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**Infection.
Prevention.
Control.**

You're in safe hands

Preventing Infection Workbook

Guidance for
Community Care staff
3rd Edition

Name

Job Title



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Manager to tick sections to be completed



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1. Introduction

The Community Infection Prevention and Control Team (IPC) at Public Health Wales have teamed up with the NHS Community IPC Team based in North Yorkshire to develop their existing Workbook to prevent infection in individuals who require domiciliary care. We gratefully acknowledge their work and collaboration in developing a bespoke version for Wales.

Working with a range of stakeholders in Wales, we share the aim to support domiciliary care staff in promoting best practice in infection prevention and control. This Workbook complements a range of resources and guidance developed by Social Care Wales, including digital learning resources for IPC. Modules for IPC can be accessed on the Social Care Wales website <https://socialcare.wales/resources-guidance/learning-modules/infection-prevention-and-control>.

For those workers that need to complete the All Wales Induction Framework for Health and Social Care, completion of this Workbook will provide evidence for completion of section 7.6 (infection prevention and control) <https://socialcare.wales/resources-guidance/development/induction-for-health-and-social-care-awif>.

By applying the principles within the Workbook, you will demonstrate commitment to high quality care, promoting health and safeguarding of individuals. The central concept of *The Social Services and Well-being (Wales) Act 2014* "putting the individual's well-being at the heart of decision making", this includes physical and mental health and emotional well-being. Good IPC practices should build on support individuals to achieve positive outcomes and 'what matters' in their lives rather than add a barrier, IPC should never be at the expense of compassionate care. Strategies for controlling infection can restrict autonomy, freedom of movement and contact with family and friends and, therefore, IPC decisions and risk assessments should be underpinned by equality and human rights legislation.

The Workbook is suitable for a wide range of staff providing care at home, such as domiciliary and rehabilitation teams who undertake personal care or assist with daily living activities. It is designed to be undertaken in stages. This will allow you to complete the 'Test your knowledge' section before moving on to the next section. On completion of the Workbook, your Manager/Supervisor will check your responses and when you have achieved 100% competency in your infection prevention and control knowledge, they will sign and give you the 'Certificate of completion'. You should keep the Workbook as evidence of learning. It is portable and you can take with you as you advance in your career. It will also be a helpful on-going reference guide to provide you with easily accessible advice for day-to-day care of individuals and your own evidence of IPC training. It may also be used to demonstrate compliance with your employer's policies and procedures as well as helping the organisation demonstrate compliance in relation to any monitoring or sector standards and legislation.

The Workbook is based on evidence and research by Health Protection Scotland and produced in the National Infection Prevention and Control Manual (NIPCM) adopted in Wales. [NIPCM - Public Health Wales](#).

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

Working in domiciliary care settings can provide a challenging environment in which to manage risks associated with the transfer of microorganisms between equipment, the environment, staff and individuals. Existing and emerging 'super-bugs', such as MDROs* or MRSA*, means that care and vigilance is required at all times. (*Refer to relevant sections for definitions.)

If a person does acquire a HCAI, it can cause serious health problems and can make existing or underlying conditions worse, delay recovery, affect their quality of life and can result in death.

It is important to remember that local Infection Prevention and Control Policies and guidance should always be followed and all staff have a duty to be aware of, and comply with, the requirements of their organisation.

Please note: When caring for an individual with a new emerging infection, always refer to current national infection guidance.

FACT

HALT-4 a 'snap shot' of HCAIs in Wales Care Homes (2024)

- Approximately 1:13 residents had a HCAI
- Approximately 1:10 residents had an in-situ device (urinary or vascular)
- Approximately 1:11 residents were taking antimicrobials

Terms used in this Workbook

The term 'individual' is used to describe people in their own home, in supported living or sheltered housing complex. 'Staff' refers to any care worker whose normal duties involve providing direct care to people or contact with their environment.

The chain of infection

The spread of microorganisms from their source to a person is frequently referred to as the 'chain of infection' which is made up of 6 links. Each link represents 1 of the 6 elements required to spread infection. Each link of the chain must be present for an infection to occur.

To break the chain requires the removal of just 1 of the 6 links. With good infection prevention and control practice (using Standard infection control precautions*) applied at all times, a link in the chain can be broken **which** will prevent the spread of infection.

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 individuals 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 the individual, or indirectly from the individual's immediate care equipment and environment. This is the most common route of infection transmission.

Contact TBPs require staff to wear a disposable apron for direct contact with the individual, their care equipment and environment, e.g. helping an individual 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 a mucous membrane, e.g. eyes, nose, mouth, of another person. Droplets can travel through the respiratory system 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 without necessarily having close individual 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.

Hand cleaning methods (continued)

- ◆ Caring for an individual with confirmed or suspected *C. difficile* or viral gastroenteritis, e.g. Norovirus

Alcohol handrub* (using steps 2-8 of the technique on page 14)

In all circumstances, except those listed above, alcohol handrub offers a practical and acceptable alternative to handwashing for routine hand hygiene. Apply a palmful of the alcohol handrub into a cupped hand.

Skin wipes

If handwashing facilities are unavailable, or an individual is unable to access hand washing facilities, skin wipes can be used.

- ◆ Hands should be rubbed with the wipe, using steps 2-8 on page 14, ensuring that all surfaces of the hands and wrists are covered
- ◆ Staff using skin wipes for cleaning their hands should:
 - ◇ Then apply alcohol handrub, if available using steps 2-8 on diagram on page 14, ensuring that all surfaces of the hands and wrists are covered with the product until the solution has dried
 - ◇ Wash their hands at the earliest opportunity

Antibacterial hand soap

Antibacterial hand soaps are not required for routine hand hygiene as they dry the skin which can cause damage.

Good hand hygiene practices

- ◆ Cover wounds, cuts and broken skin with a waterproof dressing.
- ◆ It is best practice to be 'Bare below the elbows' when delivering direct care to individuals.
- ◆ If a plain band ring is worn, when performing hand hygiene, ensure the area under the ring is washed or alcohol handrub applied.
- ◆ Wetting hands before applying liquid soap helps dissolve the soap and reduces the risk of skin irritation.
- ◆ Rinse hands well to remove residual soap.
- ◆ Dry hands thoroughly using paper towels or kitchen



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

- ◆ How does the infection prevention and control procedure affect the individual?
- ◆ Have you communicated with the individual, and in the way they will understand?
- ◆ Are there communication aids, someone who understands the individual well or an interpreter required?
- ◆ Have you provided adequate time for the individual to understand your procedures, what is required of them, to ask questions and make a decision?
- ◆ How have you reassured the individual?
- ◆ Has the person given consent, are there any mental capacity or best interest considerations for the procedure?
- ◆ Do they have an 'Attorney' or other decision maker who needs to be included in care and support planning?

For further guidance and training please refer to the Social Care Wales website [All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales](#).

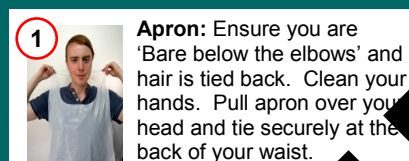
Test your knowledge	True	False
1. Applies to all individuals moving or transferring in health and social care facilities.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff arranging transfers should provide information on the individual's infection status.	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication includes non-verbal communication and behaviour.	<input type="checkbox"/>	<input type="checkbox"/>
4. Understanding and meeting peoples' individual communication requirements is essential.	<input type="checkbox"/>	<input type="checkbox"/>

mouth. Worn where a microorganism is spread by the droplet route, e.g. influenza, COVID-19, and not for general use.

- ◆ Hands should be washed or alcohol handrub applied after removing facial protection.

Order for putting on PPE

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



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.



FRSM or FFP3 mask: Secure loops behind ears or upper ties/elastic bands in the middle of your head, lower tie over the back of your neck. Fit should be to your nose bridge. Fit should cover your face and below your chin.

Staff must be assessed for FFP3 masks (this is a PPE requirement to ensure adequate protection provided by a competent tester/operator).



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



Gloves: Pull on gloves taking care to minimise contamination of the outer surface by holding at the wrist 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.



Gloves: Pinch and lift the outside of the glove from the palm area with the opposite gloved hand, peel off the glove turning inside out. Hold the removed glove in the removed 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.



Apron: Break neck ties and allow apron to fall 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.



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.



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.

- ◆ Cover their nose and mouth with a disposable tissue when sneezing or coughing and using a disposable tissue for wiping and blowing their nose
- ◆ Ensure the individual has access to tissues (clean toilet paper can be used) for wiping and blowing the nose and a plastic bag or waste bin nearby for disposing of used tissues into
- ◆ Advise washing hands or using a skin wipe after coughing, sneezing, wiping or blowing their nose
- ◆ On any occasion when there is no tissue available, advise coughing or sneezing into the crook of the elbow, not into their hands, or into the air



A poster can be downloaded at
www.nipcm.hps.scot.nhs.uk/resources/respiratory-hygiene-catch-it-bin-it-kill-it

Test your knowledge		True	False
Please tick the correct answer			
1.	Good respiratory and cough hygiene is essential to reduce the risk of spreading respiratory infections.	<input type="checkbox"/>	<input type="checkbox"/>
2.	COVID-19 can survive in the environment for up to 72 hours.	<input type="checkbox"/>	<input type="checkbox"/>
3.	It is not important to have well ventilated rooms.	<input type="checkbox"/>	<input type="checkbox"/>
4.	If a tissue is not available, cough or sneeze into the inside of your elbow or upper arm.	<input type="checkbox"/>	<input type="checkbox"/>

- ◆ When handling tied waste bags, only hold by the neck of the bag and away from the body. Handle carefully so they do not tear and keep at arms length to reduce the risk of injury in case it contains a sharp object.
- ◆ For individual's with a confirmed or suspected infection, alternative arrangements may be in place with the Local Authority to collect infected clinical waste, e.g. dressings. Refer to your local waste management policy.
- ◆ Torn or contaminated waste bags and contents should be placed directly inside a new waste bag.
- ◆ Whoever uses a sharp is responsible for its disposal, e.g. the individual if self-injecting, or the care worker if they use the sharp on the individual.
- ◆ Waste involving sharps, such as lances used for checking blood sugar levels, should always be disposed of in a sharps container.
- ◆ Always dispose of sharps in the appropriate colour coded sharps container.

Orange lid with matching orange labelled container:

for the disposal of sharps not contaminated with medicines, e.g. lancets for checking blood sugar levels

Yellow lid with matching yellow labelled container:

for the disposal of sharps contaminated with medicines, e.g. insulin needles/syringes

- ◆ Sharps containers must be located in a safe position. Containers should be taken to the point of use, and the temporary closure mechanism used when not in use.
- ◆ Only sharps waste should be disposed of in a sharps container.
- ◆ Sharps containers must be disposed of when the 'fill line' has been reached.

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)	
<i>Prepare a household bleach solution: dilution of 1 in 100, e.g. 10ml of household bleach in 1 litre of cold water.</i>	
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, if possible, 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 cloth 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.

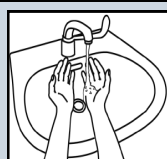
Note

- 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.

Cleaning and disinfecting a commode

Best practice is to always:

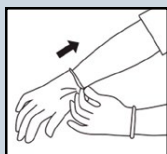
- Use disposable cleaning cloths and dispose of after use
- Use general purpose neutral detergent, e.g. washing up liquid, and warm water for cleaning before disinfecting
- Prepare the disinfectant solution, e.g. 10 ml of household bleach in 1 litre of cold water, or as per manufacturer's instruction
- Ensure pans are replaced when scratched, stained or the handle is rusted



1. Wash hands thoroughly with liquid soap, warm running water and dry.



2. Put on disposable apron and wear facial protection if there is a risk of splashing to the eyes, nose or mouth.



3. Put on disposable gloves.



4. Starting from the top, clean the back rest and arms (remember to clean under the arms).



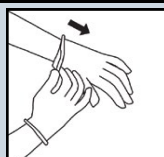
5. Clean the lid and clean the lid of the commode, topside then underside.



6. Remove the seat, if the design allows, and clean the top then underside.



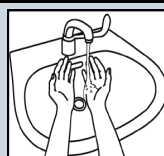
7. Clean the seat frame, legs, and then foot pedals and wheels if there are any. Dispose of cloth. Then repeat steps 4-7 using the appropriate disinfectant solution. Dispose of cloth.



8. Remove gloves (these should be removed before your apron) and dispose of. Clean hands.



9. Remove apron and dispose of.



10. Wash hands thoroughly with liquid soap and warm running water.

other clothing at 60°C, unless the garment label states otherwise.

- ♦ Tumble drying and/or ironing linen, clothing, uniforms and workwear will further reduce microorganisms.
- ♦ If uniforms or workwear become visibly soiled or contaminated, change as soon as possible.
- ♦ Cover uniforms completely when travelling to and from work, collecting children, food shopping or undertaking other activities in public.

Note

- A disposable apron should be worn when making beds.
- Gloves are not required for making beds with clean linen, but should be worn for making beds with used linen.
- There is no need to wear disposable gloves or apron when **unloading** washing machines, dishwashers, tumble dryers or when ironing, as long as they are clean.

Test your knowledge	True	False
Please tick the correct answer		
1. Disposable apron and gloves should be worn when handling used, soiled or infected linen and clothing.	<input type="checkbox"/>	<input type="checkbox"/>
2. Soiled bedding and clothing should not be rinsed by hand.	<input type="checkbox"/>	<input type="checkbox"/>
3. If a washing machine is in the kitchen, do not sort laundry and prepare food at the same time.	<input type="checkbox"/>	<input type="checkbox"/>
4. Disposable apron and gloves should be worn for making beds with clean linen.	<input type="checkbox"/>	<input type="checkbox"/>

Procedure following a splash or inoculation injury

In the event of a splash injury to eyes, nose or mouth

1. Rinse affected area thoroughly with copious amounts of running water. If contact lenses are worn, rinse/irrigate with water, remove contact lenses and irrigate eyes again.

In the event of a bite or skin contamination

1. Wash affected area with liquid soap and warm running water, dry and cover with a waterproof dressing, if required.

In the event of a needlestick/sharps injury

1. Encourage bleeding of the wound by gently squeezing under running water (do not suck the wound).
2. Wash the wound with liquid soap and warm running water and dry (do not scrub).
3. Cover the wound with a waterproof dressing.

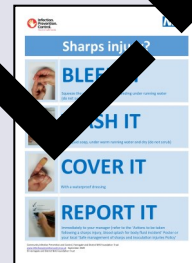
In all cases

4. Report the injury to your manager immediately.

If the injury is caused by a used sharp or sharp of unknown origin, splash to non-intact skin or mucous membrane or a bite has broken the skin

5. Immediately seek medical advice.
6. If you have had a needlestick or sharps injury from an item which has been used on an individual, their GP may take a blood sample from the thumb to test for hepatitis B, hepatitis C and HIV (following counselling and agreement of the individual).
7. A blood sample will be taken from you to check your hepatitis B antibody levels, vaccination is protective, and you will be offered hepatitis B and C antibody if they are low. The blood sample will be stored until results are available from the individual's blood sample. If the source of the sharps injury is unknown, you will also have blood samples taken at 6, 12 and 24 weeks for hepatitis C and HIV.
8. If the individual is confirmed or suspected to be HIV positive, you may be offered HIV Post Exposure Prophylaxis (PEP) treatment **commencing as soon as possible after the incident**, ideally within 24 hours.

[Needlestick or sharps injuries - HSE.](#)



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 individual 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 and warm water, 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.
- ◆ Reusable 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 individual 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 (antimicrobials). 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

Antibiotics do not work against viruses (cold and flu). Every person treated with antibiotics is at an increased risk of antibiotic resistance.

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 an individual's condition.
- ◆ Supporting individuals to take up antimicrobial treatment on time and to complete their prescribed course.

Test your knowledge		True	False
Tick the correct answer			
1.	Antimicrobial resistance is when infections are resistant to the medicines used to treat them.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Antimicrobial stewardship is part of the fight against antimicrobial resistance.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Consistent use of 'Standard infection control precautions' can help to tackle AMR.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Antibiotics are effective against colds and flu.	<input type="checkbox"/>	<input type="checkbox"/>

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' (SICPs).

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 individual'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, specimen 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 it 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 lined 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, 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.

- ◆ When washing the female genital and anal area, wipe from front to back using a disposable cloth, whenever possible. The cloth should be rinsed between each wipe.

Encourage individuals not to wait when they need to empty their bladder. Holding a full bladder for long periods of time can quickly lead to a urinary tract infection.

Urine colour chart	
Colours 1-3 suggest normal urine	
	1. Clear to pale yellow urine suggests that the individual 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 individual may need to hydrate soon
Colours 4-8 suggest the individual needs to rehydrate	
	4. A yellow, cloudier urine colour suggests the individual is ready for a drink
	5. A darker yellow urine suggests the individual is starting to become dehydrated
	6. Amber coloured urine is not healthy. The individual requires more fluid (all fluids count, except alcohol)
	7. Orange/yellow urine suggests the individual is becoming severely dehydrated
	8. If the urine is any darker than this, red or brown, it may not be due to dehydration. Seek advice from your GP
Please note, some medication, supplements and foods, can affect the colour of urine.	

Test your knowledge

Please tick the correct answer








	True	False
1. Older people are more likely to have harmless bacteria in their urine.	<input type="checkbox"/>	<input type="checkbox"/>
2. A urine sample can be taken directly from a leg bag or drainage tap.	<input type="checkbox"/>	<input type="checkbox"/>
3. Holding a full bladder for a long period of time can lead to urinary tract infection.	<input type="checkbox"/>	<input type="checkbox"/>
4. A light/transparent yellow urine suggests an ideal level of hydration.	<input type="checkbox"/>	<input type="checkbox"/>

clothing by hand. Wash items on a pre-wash cycle in the individual's or communal washing machine.

- ◆ Wash soiled linen or clothing separately as soon as possible in the individual's or communal washing machine at the highest temperature advised on the label.
- ◆ The individual should have a shower or bath daily as *C. difficile* spores may be on other areas of their body.
- ◆ Encourage the individual to drink plenty of fluids to prevent dehydration, unless fluid restricted.
- ◆ Staff are not usually at risk of acquiring *C. difficile* infection.

Bristol stool form scale

Definition of diarrhoea: An increased number (2 or more) of watery or liquefied stools (i.e. types 5, 6 and 7 only), within a duration of 24 hours. Please remember, after removing gloves, hands must be washed with liquid soap and warm running water when caring for individuals with 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

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19. MDROs, 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 multidrug resistant organisms (MDROs) which are resistant to antibiotics and can pass on their resistance to other types of bacteria. New MDROs known as carbapenemase-producing Enterobacterales (CPE) have been identified.

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

How are MDROs spread?

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

Individuals with an MDRO

Most people with MDROs 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 an individual has symptoms of an infection causing a urine, chest or wound infection, antibiotic treatment will be prescribed.

Preventing the spread of MDROs

'Standard infection control precautions' (SICPs) and, when required 'Transmission based precautions' (TBPs) must be applied. For full guidance and advice refer to your local policy.



Note

- MRSA colonisation may be long-term, this should not affect an individual'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 individuals 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.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff should be routinely screened for MRSA.	<input type="checkbox"/>	<input type="checkbox"/>
3. Individuals with MRSA can socialise in and outside of their home.	<input type="checkbox"/>	<input type="checkbox"/>
4. MRSA is not usually a risk to healthy people.	<input type="checkbox"/>	<input type="checkbox"/>

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 (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

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 individuals with good respiratory and cough hygiene (see pages 22 and 23)

Management of an individual with a respiratory illness

'Standard infection control precautions' and, when required 'Transmission based precautions' must be applied, as advised by your local community Infection Prevention and Control or Public Health Wales 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).
- ◆ Individuals 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 advised to remain in their accommodation.



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 surfaces or care equipment contaminated with viral particles
- ◆ Swallowing viral particles that are in the air
- ◆ Eating/drinking food or water contaminated with viral particles
- ◆ Consuming contaminated food, including shellfish which can be contaminated with untreated sewage

Preventing the spread of viral gastroenteritis

Transmission based precautions must be applied, whenever possible, until the individual is 48 hours symptom free, or as advised by your local Community Infection or Public Health Wales Team. For full guidance and advice refer to your local policy.

- ◆ Liquid soap and warm running water **rather than** alcohol handrub should be used by staff as alcohol handrub is not effective against viral gastroenteritis.
- ◆ Effective hand hygiene is essential. Liquid soap and paper towels, e.g. when rolling, should be made available.
- ◆ Disposable apron and gloves should be worn when dealing with an individual who has confirmed or suspected viral gastroenteritis. Eye protection and a fluid resistant surgical mask should also be worn if vomiting is present.
- ◆ Hands should be washed after removing and disposing of PPE, e.g. gloves, apron.
- ◆ Individuals should be encouraged to wash their hands after using the toilet and before meals.
- ◆ Clean with detergent wipes or general purpose neutral detergent, e.g. washing up liquid, and warm water, then disinfect the toilet, commode and the environment, using

Key references

Care Home Infection Prevention and Control Manual (CH IPCM).

<https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/nipcm/care-home-infection-prevention-and-control-manual-ch-ipcm/>

Clostridioides difficile (c. diff) leaflets for patients.

<https://phw.nhs.wales/services-and-teams/antibiotics-and-infection-prevention-control/resources-for-healthcare-professionals/clostridioides-difficile/>

Code of practice for the prevention of Healthcare Associated Infections (2014).

<https://gov.wales/healthcare-associated-infections-code-practice>

Health and Social Care Services- Sharps injuries (HSE).

www.hse.gov.uk/healthservices/needlesticks/

Immunisation against infectious disease (UKHSA) latest information on vaccines.

www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

National Infection Prevention control Manual (NIPC) for access to the care home infection prevention and control manual (CH IPCM). <https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/>

Resources and guidance for Infection Prevention including Urinary Tract Infections & Multi-Drug-Resistant Organisms, Healthcare Associated Infection & Antimicrobial Resistance programme (HARP). Resources for healthcare professionals. <https://phw.nhs.wales/services-and-teams/antibiotics-and-infections/infection-prevention-control/>

Social Care Wales, Learning module infection prevention and control.

<https://socialcare.wales/resources-guidance/learning-modules/infection-prevention-control/>

Surveillance and Reporting (Healthcare associated infection -HCAIs) includes HALT study on prevalence of HCAIs on Long-Term Care Facilities 2017.

<https://phw.nhs.wales/services-and-teams/harp/healthcare-associated-infections-hcais/>

Welsh Health Technical Memorandum WHTM 01-04: Decontamination of linen for health and social care. Management and provision. <https://nwssp.nhs.wales/ourservices/specialist-estates-services/specialist-estates-services-documents/whtms-library/whtm-01-04-decontamination-of-linen-for-health-and-social-care-management-and-provision-pdf/>

Welsh Health Technical Memorandum WHTM 07-01: Safe management of healthcare waste. <https://nwssp.nhs.wales/ourservices/specialist-estates-services/publications-and-information/welsh-health-technical-memoranda-whtms-health-technical-memoranda-hmts/>

WHO Roadmap to improve and ensure good indoor ventilation in the context of COVID-19. www.who.int/publications/i/item/9789240021280



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December 2025



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