

# **Infection Control Guidelines for Outreach Service**

**Jointly prepared by  
Infection Control Branch, Centre for Health Protection,  
Department of Health  
and  
Central Committee on Infectious Disease and Emergency Responses,  
Hospital Authority**

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## 1. Introduction

- 1.1. The outreach staff such as Community Geriatric Assessment Team (CGAT), Community Nursing Service (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 clinical judgement.
- 1.2. Please visit websites of the Hospital Authority and the Centre for Health Protection from time to time to get the latest information.

## 2. Risk Assessment and Isolation Precautions

- 2.1. When scheduling the visit, a pre-visit phone call to the patient is recommended. In the phone call, staff should:
  - a. trace patient's medical history as necessary.
  - b. assess whether the patient is having any infections and be alert of some seasonal / up surging infectious diseases;
  - c. all patients / carers should be screened based on FTOCC and advise to seek medical attention promptly if signs and symptoms developed.
  - d. explain to patient as necessary that the health care worker would make necessary precautions during the visit to protect both parties from the possible infection.
  - e. provide appropriate infection control advices (e.g. hand hygiene, cough manners, open windows to maintain good indoor ventilation and wear surgical masks as needed) to the patient and his/her family members, whenever necessary.
  - f. arrange appointments for patients known to have Multidrug Resistant Organisms (MDROs) as the last appointment of the day as far as practicable. If it is not possible, visits should be scheduled after the patients at risk (especially those with compromised host defenses from underlying medical conditions or requiring wound care).
- 2.2. Precautions should be taken according to the patient's clinical conditions and whether he/she is having any particular infections. Consult cluster

infection control team or Centre for Health Protection as appropriate.

- 2.3. Standard precautions should be adopted in all patients and transmission-based precautions should be applied when necessary. For details, please refer to *Recommendations on Implementing Isolation Precautions in Hospital Settings* ([https://www.chp.gov.hk/files/pdf/recommendations\\_on\\_implementing\\_isolation\\_precautions\\_in\\_hospital\\_settings.pdf](https://www.chp.gov.hk/files/pdf/recommendations_on_implementing_isolation_precautions_in_hospital_settings.pdf)).

### 3. Hand Hygiene

- 3.1. Hand hygiene is one of the most important elements in infection control. For details, please refer to *Recommendations on Hand Hygiene and Use of Gloves in Health Care Settings* ([https://www.chp.gov.hk/files/pdf/recommendations\\_on\\_hand\\_hygiene\\_and\\_use\\_of\\_gloves\\_in\\_health\\_care\\_settings.pdf](https://www.chp.gov.hk/files/pdf/recommendations_on_hand_hygiene_and_use_of_gloves_in_health_care_settings.pdf))
- 3.2. Hands should be washed with liquid soap and water if visibly dirty or contaminated with blood, body fluids, secretions or excretions, after using the toilet or changing the diapers. When hands are not visibly soiled, hand hygiene with 70-80% alcohol-based handrub is also an effective alternative.
- 3.3. The availability of hand hygiene facility may not be guaranteed in outreach settings. Therefore, hand hygiene materials, such as 70-80% alcohol-based handrub, liquid soap and disposable paper towel should be made readily available before each outreach visit.
- 3.4. Perform 5 moments of hand hygiene, including
- Before touching a client
  - Before clean/ aseptic procedure
  - After body fluid exposure risk
  - After touching a client
  - After touching client surroundings
- 3.5. In order to ensure hand hygiene performing effectively:
- 3.5.1. Fingernails should be kept short
  - 3.5.2. Artificial nails or nail enhancements should be avoided

- 3.5.3. Wrist and hand jewellery should be avoided (rings are preferred not be worn, otherwise keep minimum of a plain ring)
- 3.5.4. Long sleeves should be rolled up
- 3.5.5. Cuts and abrasions should be covered with a waterproof dressing
- 3.6. Hand hygiene is still needed after glove removal (1).

#### **4. Personal Protective Equipment (PPE)**

- 4.1. PPE should be used as indicated. For details, please refer to *Use of Personal Protective Equipment*  
([https://www.chp.gov.hk/files/pdf/personal\\_protective\\_equipment.pdf](https://www.chp.gov.hk/files/pdf/personal_protective_equipment.pdf)).
- 4.2. Advise the patient to wear surgical mask if necessary. For details, please refer to *Use Mask Properly*  
([https://www.chp.gov.hk/files/pdf/use\\_mask\\_properly.pdf](https://www.chp.gov.hk/files/pdf/use_mask_properly.pdf)).
- 4.3. Staff should ensure the availability and adequate amount of PPE on site, provided either by the site service or by bringing along with them, including spare ones when the PPE are soiled.

#### **5. Care of Healthcare Equipment and Material Supply**

- 5.1. Nursing / supply bag
  - 5.1.1. The nursing / supply bag should be washed or cleaned (interior and exterior) periodically and when it is soiled (2, 5). Washable bag is preferable.
  - 5.1.2. The bag should be placed on a clean, dry surface when arriving at the outreach setting (3, 5).
  - 5.1.3. Care should be taken not to retrieve items from the bag while wearing soiled gloves.
  - 5.1.4. Arrange the contents of the bag in designated compartments such that sterile items, clean items, dirty items and personal belongings are stored separately (5).
- 5.2. Medical devices / other items
  - 5.2.1. Single-use preparation is preferred (2).
  - 5.2.2. If preparation is used for multiple-use purpose, the followings should be noted (2).
    - a. Mark the date and time of first opening. Also mark the discard

date as recommended by manufacturer and local guidelines.

- b. During handling and storage, one should take precautions to avoid contamination of the content.
- c. Disinfect commonly used items, such as blood pressure measuring machines and pulse oximetry, after each single patient application.
- d. Consider refrigerating after initial use and warming to room temperature just prior to use according to manufacturer's recommendation.
- e. Discard the preparation according to manufacturer's recommendations and if the integrity is compromised, the solution is contaminated or expired.

5.2.3. All used devices should be safely handled, collected, transported and decontaminated (5).

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

5.2.5. If a consumable / disposable item is soiled and cannot be decontaminated in the outreach setting, it should be disposed.

5.2.6. If a reusable 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).

5.2.7. For sterile items, wrapper should be kept intact during transport (3). Any sterile item with non-intact package or potential contamination should be disposed of or reprocessed before use.

## 6. Specimen Collection

6.1. Adherence to standard precautions and hand hygiene is crucial during specimen collection. Transmission-based precautions may be required according to the nature of disease of the patients.

6.2. Appropriate PPE should be worn. For details, please refer to *Use of Personal Protective Equipment*

([https://www.chp.gov.hk/files/pdf/personal\\_protective\\_equipment.pdf](https://www.chp.gov.hk/files/pdf/personal_protective_equipment.pdf)).

6.3. The specimen should be packed properly in a leak-proof specimen

container. The cap should be securely closed.

- 6.4. The specimen should be maintained in an upright position as far as possible to prevent leakage and contaminating the outer surface.
- 6.5. If transport of specimen is needed, please refer to *Safety Guidelines on Transport of Clinical Specimens and Infectious Substances for Courier Team* ([https://www.chp.gov.hk/files/pdf/safety\\_guidelines\\_for\\_courier\\_team\\_2009nov.pdf](https://www.chp.gov.hk/files/pdf/safety_guidelines_for_courier_team_2009nov.pdf)) and *Guideline on Transport of Clinical Specimens and Infectious Substances* ([http://ha.home/ho/ps/GL\\_Transport\\_Clinical\\_Specimens.pdf](http://ha.home/ho/ps/GL_Transport_Clinical_Specimens.pdf)).

## 7. Wastes Management

- 7.1. Sharps should be disposed into sharps boxes or appropriate containers that:
- are puncture-resistant, shatter-proof and leak-proof;
  - shall be properly packaged to prevent spillage;
  - labelled in accordance with the requirement of Environmental Protection Department.
- 7.2. Used sharps box should be discarded daily.
- 7.3. Other groups of clinical waste shall be packaged in containers that are made of rigid material, impervious to moisture and leak-proof, and that will not rip, tear or burst under normal conditions of handling.
- 7.4. Containers of clinical waste should not be filled above the warning line indicating between 70% and 80% of their maximum volume before sealing.
- 7.5. Please refer to *Code of Practice for the Management of Clinical Waste – Major Clinical Waste Producers and Waste Collectors* ([https://www.epd.gov.hk/epd/clinicalwaste/file/doc07\\_en.pdf](https://www.epd.gov.hk/epd/clinicalwaste/file/doc07_en.pdf)) for more details.
- 7.6. Designate a compartment in nursing / supply bag as temporary carriage of clinical waste (5).
- 7.7. 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**

8.1. Education to patients and their family should include:

- a. personal hygiene (e.g. hand hygiene, cough manners);
- b. environmental hygiene (e.g. environmental cleansing and disinfection, maintain good ventilation)
- c. toilet hygiene (e.g. pour about half a litre of water into each drain outlet once a week)
- d. care of medical devices, ostomy or wounds based on patient's need.
- e. infection control measures and subsequent screening for confirmed MDRO cases as appropriate.

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