for FFP masks (this is a HSE regulation to ensure adequate protection and training by a competent fit test operator).

3. 

Eye protection: Handling by eye protection (safety goggles or visor) by the sides, place over your face and eyes and adjust to fit.

4. 

Gloves: Pull on gloves taking care to minimise contamination of the outer surface by holding at the cuff opening only. Extend to cover your wrists.

Order for removing PPE

When removing PPE, the correct technique is essential to avoid touching the most contaminated areas of PPE, e.g. outside of gloves, front of apron.

1. 

Gloves: Pinch and lift the outside of the glove in the palm area with the opposite gloved hand, peel off while turning inside out. Hold the removed glove in the gloved hand. Slide two fingers of the ungloved hand under the remaining glove at the wrist. Peel the second glove off over the first glove and dispose of.

2. 

Apron: Break neck tie and untie apron strings. Pull forward. Unfasten or break waist ties and pull apron away from the body touching the inside only. Fold or roll into a bundle and dispose of.

3. 

Eye protection: Handle only by the headband or the sides. Safety goggles or visors should be removed by grasping sides and pulling directly forward, away from the face.

4. 

FRSM or FFP3 masks: Remove ears loops or unfasten bottom tie, then top tie. If elasticated, pull top and bottom elastics together. Handling the ties/elastics only, pull away from the face without touching front of mask and dispose of.

Clean hands immediately after removal of PPE.

SAMPLE

Facial protection

Fluid resistant surgical mask (FRSM) 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 resident has a confirmed or

(eyesight or hearing). Therefore, understanding and meeting peoples' individual communication requirements is essential.

Here are some steps to consider when communicating with those you support:

- How does the infection prevention and control proce[illegible]e affect the individual?
- Have you communicated with the individual, and in the way they will understand?
- Are there communication aids, someone who [illegible]derstands the individual well or an interpreter re[illegible]ed
- Have you provided adequate t[illegible]e for the [illegible]ividual t[illegible] understand your procedures, [illegible]at is re[illegible]ed of them, to ask questions and make a d[illegible]ision?
- How have you reassured [illegible]ndividu[illegible]?
- Has the person given cons[illegible]nt, [illegible] there [illegible]y mental capacity or best intere[illegible]sideratio[illegible]s for [illegible] procedure?
- Do they have a[illegible]ttorn[illegible] or [illegible]her decision maker who needs to be includ[illegible]in care [illegible] support planning?

Test y[illegible]ur kn[illegible]ledge *Please tick t[illegible] correct[illegible]swe[illegible]*	**True**	**False**
1. When a [illegible]ident has a suspected infection they ma[illegible]equire isolating.	☐	☐
2. [illegible]t ne[illegible]ssary to inform the resident's infect[illegible]us status to the ambulance service.	☐	☐
3. Co[illegible]unication includes non-verbal [illegible]mmunication and behaviour.	☐	☐
4. Understanding and meeting peoples' individual communication requirements is essential.	☐	☐

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7. Respiratory and cough hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross transmission of confirmed or suspected respiratory illness (pathogens) to others.

When a person with a respiratory illness coughs, sneezes, talks millions of bacterial or viral particles are released from the nose and mouth predominantly in the form of droplets which travel in the air, contaminating people and surfaces within a short distance (1 metre).

Respiratory infections can spread directly from an infected person to another person. If the bacteria or virus lands on another person's mucous membranes, e.g. eyes, nose or mouth, it can then enter the body and cause infection.

If the environment is contaminated during coughing, sneezing or by contaminated hands touching surfaces, it can spread to others who touch the area and then touch their eyes, nose or mouth.

Microorganisms such as 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

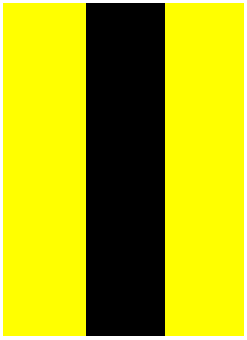
Ventilation is very important to reduce the amount of micro-organisms in the air which will contaminate surfaces. Staff should ensure rooms are well ventilated. Windows should be opened regularly, e.g. 10 minutes every hour.

Staff should adopt and promote good respiratory and cough hygiene, encouraging, assisting and advising residents to:

- Cover their nose and mouth with a disposable tissue when sneezing or coughing
- Use a disposable tissue for wiping and blowing their nose

SAMPLE

Waste stream guide for Care Home settings

Colour*	Description
**Colour waste streams may vary depending on waste contractors*	
Yellow and black striped bag 	**Offensive waste (non-infectious)** Waste from residents with no confirmed or suspected infection which may be contaminated with body fluids. May be land filled in a permitted or licensed waste facility. Examples are **non-infectious**: • Gloves, aprons, facial protection • Cardboard vomit/urine bowls[1] • Dressings • Incontinence pads • Stoma or catheter bags • Disposable hygiene waste, nappies [1] *Liquids, e.g. urine, faeces, vomit should be carefully disposed into a foul sewer, sluice or toilet. They can, however, be absorbed onto disposable cloth e.g. paper towel, and placed in the offensive waste stream, ensuring there is no free-flowing liquid present.*
Orange bag or orange lidded sharps container 	**Clinical waste (infectious only)** Waste from residents with a confirmed or suspected infection, but **not** contaminated with medicines or chemicals. May be treated to render it safe prior to disposal, or alternatively incinerated in a licensed facility. Examples are **infectious**: • Contaminated sharps e.g. gloves, aprons, facial protection • Items contaminated with urine, faeces, vomit, sputum, pus or wound exudate, e.g. continence pads, urine bags, single use items, single use bowls • Dressings that do not contain an active pharmaceutical product • Waste from blood and/or body fluid spillages • Syringes contaminated with body fluids, but not contaminated with medicines • Used phlebotomy needles and syringe bodies
Yellow lidded sharps container 	**Waste contaminated with non-hazardous pharmaceuticals or chemicals** Sharps waste contaminated with medicines. May be incinerated or undergo alternative treatment in a permitted or licensed facility. Examples are: • Items contaminated with non-hazardous medicines • Used sharps from treatment with non-hazardous medicines

SAMPLE

9. Safe management of blood and body fluid spillages

Clean up blood and body fluid spillages promptly to reduce the risk of infection to other people. Appropriate personal protective equipment (PPE) should be worn, e.g. disposable apron, gloves and 'Standard infection control precautions' (SICPs) for

Best practice is to use an appropriate spillage kit for the type of spillage and surface, e.g. carpet, following the manufacturer's guidance. Some spillage kits are suitable for all types of body fluids, including blood, e.g. spill wipes, always check the manufacturer's instructions.

In the absence of spillage kits:

- The required dilution for dealing with blood and/or blood stained body fluid spillages is 10,000 parts per million (ppm) available chlorine or equivalent product, as per manufacturer's instructions. See table below
- The required dilution for dealing with body fluid spillages, that are not blood or blood stained, is 1,000 ppm available chlorine or equivalent product, as per manufacturer's instructions. See table below

Action for blood and/or blood stained body fluid spillages* *Dilution of 10,000 parts per million (ppm) available chlorine*
Clean hands and put on a disposable apron and gloves (wear facial protection if there is a risk of splashing to the eyes, nose or mouth).
Ventilate the area, e.g. open windows/doors, as fumes will be released when using chlorine.
Place disposable paper towels over spillage to absorb and contain it, then apply chlorine solution to the towels. Leave for the required contact time as specified by the manufacturer.
Clear away the spillage and dispose of in the appropriate waste stream.
Clean the area with detergent wipes or general purpose neutral detergent, warm water and disposable cloth, then leave to air dry or dry with paper towels.

SAMPLE

Note (continued)

used. If a weaker solution is used the microorganisms will not be killed, too strong and care equipment or surfaces can be damaged.

- When cleaning and disinfecting, clean top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms that may be transferred from a dirty area to a clean area.

Remember

- Cleaning uses fluid and friction to physically remove dirt and microorganisms.
- It is important to allow a disinfected surface to dry naturally.

Test your knowledge *Please tick the correct answer*	**True**	**False**
1. Decontamination of reusable care equipment is important to prevent the transmission of infection	☐	☐
2. Disinfection only works if cleaning has taken place first.	☐	☐
3. Single use items can be used again on the same resident.	☐	☐
4. Hoist slings should be single resident use.	☐	☐

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11. Safe management of linen

Providing clean linen is a fundamental requirement of care. Linen, e.g. bedding, towels, clothing, can become soiled with blo urine, faeces, or other body fluids containing microorga ms, e.g. bacteria and viruses. Therefore, when handling line care should be taken to reduce the risk of spreading infect

Standard process*
(Soiled and fouled linen and clothing)
Items should be placed into a water-solub bag and then into a white cotton sack or in a white plastic bag. H vily soiled items should have any **solids** removed r or t eing p ced into the bag. In larger premises, reside clothin may so ti s be bagged separately to bed lin

Enhanced process*
(Infected linen and clo)
Items should be sealed i a water- luble bag immediately. This should en placed in a plastic or nyl ester ou r bag

The outer bag s uld b abel d 'infectious linen'.

(* S h Health T nical Memorandum 01-04 for Social Care)

Handli en and clothing

- Dispo le apron and gloves should be worn when handling used, s ed or infected linen and clothing.
- Us linen and clothing should not be placed on the floor, but put rectly into a laundry bag which should be removed from th resident's room immediately.
- Securely fasten laundry bags when no more than 3/4 full.
- Laundry bags awaiting collection should be stored in a secure designated storage area.

SAMPLE

12. Safe management of sharps and inoculation injuries

An inoculation incident is where the blood/body fluid of one person could gain entry into another person's body, such as:

- A sharps/needlestick injury which breaks the skin with a used instrument or needle
- Spillage of blood or body fluid onto broken skin, e.g. graze, cut, burn, eczema
- Splash of blood or blood stained body fluid into the eye, mouth or nose
- Human bite causing skin to be broken

Many accidental exposures to blood and body fluids are, therefore, not classed as exposure incidents, e.g. splashes onto intact skin.

Good practice to prevent a sharps injury

- Clean hands and wear appropriate personal protective equipment (PPE) when handling sharps. Disposable gloves must be worn where there is a risk of exposure to blood or body fluids.
- Use of safer sharps devices where available.
- Sharps containers should be taken to the point of use, e.g. a resident's room, using an injection tray with an integral sharps container.

- It is the responsibility of the user to dispose of sharps safely into a sharps container at the point of use.
- Never recap, bend or break needles or pass sharps from hand-to-hand.
- Always dispose of the needle and syringe as one unit.
- Always request assistance when using sharps with reluctant or confused residents.

SAMPLE

13. Safe management of the care environment

Cleanliness of the environment is important to support infection prevention and control, help reduce the incidence of healthcare associated infection and ensure confidence. All staff, and in particular cleaning/housekeeping staff, play an important role in improving the quality of the environment and maintaining standards. Dust and dirt can allow microorganisms, e.g. bacteria and viruses, to multiply and spread, effective cleaning is, therefore, essential.

- To facilitate effective cleaning, surfaces should be free from clutter, smooth and wipeable.
- The environment should be well maintained, in a good state of repair and with adequate ventilation.
- Most microorganisms are found in dust and dirt, so cleaning or vacuuming alone can significantly reduce the number of organisms in the environment.
- Outbreaks of infection have been associated with environmental contamination.

National colour coding scheme

All care homes are recommended to adopt the national colour code for cleaning materials and equipment (see below). All cleaning items, e.g. cloths and mops (reusable and disposable), buckets, aprons and domestic gloves, should be colour coded.

Red	Blue
Bathrooms, showers, toilets, basins and bathroom floors	General areas, including lounges, offices, corridors and bedrooms
Green	**Yellow**
Kitchen areas, including satellite kitchen areas, and food storage areas	Bedrooms when someone has an infection and is cared for in their own room (isolated)

SAMPLE

14. Antimicrobial stewardship

An increasing number of common infections are becoming resistant to the antimicrobials 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
- Optimise antibiotic prescribing and public awareness of AMR

Preventing AMR

- Preventing infections spreading through consistent use of 'Standard infection control precautions' (SICPs) and, when required, 'Transmission based precautions' (TBPs).
- Taking antibiotics has associated side effects or risks such as diarrhoea, nausea, colitis, allergies and thrush.
- Supporting residents to take any antimicrobial treatment on time and to complete the prescribed course.
- Preventing antibiotic use for viruses.

Test your knowledge *Please tick the correct answer*	True	False
1. Antimicrobial resistance is when infections are resistant to treatments.	☐	☐
2. Antibiotics are effective against viruses.	☐	☐
3. Consistent use of 'Standard infection control precautions' can help to tackle AMR.	☐	☐
4. Staff should support a resident to complete their prescribed course of antibiotics.	☐	☐

SAMPLE

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15. ANTT

Asepsis means the absence of harmful microorganisms in sufficient quantity to cause infection.

An aseptic technique is used to prevent contamination of:

- Invasive devices, e.g. urinary catheters, PEG tube
- Vulnerable body sites, e.g. wounds

Only trained and assessed staff should perform aseptic procedures.

Principles of ANTT

The aim of Aseptic Non-Touch Technique (ANTT) is:

- Prevent introducing harmful microorganisms
- Protect:
  - Key-Parts: sterile parts of equipment, e.g. syringe caps, catheter tips
  - Key-Sites: vulnerable body sites, e.g. wounds, insertion sites

Core principle

Avoid touching Key-Parts and Key-Sites directly. For detailed guidance visit www.[illegible].org.

When to use ANTT

Use ANTT for procedures such as:

- Wound dressing, including surgical, burns or primary healing wounds
- Dressing deep wounds with cavities or sinuses
- Inserting or removing urinary catheters

SAMPLE

16. Specimen collection

A specimen is a sample of body fluid collected, e.g. urine, faeces, sputum. All specimens are a potential infection risk, must be collected using 'Standard infection control precautions' (SICPs) and transported in a sealed rigid container.

Taking routine specimens, with the exception of blood samples, **should be avoided** to help reduce inappropriate prescribing of antibiotic treatment. Specimens should only be taken if there are signs of a clinical infection (see indications table below) on instruction from of a GP or nurse.

Specimen collection and storage

- Wash hands before and after specimen collection and wear appropriate personal protective equipment (PPE).
- Specimens must be labelled correctly including relevant clinical details and any recent antibiotic history.
- Wherever possible, obtain a fresh specimen. Specimens should be sent in the correct container as soon as possible.

Specimen	Indication	Container and storage
Wound swab	Swelling, redness, heat, a yellow or green discharge, increased discharge of fluid, wound breakdown, fever.	Sterile cotton swab in transport medium. Charcoal medium increases survival of bacteria during transportation.
Sputum	Productive cough (green/ yellow) or presence of blood in sputum.	Plain universal container (white top*). 
Urine	Refer to signs and symptoms of UTI on page 53.	Universal container with boric acid preservative (red top*) should be filled to the 'fill line'. 
Faeces (stools)	Diarrhoea, increase in frequency, presence of blood, abdominal pain.	Stool specimen container (blue top*) , at least 1/3-1/2 full or as per local policy. 

* Specimen container type and colour top may vary depending on the manufacturer.
** Do not use urine dipsticks for catheterised adults and the over 65's.

SAMPLE

Comment

The use of a 'Patient Urinary Catheter Passport' is good practice to help provide continuity of care between healthcare settings. For further details visit https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/infection-prevention-control/resources-for-healthcare-professionals/utis-urinary-tract-infections/#Treatment.

Note

- For residents who are mobile, a leg bag should always be used, held in place with a fixation device or strap and 2 leg straps to reduce the risk of damage to the urethra/bladder by the catheter or catheter drainage bag being pulled.

Remember

- When changing a catheter bag, to prevent contamination and infection, do not touch the end of the catheter or tube.

Test your knowledge *Please tick the correct answer*	True	False
1. Each time a break is made in the closed catheter system, an opportunity for infection to be introduced.	☐	☐
2. Urinary catheter drainage bags should be kept above the level of the bladder.	☐	☐
3. Catheter bags, including leg bags, should usually be changed weekly.	☐	☐
4. For residents who are mobile, a leg bag should be held in place with a fixation device or strap and 2 leg straps.	☐	☐

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2. Good personal hygiene

- For females, it is important after they have passed urine to wipe with toilet paper from front to back and dispose after each wipe into the toilet or commode.
- Routine personal hygiene should be undertaken daily.
- If the resident is unable to bathe or shower, staff should wash the genital and anal area daily with mild soap and warm water.
- When washing the female genital and anal area, wash from front to back.

Don't ask residents to wait when they need to empty their bladder. Holding a full bladder for long periods of time can quickly lead to a UTI. Ensure privacy when using the toilet.

Colours 1 3 suggest normal urine	
	1. Clear to pale yellow urine suggests that the resident is well hydrated.
	2. Light/transparent yellow urine suggests an ideal level of hydration.
	3. A darker yellow/pale honey coloured urine suggests that the resident may need to hydrate soon.
Colours 4 8 suggest the resident needs to rehydrate	
	4. A pale, cloudier urine colour suggests the resident is ready for a drink.
	5. A darker yellow urine suggests the resident is starting to become dehydrated.
	6. Amber coloured urine is not healthy. The resident requires more liquid. All fluids count (except alcohol).
	7. Orange/yellow urine suggests the resident is becoming severely dehydrated.
	8. If the urine is this dark, darker than this, red or brown, it may not be due to dehydration. Seek advice from their GP.
Note: Some medications, supplements and foods, can affect the colour of urine.	

SAMPLE

Management of a resident with *C. difficile*

It is important to refer to your local policy for guidance. To help reduce the spread of *C. difficile*, 'Standard infection control precautions' (SICPs) should always be followed together with the following 4 key principles:

1. Communication	3. Resident placement
2. Hand hygiene	4. Decontamination.

1. Communication

- Any current antibiotic treatment should be urgently reviewed by the resident's GP.
- Contact the GP if there are any health concerns, e.g. dehydration, blood stained diarrhoea.
- Residents with symptoms may be treated with a course of appropriate antibiotics.

2. Hand hygiene

- Thorough handwashing is essential using liquid soap and warm running water. **Alcohol hand rub does not kill spores and must not be used.**
- Encourage residents to wash their hands or use non-alcohol skin wipes to clean hands after using the toilet and before meals.
- Visitors should wash their hands on entering, before leaving the isolation room and before leaving the care home.

3. Resident placement

- Implement contact 'Transmission based precautions' (TBPs) and single room isolation for residents with active diarrhoea.
- Staff should wear disposable apron and gloves when providing hands on care. Visitors do not need to wear personal protective equipment (PPE) unless providing hands on care.
- PPE should be removed, disposed of and hands washed before leaving the resident's room.
- The 'Bristol stool form scale' (see page 59) should be used to identify and record each stool type passed.

SAMPLE

1. Communication

- There is no justification for refusing to admit residents with MDROs.
- Staff should be aware that if a resident has a MDRO in a wound should be covered with a dressing.

2. Hand hygiene

- Clean hands using liquid soap and warm running water or alcohol handrub. Alcohol handrub is effective against MDROs if hands are visibly clean.
- Encourage residents to wash their hands or use skin wipes to clean hands after using the toilet and before meals.
- Visitors should be encouraged to clean their hands or use alcohol handrub on leaving the care home.

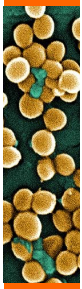
3. Resident placement

- Residents colonised with MDROs do not require isolation.
- Residents colonised with MDROs can visit communal areas and mix with other residents with no restrictions.
- For residents with diarrhoea and/or an active MDRO infection, implement contact transmission-based precautions' (TBPs) and single room isolation until the diarrhoea and/or active infection has resolved.
- If isolation is required, staff should wear disposable apron and gloves when providing hands on care.
- Visitors do not need to wear personal protective equipment (PPE) unless providing hands on care.
- Worn PPE should be removed and disposed of and hands cleaned before leaving the resident's room.

4. Decontamination

- The room of a resident who is colonised with a MDRO should be cleaned at least daily with a detergent.
- The room of a resident in isolation with a MDRO should be cleaned at least daily with a detergent followed by a chlorine-based

SAMPLE



- Crockery and cutlery should be washed as normal.
- The room of a resident who has had an active infection should be deep cleaned at the end of the isolation period.

Note

- MRSA is not usually a risk to healthy people including staff, children and pregnant women.
- Research has shown that staff who do become colonised have usually acquired the bacteria through their work and it is usually present for a short time only.
- Residents at risk of MRSA infection include those with an underlying illness, older people, those with open wounds or following major surgery, and those with invasive devices, such as urinary catheters.
- Communicate infection status to all receiving provider.

Remember

- MRSA colonisation may be long term.

Test your knowledge *Please tick the correct answer*	True	False
1. MRSA is spread by contaminated hands, surfaces and contaminated care equipment.	☐	☐
2. MRSA colonisation is when MRSA is present on the body without causing an infection.	☐	☐
3. MRSA suppression is an antibacterial body wash, hair treatment and nasal ointment.	☐	☐
4. If a resident has MRSA in a wound, it should be covered with a dressing.	☐	☐

SAMPLE

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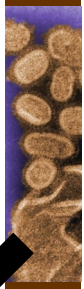

22. Respiratory illnesses

Respiratory illnesses are predominantly due to a viral infection. They are amongst the most common winter ailment and are a major cause of hospitalisation, ill health and death among the elderly. Those suffering from underlying chronic health conditions become more susceptible and vulnerable to severe disease. Vaccination provides the best protection against respiratory illness and spreading infection.

Acute respiratory illnesses include influenza (flu), COVID-19, human metapneumovirus, respiratory syncytial virus (RSV), parainfluenza and rhinovirus.

Respiratory illness symptoms vary but commonly include a continuous cough, high temperature, shortness of breath, body aches and tiredness.

How are respiratory viruses spread?

Respiratory viruses are spread by:

- Predominately droplet transmission. Droplets are generated during coughing, sneezing, talking. If droplets from an infected person come into contact with the mucous membranes (e.g. eyes, nose, mouth, of another person, they 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, if touched, infect others if that 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 (aerosols) 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

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How is viral gastroenteritis spread?

The virus is usually spread from the vomit and diarrhoea of an ill person. When vomiting or diarrhoea occurs, a fine mist (particles) containing the virus is introduced into the air and can be easily spread to others in a wide area from:

- Direct contact with an infected person
- Contact with contaminated surfaces or care equipment
- Swallowing viral particles that are in the air
- Eating/drinking food or water contaminated with viral particles
- Consuming contaminated food

Management of a resident with viral gastroenteritis

Early detection will help reduce the spread of infection and the duration of the outbreak. It is important to refer to your local policy for guidance.

To help reduce the spread of viral gastroenteritis, 'Standard infection control precautions' (SICPs) should always be followed together with the following 4 key principles:

1. Communication	3. Resident placement
2. Hand hygiene	4. Decontamination.

1. Communication

- If you suspect an outbreak, inform your manager immediately.
- Care homes should be closed to admissions and display a notice at the entrance informing visitors of the outbreak and the precautions they should follow.
- During an outbreak, non-essential services should be discouraged.
- Obtain stool specimens from all residents and staff with diarrhoea to determine the cause of the outbreak.
- Staff with symptoms should inform their manager and remain off duty until symptom free for 48 hours.

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Commentary

Congratulations, you have now completed the 'Preventing Infection Workbook: Guidance for Care Homes'.

Your Manager will check that you have achieved 100% in your infection prevention and control (IPC) knowledge. If there are any sections in which you have not achieved this, these sections should be revisited and the 'Test your knowledge' questions undertaken again. When you have achieved 100%, the 'Certificate of completion' (see page 79) will be signed by your Manager who will also record this as evidence for CQC inspections.

When you apply this knowledge to practice, you will have the fundamental skills to offer safe IPC quality care to your residents.

This learning is intended to be the foundation for best practice. If you apply the principles within this Workbook, it will demonstrate commitment to quality care and supports the principle that infection should be prevented wherever possible.

Please keep your Workbook in an accessible place so that it can be readily referred to on a day-to-day basis for safe delivery of care to residents.

Remember, infection prevention and control is everyone's responsibility and all staff should receive annual IPC education.

SAMPLE

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Comisiynu Gofal Cymru
Commissioning Care Wales

FFORWM GOFAL CYMRU
CARE FORUM WALES

SAMPLE

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