

October 10, 2018

POLICY STATEMENT

This policy has been written to inform all staff, clients, relatives and other visitors to the homes of service users about the risks associated with MRSA, AIDS and HIV hazards in the home. It is important that all staff know about these conditions, as their jobs may involve working with and helping people who have been exposed to the HIV infection.

M.R.S.A OVERVIEW

MRSA is an abbreviation for Methicillin Resistant Staphylococcus Aureus. Staphylococcus Aureus itself is an extremely common type of bacteria found on the skin and in the nasal passages of around 30% of the population. These bacteria normally live quite harmlessly on/in the body without causing undue health problems.

However, as a result of the increasingly widespread use of antibiotics to treat infections in the community many new antibiotic-resistant strains of Staphylococcus Aureus have evolved. These resistant strains are known as Methicillin Resistant Staphylococcus Aureus, or MRSA after the drug methicillin which is used to test bacterial resistance in the laboratory environment.

In the healthy person MRSA does not cause a problem, and around 80% of people carry it harmlessly. However, it can cause serious infections in the vulnerable person such as those that are already ill, are immune, have open wounds or are debilitated. It can be particularly serious in the elderly person who is more vulnerable to infections.

MRSA PROCEDURES

MRSA and infection does not constitute a hazard to normal healthy people, and this will include staff.

MRSA and infections are not a contra-indication for care provided that certain universal precautions are taken. Therefore, Service Users who are MRSA-Infection positive will not be discriminated against and will be treated in a positive, sensitive and caring fashion equally with other Service Users.

Staffs that are in contact with MRSA-positive Service Users will be required to observe and practice the following universal precautions for infection control:

1. If the company is informed of a service user contracting MRSA there is a duty of care to inform any staff involved in the care of that service user and reporting to the HSE under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995.
2. Any person affected by a health care associated infection must maintain appropriate standards of cleanliness and hygiene in relation to premises, equipment and re-usable medical devices, so complying with the Health and Safety at Work Act 1974 and the Public Health Infectious Diseases Regulations 1988.
3. All food prepared in the home of the Service User is cooked and stored to comply with the Food Safety Acts 1990, 1995 and the Food Safety temperature control) Regulations 1995.
4. Correct use of disposable protective clothing will be practised, remembering that protective

October 10, 2018

clothing is not an effective substitute for effective hand-washing, use of gels and personal clothes washing procedures, complying with the Control of Substances Hazardous to Health Regulations 2002.

5. Staff suffering from eczema, psoriasis or other exfoliating skin conditions will not be permitted to care for MRSA-positive Service Users. Replacement staff will be allocated in accordance our policy. Any cuts or open wounds are fully and securely covered with impermeable dressings.
6. All clinical waste will be disposed of safely following the guidelines on the Care Plan, so complying with the Environmental Protection Act 1990.

HIV AND AIDS OVERVIEW

AIDS – **Acquired Immune Deficiency Syndrome** is a condition in which the body's defence system against disease is lost. People with AIDS develop many different kinds of disease with which the body would usually cope.

There is no cure for AIDS, although a number of drugs are used to either slow down the progression of the disease or alleviate some of the symptoms caused by opportunistic infections, the most common drug used in these respects is zidovudine (AZT).

AIDS is caused by a virus called **Human Immune-deficiency Virus** (HIV). HIV is an unusual virus, because a person can be infected with it for several years and yet remain perfectly healthy.

The virus grows gradually within the body, killing the white blood cells that are part of the immune system, until the body's ability to fight off other illnesses is destroyed.

Once the body's immune system has been undermined severely by HIV, opportunistic infections may develop and become life threatening; such infections may affect many parts of the human body.

DIAGNOSIS

Tests are available which can detect the presence of antibodies to HIV in a person's blood. A positive test result indicates that HIV antibodies are present and that that person is infected with the virus.

AIDS can be diagnosed by the presence of one or more specific diseases in a person in the absence of any other known cause of immune deficiency. Diagnosis is confirmed usually by a positive HIV test.

If the test is negative or inconclusive, the identification of an opportunistic infection (coupled with unexplained immune deficiency) is still indicative of AIDS.

TRANSMISSION OF HIV INFECTION

HIV is not passed easily from person to person and the virus is not caught in the same way as diseases like chicken pox or "Flu"; it can be transmitted in the following ways, through:

October 10, 2018

- (a) Shared use of syringes and needles, e.g. shared injections of drugs, repeated use of acupuncture, tattooing or body piercing needles without proper sterilisation or accidental injuries with contaminated needles.
- (b) Blood transfusions and products made from blood used to treat haemophilia.
- (c) Unprotected penetrative sex, such as anal and vaginal intercourse.
- (d) Breast feeding between mother and baby.

HIV AND AIDS POLICY

Although (in theory) anyone could become infected with HIV, some people are at more at risk than others, but the risk of AIDS depends upon the actions performed rather than the character of a person. The most common groups of people with HIV infections are men who have sex with men, haemophiliacs who received blood products and people who have had blood transfusions. It is true that the virus can be found in the saliva of an infected person, but there are no reported cases of anyone becoming infected from kissing alone.

HIV infections cannot be caught by touching an infected person, by being near them when they cough or sneeze, by using any object they have used or by sharing the same washing and toilet facilities in the home. The HIV virus is not passed "on the skin".

WORKING WITH CLIENTS WITH HIV INFECTIONS

The following notes are designed to answer any questions from staff working with clients who may have been infected with HIV. It should be noted that the isolation of clients with HIV infections is unnecessary, unless those clients:

- (a) have other infections for which isolation is required, or
- (b) demonstrate that there is a risk of increased exposure to blood or body fluids, e.g. through diarrhoea or
- (c) Haemorrhage.

PRECAUTIONS WITH BODY FLUIDS

WHICH BODY FLUIDS ARE HAZARDOUS?

Staff members should not try to guess which clients are infected with HIV; all clients must be regarded as possibly being HIV positive. Body fluids should be seen as a potential hazard and dealt with accordingly, i.e. HIV has been found in the following body fluids:

- (a) blood
- (b) semen
- (c) vaginal secretions
- (d) saliva
- (e) tears
- (f) urine
- (g) breast milk
- (h) vomit

October 10, 2018

- (i) Cerebrospinal and amniotic fluid.

However, it should be noted that only blood, blood products, semen, vaginal secretions, donor organs and breast milk have been shown to transmit infection.

PRECAUTIONS SHOULD BE TAKEN?

Care agency employees who may be at risk are those who perform the following types of activities:

- (a) taking blood from clients
- (b) injecting clients
- (c) dressing or attending to wounds
- (d) carrying out, or assisting with, dental treatment
- (e) performing medical laboratory-type tasks
- (f) performing, or assisting with, invasive diagnostic or therapeutic procedures
- (g) working with first aid or emergency services
- (h) working in close contact care with at-risk clients.

Thus, staff who come into contact with blood or other potentially infectious body fluids should take the following precautions, i.e. they should:

- (a) apply good, basic hygiene practices with regular washing of hands
- (b) cover existing wounds or skin lesions with waterproof dressings
- (c) take simple, protective measures to avoid contamination of themselves or their clothing with blood, e.g. using plastic aprons or masks
- (d) protect their mucous membranes (eyes, noses and mouths) from splashes of blood
- (e) prevent puncture wounds, cuts or abrasions in the presence of blood
- (f) avoid the use of sharps, whenever possible
- (g) implement safe procedures for the handling and disposal of sharps
- (h) clear up spillage's of blood promptly and disinfect surfaces, usually with a bleach solution
- (i) implement safe procedures for the disposal of contaminated waste (See following page)

In the event that blood or body fluids that are visibly contaminated with blood are splashed into a staff member's eyes or mouth, an accident report form should be completed by the staff member. The incident should be reported to the staff member's immediate superior and the staff member should seek advice from the home doctor. As a first aid measure, the staff member's eyes or mouth should be irrigated with clean water, following any exposure to blood or blood-contaminated body fluids.

HOW SHOULD BLOOD OR OTHER BODY FLUIDS BE HANDLED?

Any linen or clothing that have been contaminated with blood or other body fluids should be washed in a well-maintained washing machine, rinsing initially in the cold rinse cycle and then in the hot wash cycle (at approximately 80C).

If the linen or clothing is washed by hand, the staff member should wear rubber gloves. Gloves should be worn whenever there is a likelihood of exposure to infectious body fluids.

October 10, 2018

If possible, gloves should be of the non-sterile, latex type when intended for use in diagnostic or therapeutic procedures. Thicker household rubber gloves can be used when blood spillages or other body fluids (e.g. urine, faeces or vomit which could be considered infectious) are being cleaned up.

Staff should wear plastic aprons when dealing with body fluids when there is a danger that clothing may be contaminated; apart from HIV, this practice helps to prevent the spread of other infectious agents. If there is no risk of clothing being contaminated, only rubber gloves need be worn.

Any blood or blood-contaminated spillage's should be soaked with a freshly-made up solution of proprietary bleach diluted 1:10 with water, covered with paper towels and cleared up after a few minutes has elapsed.

All waste material should be placed in a yellow plastic bag and stored safely until it is collected for incineration. Staff involved in clearing up spillages should wear rubber gloves and plastic aprons.

PRECAUTIONS WITH NEEDLES

When needles are being used in a clinical setting, there are several precautions that must be taken in order to avoid needle stick injuries (i.e. punctures) to care home staff, e.g. needles should:

- (a) never be blended, re-heated or broken by hand after use
- (b) be placed, with other used sharps, in puncture-resistant containers
- (c) not be allowed to over-fill the containers; the containers should not be more than two-thirds full
- (d) be collected and disposed of safely (i.e. the containers should be stored in a safe place until they are collected).

If a member of staff is accidentally injured with a used needle, the following actions should be taken.

- (a) The puncture site should be encouraged to bleed through the staff member applying local pressure.
- (b) The puncture site should be washed with soap and water.
- (c) A waterproof plaster should be applied.
- (d) The incident should be reported to the staff member's immediate superior and the staff member should complete an accident form.
- (e) The staff member should report to their doctor, who will assess the risk factors involved and advise upon the procedure to be followed.

Training

All staff shall receive training in MRSA and Infection Control through Induction training and formal qualifications, which will be updated as required