

## **Infection Control Policy and Procedure:**

### **Overview:**

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst stakeholders across organisations, service users, employee's, communities, internal and external colleagues all which are referred to as stakeholders.

We recognise and value all stakeholders at Homecare Services 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 (germs) that can spread if care workers do not take adequate precautions.

In line with regulations and legislation (appendix A) this policy outlines our responsibility as an organisations and procedures that must be implemented by all employees.

We recognise each employees work environment differs however this policy must be upheld as best practice where possible. If as an employee, you are **unable** to implement any procedures and work within the guidelines of this policy you must record and report to your manager so a risk assessment can be put in place. It is the employee's responsibility to notify your manager where a policy cannot be implemented.

As new and relevant information is presented this policy will be reviewed updated and distributed accordingly.

### **Our Policy Statement:**

"All employees at Homecare Services are accountable for upholding the health, safety and well-being of all services users and have a duty of care to their colleagues, internally and externally (referring to all stakeholders)". This statement is in line with local and national policy/legislations see appendix A

In relation to Infection Control we (all employees of the organisation) adhere to the Code of Practice for Health and Adult Social Care on the prevention and control of infections published by the Department of Health; and Regulations 12 – Safe Care and Treatment of the Health and Social Care Act Regulations 2014".

**Our Aim** *is to prevent the spread of infection in all forms across the key stakeholders within our organisation; employees, services users/family members and members of the community.*

### **How we will implement our aim:**

As an organisation we will:

- Ensure all staff and relevant bodies have access to infection control training during their induction period and annual there after that
- Provide Free PPE in accordance to their role/patients and environment

- Ensure all staff know and understanding their role and responsibility with basic principles of infection control which is job relevant
- Provide up to date information (changing issues such as COVID-19 updates) via our communication platforms.
- Be available for the reporting of issues related to the likelihood of infection
- Have in place relevant procedures (appendix B, along with staff handbook)
- Take all necessary steps when infection is reported to limit spread
- Encourage all to uphold Infection Control (we recognise that all stakeholders will be on-board with the prevention of infection however, as an organisation we will request and if declined report and record in line with procedures in place).

### **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. Where our staff are working within a family home it is professional respect for all to adhere to relevant policy/procedures that are in the best interest of patient.

### **NICE Guidelines**

NICE have issued guidelines (CG139) on Infection: Prevention and control of healthcare-associated infections in primary and community care <https://www.nice.org.uk/guidance/cg139>

**Appendix A:** Legislation and Regulations as an employee you are accountable to work to.

### **Health and safety at Work Act 1974 –**

Under the Health and Safety at Work Act 1974 it is the Employers' responsibility to reduce the risks as far as reasonably practical and to ensure risk assessments are provided.

It is the responsibility of the Employee –

To protect the health and safety of the service user by minimising the risk of infection by wearing personal protective clothing, by practising good universal precautions and hand washing, safely disposing of waste and reporting any untoward incidents.

### **Public Health (Control of Diseases) Act 1984 and Public Health (Infectious Diseases) Regulations 1988 -**

Under this legislation, doctors in England and Wales have a statutory duty to notify a 'Proper Officer' of the local authority if they are aware that, or have cause to suspect that, a patient is suffering from one of the notifiable diseases.\*

### **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 – (RIDDOR)**

If it is reported that an employee has been diagnosed with a reportable disease\* then the Employer must report this to the enforcing authority. This could be to the environmental health department of the local authority or direct to the RIDDOR Incident Contact Centre.

RIDDOR – 0845 300 9923 or [riddor@natbrit.com](mailto:riddor@natbrit.com)

### **Control of Substances Hazardous to Health (COSHH) Regulations 2002 –**

Under this legislation the Employer is responsible for taking effective measures to control exposure and protect health. The Regulations require employers to assess the risk to their employees and to prevent or adequately control those risks.

### **The Environment Protection Act 1990**

In Domiciliary care the general principles of this act regarding the handling and disposal of waste do apply, however, The Health and Social Care Act 2008: Code of Practice for health and adult social care, states that:

*A domiciliary care service providing services to individual people in their own homes, or a care service provided in a domestic-style setting where service users are generally well, should use the domestic waste stream. Where any doubt exists, advice should be sought from its local authority'.*

### **Food Safety Act 1990**

The main features of these regulations are:

1. A general requirement to carry out all food activities in a hygienic way (regulation 4.1)
2. A requirement for food handlers to report actual or suspected infections which could result in the contamination of food (regulation 5)
3. A requirement for the supervision, instruction and/or training of food handlers in food hygiene (Schedule 1, Chapter X)

## Appendix B

Procedures (steps to be taken) you are legally responsible for whilst carrying out duties for Homecare Services

**Standard Precautions:** Recognise Record and Report all potential infectious transmissions. It is the responsibility of the employee to record and then report to their line manager any infectious transmission at the earliest sign to enable a risk assessment to be implemented.

### 1. Hand Hygiene:

Hand hygiene is now regarded as one of the most important element of infection control activities (Marthur, 2011), and is required even if gloves are worn. Most health care associated infections (HAIs) are preventable through good hand hygiene – cleaning hands at the right times and in the right way. (WHO, 2012)

Hands are the most common means in which microorganisms, particularly bacteria, can be spread and subsequently cause infection, especially for those patients who are most susceptible. Staff must consider the potential/actual hazards that have or might be encountered during the course of their duties and how this subsequent hazard may present as potential/actual contamination of their hands and risk to service users, visitors and other staff.

Staff must assume that **every person** they encounter could be carrying potentially harmful microorganisms that could be transmitted and cause harm to others. As such, staff must carry out effective hand hygiene at the correct point in care as a standard infection control precaution. Hand hygiene is one of the elements of Standard Infection Control Precautions. Everyone has an important part to play in improving patient safety and contributing to breaking the chain of infection at every opportunity.

All employees will be given on the job training on the hand washing technique, please see diagram below for guidance.

Copy this link into your browser for a demonstration video clip on the recommended COVID-19 Handwashing procedure <https://www.youtube.com/watch?v=4ij1I0OB2hk>



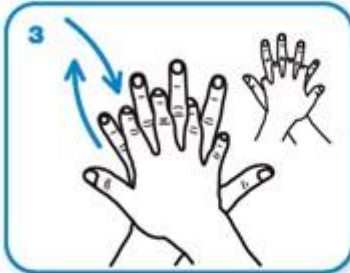
Wet hands with water



apply enough soap to cover all hand surfaces.



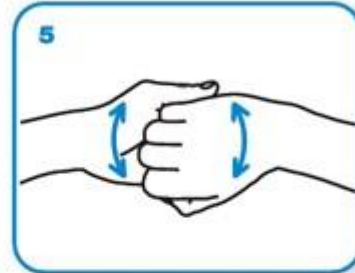
Rub hands palm to palm



right palm over left dorsum  
with interlaced fingers  
and vice versa



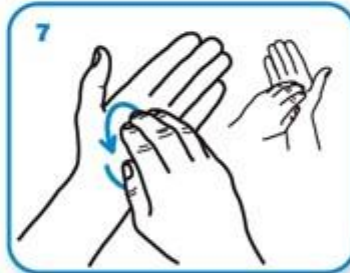
palm to palm with fingers  
interlaced



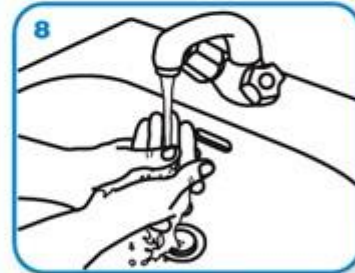
backs of fingers to opposing  
palms with fingers interlocked



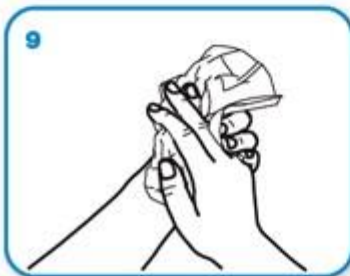
rotational rubbing of left thumb  
clasped in right palm  
and vice versa



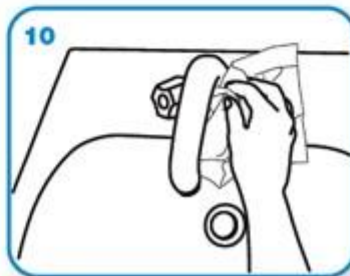
rotational rubbing, backwards  
and forwards with clasped  
fingers of right hand in left  
palm and vice versa.



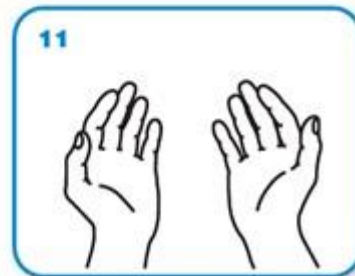
Rinse hands with water



dry thoroughly with a single  
use towel



use towel to turn off faucet



...and your hands are safe.

### Personal Hygiene 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.

### 2. Personal Protective Equipment (PPE):

Whilst working with service users you are required to wear the following PPE, all of which is provided for employees by the organisation;

Face Masks – (at some visits as detailed in risk assessment)

Gloves

Aprons

Shoe protectors – (at same visits as detailed in risk assessments)

#### Donning and doffing personal protective equipment

Always perform hand hygiene immediately before donning and after removing PPE.

Risk assessment will determine which items of PPE are required **Sequence for**

#### donning PPE:

- perform hand hygiene
- apron
- mask
- eyewear
- gloves

#### Sequence for doffing PPE:

- all items must be removed and discarded carefully
- apron
- gloves
- perform hand hygiene after apron/gloves removal and before your hands go near your face (for removal of masks and eye protection)
- Mask/face protection

Donning PPE	Doffing PPE
<b>1. How to don an apron</b> <ul style="list-style-type: none"> <li>• remove from pack/roll</li> <li>• place over head</li> <li>• tie in the rear</li> </ul>	<b>1.How to doff an apron</b> <ul style="list-style-type: none"> <li>• break apron behind neck</li> <li>• roll into ball, avoiding the exterior</li> <li>• dispose of as clinical waste</li> </ul>
<b>2. How to don a mask</b> <ul style="list-style-type: none"> <li>• secure on head with ear loops/tie</li> <li>• place over nose, mouth, and chin</li> <li>• fit flexible nose piece over bridge</li> <li>• adjust fit – snug to face and below chin</li> </ul>	<b>2. Mask removal</b> <ul style="list-style-type: none"> <li>• front of mask is 'dirty'; handle by earloops</li> <li>• remove from face, in a downward direction, using ear-loops/ties</li> <li>• discard</li> </ul>

<b>3. How to don eye protection</b> <ul style="list-style-type: none"> <li>position eyewear over eyes and secure to head using ear pieces or head loop if using visor</li> </ul>	<b>3. Eyewear removal</b> <ul style="list-style-type: none"> <li>outside of eyepiece is 'dirty'; handle by earpieces</li> <li>grasp earpieces with ungloved hands</li> <li>pull away from face</li> <li>place in designated receptacle for reprocessing or dispose of if single use</li> </ul>
<b>4. How to don gloves</b> <ul style="list-style-type: none"> <li>don gloves last</li> <li>perform hand hygiene before donning new gloves</li> <li>insert hands into gloves</li> <li>keep gloved hands away from face</li> <li>remove gloves if they become torn;</li> </ul>	<b>4. Glove removal</b> <ul style="list-style-type: none"> <li>outside of glove is 'dirty'; use glove to glove/skin-to-skin handling method</li> <li>grasp outside edge near wrist</li> <li>peel away from hand, turning glove inside out</li> <li>hold in opposite gloved hand</li> <li>slide ungloved finger under wrist of remaining glove, peel off from inside, creating a bag for both gloves, Discard</li> <li>Wash hands</li> </ul>

Also see video clip demonstration here for COVID-19; <https://www.youtube.com/watch?v=-GncQ-ed-9w> <https://www.youtube.com/watch?v=ozY50PPmsvE>

**NOTE:** Where there is no clinical waste bin, such as working in the community. You must collect all used PPE, place in a sealed bag, dated and dispose of in general waste 72 hours after use. This is to minimise any chance of contamination when disposed of.

### 3. Food Hygiene:

- All staff should adhere to the organisation's Food Hygiene Policy and ensure that all food prepared for residents 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 seek medical care if required and should only return to work after they have been symptom free for 48 hours or when their GP states that they are safe to do so.

For guidance follow this link: <https://www.youtube.com/watch?v=pLJ703rOTq4> specialist training from those working in the residential homes kitchen will be provide on the job.







#### **4. Waste Disposal:**

- 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 as required.
- Non-clinical waste should be disposed of in normal black plastic bags.
- 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 of yellow sacks, disposable wipes or any personal protective equipment.

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

- 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.
- Staff should never re-sheath needles.
- Boxes should never be overfilled.
- When full, sharps boxes should be sealed and arrangements made for these to be swapped at the chemist
- Staff should never attempt to force sharps wastes into an over-filled box.

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.

#### **6. Cleaning and Disinfection:**

- 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.

#### **7. RIDDOR: Reporting of injury, disease, dangerous occurrences regulations.**

The *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (appendix D) 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”

### Appendix C:

Sources of infections from the body

Organisms, both viral and bacterial that are carried in different parts of the body:

<b>Diarrhoea and/or Vomiting</b>	are usually viral in origin and do not last more than 24 to 48 hours. However, in the elderly this can be prolonged and very debilitating. It is just as important to report this type of symptom when it affects a member of staff as well as a service user as this type of infection can spread very rapidly.
<b>Staphylococci (<i>a group of bacteria's</i>)</b>	and other bacteria are carried on the skin; they do not usually cause harm unless they get into cuts or wounds where they may cause minor infection.
<b>Bacteria and viruses</b>	are carried in the mouth; they help to break down food so that it can be digested. These organisms may cause infections in staff if staff do not wear gloves or wash their hands after putting their hands near a person's mouth. A wide variety of <i>bacteria</i> and sometimes <i>viruses</i> are carried in faeces, most bacteria are necessary to maintain the proper functioning of the bowel
<b>Chronic wounds may be colonised by bacteria.</b>	A wide range of bacteria that like warm moist environments might be present in a wound, these bacteria do not usually cause any problems to the person and current research shows that they do not need to be removed to allow a wound to heal.
<b>Blood and bodily fluids</b>	may contain a number of viruses, the most common of these viruses which give cause for concern are: Hepatitis B, Hepatitis C and Human Immuno-deficiency Virus (HIV)

As a responsible company ***we recommend to all our staff that they are vaccinated against*** Hepatitis B. Currently there is no vaccine for Hepatitis C or HIV so best practice is the most important protective measure for employees.

## Appendix D

Reportable infection/diseases; This is a list of the most common infections that are reportable and might be encountered in a Domiciliary (home based) Care setting:

Name of reportable infection/disease	Description of infection/disease
<b>Coronavirus</b> ( <i>also referred to as COVID-19</i> )	is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Cough, temperature and loss of taste/smell.
<b>Diarrhoea and/or Vomiting</b>	are usually viral in origin and do not last more than 24 to 48 hours. However, in the elderly this can be prolonged and very debilitating. It is just as important to report this type of symptom when it affects a member of staff as well as a service user as this type of infection can spread very rapidly.
<b>Tuberculosis (TB)</b>	is a bacteria spread in the air from an infected individual. To contract tuberculosis, someone needs prolonged and close contact such as sharing a room with an infected person with a severe, prolonged cough.

<p><b>Clostridium difficile</b></p>	<p>is a bacteria commonly carried in a person's bowels along with a large number of other harmless bacteria. It only causes problems following a course of some types of antibiotics which may kill off all the other bacteria. Clostridium difficile is then able to multiply and causes severe diarrhoea which can easily spread the infection to other vulnerable people. Symptoms include</p> <ul style="list-style-type: none"> <li>• Watery diarrhoea (at least three bowel movements per day for two or more days).</li> <li>• Fever</li> <li>• Loss of appetite</li> <li>• Nausea</li> <li>• Abdominal pain/tenderness</li> </ul> <p>Prevention</p> <ul style="list-style-type: none"> <li>• Wash hands with soap and water, especially after using the toilet and before eating</li> <li>• Clean surfaces in bathrooms, kitchens, and other areas with detergents and disinfectants.</li> <li>• Wear protective clothing when assisting with all personal care tasks</li> </ul>
<p><b>Food poisoning</b></p>	<p>is a notifiable disease and if identified, should be reported to the Environmental Health Officer. It is important to report unexplained diarrhoea and/or vomiting particularly if it affects more than one service user.</p>

<b>Transmissible Spongiform Encephalopathy's</b>	<p>(TSEs), otherwise known as prion diseases, are rare, degenerative diseases affecting the central nervous system (CNS), that occur in humans and certain other mammals. There are several recognised TSEs, including Creutzfeldt-Jakob Disease (CJD) in humans, bovine spongiform encephalopathy (BSE) in cattle and scrapie in sheep.</p> <p>TSE's are not a bacterial or viral disease they are caused by a protein and are not infectious. There have been no confirmed cases of transmission of TSE to humans as a result of occupation. If TSEs could be transmitted in the occupational setting this would be most likely to occur from exposure to infected tissues or materials by direct inoculation (e.g. puncture wounds, 'sharps' injuries or contamination of broken skin), by splashing of the mucous membranes or, exceptionally, by swallowing.</p>
<b>Hepatitis B</b>	<p>is a virus that infects the liver. Many people with the Hepatitis B infection have no symptoms at all and do not know that they are infected. Others have 'flu-like' symptoms and yellowing of the skin and eyes. In most cases Hepatitis B can only be diagnosed by a blood test. The virus is not spread by everyday contact activities such as coughing, sneezing, touching or sharing bathrooms, the main way that it is spread that is relevant to a health care worker is by direct contact with blood of an infected person e.g. needles and syringes. The safe disposal of needles and syringes is paramount; they should be disposed of in the 'yellow sharps box'. As domiciliary workers it is unlikely that the worker will come into contact with needles and syringes as procedures using such equipment are performed by suitably qualified people or the service user themselves. PPE is necessary when attending to people with Hepatitis B and all wounds to the service user and the carer should be covered to reduce the risk of transmission.</p>

<b>Methicillin (Multiply) Resistant Staphylococcus aureus (MRSA)</b>	MRSA is a bacterium, usually spread by direct contact on the hands of people. It is found on a person's skin or in their nose. The spread of infection is very easy; a brush against someone's side or being around someone who is sneezing could potentially cause the spread of the disease. Healthy people can carry the disease and spread it, the only time a person can become affected is if it enters the body, usually through a cut or break in the skin. The only way to prevent the spread is through good hygiene practice.
<b>Chickenpox, shingles</b>	<i>Chickenpox and shingles</i> are caused by the same virus (the Herpes Zoster virus). They are a Communicable Disease which is usually seen in childhood as Chickenpox. Although Chickenpox in adults is rare, a dormant infection may be reactivated by stress, old age or illness, and appear as Shingles. People who have not had Chickenpox may acquire it from people with Shingles. There are no protective measures that can be taken to protect them except exclusion from the affected individual until they are no longer infectious.
<b>Urinary (bladder/kidney type) Tract Infection</b>	may be caused by a number of organisms, usually bacterial. The bacteria carried in the bowel often causes infection. It is also much more common in catheterised people, particularly if they are also incontinent of faeces.

### Training Statement

All new staff should be encouraged to read the policy on infection control as part of their induction process. Existing staff should be offered training covering basic information about infection control. In-house training sessions should be conducted at least annually and all relevant staff should attend.

Training will cover all areas required by the Code of Practice for the prevention and control of infection and related guidance especially the areas listed in Criterion 10 of this Code.

The Registered Manager is responsible for organising and co-ordinating training.

This policy will be reviewed by the Relevant Manager.