

# Infection Control - Policy

## Aim

Ormerod aims to ensure that it meets its responsibilities as outlined in The Health and Social Care Act 2008, the Code of Practice for the Prevention and Control of Infectious Diseases.

'The Code of Practice' compliance criterion highlighted below applies to the Ormerod Trust which is registered to provide personal care and is an Adult Social Care Provider offering Domiciliary Care and Supported Living Services for people with learning disabilities.

- 1. 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 their environments or others may pose to them.**
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the control and prevention of infection. (Not required)
3. Ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance (Not required)
- 4. Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.**
5. Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people. (Not required)
- 6. Systems ensure that all staff and those employed to provide care in all settings (including volunteers and contractors) are fully involved in the process of preventing and controlling infection.**
7. Provide or secure adequate isolation facilities. (Not required).
8. Secure adequate access to laboratory support as appropriate. (Not required).
- 9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.**
- 10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.**

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## Background

Ormerod recognises that Regulations 12 and 15 of the Care Quality Commission (Registration) Regulations 2009 requires the organisation to provide safe care and treatment and that premises and equipment used for care are safe, clean, suitable and well maintained.

Ormerod recognises how these regulations underpin the organisations responsibility in infection prevention and control.

Ormerod is committed to fully complying with the above regulations. The procedures below provide details of how we propose to ensure compliance in practice.

### Applicable legislation and guidance

- Health and Social Care Act 2008 (Regulated Activities Regulation) 2014, Regulation 12, 15
- Care Quality Commission (Registration) Regulations 2009
- The Equality Act 2010
- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Public Health (Control of Disease) Act 1984
- The Public Health (Infectious Disease) Regulations 1988
- The Personal Protective Equipment at Work Regulations 1992
- Food Safety Act 1990
- The Control of Substances Hazardous to Health Regulations 2002
- The Hazardous Waste (England and Wales) Regulations 2005
- The Controlled Waste Regulations 1992
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

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- <https://www.nice.org.uk/guidance/cg139>
- <https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published>

## Policy

This policy details how Ormerod will meet its legal obligations regarding the prevention and control of infectious diseases. This policy applies to the Registered Manager, the IPL (Infection Prevention Lead), and all staff employed by the organisation.

Communicable illnesses and infections have the capacity to spread within any communal environment where there is shared eating and living accommodation or personal and intimate care provided, infections can spread to other service users and staff.

This document identifies how Ormerod will reduce the risk of infection outbreaks in the organisation through the implementation of up to date best practice procedures, monitoring and staff training.

Staff should adopt good hygiene practices and routines with all service users whether they are diagnosed with an infection or not.

All staff are expected to report any concerns or a diagnosis of infectious diseases that they themselves may have contracted or a service user whom they support has contracted with immediate effect to the service manager. The service manager must then notify the IPL (Infection Prevention Lead) who will take the necessary actions.

### **Appropriate Management and Monitoring Arrangements.**

#### **Role and responsibilities of the IPL**

Ormerods named IPL (infection prevention lead) is Kyla Hunter. The IPL has specific responsibilities in relation to the prevention and control of infection. These responsibilities include;

- the monitoring and review of outbreaks of infections.
- the implementation of an infection control strategy which includes risk assessments and protocols for cleaning of the environment and equipment, safe handling and disposal of clinical waste, managing spillages, use of protective clothing and effective hand hygiene
- recording and maintaining records of reported occurrences of infection in the 'Infection Control Monitoring Log.'

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- where incidents of serious / life changing infection (e.g. HIV, Hep B, Legionnaires disease) have been contracted by a worker in the work place that a notification is made to RIDDOR.
- reviewing the strategy whenever a concern in relation to infection is raised and not exceeding 12 months. The review should consider the suitability and effectiveness of the strategy, should ensure that any concerns are identified and actioned and that any national or local infection trends are taken into consideration and recognised in the strategy.
- ensuring the policy is complied with throughout the organisation through monitoring processes including audits of services and spot checks.
- complete an annual compliance report which will be submitted to the CEO and Board of Trustees for review and where necessary agreed actions implemented to reduce risk of infection.

The annual compliance report should cover the follow areas;

- Incidents of infection outbreaks and what action was taken
- Actions identified from audits and the status of these actions
- Risk assessments undertaken for the prevention and control of infection
- Staff training
- Reviews of policies, procedures and guidance.

### **Responsibilities of staff, volunteers and contractors to report**

Staff, volunteers, contractors and managers are responsible for reporting occurrences of infection immediately to the IPL and completing the 'The Infection Control Reporting Record.' This applies to cases where service users contract infections, or the staff member themselves contract infections from whatever source.

### **Assessing risk of infection**

On admission to the organisation the service manager will request information in relation to any infection status. This information will be detailed in the service users care plan.

The service manager is responsible for completing a risk assessment that considers the susceptibility of infection due to a compromised immune system linked to the health, age, lifestyle, diet and medical history of the service user and the risks their environments and others may pose to them. The assessment should identify what the risks are and any steps that are in place to reduce or control them. The risk assessment should be completed with the service user and where appropriate families, carers and others. The risk assessment should be reviewed each time there is a concern or a change identified and review dates should not exceed 12 months.

### **Service user involvement in promoting safe care provision**

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Staff and managers should support service users to understand the importance of good hygiene practices and how these help prevent outbreaks of infection. Information should be provided to meet the service users specific communication needs and the service user should be supported to be involved in the safe provision of their care.

Where appropriate staff should support service users to access information from health professionals about specific health care needs related to reducing the risk of infection such as;

- Immunisation
- Sexual health

Service users living in supported living services with others should be supported to understand the importance of not sharing personal items such as soap, towels, toothbrushes, clothes and bedding and also the importance of washing their own clothes and bedding separately to their co-tenants.

## **Providing personal care**

Physical contact with a service user increases the likelihood of cross infection, this includes tasks where indirect contact is required, for example assisting a service user to eat.

Tasks where direct contact may be required include support for toileting, bathing, dressing and application of creams and ointments

Staff must ensure the safety of the service user and themselves by following safe practices including good personal hygiene, safe disposal of waste and maintaining a safe, clean environment.

## **Care of service users with invasive devices and aseptic techniques**

Staff who are required to carry out support tasks which require tasks associated with an invasive device must undergo specialised training by a qualified health care professional. Staff who have not received this training will not be able to provide this level of support. The responsible service manager will maintain a register of staff who have received this training, of who provided the training and when, what tasks the training enables the staff to do and dates of any refresher training required / completed. Copies of any certificates should be kept in staff personnel records for future reference.

The service manager is responsible for ensuring the details of invasive devices are recorded in the service users care plan with clear guidelines of the tasks staff are to carry out. The service user should be regularly monitored for signs of infection.

## **Personal protective equipment (PPE)**

Ormerod will provide staff with any required (PPE) personal protective equipment, this may include disposable gloves, aprons, masks and hand gel. Staff must wear any PPE identified

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or provided for tasks unless otherwise stated in the service users care plan. Staff should always sensitively explain to the service user why PPE is being used.

## Effective hand washing

Hand washing is recognised as the single most important action that reduces the spread of infection provided the correct technique is used and that hands are washed and dried with disposable paper towels before and after any direct person contact and after any activity or contact that could potentially cause the hands to become contaminated. Hands should also be washed following the removal of disposable gloves (Please see appendix A).

## Maintaining safe, clean and suitable environments

Where staff are required to provide support for household and domestic tasks, this will be detailed in the service users care plan.

Where a service user is unable to maintain a safe, clean environment independently and requires support with personal care / toileting staff should ensure that the equipment and the environment are kept clean and are maintained in good physical repair and condition. All equipment (including, baths, showers, sinks, commodes, chairs, hoists, beds etc.) should be cleaned and disinfected after each use. However, staff should always consider the service users preferences and choices and should always check that the service user is happy for them to do any cleaning tasks.

## General cleaning procedure

- Remove loose debris and dirt
- Use a detergent and brush or cloth to remove grease and dirt
- Rinse away detergent and dirt
- Disinfect
- If a chemical disinfectant has been used, rinse again
- Dry using disposable cloths or air dry
- Ensure items that are often handled by people such as telephones, door handles and TV remotes are regularly cleaned

## Chemicals

Chemicals pose risk of harm if they are not used or stored in accordance with the manufacturers instructions. The team manager is responsible for identifying the most appropriate chemicals for the task and completing a COSSH risk assessment.

Staff must be aware of this risk assessment and adhere to the guidance.

## Reporting environmental concerns

If a staff member has concerns about the safety and cleanliness of a service users home and then this should be reported to the line manager who should review the risk assessment with the family and offer support and advice to resolve any concerns. Where concerns

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cannot be resolved then the local authority should be informed and a referral made to the appropriate professional.

## Safe handling and disposal of sharps

Only staff who are trained in the handling and disposal of sharps should undertake this task.

- Handling of sharps should be kept to a minimum and not passed from hand to hand.
- Needles must not be recapped, bent, broken or disassembled before use or disposal.
- Sharps must be disposed of in a sharps container which must not be filled above the line and must be disposed of by a licensed disposal system in accordance with local policy.
- The sharps container should be taken to the point of use.
- Single use, disposable devices should be used when monitoring glucose levels.

## Laundry

- Staff must wear gloves and aprons prior to handling laundry and wash their hands when gloves are removed at the end of the task.
- Soiled laundry, bedding and clothes should be sluiced prior to washing.
- If it isn't possible to wash the laundry immediately then it should be placed in a sealed bag. The service manager is responsible for identifying the type of laundry bag most suitable – some bags dissolve in the washing process.
- Soiled laundry must be washed separately to all other items and at the highest temperature possible.
- Each service users laundry should be washed separately.

## Waste disposal

Items that are contaminated by blood / bodily fluids or human tissue and are known to be hazardous (due to a previous medical diagnosis) should be discarded in a yellow sack and placed in a locked yellow bin. A company registered and licensed to dispose of contaminated waste will be identified for collection.

General wastes e.g. food, paper etc. should be treated as domestic waste and placed in outside sealed bins for collection by the council.

Staff supporting service users with personal care in their own homes should put waste items such as incontinence pads, sanitary products, nappies (known as 'sanpro waste') which are contaminated with urine and faeces into a sealed bag and place them in the external domestic waste bin. It is acceptable for approximately one bag of this waste to be disposed of in this manner per collective period.

## Food Safety

Some foods carry bacteria that can cause serious and sometimes fatal illnesses in people. These risks are reduced when food is stored, handled, prepared and cooked safely and the

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environment is maintained to a high level of hygiene which prevents risks of cross contamination including cleaning and segregation of food items. Staff must be trained in food safety to ensure that they have the knowledge required.

- Fridge and freezer temperatures should be taken weekly and recorded. Fridges should not read above 8 degrees C and freezers should not read higher than -15 degrees C.
- Work surfaces should be cleaned before and after use with a recognised antibacterial cleaner that will not cause harm if food items become contaminated with it. Work surfaces should be rinsed with water to reduce risk of chemical contamination.
- Colour coded cleaning products, cloths, mops and buckets and chopping boards should be used for the identified specific use, this lessens the possibility of cross infection.
- Cuts and skin lesions should be covered by a blue plaster.
- Anyone with loose stools or vomiting should not prepare or handle food until they are well again.
- Serve food as soon as it's cooked.
- Basic good hygiene rules such as hand washing should apply

### Spillages

All spillages of blood or bodily fluids should be treated as a potential source of infection and assessed for the following;

- whether it is contaminated with blood or other bodily fluids e.g. vomit, urine.
- The size of the spillage
- Where and on what the spillage has occurred

### Dealing with the spillage

- Staff should ensure that service users and others stay away from the spillage
- Staff should wear disposable aprons and gloves
- Staff should get a yellow and using disposable cloths clean / soak up the spillage putting the contaminated cloths directly into the yellow bag. If the spillage has occurred on items that cannot be cleaned then these should be disposed of into the yellow bag
- Staff should then use a strong disinfectant to clean the area thoroughly including the surrounding area to ensure any splashes are cleaned. The cloths should be disposed of immediately.
- Staff should repeat the last step again with a new cloth, rinse the area and dry with disposable cloths.
- The gloves and apron should be placed in the yellow bag which should be put in the external locked yellow bin.

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## Water Systems

Legionnaires Disease is a potentially fatal illness caused by the bacterium legionella it can grow in both hot and cold domestic water systems, causing pneumonia like illness.

- Growth of legionella can be prevented if water is stored and produced at 60 degrees C or higher.
- Shower heads must be removed and cleaned each week.
- Hot water systems should be checked and serviced annually.
- All water systems should be covered, insulated, and free from debris. All pipes should be insulated.
- Showers and taps should be ran / flushed through if they haven't been used for a period of time.
- The landlord is responsible for the maintenance and servicing of water systems.

## What staff should do if a service user becomes unwell and presents with infection type symptoms

| Symptoms            | Possible causes               |
|---------------------|-------------------------------|
| Sneezing, coughing  | Influenza                     |
| Vomiting, diarrhoea | Norovirus, gastroenteritis    |
| Skin lesions        | Scabies                       |
| Discharge from eyes | Conjunctivitis, eye infection |

- Notify the line manager
- Get medical / health care support
- Notify the IPL
- Follow strategies to minimise risk of infection spreading

## Role of the general practitioner

General Practitioners are responsible for providing the necessary initial advice when a service user develops an infection and they may wish to refer to other local professionals with expertise in infection prevention and health protection.

## Supporting service users who have been diagnosed with an infection or who present with symptoms of an infection

If a service users is diagnosed with an infection or is presenting with symptoms of infection then staff should arrange for medical support and advice and should notify their line manager immediately. Staff should ensure the continuation of support is provided to the service user whilst implementing good hygiene practices, including effective handwashing, use of PPE, laundry segregation, disposal of contaminated waste and sharps, effective cleaning of the environment whilst maintaining the service users dignity and respect and taking their choices and preferences into consideration.

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## Minimising contact with others

Arrangements should be made for the service user to cancel any activities or outings and minimise contact with others. If the service user requires additional support but does not have the funding required then the service manager should contact the commissioning body to request additional funding.

Where applicable the service manager should reduce the number of staff providing support to the individual and should take into consideration the risks that may be posed to other service users that the staff member may have contact with. Where appropriate staff rosters may need to be changed to minimise contact with service users who have compromised immune systems.

Service users with an infection who live in shared accommodation with others may be advised that it may be beneficial to stay in their room to reduce the risk of spreading infection until they are well again.

## Visitors

Visitors should be advised about any requirements for handwashing and any other infection prevention control measures in place when visiting the service.

It may be necessary to inform visitors that it is not advisable to visit the service user if there has been an infection outbreak or if the visitors have symptoms of infections themselves.

## Transferring or sharing care with another provider

At times staff may share responsibility with another provider or transfer responsibility of care and treatment of a service user to another provider. This may include;

- Being admitted to hospital
- Being transported in an ambulance
- Attending another health or social care setting for treatment and or support

In these situations staff should ensure that;

- information about the status of a service users infection is received and given
- the Mental Capacity Act 2005 is followed,
- the service user gives consent to sharing of the information
- the data protection act is not breached.

If an emergency situation arises and the person is unable to give consent to share information and or lacks capacity then the Mental Capacity Act and the best interest process should be followed.

## Control of outbreaks and infections associated with specific alert organisms.

These alert organisms include;

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- MRSA
- MSSA
- Respiratory illness
- Diarrhoeal outbreaks
- E-Coli
- Clostridium difficile

Where a service user is diagnosed as infected by a specific alert organism the service manager should inform the IPL. The IPL will be responsible for working with the service manager to update risk assessments and implement infection control strategies. Support and advice should be sought from health professionals with expertise in infection control. The GP may make referrals to relevant professionals.

The service manager is responsible for ensuring that staff working with the individual have received the appropriate level of training, that policies, risk assessments and strategies are understood and adhered to through observation and monitoring of working practices and supervision.

## **Staff requirements.**

Staff are advised to contact their G.P. with regards to Hepatitis B immunisation.

Staff will be asked to complete a health questionnaire.

Staff who become unwell and are diagnosed with an infection or experience symptoms of infection such as sickness and diarrhoea, influenza, rashes etc. should notify their line manager immediately and should not return to work until agreed by their GP or 24 hours after the symptoms have disappeared.

## **Training**

All new staff will complete the 'Care Certificate' induction which covers 'infection control.'

All new and existing staff will receive training in 'infection control.'

Training will include;

- Recognising symptoms of infection
- The importance of infection control
- Cross-infection prevention
- Policies and Procedures
- Factors increasing the likelihood of infection
- Special Requirements
- Effective hand washing
- Handling and disposing of hazardous waste including sharps
- Safe laundry management

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## Other related policies and procedures

- MRSA
- Health and Safety
- Blood Borne Virus's
- Death and Dying