Infection Control

Policy Statement
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.

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.

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.

Policy Aim
The aim of the organisation is to prevent the spread of infection amongst staff, service users and the local community. The policy applies to services that we supply to people living in their own homes, as well as to agency staff that we supply to our clients in a range of settings. Agency workers must adhere to the infection control policy and procedures of the specific client for whom they are working.

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 the following 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
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- The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (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

INFECTION CONTROL PROCEDURES

Basic Principles

- ENS has a clear governance structure and accountability that identifies our Infection Prevention Control lead and whom they are required to report to. The IPC Lead at ENS is the Registered Manager of the service.
- As an organisation we will ensure there are adequate resources in place to secure the effective prevention of infection.
- 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.

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.
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The Infection Prevention Control Lead should:

- be responsible for the organisation’s infection prevention programme
- oversee the implementation of organisational policies
- report directly to the nominated individual
- 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
- The IPC lead has access to specialist infection control expertise via the Infection Prevention and Control Team at Southend Hospital 01702 435555 ext. 6639.

Effective Hand Washing

This organisation believes that the majority of cross-infection in a care environment is caused by unwashed or poorly washed hands, which provide an effective transfer route for micro-organisms. The organisation believes that regular, effective hand washing and drying, when done correctly, is the most effective way to prevent the spread of communicable diseases. Staff who fail to adequately wash and dry their hands before and after contact with service users may transfer micro-organisms from one service user to another and may expose themselves, service users and the public to infection.

In this organisation:

- All staff should, at all times, observe high standards of hygiene to protect themselves and their service users from the unnecessary spread of infection
- All staff should ensure that their hands are thoroughly washed and dried:
  - Between seeing each and every service user where direct contact is involved, no matter how minor the contact
  - After handling any body fluids or waste or soiled items
  - After handling specimens
  - After using the toilet
  - Before handling foodstuffs
  - Before and after any care or clinical activity
- Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels
- All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times
- Ordinary soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels
- The use of antiseptic or antimicrobial preparations is recommended if service users are known to have an infectious disease or are colonised with antibiotic-resistant bacteria, such as Methicillin Resistant Staphylococcus Aureus
- Antiseptic hand washing solutions may also be used in situations where effective hand washing is not possible
- The use of alcoholic products for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing where extra decontamination is required, or else to provide an alternative means of hand
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decontamination in situations where standard facilities are unavailable or unacceptable (for example between service users or in unsanitary conditions)

- To be effective, hands should be thoroughly washed before the use of an alcoholic rub and again after the procedure or service user contact has ended.

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 outpatients department

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.

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.

The Use of Protective Clothing

- Adequate and suitable personal protective equipment and clothing will be provided by the organisation when we are responsible for the care of the service user in their own home.
- 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 ENS Community Support Team.
- 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.
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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.
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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

- 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.
- 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.

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 1995 (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.
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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 in the care and support plan of any immunisations given to service users.
- We liaise closely with the service users GP surgery or district nurse and offer all service users immunisation as required according to national schedule.

Occupational Health
All ENS staff are required to complete a Declaration of Health during the recruitment process, which is checked by our Registered Nurse. Any issues which need further discussion or investigation will be dealt with by the nurse or by referral to our Occupational health provider.

Some ENS clients, for example the NHS, require agency workers to provide evidence of immunisation status and receive a Certificate of Fitness from our occupational health provider which has to be updated annually.

Training Statement
All new staff will complete a mandatory "Infection Control" training course which will be updated every 3 years, or sooner should there be significant changes to legislation or procedure. Training will cover all areas required by the Code of Practice for the prevention and control of infection and related guidance.

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.

- 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 have infection control responsibilities in their job description
- 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.
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Related Guidance


Infection prevention and control  NICE quality standard QS61 published April 2014 [https://www.nice.org.uk/guidance/qs61](https://www.nice.org.uk/guidance/qs61)


Royal College of Nursing - Essential practice for infection prevention and control [www.rcn.org.uk/professional-development/publications/pub-005940](http://www.rcn.org.uk/professional-development/publications/pub-005940)

**Related Policies**

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