

Section 4: Special care areas

4.1 Outreach Service

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References

The outreach staff such as Community Geriatric Assessment Team (CGAT), Community Nursing Services (CNS) and allied health staff providing service to clients in community home-care settings should protect themselves from acquiring infections and prevent the spread of infections within home-care environment or spread of infections to the community, applying scientific infection control principles with common sense.

1 Risk Assessment and Isolation Precautions

- 1.1 Staff should assess whether the patient is having any infections during the visit and be alert of some seasonal infections. Phone assessment might be needed before visit in outbreak situation. Consult cluster infection control team or Centre for Health Protection as appropriate.
- 1.2 Precautions should be taken according to the patient's clinical conditions and whether he/she is having any particular infections.
- 1.3 Standard precautions should be adopted in all patients and additional precautions should be applied when necessary. *Please refer to Isolation Precautions Section of ICB Infection Control Guidelines.*

2 Hand Hygiene

- 2.1 Hand hygiene is one of the most important elements in infection control.
- 2.2 The availability of hand hygiene facility may not be guaranteed in outreach settings. Therefore, hand hygiene materials, such as alcohol-based hand rub, liquid soap, paper towel and towelette should be made readily available before each outreach visit. In any situation, before and after the procedure, hand hygiene practice or hand washing should be performed as soon as situation or facility allows.
- 2.3 Hands should be washed if contaminated with blood, body fluids, secretions or excretions.
- 2.4 Gloving cannot substitute hand hygiene and hand hygiene is still needed after glove removal (1). *Please refer to Hand Hygiene Section of ICB Infection Control Guidelines.*

3 Personal Protective Equipment (PPE)

Personal protective equipment should be used as indicated. Staff should ensure the availability of PPE on site, provided either by the site service or by bring along with them. *Please refer to Personal Protective Equipment Section of ICB Infection Control Guidelines* for PPE indications and usage.

4 Care of Healthcare Equipment and Material Supply

4.1 Nursing / supply bag

- 4.1.1 The supply bag should be washed or cleaned (interior and exterior) periodically and when it is soiled (2). Washable supply bag is preferable.
- 4.1.2 The bag should be placed on a clean, dry surface when arriving at the outreach setting (3).

4.2 Medical devices

4.2.1 For patients infected or colonized with multi-drug resistant organisms, dedicated non-critical equipment for the patient's individual use is preferred. Cleaning and disinfection after each patient use should be done (3).

4.2.2 Other than the situation stated above, cleaning or disinfection of non-critical medical devices, such as stethoscopes and blood pressure cuffs, between every use on different patient is not necessary if they are not soiled (3).

4.2.3 If an item is soiled and cannot be decontaminated in the outreach setting, it should be placed in a leak-proof container for transport back to the office for decontamination (3).

4.3 Sterile items

Wrapper of sterile items should be kept intact during transport (3). Any sterile item with non-intact package or water-stained should be disposed of or reprocessed before use.

4.4 Wound care lotion

4.4.1 Single use preparation is preferred (2).

4.4.2 If larger preparation is used for multiple-use purpose, the followings should be noted (2).

- a. Mark the date and time of first opening of the container. Also mark the discard date as recommended by manufacturer and local guidelines.
- b. During handling and storage of lotion, one should take precautions to minimize contamination of the content.
- c. Consider refrigerating the lotion after initial use according to manufacturer's recommendation; warm to room temperature just prior to use.
- d. Discard the preparation according to manufacturer's recommendations and if the integrity is compromised; the solution is contaminated or expired.

5 Specimen Collection

- 5.1 Appropriate PPE should be worn. *Please refer to Personal Protective Equipment Section of ICB Infection Control Guidelines.*
- 5.2 The specimen should be packed properly and maintained in an upright position as far as possible to prevent leakage without contaminating the outer surface.
- 5.3 If transport of specimen is needed, please refer to *Safety Guidelines on Transport of Clinical Specimens and Infectious Substances for Courier Team* at http://www.chp.gov.hk/files/pdf/GL_Transport_of_%20specimens_EN_20041103.pdf

6 Cardiopulmonary Resuscitation

- 6.1 Appropriate personal protective equipment (PPE) should be worn. Please refer to *Personal Protective Equipment Section of ICB Infection Control Guidelines.*
- 6.2 Direct mucosal contact such as mouth-to-mouth resuscitation should be avoided and resuscitation bags, pocket masks, or mouthpieces can be used as an alternative (4).

7 Wastes Management

- 7.1 Sharps should be disposed into sharps boxes or appropriate puncture-resistant containers that can be securely closed.
- 7.2 Other wastes should be disposed according to infection control guideline in the institution and Code of Practice promulgated by the Environmental Protection Department.

8 Education to Patients and their Family

Education to patients and their family should include personal hygiene, which should include information concerning hand hygiene, respiratory hygiene/ cough etiquette, maintaining a clean

environment, and care of devices or wounds based on patient's need.

References

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