



Infection Control

Revised March 2013



Infection Outbreak Management

Care home name: __Wellbeing Residential Group__

Wellbeing Residential Group believes that infection control is a critical element in the running and management of any residential care facility as serious infections can easily be spread if inadequate controls are in place. The home is acutely aware that infectious diseases can spread easily amongst elderly residents in a care home - particularly in the winter - with the commonest outbreaks being flu, gastroenteritis, diarrhoea and vomiting.

The protection of service users from such diseases is a key aim of this home, which expects all of its staff and volunteers to adhere strictly to a range of policies relating to the control of infection including this one, which is designed to protect service users from the risks of outbreaks of infectious diseases.

Wellbeing Residential Group understands that the implementation of effective infection control policies and procedures is a legal requirement under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This states that the registered person must, so far as reasonably practicable, ensure the maintenance of appropriate standards of cleanliness and hygiene in relation to premises occupied for the purpose of carrying on a regulated activity.

The home also understands that providers of services must comply with:

- *Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*, in order to ensure compliance with Regulation 12
- *Essential Steps for Infection Control* published by the Department of Health as part of the %Safe, Clean Care+campaign to provide best practice guidance in areas of clinical practice
- any other relevant best practice guidance published by relevant professional bodies such as the Department of Health.

Definitions and Theory

This home understands an infection %outbreak+to refer to occurrences of infectious disease that affect two or more residents. The home recognises that the commonest outbreaks are flu, gastroenteritis, diarrhoea and vomiting.

Diarrhoea and vomiting bugs are usually transmitted by direct contact and can spread rapidly through a care home population. Contact with contaminated people, surfaces or objects, particularly those contaminated with faeces or vomit, can easily spread the bugs responsible, as can consuming contaminated food or water.

Procedure

To fully protect service users in this home from the associated risks, the following precautions should be taken during any infectious outbreak.

1. Residents with influenza should remain in a segregated area for at least five days whenever possible. They should be given plenty of fluids and their specific symptoms should be treated.

2. Residents with diarrhoea and vomiting should be isolated in their own rooms while symptomatic and for a minimum of 48 hrs after, whenever possible. They should have their own toilet facilities or a designated commode if en-suite facilities are not available. Special attention should be paid to ensuring that they drink enough fluids.
3. When a decision about segregating or isolating an infected resident is taken care staff will take into account the likely psychological and social effect on the resident and ensure that appropriate support is in place.
4. Cleaning and hygiene will be prioritised with particular attention paid to the cleaning of toilets, bathrooms, door handles, light switches and support handrails.
5. Residents should be encouraged to wash their hands after using tissues or the toilet or commode, and before eating.
6. Linen used during an infected resident's care should be treated as infected linen and staff should take great care over the cleaning of their uniforms. The correct linen wash bags should be used as provided.
7. Staff should pay close attention to all infection control practices, particularly the washing of hands and wearing of protective clothing. A new pair of gloves and a plastic apron should be worn for each resident and all staff handwashing areas and the rooms of symptomatic residents should have an antibacterial liquid dispensed soap (or an alcohol hand rub following handwashing with a regular liquid soap) for the duration of an outbreak.
8. Symptomatic staff should not come to work or should be sent home and remain off work until symptom-free for 48 hours.
9. Visitors should be informed of the outbreak and unnecessary visits should be discouraged. Those who choose to visit should wash their hands as they enter and leave the home and comply with all other hygiene practices in place.
10. If any resident requires admission to hospital the receiving unit must be informed of the outbreak so that they can institute appropriate measures.
11. In all outbreaks the advice of a GP should be sought and the Infection Control Lead for the home should co-ordinate actions and ensure contact with the local Community Infection Control Team.
12. Where expert advice or support is required the care home manager or Infection Control Lead should confer with the local Consultant in Communicable Disease Control (CCDC) or community communicable disease team. The CCDC will advise the home of any immediate action necessary for control and this may require identifying those at higher risk and separating those who have symptoms from those who do not.

Wellbeing Residential requires staff at all times to comply fully with *The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*.

Reporting

The care home manager or Infection Control Lead will report any suspected outbreak of infectious disease immediately to the local Consultant in Communicable Disease Control (CCDC) and follow any advice given.

According to *The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*, the infection control lead in the home should produce an annual report on the systems in place for the prevention and control of infection and how these are monitored. The report should contain information on

incidents and outbreaks of infection, risk assessment, training and education of staff, and infection control audit and the actions that have been taken to rectify any problems.

Implementation

All staff are responsible for the implementation of this policy.

Overall responsibility for ensuring the policy is implemented, monitored and reviewed rests with the Infection Control Lead for the home.

The Infection Control Lead will work closely with the manager of the home to ensure that all infection control policies are effectively implemented and that the home has adequate supplies of handwashing materials and facilities, personal protective equipment and sterile clinical equipment. An outbreak of infection is likely to have considerable resource implications for the home and may lead to staffing shortages, therefore the Infection Control Lead and the manager will have in place suitable contingency plans for extra staffing and increased use of disposable items or extra laundry capacity.

Individual staff practitioners are responsible for ensuring that they implement this policy wherever necessary and exercise adequate infection control precautions at all times, seeking further advice from the Infection Control Lead as required.

Information on the policy will be:

- circulated to all staff
- provided to all new employees
- included in the Infection Control Policy, the Clinical Waste Policy, and the Disinfection of Medical Devices Policy.

Training

Care staff and cleaning staff who are required to have additional knowledge and skills in infection control will have appropriate access to ongoing training and refresher training and assessment in infection control.

Audit

The Infection Control Lead for the home is responsible for monitoring the policies and procedures in relation to the control of infection and ensure they are developed and their implementation is monitored.

The Infection Control Lead for the home will monitor carefully any incident reports relating to infection control matters in order to identify any trends or patterns.

Signed:

Date:

Policy review date:
