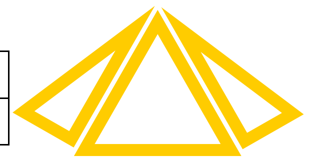

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1.0	SSM	New	SMT

1.0 POLICY

This policy covers the following areas:

- **Hand Hygiene**
- **Hepatitis A and B**
- **HIV/AIDS & Sexually Transmitted Diseases**
- **MRSA and C.Difficile and Ecoli**
- **Notifiable Diseases**
- **Scabies**
- **Seasonal Influenza**

This Policy provides guidelines on required documentation and reporting duties of SHS employees when encountering an illness classified within the HIQA Guidelines as "notifiable".

A Notifiable Disease is defined as follows: "Notifiable Diseases and their respective causative pathogens specified to be Infectious Diseases under Infectious Diseases (Amendment) Regulations 2011 (S.I. No. 452 of 2011) (Sept 2011)" HPSC department of HSE. Within the Healthcare setting there are certain infectious pathnogens which are required to be reported, a list of which can be found at www.hpsc.ie

This policy is underpinned by key national guidelines, for example:

- HIQA National Quality Standards for the Prevention and Control of Healthcare Associated Infections May 2009
- SARI – Strategy for the control of Antimicrobial Resistance in Ireland 2004 *The Control and Prevention of MRSA in Hospitals and in the Community*
- Nurses Act, 2010

2.0 SCOPE

This policy aims to guide staff in the reporting, addressing and, where appropriate, containment of infectious illness specified within the HPSC document. This list should therefore be held within the location so all staff working with Clients are aware of the particular illnesses relevant to this area.

3.0 ROLES & RESPONSIBILITIES

When staff on a location come across a disease classified as notifiable, they must first and foremost inform the CSM or, in their absence, the manager on call and document in the Client's daily notes. The reporting procedure should be as follows:

a. CSM who will inform the Client and all staff on the location.
b. CSM will then notify SSM.
c. CSM will consult with nursing staff in the location for best practice guidleines.
d. CSM or Person In Charge (PIC) will then notify HIQA.
e. CSM or PIC must inform by phone and email the Quality, Control and Training Manager.
f. CSM and staff must then follow the relevant documentation and procedures for the infection.
(**Reporting Procedure** (www.hiqa.ie/systems/files/NF02))

Organisational Roles

- SHS to facilitate training for all employees where necessary.
- Guidelines are up to date, evidence based and available to staff.
- Recognise the need for best practice requirements in line with National Standards.

Senior Service Manager (SSM) and Client Service Manager (CSM)

- CSM and staff must ensure all relevant medical needs are assessed by GP and care needs implemented.
- CSMs must ensure that all employees are aware of the Infection Control Guidelines and Procedures.
- CSMs must ensure that all their staff are given the relevant information and documentation on preventing, reducing and controlling the spread of communicable or transmissable diseases.
- If CSMs do not adhere to the above points, it may result in an increased risk of acquired infections in the service.
- SSMs must review and monitor the implementation of Infection Control Guidelines and Procedures.
- SSMs must update and adapt the policy guidelines to meet the requirements of legislation, regulations and good practice.
- Any open sores, skin breaks or Clients/staff members with immunosuppression i.e. to include chronic illness and/or pregnancy should be duly considered by CSM regarding any additonal needs to prevent contamination.

SHS Staff

- It is the responsibility of all staff to provide a safe, effective and clean environment which minimises and reduces the risk of infection among Clients, staff and visitors.
- Staff must be familiar with and comply with the guidelines and legislation.
- Staff are accountable for their own practice.
- Registered nurses are required to practice according to legislation and professional codes of conduct.
- Registered nurses must, at all times, work within their scope of practice.
- The health and safety of both the Client and others within the residence are managed with dignity and within a person centred approach.
- All staff must ensure that all relevant documentation is correctly recorded and up to date.
- Any specific infection control advice must be carried out to the stipulation of GP and Pharmacy.

4.0 HAND HYGIENE

4.1 GUIDELINES

- Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of infection, particularly in health and social care facilities.
- Hand hygiene refers to the use of soap/disinfectant and water as provided at a wash-hand basin, and also the use of alcohol hand gels which can be used to decontaminate hands which are not visibly dirty or soiled.
- The efficacy of hand hygiene is improved if the following principles are adhered to:
  - Keep nails short and pay attention to them when washing hands, as most microbes on the hands are harboured beneath the fingernails.
  - Do not wear artificial nails or nail polish as they discourage vigorous hand washing. Nail polish can flake and itself become a source of contamination.
  - All wrist or hand jewellery (except plain wedding bands) must be removed.
  - Shirts should have short or turn up sleeves.

- ➢ All cuts or abrasions on the hands/wrists should be covered with a waterproof dressing.
- Wash hands when they are visibly soiled with dirt, soil or organic material or infectious material.
- Wash hands at the beginning and end of a work shift.
- Wash hands after removing gloves.
- Wash hands after handling soiled equipment, materials or environment.
- Wash hands before preparing or handling food.
- Wash hands after personal bodily functions such as blowing nose or using the lavatory.
- Wash hands before and after contact with a Client with large wounds or burns.
- Wash hands before and after entering rooms or residence of a Client who has acquired MRSA/C. Difficile.
- Wash hands before and after performing invasive procedures as part of an asceptic technique.
- Dry hands thoroughly using a patting motion rather than rubbing, to reduce friction of the skin.
- Avoid prolonged use of gloves or using gloves when not required, e.g. when making beds which are not contaminated with blood or body fluids and when washing clients.

The use of good quality disposable paper towels and hand lotions are recommended. Air dryers are not recommended. (SARI, 2005)

4.2 PROCEDURES

- Wet hands under warm running water.
- Dispense approximately one teaspoon of liquid soap to your cupped hands.
- Hand wash for 10 – 15 seconds minimum, using the Ayliffe et al (1995) six step technique as follows –
  1. Wet hands and rub palm to palm five times.
  2. Rub right palm over the back of the left hand to the wrist level five times. Do the same with the other hand.
  3. With right hand over the back of left hand, rub fingers interlaced 5 times. Do the same with the other hand.

4. Wash thumbs of each hand separately using a rotating movement.
5. Rub the tips of the fingers against the opposite palm using a circular motion. Also ensure nail beds are washed.

- Rinse hands well with running water and remove all traces of soap – the water should flow from the arms to the hands.
- Turn off taps with elbows. If taps are not elbow operated, turn them off with the paper towel.
- Dry wrists and hands completely with disposable paper towels. Discard in a waste paper bin using the foot pedal.
- Emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand contamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, medical advice should be sought.
- Alcohol based hand rubs with added emollients must be applied to hands for a minimum of 15 seconds using an adequate volume to completely wet the hands. In addition, time must be allowed for the hands to dry completely by evaporation.

5.0 HEPATITIS A and B

5.1 DEFINITIONS

Blood Borne Viruses

These are viruses that cause long term illness, often without any obvious symptoms. In the occupational setting infection generally only occurs when infected blood or body fluids are introduced into the body either through the skin, for example a contaminated needle, or through broken skin, the mouth, nose or eyes.

Hepatitis

Hepatitis is a viral infection that affects the liver and can cause jaundice, a yellowing of the skin and the white parts of the eye. There are several forms of the disease – in this instance, we are referring to Hepatitis A and Hepatitis B.

Hepatitis A is an acute infectious disease of the liver caused by the hepatitis A virus usually spread by the fecal-oral route; transmitted person-to-person by ingestion of contaminated food or water or

through direct contact with an infectious person. The time between infection and the appearance of the symptoms (the incubation period) is between two and six weeks and the average incubation period is 28 days.

Hepatitis B is an infectious inflammatory illness of the liver caused by the hepatitis B virus. The virus is transmitted by exposure to infectious blood or body fluids such as semen, menstrual and rectal fluids while viral DNA has been detected in the saliva, tears, and urine of chronic carriers. The virus is very robust and can remain infective outside the body for several weeks.

Common symptoms of Hepatitis A and B include:

- Diarrhoea
- Low grade fever
- Rash
- Appetite loss
- Feeling tired (fatigue)
- Nausea and vomiting
- Itching all over the body
- Pain over the location of the liver (on the right side of the abdomen, under the lower rib cage)
- Jaundice (a condition in which the skin and the whites of the eyes turn yellow in colour)
- Dark urine (the colour of cola and tea)
- Pale-coloured stools (greyish or clay coloured)

5.2 GUIDELINES

- SHS covers the cost of vaccination for staff members against Hepatitis A and B. Staff should contact SHS doctors in this regard.
- SHS staff must adhere to good basic hygiene and universal precautions (see Procedures below) which assume that all individuals are a potential source of infection and any contamination by blood or other body fluids should be treated accordingly.
- SHS staff who believe that they have been exposed to Hepatitis A or B should seek medical advice immediately.
- They should inform their CSM and SSM and HR Department of this exposure.
- If the exposure is as a result of a workplace incident, an Adverse Event form must be completed.

- Where a client is diagnosed with Hepatitis A or B or both, a risk assessment must be carried out and an appropriate care plan put in place.

5.3 PROCEDURES

- Avoid unprotected contact with body fluids and dressings by wearing gloves.
- Wash hands after removing gloves.
- Cover any cuts and sores on hands.
- Wash hands and affected areas with soap and copious amounts of water after any splashes with blood or body fluids.
- Deal promptly and safely with any blood or body fluid spillage.
- Whenever dealing with a spillage of a body fluid, a disposable plastic apron should be worn if clothing is likely to have direct contact with blood or body fluids.
- Any solid matter or excess fluid should be removed using disposable paper towels.
- The contaminated area should be thoroughly cleaned using a disposable cloth, warm water and detergent.
- All items used for cleaning should be disposed into an appropriate clinical waste bag.
- In the event of any blood or body fluid contamination, refer to Needlestick Action Plan (HYPERLINK).
- SHS staff are responsible for providing a safe, effective and clean environment which minimizes and reduces the risk of infection among service users, staff and visitors.

6.0 HIV, AIDS & SEXUALLY TRANSMITTED DISEASES

6.1 DEFINITIONS

Blood Borne Viruses:

These are viruses that cause long term illness, often without any obvious symptoms. In the occupational setting infection generally only occurs when infected blood or body fluids are introduced into the body either through the skin, for example a contaminated needle, or through broken skin, the mouth, nose or eyes.

Human Immunodeficiency Virus (HIV)

HIV is a sexually transmitted infection. It can be spread by contact with infected blood, use of and sharing contaminated hypodermic needles, blood transfusion and intimate sexual contact. It can take years before HIV weakens your immune system to the point that you have AIDS.

Common signs and symptoms of HIV: Some people who become infected with HIV do not notice any immediate change in their health. However, some suffer from a brief flu-like illness within a few weeks of becoming infected, or develop a rash or swollen glands. These symptoms do not indicate the development of AIDS and the symptoms usually disappear within a few days or weeks.

Acquired Immuno-Deficiency Syndrome (AIDS)

AIDS is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging your immune system, HIV interferes with your body's ability to fight the organisms that cause disease.

Common signs and symptoms of AIDS and related medical conditions are:

- Weight Loss
- Fatigue
- Seizures
- Weakness
- Confusion
- Pneumonia
- Toxoplasmosis (a parasite that infects the brain)
- Meningitis
- Kaposi’s Sarcoma (unusual cancer which can spread to the mouth, intestine and respiratory tract)
- Lymphoma

Sexually Transmitted Diseases (STDs)

STDs are infections generally acquired by sexual contact. The organisms that cause sexually transmitted diseases may pass from person to person in blood, semen, or vaginal and other bodily fluids. Some of these infections can also be transmitted non-sexually through blood transfusions or shared needles.

In addition to HIV/AIDS and Hepatitis B, some examples of STDs are:

- Chlamydia
- Genital warts

- Gonorrhoea
- Herpes simplex
- Non-specific urethritis
- Pubic lice
- Syphilis
- Thrush
- Trichomonas (parasites)

Common signs and symptoms of STDs

Many STDs have no signs and symptoms. Some infections can lie dormant in the body for months without any visible signs. However, a doctor should be consulted immediately if any of the following are noticed:

- Unusual discharge from penis or vagina
- Pain when passing urine
- Unusual sores or blisters in the genital area
- Itching or irritation of genital area
- Pain during intercourse

6.2 GUIDELINES

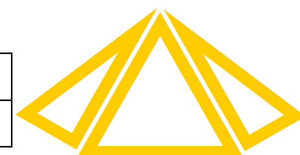
It is the responsibility of staff to advise and educate Clients on safe sexual practices.

It is the responsibility of staff to support Clients to access the appropriate medical attention i.e. GP, STD clinics. All staff must respect the dignity and confidentiality of a Client who is diagnosed with any of the above blood borne viruses.

It is the responsibility of the CSM to ensure that the Client can access appropriate counselling.

Should a staff member be exposed to any of the above blood borne viruses, they should seek medical advice immediately.

6.3 PROCEDURES



- Clients should be facilitated to access condoms and encouraged to use for safe sex.
- Condoms provide some protection but not total protection as they may fail during use.
- Staff must ensure that Clients are educated about STD's and HIV/AIDS
  - ➢ To be made aware of the risks of STD infection by sexual activity.
  - ➢ To know how to avoid infection.
  - ➢ To be able to recognise signs and symptoms early.
  - ➢ To know where and how to get treatment.
- Staff must carry out best practice in relation to infection control standards:
  - ➢ Avoid unprotected contact with body fluids and dressings by wearing gloves.
  - ➢ Wash hands after removing gloves.
  - ➢ Cover any cuts and sores on hands.
  - ➢ Wash hands and affected areas with soap and copious amounts of water after any splashes with blood or body fluids.
  - ➢ Deal promptly and safely with any blood or body fluid spillage.
  - ➢ Whenever dealing with a spillage of a body fluid, a disposable plastic apron should be worn if clothing is likely to have direct contact with blood or body fluids.
  - ➢ Any solid matter or excess fluid should be removed using disposable paper towels.
  - ➢ The contaminated area should be thoroughly cleaned using a disposable cloth, warm water and detergent.
  - ➢ All items used for cleaning should be disposed into an appropriate clinical waste bag.
  - ➢ In the event of any blood or body fluid contamination, refer to Needlestick Action Plan (HYPERLINK).
- SHS staff are responsible for providing a safe, effective and clean environment which minimizes and reduces the risk of infection among service users, staff and visitors.

7.0 MRSA / C.Difficile / E-COLI

7.1 MRSA

7.2 DEFINITION

Methicillin-resistant *Staphylococcus aureus* (**MRSA**) is a bacterium responsible for several difficult-to-treat infections in humans. MRSA is any strain of *Staphylococcus aureus* that has developed through the process of antibiotic resistance and primarily spread through the hands.

It is generally not a serious infection except where it gains access to deep tissues such as broken skin, resulting in surgical site or wound infection, the blood stream, leading to septicemia or to the lungs causing for example ventilator-associated pneumonia.

During an outbreak of MRSA, many people become colonised. Colonisation means that the person has no signs or symptoms of infection, but is identified as carrying the micro-organism at sites such as the skin, nose, throat or in external ulcerated areas.

7.3 GUIDELINES

- SHS Staff must adhere to good basic hygiene.
- Staff identified as carrying MRSA should not be excluded from work provided they are not working directly with significantly ill clients.
- Clients colonised with MRSA should not be restricted from participation in social or therapeutic group facilities within the house, once wounds are covered. Clients should not be isolated.

7.4 PROCEDURES

- Regular visits to the GP for screening is essential.
- Contact the local Infection Control Nurse through the GP or Primary Care Team for current advice.
- Infection Control Nurse and GP will assess risk management around waste disposal on an individual basis. If it is classified as infected waste, then CSM and SHS staff must contact SHS' nominated supplier who will supply and collect clinical waste bins for disposal of infected waste.
- Good hand washing practice is the single most important infection control measure. Caregivers should wash their hands after physical contact with the infected or colonised person and before leaving the home.
- Disposable gloves should be worn if contact with body fluids or dressings are expected and hands should be washed after removing the gloves.
- Cuts or breaks in the skin of carers should be covered with impermeable dressings.
- Linens should be changed and washed if they are soiled and on a routine basis.
- The client's environment should be cleaned, using standard detergents, routinely and when soiled with body fluids.

- Equipment with which the MRSA colonised resident has been in contact should be cleaned with detergent and hot water. Chemical disinfection is not required.
- Cutlery, crockery and healthcare-risk waste should be dealt with as per normal routine. No additional measures are required.
- Clothes and bedding should be machine-washed, preferably on a hot wash setting, or dry-cleaned if unsuitable for machine washing.
- The colonised resident may join other residents for social activities in the sitting room, dining room and other communal areas provided their sores or wounds are kept covered with an appropriate dressing, preferably impermeable (SARI, 2005).

7.5 CLOSTRIDIUM DIFFICILE

Clostridium difficile (C. difficile) are bacteria that are present naturally in the gut of around two-thirds of children and 3% of adults.
C. difficile does not usually cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens, C. difficile bacteria can multiply and produce toxins (poisons), which cause illness such as diarrhoea and fever. At this point, a person is said to be infected with C. difficile.

The symptoms of Clostridium difficile (C. difficile) infection can include:

- mild to severe diarrhoea
- blood-stained stools
- fever
- cramps in the abdomen (tummy)

Transmission

- Directly from person to person by the faecal-oral route.
- People may become infected by touching their mouths, having touched items or surfaces contaminated with faeces or spores which have been released into the environment during episodes of diarrhoea.
- Health care staff can spread the bacteria to people and surfaces through touch by contaminated hands and/or equipment.
- Environmental contamination can provide a reservoir of C.diff spores and facilitate spread to other susceptible people, i.e. people receiving antibiotics.

7.6 GUIDELINES

Seek medical advice immediately. Follow guidelines from the GP.

Due to the highly infectious nature of the C.difficile bacteria, the Client should be encouraged as far as possible and cared for away from other Clients i.e. their bedroom only.

Strict hygiene and cleanliness must be adhered to by all staff around all activity/care with the Client.

CSM and staff must ensure that the Client and their family are educated and supported with this.

SHS' nominated supplier will supply and collect clinical waste bins for disposal of infected waste.

7.7 PROCEDURES

Please follow *Procedures for MRSA* (see above).

7.8 E-Coli

Escherichia coli is a bacterium that is commonly found in the gut of humans and other warm-blooded animals. While most strains are harmless, some can cause severe foodborne disease. *E. coli* infection is usually transmitted through consumption of contaminated water or food, such as undercooked meat products and raw milk.

Symptoms of disease include abdominal cramps and diarrhoea, which may be bloody. Fever and vomiting may also occur. Most patients recover within 10 days, although in a few cases the disease may become life-threatening. (WHO 2011)

7.9 GUIDELINES AND PROCEDURES

As above

8.0 NOTIFIABLE DISEASES

8.1 Policy Overview

This Policy provides guidelines on required documentation and reporting duties of SHS employees when encountering an illness classified within the

HIQA Guidelines as “notifiable”. A Notifiable Disease is defined as “Notifiable Diseases and their respective causative pathogens specified to be Infectious Diseases under Infectious Diseases (Amendment) Regulations 2011 (S.I. No. 452 of 2011) (Sept 2011)” HPSC department of HSE. Within the Healthcare setting there are certain infectious pathogens which are required to be reported, a list of which can be found at www.hpsc.ie

8.2 Policy Function

This policy aims to guide staff in the reporting, addressing and, where appropriate, containment of infectious illness specified within the HPSC document. This list should therefore be held within the loction so that all staff working with Clients are aware of the particular illnesses relevant to this area.

8.3 Reporting Procedure

When staff on the location come across a suspected notifiable illness, they must clarify immediately with the GP and document in the Client’s daily notes. The reporting procedure should be as follows:

- The staff member will inform the CSM, SSM on call, Clients and other staff on location.
- CSM will consult with nursing staff on the location for best practice guidleines.
- The staff member will fill out the relevant HIQA form and e-mail to SSM on call first. The form will then be sent to HIQA following agreement from the SSM.
- The GP guidelines and the relevant care plan should be put in place immediately.

8.4 Responsibilities and Duties

Staff will ensure all relevant medical needs are assessed by GP and care needs implemented.

The health and safety of both the Client and others within the residence are managed with dignity and within a person centred approach.

Attention and implementation of relevant hand-washing techniques when dealing with Clients is upheld and stringently practised.

Any open sores, skin breaks or Clients/staff members with immunosuppression (i.e. to include chronic illness and/or pregnancy) should be duly considered by CSM regarding any additonal needs to prevent contamination.

Any specific infection control advice is carried out to the stipulation of GP and Pharmacy.

Any specific hygiene, laundry or waste disposal practices are implemented in accordance with best practice guidelines in dealing with the specific infectious disease. Please see 1.5 below.

8.5 Specific or additional considerations

There are cases where specific interventions are indicated when an infectious disease is present. SHS have specific policies on both MRSA and C-Difficile. Both offer full guidelines around hygiene practices and specific requirements relating to these particularly infectious agents. Staff should refer to these specific policy areas regarding the necessary extra precautions required.

Highly contagious conditions such as scabies, tapeworms as examples should be correctly managed in line with liaison with the Pharmacy supplying the medicinal preparations.

Staff should always employ a resourceful and common sense approach to any infectious agent.

Staff should be mindful of their own hygiene and health needs in preventing infectious illness.

9.0 SCABIES

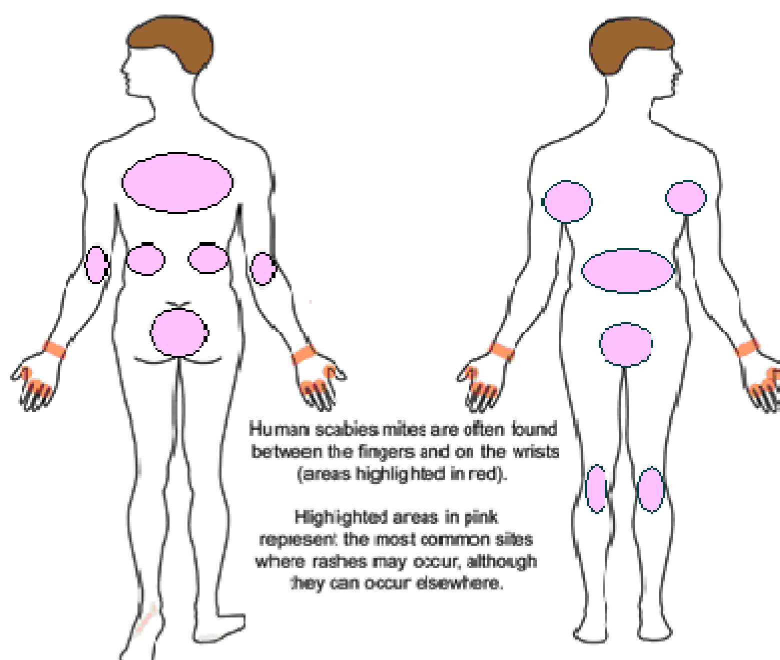
9.1 DEFINITIONS

Scabies is an infestation of the skin with a tiny mite smaller than a pin head. The mites burrow anywhere in the skin, mostly on the hands, and cannot be seen. In the so-called classical form of the disease the itch, rash and papules are often the only symptoms. With this type of scabies people get a very itchy skin rash, which is due to an allergy to the scabies mite. The allergic rash

occurs around the midriff, insides of the thighs, axillae, buttocks, lower arms and legs. The itchiness can increase in a warm environment or after a hot bath or shower. It can be easily transmitted and long term scabies can lead to other infections.

'Crusted' scabies is the same infection but with many, many more mites. It is much less common that 'classical' scabies. Not all people with 'crusted' scabies itch. Scabies is more likely to spread from 'crusted' scabies. Any crusts that dislodge will be full of mites that may be contagious to other people. Most outbreaks of scabies in psychiatric hospitals, nursing homes and other long-stay facilities can be traced to one or more undiagnosed cases of crusted scabies.

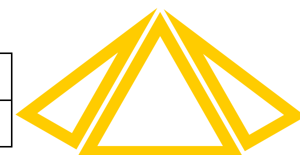
Persons most likely to develop the crusted form of the disease include the elderly, alcoholics, those with Down's syndrome, those undergoing transplant or other immunosuppressive therapy, and those with AIDS.



Outbreak of Scabies

- Two or more residents and/or staff **diagnosed with scabies** by a clinician.
- Two or more residents and/or staff with an unexplained rash, **diagnosed by a clinician as probable scabies.**

Transmission



The mites pass easily from person to person when people are in skin-to-skin contact for periods of 5 to 10 minutes or longer. Scabies is unlikely to be contracted by shaking hands. Healthcare staff may catch scabies from looking after people with scabies. The itching may occur anytime from 2 to 8 weeks after catching the mites, so mites can pass to someone else before the rash appears. If you previously had scabies, the rash may appear from 1-4 days after being re-infected.

9.2 GUIDELINES

- It is important to identify the original source of infection so that all contacts are identified and treated, otherwise scabies can continue to spread.
- Diagnosis is confirmed by a doctor.
- Advice can also be sought from HSE Public Health Medical Officer and Primary Care Infection Control Nurse, if available.
- The control of an outbreak depends on early detection, investigation, and appropriate control measures. Time must be given to identifying cases and contacts prior to initiating treatment. The assessment of a potential outbreak is outlined in Box 1 (below).
- The purpose of identifying cases and contacts is to limit the spread of scabies to others and prevent unnecessary use of scabicide treatment.
- Scabies is treated using a lotion or cream which is an over the counter medication (OTC). SHS residential clients require a prescription prior to application.
- Household family contacts and everyone who has had skin contact for more than 5-10 minutes with someone with scabies also need treatment.
- Everyone should be treated at the same time and with the same product so the mites do not pass back to a treated person and resistance does not develop.
- Everyone with a diagnosis of scabies needs two treatments, one week apart. The most commonly used treatment is permethrin.
- People with no symptoms should receive at least 1 application of treatment.
- Clients with crusted scabies may require 2 or 3 applications of treatment on consecutive days to ensure that enough penetrates the skin crusts to kill all the mites.
- The length of time the treatment is left on before showering depends on the product used and may range from 8 to 24 hours. This information will be provided with the product.

- After initial treatment, seek advice from GP re timeframe of return to service.
- Clients who have been diagnosed should be observed closely for 6-8 weeks following treatment.
- In an extensive or prolonged outbreak it may be necessary to advise families to recheck for undiagnosed scabies and to seek further advice from their GP.
- It may be necessary to consult a dermatologist in difficult cases, e.g. where the diagnosis is uncertain or the problem persists.
- Isolation of Clients with scabies is not necessary as once treated scabies is no longer infectious.
- Itching may last for 2 to 3 weeks after full treatment. Use an anti-itch cream or tablets is advised, if needed. Applying further anti scabies cream may aggravate the irritation. The skin will need time for the rash to settle down. If fresh spots appear, attend GP as more treatment may be required.
- The extent of treatment in a healthcare facility depends on an assessment which includes consideration of the following:
  - Number of cases, confirmed and suspected.
  - Type of location – day service or residential.
  - Dependency level of residents.
  - Living arrangements within the residential location including contact between residents.
  - Staff mobility within the facility – do staff work across all areas of the facility or are they designated to a unit?

Box 1

The following can be used to assess the level of risk of scabies infection to other clients and staff and decide who needs to be treated, however this is not definitive and local knowledge of the facility should be considered.

High Risk are:

- all symptomatic Clients and staff
- staff members who undertake intimate care of symptomatic residents including both day and night staff

Medium Risk are:

- asymptomatic Clients who have their care provided by staff members categorised as high risk
- staff and other personnel who have intermittent direct personal contact with Clients (greater then 5-10 minutes direct skin to skin contact)

Low Risk are:

- asymptomatic Clients whose carers are not considered high risk i.e. their direct personal care is provided by staff members who have not undertaken care of symptomatic Clients or who have not worked in the affected area of the facility
- staff who have no direct or intimate contact with affected Client's e.g. catering staff, laundry staff, maintenance, administration.

9.3 PROCEDURES

- The treatment may be best applied at night.
- Remove all clothes.
- Remove watches and rings. If it is not possible to remove a ring, move it to one side to treat the skin surface underneath.
- Do not have a hot bath or shower before putting on the cream. However, do ensure that skin is clean, dry and cool.
- Squeeze the cream/lotion into your palm. Cream/lotion should be applied to the whole body below the jaw line, according to manufacturer's instructions.
- In some cases, the treatment may need to extend to the scalp, neck, face and into the ears. This includes infants, children up to age two, the elderly, the immunocompromised, and those whose treatment has failed. Check with your doctor if this may apply to you or your family.
- Take special care to get it into the skin creases of the body – for instance, nipples and genitalia.
- Particular attention needs to be paid to the skin between the fingers and toes, under the nails and behind the ears.
- Assistance may be required to apply lotion to back.
- Brush some cream/lotion under the nails with a soft nail brush as mites can easily escape treatment in the thickened skin there.
- Nails should be trimmed and kept short for duration of treatment.
- Let the cream/lotion dry before getting dressed or it may rub off (this takes 10-15 minutes).
- Do the soles of your feet last after the body treatment has dried. This is best done with your feet resting on top of or dangling over the side of the bed.
- Put more cream/lotion on any parts you wash during the treatment period e.g. hands.
- Pay special attention to these areas when you put on the lotion or cream:
    - Behind both ears
    - Underneath breasts
    - Both armpits
    - Between fingers and underneath fingernails
    - Naval
    - Groin and genital area between the legs
    - Back of knees
    - Between toes and underneath toenails

- Soles of feet
- After the lotion/cream has been on for the appropriate time it should be washed off initially with plain cool water and no soap. Once everything is washed off, a shower or bath with soap may be taken.
- Change clothes and wash as usual.
- Families of Clients to be contacted by CSM.

9.4 CLEANING PROCEDURE FOR SCABIES

Classical Scabies

- Mites die quickly if they fall off the body and generally do not spread on clothes, towels or bedding.
- Clothes, towels and bedding should be machine washed at 50^0c or above after the first application of treatment.
- If a second application is advised by the prescriber then the process should be repeated.
- It is recommended that gloves are worn for lengthy procedures (greater then 5mins) involving contact with the skin until the Client has completed the 1st and 2nd treatment.
- This process kills the scabies mite.
- Clothing that is usually dry-cleaned should be put in a plastic bag for at least 72 hours to contain the mites until they die.
- Clothing/laundry items that cannot be dry-cleaned such as slippers, rugs should also be placed in a plastic bag for 72 hours.
- Alternative options to kill any mites on linen are:
    1. Ironing the item with a hot iron
    2. Putting items in a dryer on the hot cycle for 10-30 minutes
- It is not necessary to fumigate living areas or furniture or to treat pets.
- Good standards of environmental cleaning are all that is required. A small amount of Milton can be added to hot, soapy water.

Crusted (Norwegian) Scabies:

- There are so many mites, which may fall off as ‘crusts’ (like flakes of skin), that all clothing and bedding should be washed in a hot wash, and floors and chairs vacuumed.
- Treat as above.
- Vacuum all floors and chairs. This includes seats on SHS transport buses.
- Vacuum seams of chairs, seating with a high suction nozzle (i.e. small diameter). Seams should be treated with insecticide (Milton with hot soapy water) because a vacuum cleaner may not pick up all the mites.

- The vacuum cleaner should be sprayed with insecticide (Milton with hot soapy water) after use to destroy mites that may have accumulated on its surface during cleaning.

  Note: It is recommended that paper towels are used across the service instead of hand towels.

10.0 SEASONAL INFLUENZA

10.1 DEFINITION

What is Flu?

Flu (also called influenza) is an infectious respiratory illness caused by the influenza virus. Flu can occur throughout the year but usually peaks in winter.

Flu virus infects the nose, throat and sometimes travels into the lungs. For most people, flu causes moderate illness but in some people, it can cause severe illness and rarely can lead to death.

Is it Cold or Flu?

Flu symptoms come on suddenly with a fever, muscle aches, headache and fatigue. A cold is much less severe illness than flu. A cold usually starts gradually with a sore throat and a blocked or runny nose. Symptoms of a cold are generally mild compared to flu.

How does Flu spread?

Flu usually spreads from person-to-person by droplets when people with flu cough, sneeze or talk. These droplets can land on the mouths or noses of people who are nearby. Less often, a person might get flu by touching a surface or object with flu virus on it and then touching their own mouth, eyes or nose.

Most people suffering with flu can spread the flu virus to others by coughing or sneezing. Flu can be contagious from 1-2 days before the symptoms start and a person with flu can continue to spread the virus to other for up to one week after symptoms begin. Children or people with weak immune systems

(patients needing intensive care or patients on chemotherapy) may spread the virus for longer than one week after symptoms begin.

10.2 GUIDELINES

- Influenza can affect all ages. However it has more serious effects in those aged 65 years and older, very young children and those with certain medical conditions such as heart disease, lung disease, diabetes etc.
- People who have Flu often have some or all of the following symptoms:
  - High temperature (over 38^0C/100.4^0F) or feeling feverish with chills
  - Dry cough
  - Sore throat
  - Headache
  - Sore muscles and joints
  - Runny or stuffy nose
  - Feeling very tired
  - Some people may have nausea, vomiting and diarrhoea, though this is more common in children than adults.
- SHS facilitates staff members and clients to get the Flu Vaccination. SHS nominated GPs carry out this procedure. Staff must contact their CSMs for details.
- Pregnant staff members should contact their own GP for advice.

10.3 PROCEDURES

- Due to the nature of the illness and possible high temperatures and dehydration, staff must support adequate fluid and also follow GP's directions.
- Cover your nose and mouth with a tissue when coughing and sneezing.
- Place the tissue in a bin immediately after use.
- If no tissues are available, cough or sneeze into your elbow or shoulder, not into your hands.
- Wash hands or use an alcohol-based hand rub after disposing of the tissue.
- Persons over 65 years or those with a long-term medical condition should contact their GP about the Flu vaccine.