

WEST LIMERICK INDEPENDENT LIVING CLG

Infection Prevention and Control Policy

Policy Reference	WLILP38
Category	Operational Policies — Clinical & Care Practice
Version	3.0 (merged with a separately produced disability-specific version)
Status	APPROVED — by the Board of Directors on 9 October 2026
Supersedes	WLILP38 - Infection Prevention and Control Policy
Policy Owner	Board of Directors, West Limerick Independent Living CLG
Applies To	All WLIL staff providing home care services, including Personal Assistants and Home Care Assistants
Related Policies	WLILP7D - Data Retention, Rectification and Erasure Policy; WLILP9 - Enteral Feeding Policy; WLILP15/16 - Catheter and Stoma Care Policy; WLILP30 - Incident Management & Reporting Policy; WLILP48 - Medication Policy for Personal Assistants; WLILP17 - Consent Policy; WLILP24 - Behavioural Management Policy
Review Cycle	Annually, or sooner if HSE, HPSC or HIQA guidance changes

1. Purpose

This policy ensures the highest standards of infection prevention and control (IPC) in the delivery of home care services by West Limerick Independent Living CLG ("WLIL"), protecting service users, staff, and visitors from the transmission of infection.

2. Scope

Applicable to all WLIL staff providing home care services, including Personal Assistants (PAs) and Home Care Assistants (HCAs).

3. Legislative and Regulatory Framework

- Health Act 2007, and HIQA's Draft National Standards for Home Support Services (2024)
- NCEC National Clinical Guideline No. 30: Infection Prevention and Control — the National Clinical Effectiveness Committee's national clinical guideline for infection prevention and control, and the most directly authoritative source for this policy
- Safety, Health and Welfare at Work Act 2005, and the Safety, Health and Welfare at Work (General Application) Regulations 2007 — relevant to the provision and use of PPE
- HSE Antimicrobial Resistance and Infection Control (AMRIC) Programme guidance

4. Standard Precautions

WLIL staff follow Standard Precautions at all times, with every service user, regardless of known infection status. Standard Precautions are based on the principle that blood and all bodily fluids, secretions, and excretions (except sweat) may contain transmissible infectious agents, whether or not the service user has a known or suspected infection.

4A. Infection Prevention and Control in a Disability Context

Infection prevention and control measures must respect the dignity, autonomy, and choice of the people WLIL supports, and must be reasonable and proportionate rather than restrictive. Staff should recognise sensory, cognitive, behavioural, and communication needs when applying these measures, and avoid unnecessary medicalisation of a person's home.

IPC measures must never be used as a form of restraint or control. Isolating a person, restricting their movement, or requiring them to wear PPE against their will is not a legitimate infection control measure — it is a restrictive practice, and must be treated as such under WLILP24 - Behavioural Management Policy, not justified as infection control.

Where PPE is used, staff must explain its use to the person in a way they can understand, and must never use PPE in a way that alarms or stigmatises them. Hand hygiene and other measures should be explained in clear, accessible language where appropriate.

Where a person's capacity to consent to or understand an IPC measure is in question, decisions must be made in accordance with WLILP17 - Consent Policy and the Assisted Decision-Making (Capacity) Act 2015, as amended by the 2022 Act. Decisions must reflect the person's own will and preference, not an external judgement of their best interests, consistent with the current legal standard — the older “best interests” framework has been superseded.

5. Training

- All staff must complete relevant Infection Prevention and Control and AMRIC eLearning modules via HSeLand, covering hand hygiene, standard and transmission-based precautions, PPE use, respiratory etiquette, and environmental cleaning
- Refresher training is mandatory annually
- Additional training will be provided following any outbreak or significant incident

6. Hand Hygiene

- Hand hygiene is the single most effective measure in preventing the spread of infection
- Staff must perform hand hygiene at the World Health Organization's '5 Moments for Hand Hygiene': before touching a service user; before a clean or aseptic procedure; after exposure to bodily fluid; after touching a service user; and after touching a service user's surroundings
- Alcohol-based hand rub may be used where hands are not visibly soiled; soap and water must be used where hands are visibly soiled, or after contact with a service user who has, or is suspected to have, a gastrointestinal illness such as norovirus or C. difficile, since alcohol-based products are not effective against these organisms

7. Personal Protective Equipment (PPE)

- Appropriate PPE must be worn based on a task risk assessment, and specific clinical tasks follow the PPE requirements set out in the relevant WLIL clinical policy — for example WLILP9 (Enteral Feeding) and WLILP15/16 (Catheter and Stoma Care)
- PPE should be put on (donned) in this order: apron or gown, then mask (where required), then eye protection (where required), then gloves
- PPE should be taken off (doffed) in this order, to avoid self-contamination: gloves, then apron or gown, then eye protection (where required), then mask (where required), followed immediately by hand hygiene
- Used PPE is disposed of as clinical waste, in line with Section 9 below, and never reused between service users

8. Respiratory Hygiene

- Use tissues, or the crook of the elbow rather than a hand, to cover coughs and sneezes
- Dispose of tissues immediately, followed by hand hygiene

9. Environmental Cleaning and Waste

- Regular cleaning of high-touch surfaces in service users' homes (for example door handles, light switches, and equipment)
- Sharps, if used as part of a service user's care, are disposed of directly into an approved sharps container immediately after use, never re-sheathed, and never placed in general household waste
- Other clinical waste (used PPE, dressings, and similar items) is disposed of in line with the service user's care plan and any waste collection arrangements in place for that household

10. Outbreak Management

A suspected outbreak is two or more linked cases of illness with a common source (for example the same service user's household, or the same staff member across multiple service users) occurring within a short period.

- In the event of a suspected or confirmed infection outbreak, such as influenza, COVID-19, norovirus, or another communicable illness, WLIL will implement additional measures in line with HSE and HIQA guidance, and notify the HSE Department of Public Health where required
- This may include enhanced PPE usage, increased cleaning frequency, staff testing, exclusion of unwell staff from duty, and, where necessary, adjustments to service delivery
- Staff will be promptly informed of any changes, and outbreak-related incidents are recorded in line with WLILP30 - Incident Management & Reporting Policy

11. Monitoring and Compliance

- Regular audits will ensure adherence to these procedures
- Non-compliance will result in corrective action, up to and including disciplinary action

12. Records Retention

Training records, audit results, and outbreak-related documentation generated under this policy are retained in accordance with WLILP7D - Data Retention, Rectification and Erasure Policy, which is the single authoritative source for WLIL's retention periods.

13. Review

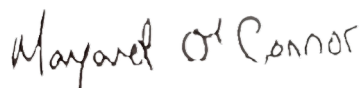
This policy will be reviewed annually, or sooner if HSE, HPSC, or HIQA guidance changes.

This policy reflects NCEC National Clinical Guideline No. 30 and HIQA's Draft National Standards for Home Support Services (2024), checked as accurate as of drafting. Given the scale of expansion from the previous version, this policy should be reviewed by a clinical advisor or Infection Prevention and Control specialist before Board approval. It is not a substitute for clinical advice.

Approval

Approved by the Board of West Limerick Independent Living CLG on 9 October 2026.

Signed on behalf of the Board, on its instruction, by the General Manager:



Margaret O'Brien O'Connor, General Manager

Date signed:

