CC18 - Infection Control Policy and Procedure

Category: Care Management **Sub-category:** Care Practice

Policy Review Sheet

Review Date: 21/12/16 **Policy Last Amended:** 21/12/16

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

Reason for this review:	Improve usability
Were changes made?	Yes
Summary:	Changes made to ensure the policy and procedure meet the requirements of the Health and Social Care Act 2008; Code of Practice on the prevention and control of infection. For some users, this update will reflect a change in policy reference code from CC34 to CC18, the policy name has not changed.
Relevant Legislation:	• The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013 • Public Health (Control of Disease) Act 1984 (as amended) • The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance Act 2008 • The Care Act 2014 • Control of Substances Hazardous to Health Regulations 2002 • The Hazardous Waste (England and Wales) Regulations 2005 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Safety at Work etc. Act 1974 • Management of Health and Safety at Work Regulations 1999 • Mental Capacity Act 2005 • RIDDOR

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Underpinning Knowledge - What have we used to ensure that the policy is current:	- The Royal College of Nursing, (2013), *Sharps safety RCN Guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013*. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-004135 [Accessed: 03/11/2016] - The Department of Health, (2015), *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance*. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf [Accessed: 03/11/2016] - National Institute for Health and Care Excellence, (2012), *Healthcare-associated infections: prevention and control in primary and community care Clinical guideline [CG139] Published date: March 2012*. [Online] Available from: https://www.nice.org.uk/guidance/cg139/chapter/1-guidance [Accessed: 03/11/2016] - Royal College of Nursing, (2013), *RCN Wipe it out Guidance on uniforms and work wear*. [Online] Available from: https://www2.rcn.org.uk/__data/assets/pdf_file/0010/78652/002724.pdf [Accessed: 03/11/2016] - Health and Safety Executive, (2011), *Blood-borne viruses in the workplace Guidance for employers and employees*. [Online] Available from: http://www.hse.gov.uk/pubns/indg342.pdf [Accessed: 11/11/2016] - National Institute for Health and Care Excellence, (2015), *Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NICE guideline [NG15]*. [Online] Available from: https://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started [Accessed: 16/11/2016] - Public Health England, (2014), *Communicable Disease Outbreak Management Operational guidance*. [Online] Available from: https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance [Accessed: 16/11/2016] - Health and Safety Executive, (2013), *Reporting injuries, diseases and dangerous occurrences in health and social care Guidance for employers*. [Online] Available from: http://www.hse.gov.uk/pubns/hsis1.pdf [Accessed: 18/11/2016] - Liz O'Brien, (2012), *District Nursing Manual of Clinical Procedures*. Wiley- Blackwell
Suggested action:	- Notify all staff of changes to policy - Share key facts with professionals involved in the service - Training sessions - Discuss in team meetings - Discuss in supervision sessions - Impact assessment/action plan - Confirm relevant staff understand the content of the policy

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1. Purpose

1.1 To protect both staff and Service Users from infection through routine, safe and effective care practices.

1.2 To support in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S5: How well are people protected by the prevention and control of infection?
EFFECTIVE	E1: How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?
WELL-LED	W4: How does the service work in partnership with other agencies?

1.3 To meet the legal requirements of the regulated activities that is registered to provide:

- The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
- Public Health (Control of Disease) Act 1984 (as amended)
- The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance Act 2008
- The Care Act 2014
- Control of Substances Hazardous to Health Regulations 2002
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- RIDDOR

2. Scope

2.1 The following roles may be affected by this policy:

- All staff
- Registered Manager
- Infection Prevention Lead

2.2 The following Service Users may be affected by this policy:

- All service users

2.3 The following stakeholders may be affected by this policy:

- Family
- External health professionals
- Local Authority
- NHS

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3. Objectives

3.1 To ensure compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (July 2015), in particular with the following criteria:

- To have systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of Service Users and any risks that their environment and other users may pose to them
- To provide information about the approach to prevention of infection, staff roles and responsibilities and whom people should contact with concerns about prevention and control of infection
- To ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people, working closely with other health professionals as appropriate
- To have systems to ensure that all staff (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
- To have and adhere to policies, designed for the Service User's care and our organisation that will help to prevent and control infections

3.2 Infection Prevention Lead (IPL)

The IPL will, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2015):

- Be responsible for the organisation's infection prevention (including cleanliness) management
- Oversee local prevention of infection policies and their implementation
- Report directly to the registered provider
- Have the authority to challenge inappropriate practice
- Have the authority to set and challenge standards of cleanliness
- Assess the impact of all existing and new policies on infections and make recommendations for change
- Be an integral member of the organisation's governance and safety teams and structures where they exist
- Produce an annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request

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4. Policy

4.1 recognise that all staff are responsible for infection prevention and control and we are committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures.

4.2 is committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures and by providing staff with appropriate training and equipment.

4.3 will do this by providing staff with appropriate training and equipment. We will ensure all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE).

4.4 takes seriously our responsibilities in relation to blood borne viruses, safer use of sharps and safe disposal of waste. We will make sure that risks are identified and measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users and key stakeholders.

4.5 The Infection Prevention and Control Lead will support adherence to this policy, procedure and any associated guidance. This will ensure that comply with the criteria in The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance.

4.6 All staff are responsible for infection prevention and control. We are committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures and by providing staff with appropriate training and equipment.

4.7 The infection prevention and control lead will support adherence to this policy, procedure and any associated guidance. They will comply with the criteria in The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance. Furthermore, will:

- Ensure there is evidence of appropriate action taken to prevent and manage infection
- Undertake an audit programme to ensure that appropriate policies have been developed and implemented
- Provide evidence that the annual statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence should be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative

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5. Procedure

5.1 Handwashing

Most healthcare associated infections are preventable through good hand hygiene - cleaning hands at the right times and in the right way. The aim of routine handwashing is to remove dirt and most transient micro-organisms (germs that can be easily removed by handwashing) found on the hands. All staff involved in the delivery of care and support should wash their hands:

- Before starting work
- Before eating, preparing or handling food
- Before and after giving any direct care to each Service User
- Before administering medications
- After any activity that contaminates the hands
- After using the toilet
- After sneezing/blowing the nose
- After cleaning activities
- Before going home
- And any other occasions when hands are thought to have been contaminated

5.2 Choice of Handwashing Agent

Handwashing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of decontamination. However, in a home setting this is not always available.

Liquid Soap

Handwashing with liquid soap and water removes dirt and organic material and should be used:

- Following direct hand contact with body fluids when gloves should have been worn
- When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- When caring for Service Users with undiagnosed diarrhoea and/or vomiting, Service Users with Clostridium Difficile or Norovirus and during outbreaks of these organisms
- After several consecutive applications of alcohol gel/rub

Alcohol Handrub

Is recommended for routine hand decontamination because it is:

- More effective
- Quicker and easier to use
- Better tolerated by the hands
- Can be provided at the point of care
- It can be used when liquid soap is not available in the home or if the home is too dirty to wash and dry hands with soap and water

However, alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. Hands must be decontaminated with alcohol gel/rub before invasive tasks such as dressings (wash hands first with soap and water if visibly soiled). Alcohol gel/rub is flammable and must be correctly stored.

Bar Soap

- Bacteria can grow on bar soap, especially if it is resting in water
- It should not be used if it is cracked or has dirt visible in the cracks
- If liquid soap is not available and bar soap is used, it should be stored it in a drainable dish, but should be rinsed under running water before use. It should be allowed to dry after every use
- Bar soap should not be carried from home to home

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Muslims and Alcohol Based Hand Gel

When formulating their uniforms and workwear policy, the DH sought advice from the 'Muslim Spiritual Care Provision' in the NHS (MSCP) on alcohol-based gel. The MSCP advised that as alcohol based hand gel contains synthetic alcohol, it does not fall within the Muslim prohibition against natural alcohol (made from fermented fruit or grain). Alcohol-based gel is used widely in Islamic countries within health care settings. It is permissible for Muslims to use such gels.

5.3 Handwashing Technique

Using Liquid Soap

- Expose the wrists and forearms. All parts of the hands must be included in the process
- Wet hands under running warm water before applying soap
- Apply liquid soap in the recommended product volume
- Rub all parts of the hands vigorously, without applying more water, using the six-step technique
- Rinse under running water
- Handwashing should take 40-60 seconds and a useful tip to check you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice

Using Alcohol Gel/Rub

- Hands must be free from dirt and organic matter, if not, wash first
- Avoid using excessive amounts of alcohol gel/rub to minimise skin damage, apply one shot (approx. 5 ml) of alcohol hand rub
- The hand rub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systemically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

5.4 Use of Gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands should not be washed or cleaned with alcohol hand rub. Hands should be washed after removal of gloves.

5.5 Water Temperature

Contact time and friction are more important than temperature of water, though for staff comfort, water should be warm.

5.6 Emollients

Although emollients (a preparation that softens the skin) are now standard ingredients in most liquid soaps and alcohol rubs (this is sometimes a substance called Lanolin), some members of staff continue to experience soreness or sensitisation and this should be discussed with the line manager.

5.7 Skin Damage

Skin damage may be associated with poor hand washing technique, but also the frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines. The best practice below will help to prevent skin damage:

- Staff to be aware of potentially damaging effects of hand hygiene products
- Avoid putting on gloves while hands are still wet from washing or applying alcohol rub
- Avoid rubbing hands with paper towels; skin should be patted dry
- Avoid over-use of gloves
- Use emollient hand cream regularly, e.g. after washing hands, before break, when going off duty and when off duty
- If irritation occurs, review compliance with hand decontamination technique and then inform your line manager

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- Avoid communal 'pots' of moisturiser as they can become a potential source of infection
- Individual tubes of hand creams may be used provided care is taken not to contaminate the nozzle

5.8 Hand Drying

Dry hands thoroughly. Improper drying can re-contaminate hands that have been washed. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage.

- Dry thoroughly with a disposable paper hand towel. Drying well removes lots more micro-organisms
- Dispose of paper towel into bins with foot-operated pedals
- Do not touch the bin with hands

5.9 Bare Below the Elbows

In November 2007 the Department of Health announced health providers should adopt a 'Bare Below the Elbows' policy whilst providing or undertaking care procedures. Bare Below the Elbows is where the hands and arms up to the elbow/mid forearm are exposed and free from clothing/jewellery. To control and prevent the spread of infection, will ensure staff understand the following best practice:

- Nails should be short and clean – no nail polish or extensions
- Wrist watches should not be worn. No other jewellery should be worn around the wrist
- Alert bracelets should be removed and attached around lanyard or pinned to uniform
- No rings with stones should be worn – one plain band is acceptable

Cultural and Religious Beliefs

We understand the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. recognises that some staff may not wish to expose their forearms and will consider the following as part of our local uniform and workwear policy:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity
- Uniforms can have three-quarter length sleeves
- Any full or three-quarter length sleeves must not be loose or dangling. They should be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity
- Any Sikh staff wearing a Kara bracelet may be asked to ensure it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

5.10 Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette should be applied as a standard infection control precaution at all times. The measures include:

- Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose

5.11 Personal Protective Equipment (PPE)

- Staff should wear PPE if there is a risk of exposure to blood or body fluids
- PPE includes gloves, aprons and occasionally masks if there is a risk of airborne infections
- Overshoes are unlikely to be required in a community setting, and staff should be aware that the use of overshoes increase the risk of slips, trips and falls
- Gloves must be removed by holding at the cuff and peeling the glove over the hand, then fold the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves into the household waste
- There is a growing incidence of latex allergy, and latex glove use is the single biggest risk factor. Nitrile

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gloves should, therefore, be provided, in preference to latex ones. Never use latex gloves that contain powder, as this increases the risk of allergy

5.12 Face Mouth/Eye Protection

It is unlikely that face, mouth/eye protection will be required routinely in the Care Home setting. One possible exception to this is the use of masks during a flu pandemic.

5.13 Occupational Exposure Management - Including Needlestick (or “Sharps”) Injuries

Needlestick (or “sharps") injuries are one of the most common types of injury reported by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure, e.g. a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route.

5.14 What Does 'Needlestick' or Sharp Injury Mean?

For the purposes of this Policy and Procedure the definition of a needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wound. This could include razors, sharp tissues, spicules of bone and teeth. Occupational exposure including needlestick (sharps) injury refers to the following injuries or exposures:

- Percutaneous injury (from needles, instruments, bone fragments, human bites which break the skin)
- Exposure of broken skin (abrasions, cuts, eczema, etc.)
- Exposure of mucous membranes including the eye, nose and mouth

5.15 Actions in the Event of an Occupational Exposure Including Needlestick or Similar Injury

First aid - Perform first aid to the exposed area immediately as follows:

- **Skin/tissues** - should be gently encouraged to bleed
- Do not scrub or suck the area
- Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol
- Cover the area using a waterproof dressing
- **Eyes and mouth** - should be rinsed/irrigated with copious amounts of water
- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens
- Do not swallow the water which has been used for mouth rinsing

5.16 Management of Clinical Sharps - Good Practice

- Sharps should be stored safely out of reach of children
- Clinical Sharps are single use only
- Needles should not be re-sheathed
- Needles that are bent or broken before use should be disposed of
- Syringes and needles are not dismantled by hand and are disposed of as a single unit
- The user must discard sharps immediately after use directly into a sharps container
- The sharps container must conform to UN standard 3291 and British Standard 7320
- Approved sharps containers should be assembled correctly and should never be over-filled, i.e. above the manufacturers’ fill line on the box/more than ¾ full
- These containers should be appropriately sealed in accordance with manufacturers’ instructions once full, and should be disposed of according to local clinical waste disposal policy
- Items should never be removed from sharps containers. The temporary closure mechanism on sharps containers should be used in between use for safety
- If carrying the container, or when it is left unsupervised, close the aperture to prevent spillage or tampering
- Do not attempt to retrieve items from a sharps container
- Do not attempt to press down sharps to make more room

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- Carry sharps container by the handle - do not hold them close to the body
- If sharps are spilled from a container, use a safe technique to retrieve them, e.g. a dustpan and brush and place carefully in the container
- Do not place sharps containers on the floor or above shoulder height and sharps containers should be placed out of direct sunlight
- All sharps injuries must be reported immediately to the Registered Manager and immediate treatment from GP / A & E sought
- Where Service Users are involved in the practice of injecting, e.g. insulin dependent diabetics, they must be taught how to dispose of sharps safely to avoid others sustaining injuries, including those providing care
- Complete the label on the container as required when it is brought into use, and again when full, prior to disposal.
- When ¾ full it must be sealed, the label properly completed, and sent for disposal as clinical waste

5.17 Blood Borne Viruses (BBV)

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not. The main BBVs of concern are:

- Hepatitis B virus (HBV), hepatitis C virus and Hepatitis D virus, which all cause hepatitis, a disease of the liver
- Human Immunodeficiency Virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body. These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk
- Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood
- Care should still be taken as the presence of blood is not always obvious and Service Users may not have any symptoms of a BBV
- All staff at risk of exposure to BBVs should be vaccinated against Hepatitis B
- Staff are at risk of BBV as much as Service Users are at risk of contracting BBV from staff
- When on assignments cuts and abrasions should be covered with a waterproof dressing before providing care
- Staff with skin conditions should seek advice from their GP to minimise their risk of infection through open skin lesions
- The correct type of lancing device should be used for Service Users who need to use a blood glucose monitoring device. This is to prevent transmission of BBVs

5.18 Exposure Prone Procedures (EPP)

- Care and Clinical Staff may be at increased risk of exposure to blood borne viruses when performing EPPs
- EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service User's open tissues are exposed to the blood of the worker. These include procedures where the workers gloved hands come into contact with sharp instruments, needle tips, etc.
- However, other situations can present a risk such a pre-hospital trauma care and the care of Service Users where the risk of biting is regular and predictable or for example, through leaking wounds or broken skin
- If a worker is known to have or strongly suspects they may have a BBV, it does not necessarily mean a change of job role however the member of staff must inform the Registered Manager for their own and others safety
- Workers with BBVs may be directed to refrain from EPPs which could put others at risk and cause the worker further illness

5.19 Human Bites

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites, which break the skin, are more likely to become infected than dog or cat bites, so it is important that they are treated promptly.

If a bite does not break the skin:

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- Clean with soap and water
- Record the incident in the Accident Book
- Review the risk assessment and identify if any changes are required to prevent incidents arising again

If a bite breaks the skin:

- Clean immediately with soap and water and cover with a dressing
- Record the incident in the Accident Book
- Seek Medical Advice by going to the local A&E department:
  - This will be to treat potential infection and for reassurance and information about HIV and Hepatitis B infection
- Review the risk assessment and identify if any changes are required to prevent incidents arising again

5.20 Body Fluid Spillages - Urine, Vomit, Pus, Sputum, Faeces and Blood

- All spillages of body fluids (e.g. urine, vomit, faeces or blood) should be dealt with immediately
- Wear disposable non latex gloves and a disposable apron
- Absorb as much of the spillage as possible with absorbent paper towelling
- This can be disposed of into a plastic waste sack (or flushed down the toilet if small amounts)
- If indoors, clean the area with a neutral detergent, e.g. washing up liquid and hot water, rinse and dry and ventilate the area
- For spillages outside, sluice the area with hot water
- Do not forget to thoroughly wash your hands after you have taken the gloves off
- It is recommended that carpets or soft furnishings should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible, dried
- Consent from a Service User is required when this occurs in someone's home and patch testing of the carpet or fabric should be undertaken
- Further information on Body Fluid Spillages can be found in the QCS Policy and Procedures on Body Fluid Spillages

5.21 Outbreaks of Communicable Diseases

- Staff must be aware of the signs of infection, particularly in the elderly, e.g. fever, diarrhoea or vomiting, unexpected falls and confusion. They must also know to report these signs immediately to senior management when they occur. A number of infectious diseases may spread readily to other vulnerable people and/or members of staff or relatives and cause outbreaks
- Where staff contract a communicable disease, advice should be sought from their GP. The Registered Manager should seek occupational health advice where necessary. Public Health England Regional Centres can also provide advice and guidance to professionals
- For employees, where it is clear that the disease is either attributable or contributed to by the work activity and a Registered Medical Practitioner has confirmed that this is the case then a report must be submitted to the Health and Safety Executive (RIDDOR)
- Business continuity plans should be localised to ensure provision is made for outbreaks of communicable diseases, e.g. a pandemic
- If there is an outbreak or suspected outbreak of infection within The Home it should be reported to Public Health England (PHE) for collation. PHE are responsible for advising on outbreak control and monitoring the outbreak
- Advice on outbreaks can be sought from health protection nurses at PHE, and if it is an expected food-related, obtain advice from Environmental Health Departments

5.22 Soiled Linen

The provision of clean linen is a fundamental requirement of care. Incorrect handling, linen processing and storage of linen can pose an infection hazard. Infection can be transferred between contaminated and uncontaminated items of linen and the environment in which they are stored. Within care facilities, specific hygiene measures should be taken to reduce these risks. Linen provided by care providers:

- Must be fit for purpose
- Should look and be clean
- Should be of the right material

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- Should be the correct type of linen for the intended purpose
- Should not be damaged or discoloured

The Home should ensure it follows the procedures outlined in Health Technical Memorandum 01-04: Decontamination of linen for health and social care (March 2016) for specific information on the handling of Linen in order to minimise the spread of infection

As a minimum, when handling soiled linen, care staff should adhere to the following best practice:

- Gloves and Aprons should be used if Staff have to handle any laundry soiled with blood or body fluids
- Staff should avoid soiled linen touching their skin or clothes
- Position the laundry basket nearby to reduce handling (keep off the floor and fabric covered furniture)
- Do not shake soiled linen; remove faecal material into the toilet
- Teach family or caregivers how to handle soiled laundry safely
- Wash heavily soiled laundry separately and add laundry bleach to wash water according to the manufacturer's instructions if material is bleach tolerant. Follow any COSHH instructions on the laundry bleach
- Store clean laundry apart from soiled linens
- Hand hygiene is required when activity is complete
- Remember to maintain the Service User's dignity at all times

5.23 Skin Infections/Infestations

Staff who have who have close physical contact with Service Users should be informed if a Service User has a skin infection or infestation. If a Service User with a skin infection, or an active or partially treated infestation, requires admission to hospital the admitting hospital should be informed of the condition.

For general advice or guidance on the infection or infestation, Public Health England can be contacted.

- If a member of staff reports they have acquired a skin infestation, they should seek advice and treatment from their GP before returning to work
- In the case of infestations such as Scabies, once the first treatment has been completed the employee may return to full duties however itching may persist for several weeks. The employee's whole family and close contacts need treatment at same time
- Any Service Users who have close contact with the employee should be observed for any signs or symptoms of infestation and contact made with their GP

5.24 Disposal and Management of Waste

The QCS Policy on Clinical Waste should be followed however as a minimum

- All waste should be segregated correctly in line with local policy and in accordance with your waste contractor
- When handling waste, appropriate personal protective equipment (PPE) should be worn.
- All waste bags should be no more than 2/3 full. This allows enough space for the bag to be tied using a suitable plastic tie or secure knot
- Waste bags should be labelled with the address and date prior to collection by the waste contractor (some waste contractors may undertake this) to ensure traceability if an incident occurs
- When handling tied waste bags, only hold the bag by the neck and keep at arm's reach to reduce the risk of injury in case a sharp item has been inappropriately disposed of in the bag
- If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag
- Hypodermic needles and other hazardous healthcare wastes should never be disposed of in the toilet or sink

5.25 Management of Invasive Devices

Invasive devices such as urinary catheters, infusion devices, tracheotomies and PEGs will increase the risk of a Service User developing an infection and The Home should have procedures in place for the management of these devices.

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- The use of the device and the reason for its use should be documented in the Service User's notes/Care Plan
- The use of all devices must be reviewed and the review documented in the Service Users notes
- The device should be removed as soon as it is no longer required
- The Service User should be monitored for signs of infection associated with the device

5.26 Cleanliness of Care Equipment

Cleaning, disinfection and sterilisation are all methods of decontamination that reduce or destroy contaminants, thereby preventing microorganisms from reaching a site where they might cause harm.

General good practice

- All equipment must be clean, fit for purpose, and in a good state of repair
- All equipment must be stored in an appropriate area
- Before purchasing any new equipment, ensure that it can easily be decontaminated and recommended cleaning solutions are available
- If there are items of equipment that are not routinely cleaned on a daily basis, there should be a written cleaning schedule and records kept of cleaning undertaken

Cleaning

Cleaning physically removes the organic material on which microorganisms feed, and will also reduce the load of microorganisms. It is suitable for equipment that comes into contact only with intact skin. It is also essential prior to disinfection and sterilisation.

5.27 How to clean

- Wear protective clothing, i.e., apron and gloves
- Prepare a fresh cleaning solution appropriately diluted for each task
- Makeup only the quantity required in a clean dry container
- Some cleaning products are incompatible; only mix if advised by the manufacturer
- Use warm water, a general purpose detergent and disposable cloths or disposable paper towels. It is not necessary to use cleaning products that are advertised as being antibacterial
- Change the solution frequently to prevent a build-up of soil or micro-organisms which would contaminate surfaces
- Air drying is acceptable for large surfaces, but small areas should be dried with clean disposable paper towels/cloths
- Dispose of cleaning solution promptly in a sluice or dirty utility area
- Remove protective clothing and wash hands before carrying out other duties

Single use and reuse items

Certain devices, e.g., nebulisers, will need to have the manufacturer's instructions checking to ensure that single use items or parts of the item are not being reused.

5.28 Staff Sickness

- Staff with diarrhoea and vomiting should not attend work but ring to report sick
- Should the condition persist it may be necessary not return to work until medical clearance by a GP is given
- Staff should not attend work until they are clear for 48 hours in order to prevent the spread of infection

5.29 Working with Other Providers - The Movement of Service Users Between Services

will ensure that it provides suitable and sufficient information on a Service User’s infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a Service User’s home, so that any risks to the Service User and others from infection may be minimised. When information is being shared consent from the Service User should be obtained. In cases where the Service User lacks capacity, consent should be sought from whoever has the power of attorney, or decisions made in the best

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interests of the Service User following the principles of the Mental Capacity Act.

5.30 Uniform and Workwear

Effective hygiene and preventing infection are absolutes in all care settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to Service Users. Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with Service Users during direct care activity.

- Staff should follow 's Uniform and Workwear Policy
- Staff should wear gloves and aprons when deemed appropriate, not 'just in case'
- Staff should change as soon as possible if uniform or clothing becomes visibly soiled or contaminated
- Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- Clean washing machines and tumble driers regularly, in accordance with manufacturer’s instructions
- Staff should have at least enough uniforms available to change each day, this enables staff to start each day with a clean uniform
- Staff should wash heavily soiled uniforms separately
    - Separate washing will eliminate any possible cross-contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature

5.31 Food Handling and Hygiene

All staff should adhere to 's food hygiene policy and ensure that all food prepared in Service User's homes 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 his or her line manager or supervisor, or to the 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.

5.32 Pets

- The Home will ensure that any animals used for pet therapy are appropriately wormed and vaccinated and have a flea management programme
- where pets are kept within The Home pets feeding areas, cages, and bedding is changed and cleaned regularly
- The Home will promote hand hygiene after handling animals

5.33 Sepsis

Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the body's immune system to go into overdrive, and if it not treated quickly, it can lead to multiple organ failure and death. In many cases however, sepsis is avoidable and treatable and early identification is key to successfully treating sepsis.

- The key to preventing sepsis is to prevent an infection from occurring in the first place
- If an infection does set in, it must be treated as quickly and effectively as possible
- Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult
- The risk of getting an infection also drops with proper hand washing
- Infections can also be reduced by proper care of all wounds
- Staff should understand and recognise the signs of sepsis (see further reading)

5.34 Reporting

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires to report the outbreak of notifiable diseases to the HSE

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- Notifiable diseases include:
  - Cholera
  - Dysentery
  - Food poisoning
  - Hepatitis
  - Leptospirosis
  - Measles
  - Meningitis
  - Mumps
  - Rabies
  - Rubella
  - Smallpox
  - Tetanus
  - Tuberculosis
  - Typhoid fever
  - Typhus
  - Viral haemorrhagic fever
  - Whooping cough
  - Yellow fever
- Records of any such outbreak must be kept specifying dates and times and a completed disease report form must be sent to the HSE. In the event of an incident, The Registered Manager is responsible for informing the HSE

5.35 Communication

- should ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
- This could be done through, but is not limited to job descriptions, induction, training, supervision and team meetings
- Contractors working in Service User areas would need to be aware of any issues with regard to infection prevention and obtain 'permission to work'
- Where staff undertake procedures, which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
- will ensure their policy on the control of infection is shared with Service Users and other stakeholders
- Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with Regulation 20, Duty of Candour

5.36 Training

- Staff and volunteers should be made aware of this policy and should be trained appropriately to ensure they are suitably skilled and competent

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6. Definitions

6.1 Needlestick or Sharp Injury

- A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds, such as razors, sharp tissues, spicules of bone and teeth

6.2 Sepsis

- Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs. In sepsis, a Service User's immune system goes into overdrive setting off a series of reactions including widespread inflammation. This can cause a significant decrease in blood pressure reducing the blood supply to vital organs and starving them of oxygen. Sepsis can lead to multiple organ failure and death especially if not recognised early and treated quickly. Care Staff who see someone regularly can spot the early signs of Sepsis by using the Sepsis Tool

6.3 Outbreak

- An outbreak can be defined as two or more cases of infection occurring around the same time, in Service User and/or their carers or an increase in the number of cases normally observed. The commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and on occasion by other routes, which may include food

6.4 Communicable Diseases

- Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal. Some diseases are passed on by direct or indirect contact with infected persons or with their excretions. Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e. they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include: diphtheria, scarlet fever, measles, mumps, whooping cough, influenza, and smallpox. Some infectious diseases can be spread only indirectly, usually through contaminated food or water, e.g. typhoid, cholera, dysentery. Still other infections are introduced into the body by animal or insect carriers, e.g. rabies, malaria, encephalitis

6.5 Pandemic

- An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people

6.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident

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Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Washing hands correctly is the single most effective way of controlling the spread of infection
- Wear PPE when there is likely to be exposure to body fluids
- Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles or glass wherever possible
- Ensure immunisations are up to date
- Dispose of waste correctly use the correct bins to dispose of waste, ensure the working areas kept clean, wash your hands afterwards and dispose of all contaminated waste safely
- Ensure staff have up to date training on infection control
- Ensure there is a nominated lead for infection

Key Facts - People affected by the service

People affected by this service should be aware of the following:

- Obtain advice from the GP on any available and recommended vaccinations
- Ensure you wash your hands, this will help prevent the transmission of infection

Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- Health Technical Memorandum 01-04: Decontamination of linen for health and social care - Department of Health March 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/527545/Social_care.pdf
- How to recognise Sepsis - A Checklist for Community Care Staff http://sepsistrust.org/wp-content/uploads/2016/07/Community-carers-NICE-Final-2.pdf
- Five Moments of Hand Hygiene, WHO http://www.who.int/gpsc/5may/background/5moments/en/
- Clean Care is Safer Care - Clean hands protect against infection, WHO http://www.who.int/gpsc/clean_hands_protection/en/
- Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publiSavecations/publicationspolicyandguidance/DH_114751
- Health Protection Agency: 2013: Prevention and Control of Infection in Care Homes - an information resource https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf
- The management of waste from health, social and personal care RCN guidance https://www.rcn.org.uk/professional-development/publications/pub-004187

Outstanding Practice

To be outstanding in this policy area you could provide evidence that:

- Infection Control audits are undertaken as part of the on-going quality monitoring process to identify and drive forward any improvements required
- Care records evidence that staff had made referrals to external health care professionals when needed
- Changing needs are identified promptly and staff ensured these needs are met through the involvement of other agencies
- Staff wear PPE appropriately and are aware of the importance of good hand hygiene

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