



Kare

Promoting Inclusion for People with Intellectual Disabilities

Infection Prevention and Control Policy.

Kare Policy Document.

Policy Owner: *Nurse Coordinator.*

| Rev. No. | Approved by the OMT | Approved by Kare Board | Launched at Heads of Units | Operational Period |
|-----------------|--|---|-----------------------------------|---------------------------|
| Rev 1 | March 2020 | May 2020 | Launched by email April 2020 | April 2020 – July 2020 |
| Rev 1.1 | July 2020 | Not applicable – minor changes | Launched by email April 2020 | Aug 2020 – Feb 2022 |
| Rev. No. | Approved by the Policy Management Committee | Approved by Kare Board/Sub-Committee | Launched at Heads of Units | Operational Period |
| Rev 2 | 30 th March 2022 | n/a | Launched By email May 2022 | May 2022 - |
| Rev 2.1 | August 2022 | n/a | Sept 2022 | Sept 2022 |
| Rev 2.2 | May 2023 | n/a | June 2023 | June 2023 – May 2024 |
| Rev 2.3 | May 2024 | n/a | June 2024 | June 2024 – Nov 24 |
| Rev 2.4 | November 2024 | n/a | By Email December 2024 | December 2024 - |

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Section 1: Policy

1.1 Background to this Policy

Kare provides services and supports to people with a range of different needs, some of whom have specific healthcare needs which may make them particularly vulnerable to infection.

Kare's services and supports are provided within a variety of community based nonclinical environments such as local service (day care) buildings, short breaks houses and community houses. Acknowledging that contact with others and shared spaces means infection can easily be passed around, there is a need to have practices in place which help prevent the spread of infection while at the same time maintaining the ethos of Kare regarding comfortable homes, ordinary places, and inclusion.

This policy is underpinned by the following national regulation and guidelines:

- National Standards and regulations for Infection prevention and control in community services (Health Information and Quality Authority 2018)
- HSE Primary, Community and continuing care Infection Prevention and Control Manual 2016-2019
- Early Years Services regulations – Tusla
- Health Protection Surveillance Centre (HPSC) Notifiable Diseases
- HSE AMRIC Guidelines for Hand Hygiene 2015
- HSA – Guidance
- Supporting people who present with behaviours that challenge
- Peg Tube management and care guidelines
- Pressure sore prevention guidelines
- Diabetes guidelines

This policy is supported by the following Kare Policies and Guidelines

- Food safety guidelines
- Personal/Intimate care policy
- Kare Safety statement,
- Safe Administration and Management of Medication
- End of life Policy
- Risk Management Policy
- Managing Properties
- Managing Transport
- Open Disclosure
- Nutrition and Hydration Policy

1.2 Aim of this Policy

The aim of this policy is to prevent the spread of infection and to manage and control situations in Kare where infection and infectious diseases are present.

1.3 Scope of this Policy

This policy applies to all people working with Kare in any capacity

1.4 Policy Statements

1.4.1 Infection Prevention, Hygiene and Cleanliness

1.4.1.1 Kare acknowledges that the main transmission route of infection is the hands and that hand hygiene is a most important measure in avoiding the transmission of harmful germs and preventing the spread of infection. All staff will complete the appropriate Hand Hygiene training on HSELand and maintain a high level of personal hygiene including hand hygiene.

1.4.1.2 Staff will encourage and support people who use Kare services to maintain a high level of personal hygiene including hand hygiene.

- 1.4.1.3 Respiratory hygiene/cough etiquette will be promoted to minimize the risk of cross infection.
- 1.4.1.4 The Line Manager will ensure the Unit Risk Register includes an Infection Risk Assessment with control measures to prevent and minimize the risk of spread infection. Staff will implement these controls as appropriate. The risk rating should accurately reflect the level of risk and the frequency of review will be determined by the identified level of risk.
- 1.4.1.5 As the needs arise the Leader will work with the Quality Department / Nurse Manager to develop a specific Location Risk assessment in response to managing an Identified infection Risk – e.g., MRSA / Clostridioides Difficile (C Diff)
- 1.4.1.6 Each location where medication is administered via injection will have a risk assessment for the safe disposal of needles/Sharps and for Needlestick injuries.
- 1.4.1.7 All staff receive training in Infection, Prevention and Control standards relevant to their role. Kare's staff training and development policy will detail training related to role specific training.
- 1.4.1.8 Staff will use Personal Protective Equipment – PPE as outlined in relevant Unit/Department Risk assessments and individual support plans.

1.4.1.9 Kare will endeavour to develop, refurbish, furnish and decorate its premises to facilitate adequate cleaning and maintenance in order to reduce the risk of infection for persons attending, working, or visiting the service.

1.4.1.10 Staff will complete Daily/Weekly Cleaning/Household Checklists and initial each task as it is completed. The Line Manager will sign the checklist at the end of each week. Cleaning schedule – [Cleaning Schedule](#)

Note – Cleaning schedules should be retained in location for 3 years and then sent to Archive for disposal

1.4.1.11 If required Kare will carry out a deep clean of a Kare property. This should be requested by the Line Manager through the Maintenance Request System.

1.4.1.12 Staff will use the standard infection prevention and control precautions to break the chain of infection and minimize the risk of spread of infection.

1.4.1.13 Each Kare location will have adequate hand hygiene facilities which may include wall mounted soap dispensers, foot pedal operated waste bins and hand sanitiser gel dispensers.

1.4.1.14 Kare will provide relevant information, awareness, and training to staff to support the implementation of this policy. (see Appendix 3 for public health information).

1.4.1.15 KareS Quality Department will carry out audits on Infection Prevention and Control to establish compliance with this policy, the findings of the audits will be used to inform improvements required at local and organisational level. The audit tool will ensure compliance in line with Infection Prevention and Control policy.

1.4.1.16 Kare will have an Infection Prevention and Control Oversight and support Group, this group will be led by the Nurse Coordinator and include an Operations Manager, Social Care leader, Local Service leader, representation from Children's Services and a member of the Quality Department. This group will have clear and defined terms of reference.

1.4.1.17 The Health and Safety rep in each location also will have the responsibility for supporting compliance with Infection prevention and Control standards.

1.4.2 Immunisation

1.4.2.1 Kare recognises that immunisation has a role to play in preventing an individual from contracting an infectious disease and in preventing the spread of infectious disease. In this regard Kare will:

- offer all staff Hepatitis B immunisation on commencement of employment with the organisation.
- keep staff informed of the HSE annual Flu vaccination programme.
- give information and support as relevant to people use the service.
- Keep staff informed of other vaccines where relevant

1.4.2.2 The Line Manager of Kare's Early Years Preschool will ensure there is a record of each child's immunisation held on file and will advise families to provide updates as relevant. Where a child does not have all the recommended Childhood Immunisation Programme vaccinations, an individual Infection Risk Assessment will be completed in consultation with the family. This will outline the control measures to be implemented in the event of an outbreak of an infectious disease in the preschool.

1.4.3 Outbreak of Infection and Infectious Diseases

[\(See Appendix 1 and 2\)](#)

- 1.4.3.1 In the event of a suspected outbreak of infection/ diagnosed infectious disease, the Leader will contact the Infection Prevention and Control and Support team who will work with the Leader and Team to support the relevant response/actions. These may include:
- Developing/ reviewing the Unit Infection Risk Assessment to ensure appropriate control measures are in place to manage an outbreak of the infectious disease
 - reviewing/developing an individual Infection Control Risk assessment
 - implement any other control measures recommended
- 1.4.3.2 The Line Manager will work with relevant others to implement the recommendations, actions, and controls measures.
- 1.4.3.3 Staff will report a suspected / diagnosed infectious disease for any Individual, they are supporting on the Health and Safety reporting system on Kare CID. ([See appendix 1 and 2](#))
- 1.4.3.4 The Line Manager will notify the appropriate regulatory bodies of an outbreak of a notifiable disease as relevant.
- 1.4.3.5 Where a person has recurrent infectious diseases, the Line Manger will ensure a Location Risk assessment and an Individual Infection risk assessment is developed with associated control measures and that control measures are also reflected in the individual's Support Plan/s as appropriate. Examples – MRSA/ C Diff/ Conjunctivitis /Hand, Foot, and Mouth/ Scarlet Fever etc.
- 1.4.3.6 If an Infectious disease outbreak is declared a pandemic by the World Health Organisation (WHO), Kare will respond as per National Guidelines.

Section 2 Information and Guidelines:

2.1 Standard Infection Prevention and Control Precautions

Standard Infection Prevention and Control precautions are a group of routine practices and measures that when consistently implemented, can break the chain of infection, and the risk of spread of infection to people is minimised.

Standard Infection Prevention and Control precautions are.

Standard Precautions consist of:

- Hand hygiene as consistent with the WHO 5 moments for hand hygiene.
- The use of appropriate personal protective equipment (PPE).
- Respiratory hygiene and cough etiquette.
- Safe injection practices (safe use and disposal of sharps).
- Aseptic technique.
- Management of patient care equipment (single use devices and reprocessing of reusable medical equipment and instruments).
- Environmental hygiene.
- Safe handling and disposal of waste.
- Management of laundry and linen.

Anti-Microbiocidal Stewardship

Antimicrobial Stewardship (AMS) is a set of actions to get the most benefit and the least harm from antibiotics for every person. Antimicrobial stewardship is about ensuring that every person receives the right antimicrobial medication at the right dose, route, duration and for the right infection type at the right time. The principles of good antimicrobial stewardship apply to all those who prescribe, dispense, administer, use, and dispose of antimicrobials. - Ref ; **HIQA-National Standards for Infection prevention and control in community services.**

2.2 Management of Infectious Outbreak

Early identification of an Infectious disease outbreak is crucial and if an outbreak is suspected, staff should contact the individual's GP for advice, inform their area Nurse and Leader and Kare's Infection, Prevention and Control Support Team

- Generally, an outbreak may be defined as two or more linked cases of the same illness (two or more people (staff or service users) having the same infectious illness at the same time) for example two people with vomiting and diarrhoea.
- All staff to strictly follow Standard Infection Prevention Control Precautions as outlined in these Guidelines.
- Staff should follow control measures on risk assessment/s in order to reduce the risk of spread of the infection.
- All staff to comply with advice from the GP, Nurse, in relation to Infection Prevention and Control Precautions.
- For individuals supported through Outreach, follow advice from the individual's GP/PHN.
- Exclusion from pre-school, Local Service, work where applicable and if necessary, and until Individuals are 48 hours symptom free.
- Ensure all staff who have symptoms of an infectious disease remain off work and do not return and until they are 48 hours symptom free.
- Advise visitors, family members about the suspected/confirmed outbreak and instructions to prevent cross contamination. Visiting may be restricted during the outbreak.
- Enhanced environmental cleaning will be necessary. Link – [Enhanced cleaning checklist](#)
- If isolation of the individual is recommended on medical grounds, the impact of this on the individual and the other individuals living in the house must be measured against the risk of infection spread. This will be managed by the Leader and area nurse completing a location and Individual Risk Assessment with appropriate control measures put in place to reduce the risk of spread of the infection.

2.3 Use and Disposal of Personal Protective Equipment (PPE)

PPE involves the use of gloves, aprons, eye protection and face mask (where required). PPE protects staff and use of PPE reduces the spread of infection within the work environment.

Some bodily excretions are heavily contaminated with bacteria and present a significant risk of infection. Also, exposure to blood, and bodily fluids may result in the transmission of bacteria and viruses. PPE must be worn to prevent skin becoming contaminated and to reduce the risk of their transmission of infections to staff or via staff to individuals we support.

Gloves:

Gloves reduce the risk of contamination but do not eliminate it; therefore, gloves are not a substitute for performing hand hygiene. Gloves (non-sterile) are made of a variety of materials, e.g., latex, vinyl, nitrile and rubber. It is recommended that latex/ nitrile gloves should be used when supporting an individual with personal care and with Individual health care needs. Alternatives to latex should be found for staff with a latex allergy. Vinyl gloves maybe are sufficient to be used for food handling. - Hand hygiene should always be performed before putting on gloves and following glove removal. No attempt should be made to wash gloves in water or clean them with hand gel. Gloves are for single use only

Gloves are generally not required if there is no risk of exposure to blood, bodily fluids, secretions, excretions, contaminated items, or surfaces, for example:

- Assisting an individual with mobility
- Contact with intact skin
- Providing care to individuals with intact skin such as taking temperatures, checking blood pressure

The following are some examples of when gloves should be worn:

- Supporting an individual with personal/intimate care
- Emptying or removing urinary drainage bags
- Dressing wounds and administering topical medications, eye or ear drops
- Cleaning blood or bodily fluid spillages
- All activities that carry a risk of blood or bodily fluids getting onto hands
- Checking individuals blood sugars
- When handling chemicals including household cleaning products and disinfectants




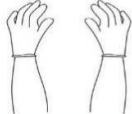

Guide to donning and doffing standard Personal Protective Equipment (PPE)

FOR HEALTH AND SOCIAL CARE SETTINGS

DONNING OR PUTTING ON PPE

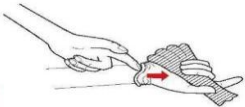





- Before putting on the PPE, perform hand hygiene.
- Be well hydrated and have taken a toilet break
- Have removed all jewellery including earrings
- Be bare below the elbows
- Have secured your hair back off your face
- Do not bring mobile phones/bleeps into an isolation area

[CLICK HERE FOR FIT CHECK GUIDE!](#)

- 1 Put on your plastic apron, making sure it is tied securely at the back. 
- 2 Put on your surgical or FFP2 mask. For mask with ties - tie the upper straps on top of head and bring the lower straps up in front of the ears and tie on top of head. For mask with loops - loop straps over the ears. Mould the metal strap over the bridge of the nose and make sure the mask is extended to cover your mouth and chin. 
- 3 Put on your eye protection if there is a risk of splashing. 
- 4 Put on non-sterile nitrile gloves. 
- 5 You are now ready to enter the patient/resident area. 

DOFFING OR TAKING OFF PPE

Surgical or FFP2 mask may be used for single session use but gloves and apron must be changed between patients/residents. Gloves and aprons must be changed between patients/residents or between care activities as appropriate.

- 1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove. 
- 2 Perform hand hygiene. 
- 3 Remove eye protection. 
- 4 Snap or unfasten the neck ties and allow to fall forward. Snap waist ties and fold apron in on itself, do not touch the outside as it is contaminated, and put into Healthcare risk waste. 
- 5 Once outside the patient room or cohort area, remove facemask. 
- 6 Perform hand hygiene. 

Many thanks to Public Health England for the use of their images. Produced by the HSE AMRIC team hcia.amrtoam@hse.ie



Rialtas na hÉireann
Government of Ireland

2.4 Safe Injection Practices, Management of Sharps and Needle Stick Injuries

When administering medication through injection route whether it be Insulin, Glucagon, EpiPen, Intramuscular injections, safe injection practices must be adhered to.

Standard infection prevention and control precautions when administering medication via injection route are

- Hand hygiene practices
- Wearing of PPE
- Individual use only of Insulin Pens and EpiPens
- Following Individual Support plans
- Following waste management guidelines

Safe Disposal of Sharps -

Staff must be personally responsible for the safe use of sharps. Sharps must never be passed from person to person by hand. Sharps must be disposed of in approved sharp bins.

Disposal of sharps

- All sharps must be disposed of in a designated sharps bin
- Sharp bins should be securely stored at working height out of reach of children, vulnerable adults, and visitors
- Sharps should be discarded into a designated sharps bin at the point of use.
- Syringes and needles should be disposed of as a single unit
- Needles must never be re-capped, bent, broken, or disassembled
- Sharp bins should only be filled to the fill line (3/4 full)
- Sharp bins should be disposed of as healthcare risk waste

All locations who use sharps must have a completed Location Risk Assessment with associated controls

Management of Needle Stick Injury

What to do in the event of a needle stick injury:

- STOP WHAT YOU ARE DOING AND ATTEND TO THE INJURY
- Encourage the wound to bleed.
- Wash well under running water (Don't scrub)
- Dry and apply a waterproof plaster/dressing
- Follow Local Protocol on management of needle stick injury
- Report to line manager

All locations must have a completed Location Risk Assessment with associated controls on Needle Stick injury as relevant

2.5 Management of Spillages of Blood and Bodily Fluids.

All relevant staff should be trained to safely manage spillages of blood and body fluids. Spillages of blood, urine, faeces, or vomit should be dealt with immediately. Staff should wear appropriate PPE. Each location should have a spill kit available for dealing with spillages

The spill kit should contain:

- Gloves
- Basin
- Aprons
- Paper towels
- Waste bag
- Disinfectant / detergent
- Availability of wet floor signs in high traffic areas

Procedure for body fluids spillage except urine. E.g. (blood, Vomit, faeces)

Probable causes of blood spillages will be as a result of nose bleeds or excessive bleeding from injury as a side effect of specific medications e.g., Aspirin, Warfarin

- If available, use the appropriate spill kit
- Wear appropriate PPE
- Cover and soak up the spill as much as possible with disposable paper towels and dispose of in waste bag
- Clean the area using warm water and detergent
- Follow the correct procedure for using disinfectants such as Milton or Domestos, it is important to remember when using these disinfectants to check the dilution strength as the odours from these chemicals can be an irritant, they may also corrode some fabrics or metals. Detergents and disinfectants should not be diluted together, they are not compatible, and it is possible by doing this to inactivate both products. (Note – some detergents/ disinfectants come premixed)
- Dry area thoroughly
- Dispose of soiled paper towels and PPE contaminated with body fluids other than blood in a tied bag and remove to general waste immediately and dispose of as per waste management guidelines
- Perform hand hygiene after discarding PPE
- Where there is a bodily fluid spillage with known high-risk infection e.g., Norovirus, C Diff, E Coli advice should be sought from the public health nurse in relation to disposal of this waste.

Procedure for urine spillages

- Wear appropriate PPE
- Cover and soak the spillage as much as possible with disposable paper towels
- Clean the area with warm water and detergent
- Dry the area thoroughly

Do not apply Chlorine based disinfectants directly onto spills of urine as it may result in the release of chlorine vapour, which may be a health hazard. Always use chlorine-based disinfectants in a well-ventilated area. Chlorine based disinfectants are not suitable for use on carpet or fabric. If used on metal the solution should be rinsed off after the required contact time to prevent metal corrosion.

Waste Management Guidelines

These guidelines include disposal of all PPE waste and all associated waste such as tissues, wipes, hand towel, pads, etc-

- In Kare community houses/Local services/Outreach a designated Pedal bin for disposal of PPE waste and associated waste should be identified.
- Ensure that the bin is lined with a plastic bag (Bin should be located in a place that is easily accessible to staff while supporting the individual, but a common-sense approach needs to be taken re use and storage of bin depending on available space)
- Dispose of PPE/associated waste directly into the bin
- When staff remove their PPE, please ensure that the surgical mask is the last piece of PPE to be removed and disposed into bin, it should be removed immediately after leaving the area where you have been supporting the individual e.g. bathroom/bedroom.
- Avoid touching the lid of the bin
- Perform hand hygiene after disposing of waste into the bin
- When the bag is $\frac{3}{4}$ full or at the discretion of the house/local service as per their cleaning routine., the bag is to be removed, placed in a second plastic bag, tied off, dated and timed and stored in either the shed or designated outdoor bin/secure container such as lidded plastic box for 72 hrs.
- Perform hand hygiene when labelled and tied waste bag has been placed in the appropriate shed/bin/container
- After 72 hrs the waste can then be put into the normal bin for collection.

General household waste can be disposed of as normal and does not need to be double bagged.

SEGREGATION & PACKAGING OF HEALTHCARE RISK & NON-RISK WASTE

| | | |
|--|--|---|
| <p>RISK WASTE</p> <p>YELLOW BAG</p>  <ul style="list-style-type: none"> • All blood-stained or contaminated items including: Dressings, swabs, bandages, personal protective equipment (gowns, aprons, gloves) • Suction catheters & tubing • Incontinence waste from known or suspected enteric infections <p>† NO SHARPS OR FLUIDS</p> | <p>RISK WASTE</p> <p>YELLOW SHARPS BIN WITH BLUE OR RED LID</p>  <ul style="list-style-type: none"> • Needles • Syringes • Scalpels • Sharp tips of I.V. sets • Contaminated slides • Blood-stained or contaminated gloves • Stitch cutlars • Guide wires/trocars • Razors <p><small>Note: Use Long Bin for large trocars, knives, stapling guns, etc.</small></p> <p>† NO FLUIDS</p> | <p>RISK WASTE</p> <p>YELLOW 30/60 LITRE RIGID BIN WITH YELLOW LID</p>  <ul style="list-style-type: none"> • Blood Administration Sets • Contained Blood and body fluids • Non-cultured laboratory waste (including autoclaved microbiological cultures) • Disposable suction liners • Red/vac drains • Histology waste • Sputum containers <p><small>Note: Use Plasticine Blue for Phosolite</small></p> <p>† NO SHARPS</p> |
| <p>RISK WASTE</p> <p>YELLOW 30/60 LITRE RIGID BIN WITH PURPLE LID</p>  <ul style="list-style-type: none"> • Cytotoxic contaminated Healthcare Waste including left over cytotoxic drug preparations. • Pharmaceutical waste and discarded chemicals & medicines from pharmacy. <p>† NO SHARPS</p> | <p>RISK WASTE</p> <p>YELLOW SHARPS BIN WITH PURPLE LID</p>  <ul style="list-style-type: none"> • Contaminated cytotoxic sharps, needles, syringes, sharp instruments and broken glass <p>† NO FLUIDS</p> | <p>RISK WASTE</p> <p>YELLOW RIGID BIN WITH BLACK LID</p>  <ul style="list-style-type: none"> • Non-autoclaved microbiological cultures • Large anatomical body parts • Waste from known or suspected CJD cases • Non-autoclaved large metal surgical objects e.g. tips <p>† NO SHARPS</p> |

N.B. BAGS MUST NOT BE USED FOR SHARP OR BREAKABLE ITEMS OR FOR LIQUIDS
YELLOW BAGS MUST BE SECURELY CLOSED WITH CABLE TIE WHEN 2/3 FULL
DO NOT OVER FILL BAGS OR BINS
BINS MUST BE SECURELY CLOSED WHEN 2/3 FULL OR AT MANUFACTURER'S FILL LINE
LABEL ALL HEALTHCARE RISK WASTE APPROPRIATELY PRIOR TO COLLECTION

NON-RISK WASTE
BLACK OR CLEAR BAGS



- Incontinence wear (from non-infectious patients)
- Oxygen face masks
- Empty urinary drainage and empty stoma drainage bags
- Clear tubing (e.g. oxygen, urinary catheters, ventilator, naso gastric)
- Enteric feeding bags & Syringes
- Giving sets with tips removed
- Non contaminated gloves, aprons and masks
- Empty CAPD Bags
- All other household non-recyclable waste



2.6 Cause and Spread of Infection.

Micro-organisms that cause infection are known as pathogens which include:

- Bacteria
- Viruses
- Fungi
- Protozoa
- Parasites
- Ectoparasites
- Prions

In healthcare environments pathogens must be reduced to a safe level in order to avoid the spread of infection and disease. For individuals with a compromised immune system, infections can invade the lungs and other tissues of the body and can often be fatal.

Transmission Based Precautions:

When Standard Infection Prevention Control precautions are not enough to prevent cross spread of specific infectious organisms, additional precautions are required. The routes of transmission of infection are usually airborne, droplet or by contact and some infections may be transmitted by more than one route. Specific precaution measures apply to each of these transmission routes. Standard infection prevention control precautions must still be applied

Airborne precautions.

Examples of airborne infections include Chicken Pox, measles, TB. Examples of precautions include use of masks, avoidance of other service users, Cough etiquette.

Droplet precautions.

Examples of droplet infections include, Mumps, Influenza, Whooping cough, Scarlet fever. Droplets can be released when a person talks, coughs/sneezes. Wear an apron and gloves and use a mask if required. Change clothes when shift finishes.

Contact precautions.

Examples of contact infections include, scabies, MRSA. Examples of precautions include decontamination of equipment and the environment, use of aprons and gloves and hand hygiene.

An individual risk assessment with appropriate control measures **may** need to be completed. The area nurse, line manager and keyworker will complete this. Appropriate control measures relative to the route of transmission are implemented. If any advice is required for individuals supported through Outreach, contact the area nurse or clinical nurse manager

The Chain of Infection

For an infection to be spread from person to person, the following factors must be present

1. **Infectious agent/organism** e.g., Virus, bacteria, fungus, protozoa.
2. **Reservoir** – Source of infection e.g., an infected or colonized person, contaminated food, water, or equipment.
3. **Portal of exit** – Secretions and excretions discharged from the body carry the microorganisms into the environment e.g., Blood, faeces, respiratory droplets and skin scales.
4. **Mode of transmission** – the means by which micro-organisms reach other individuals e.g., droplets in the air from a sneeze
5. **Portal of entry** – micro-organisms enter the body through the respiratory, gastrointestinal, and urinary tracts of the body.
6. **Susceptible host** – Factors such as age, previous exposure and immune status, and nutrition will influence whether the micro-organism acquired, will result in disease.

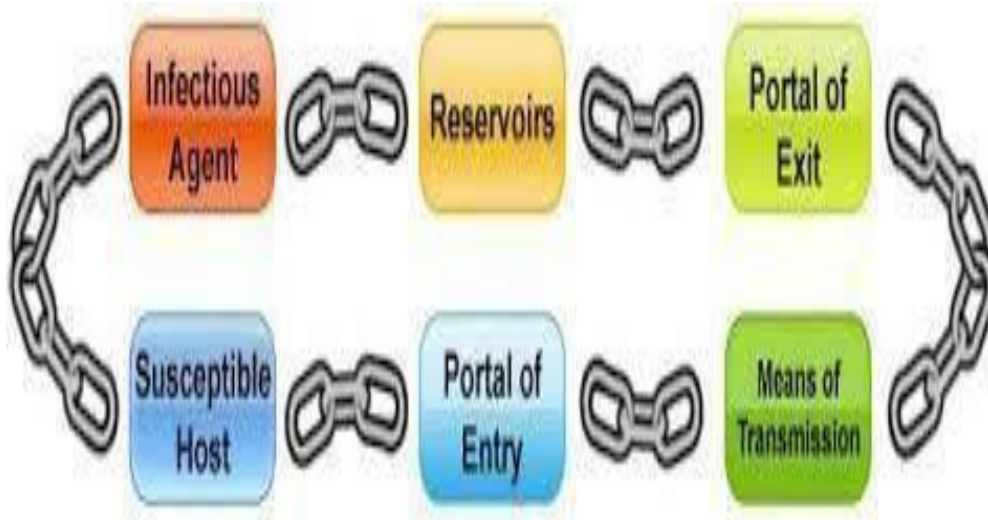


Diagram 1: Chain of infection (Source: health protection Surveillance Centre, (2009) Standard Precautions.

Example:

- Infectious agent = Methicillin Resistant Staphylococcus Aureus (MRSA)
- Reservoir = Individual with MRSA in a PEG site
- Portal of Exit = Wound oozes
- Means of Transmission = Hands
- Portal of Entry = Another open wound
- Susceptible Host = another individual with broken skin e.g. Leg ulcer, PEG site.

2.7 Hand Hygiene

Hand hygiene is the single most important procedure for preventing spread of infection. Current hand hygiene advice is based on AMRIC Hand hygiene.

Best practice would indicate the risk of spreading infection is increased by:

- long nails
- nail polish and acrylic/gel/false nails
- loose wrist jewellery, long necklaces/chains
- rings with crevices and stones

Cuts and abrasions on the hands should be covered with a waterproof dressing.

How to perform hand hygiene:

Hand Washing with Soap and Water:


- Wet hands under running water, avoid using hot water
- Apply enough amounts of liquid or foam soap to cover all surfaces of the hands and wrists
- The soap solution must come into contact with all surfaces of the hands and wrists
- Rub hands together vigorously for a minimum of 40 seconds (See attached WHO How to Handwash procedure)
- Rinse hands thoroughly
- Pat hands dry hands with a towel/paper towel, use paper towel to turn off tap

Using Hand Sanitiser Gel:

- Do not use hand sanitiser gel on visibly soiled hands
- Apply sufficient amount of hand gel to cover hands and wrists
- The hand gel must come into contact with all surfaces of the hands and wrists
- Rub hands together vigorously until the solution has evaporated and hands are dry (See attached Who/ How to Handwash procedure)
- It takes at the minimum 20 seconds to clean your hands properly with Hand sanitiser gel.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

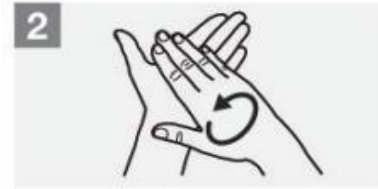
 **Duration of the entire procedure: 40-60 seconds**



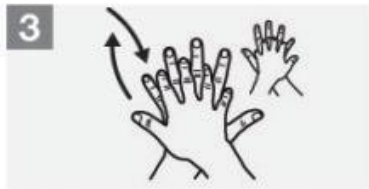
0 Wet hands with water;



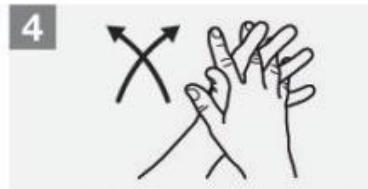
1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



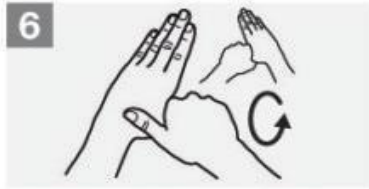
3 Right palm over left dorsum with interlaced fingers and vice versa;



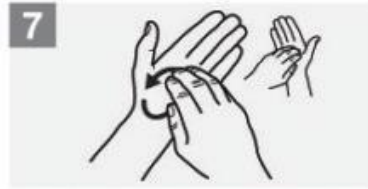
4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



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



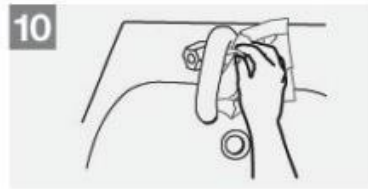
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



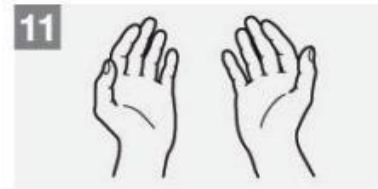
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

May 2008

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How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

🕒 Duration of the entire procedure: 20-30 seconds



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



Rub hands palm to palm;



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



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



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



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



Once dry, your hands are safe.

Children's hand washing Poster



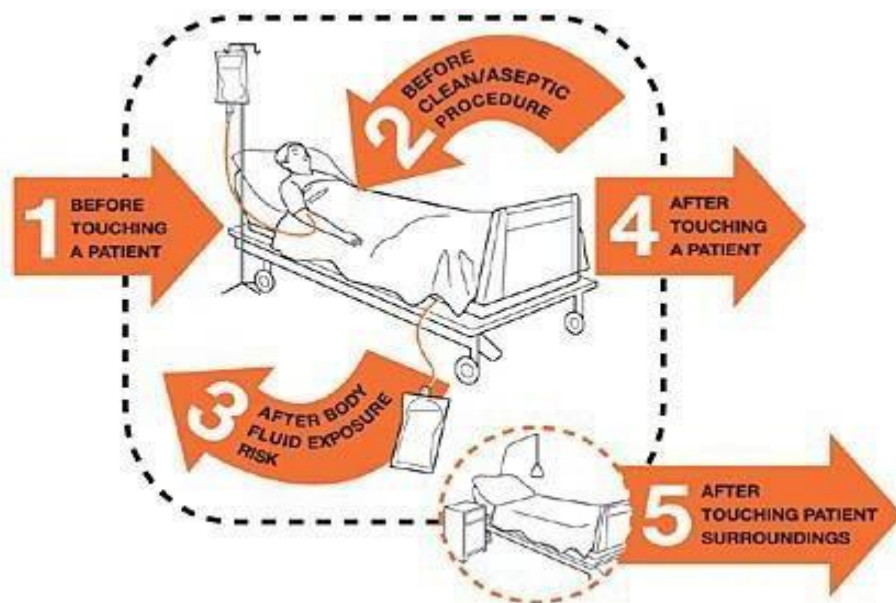
Hand Hygiene Practices – Your 5 Moments for Hand Hygiene

This concept embraces the need to perform hand hygiene at recommended moments exactly where delivery of care takes place. This requires that a hand hygiene product e.g., hand sanitiser gel be easily accessible and as close as possible to the point of care i.e., where the individual, the staff member and the task being undertaken converge.

5 moments for Hand Hygiene:

Clean hands according to the WHO's moments for hand hygiene

1. Immediately before each episode of direct service user contact or care
2. Immediately before a clean/aseptic procedure
3. Immediately after contact with body fluids or excretions, mucous membranes non-intact skin or wound dressings
4. Immediately after each episode of direct service user contact or care
5. Immediately after contact with objects and equipment in the immediate service user environment



Other indications for hand hygiene:

- At the beginning and end of each shift
- When hands are visibly soiled
- Before and after administering medication to individuals we support
- Before and after supporting an individual with personal/Intimate care e.g. catheter care and PEG Feeding
- Before Supporting an individual with eating
- Before putting on gloves
- After removing gloves
- After handling soiled equipment and materials
- Before preparing or handling food including raw meat
- After personal bodily functions such as blowing nose or using the toilet
- Covering a sneeze or smoking
- After cleaning a bodily fluid spillage including vomit, diarrhoea or blood
- Before and after nappy changing and toileting
- Any interactions with animals

Hand hygiene and glove use

The use of gloves does not replace the need for cleaning your hands.

- Hand hygiene must be performed when appropriate regardless of the indication for glove use
- Discard gloves after each task and wash your hands, gloves may carry germs, may be damaged during use, or on glove removal
- Wear gloves only where indicated and ensure they fit correctly

2.8 Respiratory Hygiene and Cough Etiquette

Respiratory hygiene is vital to prevent the spread of respiratory infections e.g., Influenza, colds, etc.

- Cover the nose and mouth with a disposable tissue and turn away from others when sneezing, coughing wiping and blowing the nose
- Dispose of all tissues immediately into a pedal operated waste bin
- Wash hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from eyes, nose, and mouth

COVER UP

COUGHING AND SNEEZING

- • Turn your head away from others
• Use a tissue to cover your nose and mouth
- • Drop your tissue into a waste bin
- • No tissues? Use your sleeve
- • Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



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

Childrens Cough and Sneeze poster

COVER YOUR COUGH AND SNEEZE

Stop the spread of germs that make people sick

When you cough or sneeze cover your nose and mouth with a tissue

or Cough or sneeze into your elbow, not your hands.

Throw away your tissue!

Clean your hands after coughing or sneezing.

Thanks!

HSE Building a Better Health Service | Seirbhís Sláinte Níos Fearr & Forbairt | hpsc | RESIST

2.9 Cleaning of the Building/General Cleaning

General hygiene

The purpose of general hygiene is to reduce the number of germs to a level that is not harmful to health. It would be impossible to eliminate some sources e.g., people, pets.

Therefore, the emphasis must be placed on preventing transfer of germs by handwashing and good surface hygiene. The home can become contaminated with dust, dirt, and accumulated rubbish with potentially infectious germs. If the environment is not cleaned regularly there is a buildup of dirt, which supports the growth of germs.

Therefore, cleaning is essential in prevention of infection and the “clean as you go” principle should be applied. It is very important for staff to complete the daily and weekly cleaning schedule to ensure that a good standard of hygiene is maintained. Kare have detailed cleaning checklists in place.

What does cleaning do:

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

How to clean?

The effectiveness of cleaning not only depends on the product used but also in the way it is applied e.g., on the mechanical action of wiping or scrubbing and using the correct concentration. Cleaning is best achieved by washing with warm water and detergent and drying the area thoroughly. A detergent will dissolve grease and remove dirt. Clean cloths and clean mops will be required.

Always wear gloves and aprons when carrying out any cleaning task.

Generally detergent and warm water is suitable for most environmental cleaning and should remove dust, dirt, blood, faeces, urine and other body fluids and a large number of germs.

What is disinfection

- Disinfection is a process used to reduce the number of germs to a level where they are unlikely to be a danger to health
- Disinfection can be achieved using heat (Steam or water above 82°C) or chemicals such as household bleach
- Disinfection is only achieved when the chemical disinfectant is used at the correct concentration and the correct contact time is allowed
- Disinfectant will not be effective on dirty surfaces.

Note: The routine use of disinfectants for general hygiene is unnecessary, in certain circumstances where there is a higher risk of cross infection, cleaning and disinfection is recommended. These situations include food preparation surfaces and areas contaminated with blood or body fluids. (In the event of an Infectious disease outbreak it is very important to first clean with detergents followed then by the use of disinfectants)

How to disinfect

- All surfaces will have to have undergone thorough cleaning prior to the application of a disinfectant
- If disinfecting with Milton Sterilising Fluid use 50mls (2 capfuls) mixed with 1 litre of cold water
- If disinfecting with a household bleach such as “Domestos” use 25mls (1 Capful) mixed with 1 litre of cold water or 125mls mixed with 5 litres of cold water
- After disinfecting with Milton or Domestos rinse with cold water and dry the area

Points to remember when using a disinfectant.

- Bleach is corrosive and can damage furnishings and fabrics and should not be used on carpets or hardwood floors
- Bleach can be used on finished wood surfaces
- Move food out of the way or cover it to prevent chemicals from getting into the food
- Always wear gloves when handling disinfectants to avoid contact with your skin
- Always wear aprons when handling disinfectants to avoid contact with your clothes

- Use disinfectants with caution and always to the manufacturer’s instructions on correct dilution and contact time. **Do not guess**
- Do not mix disinfectants with hot water or with other products as it can emit fumes that can be irritating to your eyes or lungs
- It is safer to add disinfectants to water rather than water to a disinfectant
- Never recycle old food or drinks containers to store chemicals
- Always store chemicals in a safe place.

Recommended Environment/Household Cleaning list and method of cleaning

| Item | Method of cleaning |
|------------------------|--|
| Combs/Hairbrushes | Wash in detergent and warm water, rinse and dry. |
| Bath mats | If reusable, wash with warm water and detergent and allow to air dry |
| Bed frames | Wash with warm water and detergent and dry |
| Bed tables and lockers | Wash with warm water and detergent and dry |
| Curtains | Launder if visibly soiled and at regular intervals |
| Carpets | Vacuum daily Steam clean periodically, For contamination spills, clean with warm water and detergent |
| Denture pots | Individual use only, wash with warm water and detergent, rinse and dry |
| Dish cloths | Rinsing dishcloths does not get rid of germs, Wash dishcloths in washing machine on a hot wash. Cloths should be colour coded for use in different areas, e.g., Kitchen, bathroom |
| Duvet | Launder as required and when soiled or stained. Replace when torn or worn |

| | |
|---|--|
| Floors | Sweep and vacuum as per daily checklist, wash with detergent and warm water. Dry floor as much as possible. Ensure wet floor signs are used when necessary |
| Fridges/Freezers | The inside of the fridge should be cleaned with detergent and warm water once a week, and as required. The outside surface of the fridge should be wiped down as stains are noted. Ensure all stock is in date and labelled as per Food Safety Guidelines. Dispose of unlabelled/undated food. The freezer should be defrosted as required. Any spillages cleaned with warm water detergent |
| Furniture and fittings | Damp dust with warm water and detergent, dry thoroughly. |
| Kitchen appliances used daily. Liquidiser, Sandwich makers, George Foreman's, Juice-makers etc. | These appliances must be cleaned after each use. The appliances should be cleaned with hot water and detergent. They must be dried and stored correctly. |
| Microwave | Plug out appliance, wash with detergent and warm water and dry thoroughly. All spillages must be wiped up immediately. If the microwave rotating plate is removable – remove and clean in hot water and detergent. Dry and replace in microwave. |
| Washing Machine | Plug out appliance – Clean door and rubber seal frequently. Follow Manufactures instructions |
| Tumble dryer | Ensure Lint filter is cleaned after each use. Ensure water storage containers are emptied as required .Follow Manufactures instructions |

| | |
|----------------------------|--|
| Dish washer | Clean interior and door area frequently. Run a dishwasher cleaning solution as per Manufactures instructions |
| Oven and extractor fan | Clean oven after each use. Clean extractor fan and replace filter as required |
| Air Vents / extractor fans | Clean and dust air vents and extractor fans monthly. Clean extractor fan and replace filter as required |
| Light shade / lighting | Dust lighting appliances and light shades monthly with an extendable duster. |
| Hover | Replace Dust bag when full. Replace filters as per manufactures instructions |
| Mops /Buckets | Mops/buckets should be colour coded for use in different areas. Wash and rinse the mop head by soaking in bleach- based solution for 30 mins after each use. Wring and hang in a designated area away from a risk of germ transfer to dry properly after soaking in bleach for 30 minutes. Mops should never be left to soak overnight. Fluid will become a growing medium for bacteria. |
| Net curtains | Net curtains should be washed in the washing machine |
| Sensory Room Equipment | Wash and dry all contact surface areas with warm water and detergent Disinfectant wipes should be available to wipe down surface areas after each use. |
| Shower chairs | Wash with detergent and warm water and dry. If contaminated with faeces/urine disinfect after cleaning. Rinse with cold water and dry thoroughly |
| Shower curtains | Launder in washing machine and replace when damaged. |
| Sinks/wash hand basins | Wash with detergent and warm water, dry thoroughly |
| Skirting boards | Wash with detergent and warm water |

| | |
|--|---|
| Soap dispenser/ Hand sanitiser gel dispenser | The casing and nozzle of the dispenser should be washed with warm water and detergent. Rinse and dry thoroughly. |
| Soft furnishings | Soft furnishings should be steam cleaned when visibly soiled, always refer to manufacturer's instructions |
| Telephones | Damp dust with warm water and detergent |
| Therapeutic equipment | Equipment examples – armchairs, acheeva beds, slings. Follow recommended guidelines re: cleaning as per manufacturer's guidelines. |
| Toilets | Wash all surfaces with detergent and warm water, Rinse dry. Use lime scale remover to remove lime if necessary. |
| Toilet brushes | Rinse in flush water. Store hanging on holder |
| Toilet seats | Wash with detergent and warm water and dry. If contaminated with faeces/urine disinfect after cleaning. Rinse with cold water and dry thoroughly |
| Toilet areas. Lower wall surfaces | Wash as required with detergent and warm water. If contaminated with urine or faeces disinfect after cleaning and rinse with cold water. Dry thoroughly |
| Taps | Wash with warm water and detergent, rinse and dry thoroughly. |
| Walls | Wash walls when visibly dirty with warm water and detergent |
| Worktops | Using a clean cloth clean worktop with detergent and warm water. Dry thoroughly |
| Windows | Clean with window cleaner, for out of reach windows inform your line manager |
| Waste bins | It is necessary to empty or remove these bags daily. Bins should be washed once a week using |

| | |
|--|---|
| | <p>detergent and warm water and should be dried thoroughly.</p> <p>Ideally bins should be foot pedal operated.</p> <p>The wall surface behind the bin should be cleaned regularly</p> |
|--|---|

Cleaning of Medical and Therapeutic Aids

| Item | Method of cleaning |
|--|---|
| Commodes/ Toilet Chair /Urinal bottles | Empty contents carefully down the toilet and wash with detergent and water and disinfect with an appropriate disinfectant such as Milton, rinse and dry thoroughly |
| Catheter stands | Wash with warm water and detergent and dry thoroughly. Replace when damaged or rusty |
| Drug press | Wash with detergent and water and dry thoroughly. Clean bottles where spillages occur immediately to avoid sticky bottles |
| Fridge – Medication | Follow manufacturer's instructions. Clean with detergent and water and dry thoroughly. |
| Glucometer Lancets | Single use only. Dispose of in sharps bin |
| Glucometer monitor | Individual use only. Clean regularly with disinfectant wipes ensuring that no traces of blood are left on machine. Use personal protective clothing when cleaning. |
| Hoist | Wash with detergent and warm water. Dry thoroughly |
| Jugs (Measuring body fluids) | For use when emptying catheter bags/colostomy bags etc. Carefully empty contents down the toilet, clean with detergent and warm water, disinfect with appropriate disinfectant such as Milton, rinse and dry thoroughly. Always wear personal protective clothing |
| Mattresses (Where applicable) | The mattress should be washed with detergent and warm water and dried thoroughly. Check to ensure the mattress is intact. If damaged arrange to have it replaced as soon as possible. |
| Medicine pots | Wash with detergent and warm water after use and dry thoroughly |
| Nappy changing mats and units | Changing mats and changing units are to be washed with warm water and detergent and dried thoroughly after each use |

Kare Policy: *Infection Prevention and Control*



| | |
|--------------------------------|--|
| Slings/Handling belts | Should be individual use. Clean as per manufacturer's instructions |
| Nebulisers | Everyone must have their own individual nebulisers. Clean nebulisers after each use with detergent and water. |
| Oxygen masks/tubing | Individual use, wash mask with warm water and detergent and dry thoroughly after use. |
| Sleep system | Refer to manufacturer's instructions. |
| Suction bottle | Ideally disposable. If re-usable, use disposable liners. Clean bottle with detergent and water, rinse and dry thoroughly. |
| Suction machine | Individual use only |
| Suction tubing | Individual use only |
| Thermometers | Refer to manufacturer's instructions. Use a new disposable sheath for each use. |
| Walking frames/Sticks/Crutches | Wash with detergent and hot water, dry thoroughly. |
| Wheelchairs | Fabric covers. Remove loose covers and wash in washing machine at 40°C. Dry following manufacturer's instructions. Vinyl covers, wipe with clean warm soapy water, rinse with cold water and dry thoroughly. Do not use again until fully dry. Wash the frame with warm water and detergent and dry thoroughly. |

2.10 Safe Management of Laundry

The risk of infection from used laundry is minimal if handled properly, taking into consideration the following;

- Laundry should be handled and transported in a manner that prevents transmission of germs to other people or the environment.
- Used laundry should not be shaken or placed on the floor or any clean surface.
- Gloves and aprons should be worn when handling laundry if there is a risk of contact with bodily fluids.
- Soiled clothing should be put into alginate bags before washing. Alginate bags should not be over filled and need to be tied securely.
- Alginate bags can be used in a domestic washing machine, clothes should be washed firstly at the coolest wash and then on the hottest wash the clothing can withstand.
- Washing machines should not be overloaded.
- Manual sluicing is not recommended. Staff should remove any large amounts of solid matter by flushing it into the toilet and clothing placed into an alginate bag prior to putting it in the washing machine.
- Kitchen cloths and tea towels should be washed separately to other laundry.
- If an item of clothing is deemed unfit for reuse and unsuitable for washing due to extreme soiling, then dispose of it in domestic waste (double bag clothing). Staff to ensure that they discuss this with the individual and family where appropriate.
- All laundry should be washed at the highest temperature recommended for that fabric and should be tumble dried or air dried immediately after washing.
- All individuals should have their own laundry basket to transfer clothing from their room/bathroom to the utility room.
- Clean laundry must be stored in a dry clean area e.g., wardrobes, hot press. It must not be stored in bathrooms or utility rooms.
- Hand hygiene must be carried out after handling laundry.

Appendix 1 – List of Notifiable diseases

| Notifiable Diseases and their respective causative pathogens specified to be Infectious Diseases under Infectious Diseases (Amendment) Regulations 2020 (S.I. No. 53 of 2020) February 2020 | |  Building a Better Health Service Seirbhíre Sláinte Níosa Fearr & Forbairt  | |
|---|---|---|---|
| Disease Acute anterior poliomyelitis Ano-genital warts Anthrax <i>Bacillus cereus</i> food-borne infection/intoxication Bacterial meningitis (not otherwise specified) Botulism Brucellosis <i>Campylobacter</i> infection Carbapenemase producing <i>Enterobacteriaceae</i> , infection or colonisation Chancroid Chickenpox – hospitalised cases Chikungunya disease <i>Chlamydia trachomatis</i> infection (genital) Cholera <i>Clostridium difficile</i> infection <i>Clostridium perfringens</i> (type A) food-borne disease COVID-19 Creutzfeldt Jakob disease variant Creutzfeldt Jakob disease Cryptosporidiosis Cytomegalovirus infection (congenital) Dengue fever Diphtheria Echinococcosis Enterococcal bacteraemia <i>Escherichia coli</i> infection (invasive) Giardiasis Gonorrhoea Granuloma inguinale <i>Haemophilus influenzae</i> disease (invasive) Hepatitis A (acute) infection Hepatitis B (acute and chronic) infection Hepatitis C infection Hepatitis E infection Herpes simplex (genital) Herpes simplex (neonatal) Human immunodeficiency virus infection Influenza <i>Klebsiella pneumoniae</i> infection (invasive) Legionellosis Leprosy Leptospirosis Listeriosis Lyme disease (neuroborreliosis) Lymphogranuloma venereum Malaria mcr-positive <i>Enterobacteriaceae</i> infection or colonisation | Causative Pathogen Polio virus Human papilloma virus <i>Bacillus anthracis</i> <i>Bacillus cereus</i> <i>Clostridium botulinum</i> <i>Brucella</i> spp. <i>Campylobacter</i> spp. Carbapenemase producing <i>Enterobacteriaceae</i> , infection or colonisation <i>Haemophilus ducreyi</i> Varicella-zoster virus Chikungunya virus <i>Chlamydia trachomatis</i> <i>Vibrio cholerae</i> <i>Clostridium difficile</i> <i>Clostridium perfringens</i> SARS-CoV-2 <i>Cryptosporidium parvum, hominis</i> Cytomegalovirus Dengue virus <i>Corynebacterium diphtheriae</i> or <i>ulcerans</i> (toxin producing) <i>Enterococcus</i> spp. <i>Escherichia coli</i> (blood, CSF) <i>Giardia lamblia</i> <i>Neisseria gonorrhoeae</i> <i>Klebsiella granulomatis</i> <i>Haemophilus influenzae</i> (blood, CSF or other normally sterile site) Hepatitis A virus Hepatitis B virus Hepatitis C virus Hepatitis E virus Herpes simplex virus Herpes simplex virus Human immunodeficiency virus Influenza A and B virus <i>Klebsiella pneumoniae</i> (blood or CSF) <i>Legionella</i> spp. <i>Mycobacterium leprae</i> <i>Leptospira</i> spp. <i>Listeria monocytogenes</i> <i>Borrelia burgdorferi</i> <i>Chlamydia trachomatis</i> <i>Plasmodium falciparum, vivax, knowlesi, ovale, malariae</i> mcr-positive <i>Enterobacteriaceae</i> infection or colonisation | Disease Measles Meningococcal disease Mumps Non-specific urethritis Novel or Rare Antimicrobial-resistant Organism (NRAO) Noroviral infection Paratyphoid Pertussis Plague <i>Pseudomonas aeruginosa</i> infection (invasive) Q Fever Rabies Respiratory syncytial virus infection Rotavirus infection Rubella Salmonellosis Severe Acute Respiratory Syndrome (SARS) Shigellosis Smallpox Staphylococcal food poisoning <i>Staphylococcus aureus</i> bacteraemia <i>Streptococcus group A</i> infection (invasive) <i>Streptococcus group B</i> infection (invasive) <i>Streptococcus pneumoniae</i> infection (invasive) Syphilis Tetanus Toxoplasmosis Trichinosis Trichomoniasis Tuberculosis Tularemia Typhoid Typhus Verotoxigenic <i>Escherichia coli</i> infection Viral encephalitis Viral haemorrhagic fevers Viral meningitis West Nile fever Yellow fever Yersiniosis Zika virus infection Please refer to the case definitions for the above diseases. The up-to-date list of diseases and case definitions are available on the HPSC website at www.hpsc.ie/notifiablediseases | Causative Pathogen Measles virus <i>Neisseria meningitidis</i> Mumps virus Norovirus <i>Salmonella</i> Paratyphi <i>Bordetella pertussis</i> <i>Yersinia pestis</i> <i>Pseudomonas aeruginosa</i> (blood or CSF) <i>Coxiella burnetii</i> Rabies virus Respiratory syncytial virus Rotavirus Rubella virus <i>Salmonella</i> spp. other than <i>S. Typhi</i> and <i>S. Paratyphi</i> SARS-associated coronavirus <i>Shigella</i> spp. Variola virus Enterotoxigenic <i>Staphylococcus aureus</i> <i>Staphylococcus aureus</i> (blood) <i>Streptococcus pyogenes</i> (blood, CSF or other normally sterile site) <i>Streptococcus agalactiae</i> (blood, CSF or other normally sterile site) <i>Streptococcus pneumoniae</i> (blood, CSF or other normally sterile site) <i>Treponema pallidum</i> <i>Clostridium tetani</i> <i>Toxoplasma gondii</i> <i>Trichinella</i> spp. <i>Trichomonas vaginalis</i> <i>Mycobacterium tuberculosis</i> complex <i>Francisella tularensis</i> <i>Salmonella</i> Typhi <i>Rickettsia prowazekii</i> Verotoxin producing <i>Escherichia coli</i> West Nile virus Yellow fever virus <i>Yersinia enterocolitica</i> , <i>Yersinia pseudotuberculosis</i> Zika virus |

East

Counties Dublin, Kildare and Wicklow
Medical Officer of Health,
Department of Public Health,
Room G29,
Dr Steevens' Hospital,
Dublin 8.
Phone: 01 6352145
Fax: 01 6352103

Midlands

Counties Laois, Offaly, Longford and Westmeath
Medical Officer of Health,
Department of Public Health,
Area Office,
Arden Road,
Tullamore,
Co. Offaly.
Phone: 057 9359891
Fax: 057 9359907

Mid West

Counties Clare, Limerick and North Tipperary
Medical Officer of Health,
Department of Public Health,
Mount Kennett House,
Henry Street,
Limerick.
Phone: 061 483337
Fax: 061 464205

North East

Counties Cavan, Louth, Meath and Monaghan
Medical Officer of Health,
Department of Public Health,
Railway Street,
Navan,
Co. Meath.
Phone: 046 9076412
Fax: 046 9072325

North West

County Donegal
Medical Officer of Health,
Department of Public Health,
Iona House,
Upper Main Street,
Ballyshannon,
Co. Donegal.
Phone: 071 9852900
Fax: 071 9852901

Counties Sligo and Leitrim
Medical Officer of Health,
Department of Public Health,
Bridgewater House,
Rockwood Parade,
Sligo.
Phone: 071 9174750
Fax: 071 9138335

South

County Cork
Medical Officer of Health,
Department of Public Health,
Floor 2,
Block 8,
St Finbarr's Hospital,
Douglas Road,
Cork.
Phone: 021 4927601
Fax: 021 4923257

County Kerry

Medical Officer of Health,
Department of Public Health,
Rathass,
Tralee,
Co. Kerry.
Phone: 066 7184548
Fax: 066 7184542

South East

Counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford
Medical Officer of Health,
Department of Public Health,
Lacken,
Dublin Road,
Kilkenny.
Phone: 056 7784142
Fax: 056 7784599

West

Counties Galway, Mayo and Roscommon
Medical Officer of Health,
Department of Public Health,
Merlin Park Hospital,
Galway.
Phone: 091 775200
Fax: 091 758283

Appendix 2 - Immediate preliminary notifications to a medical officer of Health is required for the following



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



Disease

Acute anterior poliomyelitis
Anthrax
Botulism
Cholera
COVID-19
Diphtheria
Haemophilus influenzae disease (invasive)
Influenza of a new or re-emergent sub-type
Legionellosis
Meningococcal disease
Paratyphoid
Plague
Rabies
Severe Acute Respiratory Syndrome (SARS)
Smallpox
Tularemia
Typhoid
Typhus
Verotoxigenic *Escherichia coli* infection
Viral haemorrhagic fevers
Yellow fever

Causative Pathogen

Polio virus
Bacillus anthracis
Clostridium botulinum
Vibrio cholerae
SARS-CoV-2
Corynebacterium diphtheriae or *ulcerans* (toxin producing)
Haemophilus influenzae (blood, CSF or other normally sterile site)
Influenza A and B virus
Legionella spp.
Neisseria meningitidis
Salmonella Paratyphi
Yersinia pestis
Rabies virus
SARS-associated coronavirus
Variola virus
Francisella tularensis
Salmonella Typhi
Rickettsia prowazekii
Verotoxin producing *Escherichia coli*

Yellow fever virus

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

Last revised: 4 March 2020

Appendix 3 - Public Health Information

The Health Protection Surveillance Centre (HPSC) is Ireland's specialist agency for the surveillance of communicable diseases.

HPSC is part of the Health Service Executive and works in partnership with health service providers in Ireland and around the world, to provide the best possible information for the control and prevention of infectious diseases.

[Home - Health Protection Surveillance Centre \(hpsc.ie\)](https://www.hpsc.ie)

Get advice about respiratory infections or COVID-19, including symptoms, testing, vaccination and self-isolation.

[Respiratory tract infections - HSE.ie](https://www.hse.ie)

[COVID-19 \(coronavirus\) - HSE.ie](https://www.hse.ie)

[COVID-19 staff support - Staff site \(hse.ie\)](https://www.hse.ie)

Kare have developed Resources to support individuals

[Lifelong Learning - Covid - Support Resources - All Documents \(sharepoint.com\)](https://sharepoint.com)