# INFECTION CONTROL

**Caretakers Southwest Ltd**

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**Policy Statement**

In Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and service users. All of the staff working in the organisation are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.

In addition to normal everyday standards of infection control, there are occasions where more is required, dependent upon the type of situation which from time to time may arise. They are generally classed as

**Outbreaks**

These can occur at any time, are usually brought into the service users’ home and are often communicable diseases, such as scabies, norovirus etc. They are localised in nature

**Epidemic**

This is an outbreak of a disease that occurs over a set geographical area and affects an exceptionally high proportion of the population, such as yellow fever, cholera and smallpox

**Pandemic**

This relates to a geographical spread from country to country and continent to continent, infection and spread is quick and fatalities can be high within recognised “at risk” groups of people.

As an organisation we follow the advice and guidance for the mitigation and management of these types of situations issued by the government, available from Public Health Authorities and the .Gov website.

This organisation believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

**Note:**

Under the Health and Social Care Act 2008, [Regulations 2014], Reg.12 Safe Care and Treatment, all Managers are required to comply with the “Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, which was updated in July 2015”.

The Code of Practice on the prevention and control of infections applies to registered providers of all Health and Social Care in England. The Code of Practice sets out 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection prevention requirement which is set out in the regulations.

As an organisation we have read and considered this document and its application throughout our service.

Although the Code is not mandatory, as an organisation we will use the Code for guidance in meeting our regulatory requirements

**The Policy**

The aim of the organisation is to prevent the spread of infection amongst staff, service users and the local community.

# Goals

The goals of the organisation are to ensure that:

* Service users, their families and staff are as safe as possible from acquiring infections through work-based activities
* All staff at the organisation are aware of, and put into practice, basic principles of infection control.

The organisation will adhere to infection control legislation:

* The Health and Safety at Work Act etc. 1974 (HSWA 1974) and the Public Health Infectious Diseases Regulations 1988, which place a duty on the organisation to prevent the spread of infection
* The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013(RIDDOR), which place a duty on the organisation to report outbreaks of certain diseases as well as accidents such as needle-stick accidents
* The Control of Substances Hazardous to Health Regulations 2002 (COSHH), which place a duty on the organisation to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly
* The Environmental Protection Act 1990, which makes it the responsibility of the organisation to dispose of clinical waste safely
* The Food Safety Act 1990
* The Health and Social Care Act 2008, and the accompanying Code of Practice “Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, July 2015”
* Any Government Guidance and Legislation issued to prevent the spread of infection and disease in Epidemic and Pandemic situations

# Code of Practice

**Criterion 1**

* There is a clear governance structure and accountability that identifies our Infection Prevention Control lead and whom they are required to report to**.** Gail Lane.
* As an organisation we will ensure there are adequate resources in place to secure the effective prevention of infection.
* Risk assessments have been carried out which support us in the decisions about what parts of the 10 criterion apply to our service
* This organisation will produce the evidence to support any decisions made in infection prevention and control and this will include; implementation of an infection control and cleanliness programme, the infrastructure in place to support this programme and the monitoring and reporting of infections
* All staff will receive suitable, sufficient information, supervision and training required to prevent the risks of infection and when and how to access outside infection control expertise.
* All staff are required to make infection control a key priority and to act at all times in a way that is compatible with safe, modern and effective infection control practice
* Any staff member who does not feel that they have access to sufficient facilities and supplies of appropriate equipment, in order that they can implement effective infection control procedures and techniques, have a duty to inform their line manager or supervisor.
* Key policies are in place, processes in place to ensure they are being followed and regularly updated
* A water safety person is in place to comply with legionella policy. Gail Lane.

# Risk Assessments

* At the commencement of care or support, risk assessments are carried out on individual service users in relation to the prevention of infection
* When risks are identified, steps are put in place to control these risks.
* The identified risks and actions required to be taken to reduce these risks are recorded in the service user’s care or support plan
* These actions are monitored and any further steps required are implemented.
* Where necessary, outside professionals are involved in the implementation of infection control precautions

# The Infection Prevention Control Lead should:

* be responsible for the organisation’s infection prevention cleanliness, and water safety programme.
* The above programme should have set priorities and objectives to meet the needs of the organisation in ensuring the safety of the service users, social care workers and the public
* oversee the implementation of organisational policies
* report directly to the registered manager
* challenge inappropriate practice including antimicrobial prescribing practice
* set and challenge standards of cleanliness
* be an integral part of the organisations’ governance on infection prevention and control
* produce an annual statement in regard to compliance and practice and make it available on request
* the annual report will include the progress against the objectives set in the infection control and cleanliness programme
* The IPC lead has 24-hour access to specialist infection control expertise - Torbay Care Trust.

# Monitoring and Audit

* an audit programme is in place to ensure appropriate policies have been developed and implemented
* The annual statement is reviewed and where indicated, acted upon
* Antimicrobial prescribing decisions are regularly reviewed by the appropriate health professional

As an organisation we recognise the importance of the sharing of information relating to the prevention of infection with health professionals, care and domestic staff when managing referrals, admissions, discharges and the movement of service users between social care and health care settings. To this end we use our NHS email.

# Co-operating with other providers

As an organisation we recognise the importance of sharing relevant information with other providers, this will include any relevant infection prevention and control issues when a service user.

* moves to or from a care or health setting
* goes into hospital
* is transported by ambulance
* attends a hospital or other health outpatient departments

Staff are trained and aware of the need to send information when a service user is being moved along with the need of confidentiality and data protection responsibilities as laid out in our corresponding policies.

**Criterion 5**

Staff are trained and regularly updated to recognise the signs of an infection. Prompt recognition enables the GP to diagnose and treat quickly and any isolation procedures being put in place to reduce cross infection. The GP and our staff will draw on professional expertise on infection prevention and health protection.

3CP Training / Torbay Care Trust

**Criterion 6**

* As an organisation we ensure that everyone working in the care setting, including agency staff, volunteers and contractors understand and comply with the requirements of preventing and controlling infection.
* All workers including volunteers have infection control responsibilities in their job description
* Infection prevention and control is part of induction and training is received annually or whenever a situation changes in relation to infection control or further information is required.
* If staff are required to develop skills for invasive techniques or aseptic techniques specialised training is given by a health professional and this includes further infection control and prevention knowledge.
* Regular staff competency observations are in place to monitor working practice in all areas of infection prevention and control

**Criterion 7**

When staff are working with a service user in their own home all basic infection control precautions are taken to prevent any infection being transferred to other service users. If the service user requires specialised support in relation to infection control then advice would be taken from the local Health Protection Agency and any further precautions would be put in place with the involvement of the service user.

**Criterion 8**

This criterion does not apply to Adult Social Care.

**Criterion 9**

Risk assessments and the guidance given in the Code of Practice will assist registered providers decide which policy areas might apply to them.

# The Use of Personal Protective Equipment

* Adequate and suitable personal protective equipment and clothing should be provided by the organisation.
* All staff should who are at risk of coming into direct contact with body fluids, or who are performing personal care tasks, should use disposable gloves and disposable aprons.
* Sterile gloves are provided for clinical procedures such as applying dressings. These should be worn at all times during service user contact and should be changed between service users. On no account should staff attempt to wash and reuse these gloves.
* Non-sterile gloves are provided for non-clinical procedures.
* The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with Gail Lane.
* Any member of staff who suspects that they or a service user might be suffering from an allergic reaction to the latex gloves provided should stop using them immediately and inform their line manager. They should then consult their GP.

# Aseptic Technique

* If staff are required to have these skills for an individual service user then they are trained by a health professional.

# Outbreaks of Communicable Diseases

Staff are trained to recognise the signs of infections and to understand what actions they are required to take.

In the event of the suspected outbreak of an infectious disease at the organisation, advice on outbreaks can be sought from health protection nurses at Public Health England. If there is an outbreak or suspected outbreak of infection, it should be reported to Public Health England (PHE) for collation. PHE are responsible for advising on outbreak control and monitoring the outbreak.

 If it is a suspected food related outbreak advice can be sought from Environmental Health Departments

# The Disposal of Sharps (e.g. Used Needles)

Following NICE Clinical guideline [CG139] Healthcare-associated infections: prevention and control in primary and community care Published date: March 2012 Last updated: February 2017 (1.1.4 Safe use and disposal of sharps**)**

* sharps should not be passed from hand to hand and handling should be kept to a minimum
* sharps should be discarded immediately after use by the person generating the sharps waste
* used standard needles should never be bent, broken or recapped before disposal
* sharps—typically needles or blades—should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
* sharps should never be disposed of in ordinary or clinical waste bags.
* sharps boxes should be in a safe position to avoid spillages, at a height that allows the safe disposal of sharps, away from public access and is out of the reach of children.
* boxes should be temporarily closed when not in use
* boxes should never be filled above the fill line
* boxes must not be used for any other purpose other than the disposal of sharps
* when full, boxes should be sealed, marked as hazardous waste and clearly labelled with the service user’s details.
* staff should never attempt to force sharps wastes into an over-filled box.
* used, filled boxes should be sealed and stored securely until collected for incineration according to individual arrangements.
* sharp boxes should be disposed of every 3 months even if not full, by the licensed route in accordance with local policy
* sharp safety devices should be used if a risk assessment has indicated that they will provide safer systems of working for staff or service users
* all staff must be trained and assessed in the correct use and disposal of sharps and sharps safety devices

In the event of an injury with a potentially contaminated needle staff should:

* Wash the area immediately and encourage bleeding if the skin is broken
* Report the injury to their line manager immediately and ensure that an incident form is filled in
* Make an urgent appointment to see a GP or, if none is available, Accident and Emergency.

# Cleaning and Procedures for the Cleaning of Spillages

* Staff should consider every spillage of body fluids or body waste as potentially infectious and treat as quickly as possible.
* When cleaning up a spillage staff should wear disposable protective gloves and aprons and use the disposable wipes provided wherever possible.

# The Handling and Disposal of Clinical and Soiled Waste

* A risk assessment has been carried out assessing risk and measures are in place to manage the risk and the monitoring and auditing of work arrangements.
* A waste management policy is in place which is monitored and audited.
* All clinical waste should be disposed of in sealed yellow plastic sacks and each sack should be clearly labelled where available or follow individual care plan waste disposal procedures.
* Non-clinical waste should be disposed of in normal black plastic bag, following individual care plan procedures.
* When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged (where applicable)
* Staff should alert the organisation office if they are running out or yellow sacks, disposable wipes or any protective equipment

# The Handling and Storage of Specimens

* Specimens should only be collected if ordered by a GP.
* All specimens should be treated with equally high levels of caution.
* Specimens should be labelled clearly and packed into self-sealing bags before being taken to the doctors.
* Non-sterile disposable gloves should be worn when handling the specimen containers and hands should be washed afterwards.

**Legionnaires Disease**

When care is delivered to an individual within their own home, the reporting of such an outbreak lies with the health professionals involved in its management and is a very rare occurrence.

It is wise to take some precautions within a domestic setting.

* If the property has been vacant for a long period, say for a hospitalisation or a respite break then taps should be run through before use
* Showers should be run for 2 minutes after a week of non-use
* Older type properties should have taps run in areas not used on a regular basis so that the water system is refreshed regularly as water sat or stagnated for long periods within the water system is one of the major causes of the infection
* Air conditioning units are also a source, particularly within large buildings, such as residential flats, factories and office blocks

Symptoms develop 2-10 days after the aspiration of the droplets with pneumonia type signs, such as a cough, shortness of breath, chest pain, confusion in their mental state, as well as gastrointestinal nausea, vomiting or diarrhoea and the individual should be seen by a G.P.

Legionnaires is not contagious; but can be fatal within certain age groups.

# Food Hygiene

* All staff should adhere to the organisation’s Food Hygiene Policy and ensure that all food prepared for service users is prepared, cooked, stored and presented in accordance with the high standards required by the *Food Safety Act 1990* and the *Food Hygiene (England) Regulations 2005*.
* Any member of staff who becomes ill while handling food should report at once to their line manager or supervisor, or to the organisation office.
* Staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.

# Reporting

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) oblige the organisation to report the outbreak of notifiable diseases to the Local Environmental Health Officer, who will inform the Health and Safety Executive (HSE). Notifiable diseases include: cholera, food poisoning, smallpox, typhus, dysentery, measles, meningitis, mumps, rabies, rubella, tetanus, typhoid fever, viral haemorrhagic fever, hepatitis, whooping cough, leptospirosis, tuberculosis and yellow fever.

Records of any such outbreak, specifying dates and times, must be retained, and a completed disease report form sent to the HSE.

In the event of an incident, the Registered Manager is responsible for informing the HSE.

RIDDOR information is found on the HSE website and reports should be made using an online form.

Notifications must be sent to CQC as required in Regulation 20 “Duty of Candour”

# Dress Code

This organisation has a dress code policy in place which ensures clothing worn by staff when carrying out their duties is clean and fit for purpose.

# Immunisation of Service Users

* A record is kept by the registered managers of all immunisations given to service users
* This record is regularly reviewed in line with guidance from Public Health England.
* We liaise closely with the service users GP surgery or district nurse and offer all service users immunisation as required according to national schedule.

**Criterion 10**

This organisation has a Vaccination policy in place which is followed.

**Related Policies**

Accidents Incidents and Emergencies Reporting (RIDDOR)

Business Contingency and Emergency Planning

Co-operating with Other Providers

Confidentiality

Data Protection Legislative Framework (GDPR)

Dress Code

End of Life

Good Governance

MRSA

Notifications

Nutrition, Hydration and Food Safety

Prevention of Pressure Ulcers

Personal Protective Equipment

Vaccinations

**Related Guidance**

* .Gov Coronavirus - what you need to know <https://www.gov.uk/coronavirus>

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

* Regulation 12: safe care and treatment <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment>
* NICE Guideline (CG139) March 2012 updated February 2017, Infection: Prevention and control of healthcare-associated infections in primary and community care [www.nice.org.uk/guidance/cg139](http://www.nice.org.uk/guidance/cg139)

* [Infection prevention and control](https://www.nice.org.uk/guidance/qs61)  NICE quality standard QS61 published April 2014 <https://www.nice.org.uk/guidance/qs61>
* Health and Social Care Act 2008 Code of practice for the prevention and control of Infections <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>
* Royal College of Nursing - [Essential practice for infection prevention and control](https://www.rcn.org.uk/professional-development/publications/pub-005940)  [www.rcn.org.uk/professional-development/publications/pub-005940](http://www.rcn.org.uk/professional-development/publications/pub-005940)
* HSE Legionnaires <https://www.hse.gov.uk/legionnaires/symptoms.htm>

**Training Statement**

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and external courses are sourced as required.