

July 2017

# Infection Control Policy

Live  Care

Date Written	03.07.2017
Author(s)	Registered manager
Version	2.0
Date Signed Off	12/07/2017
Reviewed by	

Unit 1 Chandos House,  
Hankridge Way,  
Taunton,  
Somerset  
TA1 2LR

# Review Data

## Initial Production

Name	Role/Department	RACI	Date
Registered manager	Registered Manager	RA	03.07.2017
Registered manager	Registered Manager	RA	04/12/2017

R = Responsible for document production; A = Accountable; C = Consulted; I = Informed

## Change History

Version	Date	Details of Change	Author
2.0	03.07.2017	Re-write and re-structure of original policy in line with most recent legislative updates.	Registered manager

## Emergency Contact Details

Name	Email	Mobile
Registered manager	fran@livein.care	

## CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 12: Safe Care and Treatment	The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe. Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe. Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

## Key Lines of Enquiry

KLOE	How this applies to Infection Control
Safe	This policy is an aspect of 'safe' because Living Carers Ltd believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both Clients and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

## Related Documents

This policy should be read in conjunction with our:

1. [Health and Safety Policy](#)
2. [Safeguarding Policy](#)

## Policy Aims

The aim of this policy and the recommended procedures are for Living Carers Ltd to prevent the spread of infection amongst staff, Clients and the local community.

The goals of Living Carers Ltd are to ensure that:

- Clients, their families and staff are as safe as possible from acquiring infections through work-based activities
- All staff at Living Carers Ltd are aware of and put into operation basic principles of infection control

**Living Carers Ltd is a company which provides 24 Hour Live in Care**, enabling anyone with care needs to continue living in their home with around-the-clock care worker. As such, greater control is maintained in the Client's home which must be reflected in the care worker's approach to Infection Control.

Living Carers Ltd believes that **adherence to strict guidelines on infection control is of paramount importance** in ensuring the safety of both Clients and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

Living Carers Ltd adheres fully to **Outcome 8: of the Essential standards of quality and safety: Cleanliness and infection control** and Regulation 12: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection.

## Infection Control Legislation

Living Carers Ltd will adhere to infection control legislation:

- (a) **The Health and Safety at Work Act, etc. 1974 and the Public Health Infectious Diseases Regulations 1988**, which place a duty on Living Carers Ltd to prevent the spread of infection.
- (b) **The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013**, which place a duty on Living Carers Ltd to report outbreaks of certain diseases as well as accidents such as needle stick accidents.
- (c) **The Control of Substances Hazardous to Health Regulations 2002 (COSHH)**, which place a duty on Living Carers Ltd to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly.

- (d) **The Environmental Protection Act 1990**, which makes it the responsibility of Living Carers Ltd to dispose of clinical waste safely.
- (e) **The Food Safety Act 1990** to ensure that all food prepared in Clients' homes for Clients 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.

## Procedures

**All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice.**

### Effective Hand Washing

Living Carers Ltd believes 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.

Living Carers Ltd believes that regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Staff who fail to adequately wash and dry their hands before and after contact

### Correct Hand Washing Technique

The correct method of cleaning is also important. Developing a good hand washing technique is imperative to ensure hands are thoroughly clean. **Particular attention should be paid to the backs of the hands and fingertips as these are frequently missed.**

It is usual to wet hands before dispensing a dose of soap into a cupped hand, however for heavily soiled hands it is advisable to apply the appropriate specialist hand cleanser directly to the skin before wetting. In all cases, it is important to follow the manufacturer's recommended instructions.

1. **Rub palm to palm**
2. **Rub palm over back of hand, fingers interlaced**
3. **Palm to palm, fingers interlaced**
4. **Fingers interlocked into palms**
5. **Rotational rubbing of thumb clasped into palm**
6. **Rotational rubbing of clasped fingers into palm**
7. **Dry the hands thoroughly**



with Clients may transfer micro-organisms from one Client to another and may expose themselves, Clients and the public to infection.

LIVING CARE

### Effective Hand Washing Guidance

- All staff should, at all times, observe high standards of hygiene to protect themselves and their Clients from the unnecessary spread of infection
- All staff should ensure their hands are thoroughly washed and dried:
  - ✓ Between seeing each and every Client 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
  - ✓ After smoking
  - ✓ Before and after any care activity
  - ✓ Before and after handling medications
- Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels (whenever possible)
- 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 Clients are known to have an infectious disease or are colonised with antibiotic-resistant bacteria, such as Methicillin Resistant Staphylococcus Aureus (MRSA)
- 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 to provide an alternative means of hand decontamination in situations where standard facilities are unavailable or unacceptable (for example between Clients 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 patient contact has ended.

## The Handling and Disposal of Clinical and Soiled Waste

- All waste which has had Client contact or soiling should be disposed of in clinical waste bags and then placed in the domestic waste bin when leaving the Clients' home.
- Non-clinical waste should be disposed of in normal black plastic bags.
- Staff should alert their manager if they are running out of any protective equipment.

There are differing regulatory waste management guidance for Scotland and England including waste classification, segregation, storage, packaging, transport, treatment and disposal.

The Categories of waste most likely to apply to delivery of care at Home are :

- **Domestic Waste** - similar in composition to waste from household premises e.g. paper towels.
- **Healthcare (including clinical) waste** – is produced as a direct result of healthcare activities e.g. soiled dressings, sharps.

Risk	Disposal Method
domestic waste hygiene waste Final disposal to Landfill	Black Bag Yellow Bag
<b>Low risk:</b> consists of items which are contaminated or likely to be contaminated with infectious blood and/or body fluids. Final disposal following heat disinfection is to landfill	Red Bag
<b>High risk:</b> Waste which poses ethical, highly infectious or contamination risks. This includes anatomical and human tissue, medical devices and sharps waste boxes that have red, purple or blue lids. Disposal is by specialist incineration	Yellow Sharps Box



### **Key Question:**

#### **What Protective clothing should be worn?**

- Due to staff being self-employed, they are expected to provide their own sufficient supply of PPE. However, there is a backup supply of gloves and aprons at Living Carers Ltd office if necessary.
- All staff 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 at each visit.
- Non-sterile gloves are provided for non-clinical procedures.
- The responsibility for ordering and ensuring that emergency supplies of gloves and aprons are readily available and accessible lies with the Office. Care staff should take individual responsibility to ensure they have adequate supplies of personal protective equipment.

#### **Gloves must be:**

- Worn when exposure to blood and/or other body fluids is anticipated/likely;
- changed immediately after each patient and/or following completion of a clinical procedure or task;
- changed if a perforation or puncture is suspected; and
- appropriate for use, fit for purpose and well fitting to avoid excessive sweating and interference with dexterity.
- Any member of staff who suspects that they or a Client 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.

### Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated/likely e.g. when in direct care contact with a patient; and
- changed between patients and/or following completion of a procedure or task.

### Surgical face masks must be:

- worn if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa is anticipated/likely;
- well-fitting and fit for purpose (fully covering the mouth and nose);
- manufacturer's instructions must be adhered to ensure the most appropriate fit/protection; and
- removed or changed;
- at the end of a procedure/task;
- if the integrity of the mask is breached, e.g. from moisture build up after extended use or from gross contamination with blood or body fluids; and
- in accordance with manufacturer's instructions.

### Footwear must be:

- non-slip, clean and well maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps;

## **Management of Care Equipment**

Care equipment can become contaminated with blood, other body fluids, secretions and excretions and transfer infectious agents during the delivery of care. Care equipment is classified as either:

- Single-use - used once then discarded. The packaging carries this symbol. Single patient use - for use only on the same patient.
- Reusable invasive equipment - used once then decontaminated e.g. surgical equipment.
- Reusable non-invasive equipment (often referred to as communal equipment) - reused on more than one patient following decontamination between each use e.g. commode.

Manufacturers guidance must be adhered to for use and decontamination of all care equipment.

### Key Question:

#### When must decontamination of reusable non-invasive care equipment be undertaken?

- Between each use;
- After blood or body fluid contamination;
- At regular predefined intervals as part of an equipment cleaning protocol;
- Before disinfection
- Before inspection, servicing or repair.

All reusable non-invasive equipment must be rinsed and dried following decontamination. Cleaning protocols should include responsibility for; frequency of; and method of equipment decontamination.

## Control of the Environment

Normally it is the responsibility of the person in charge to ensure that the care area is safe for practice and this includes environmental cleanliness/maintenance. In a Clients own home this may be more difficult. The person in charge has the authority to act if this is deficient.

The care environment must be:

- Free from clutter to facilitate effective cleaning
- Well maintained and in a good state of repair
- Clean and routinely cleaned in accordance with the national cleaning specification:
- A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty, at 15 minutes intervals or when changing tasks.
- Routine disinfection of the environment is not recommended. However, 1,000ppm available chlorine should be used routinely on sanitary fittings.

Staff groups should be aware of their environmental cleaning schedules and clear on their specific responsibilities. Cleaning protocols should include responsibility for; frequency of; and method of environment decontamination.

## Safe Management of Linen

Clean linen should be stored in a clean, designated area, preferably an enclosed cupboard

### For all used linen (often referred to as soiled linen):

- ensure a laundry receptacle is available as close as possible to the point of use for immediate linen deposit;
- **do not:** rinse, shake or sort linen on removal from beds; place used linen on the floor or any other surfaces e.g. a locker/table top; re-handle used linen once bagged; or overfill laundry receptacles.

### For all infectious linen

i.e. linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood or other body fluids e.g faeces:

- place directly into a water-soluble/alginate bag and secure; then place into a clear plastic bag and secure before placing in a laundry receptacle; or in the Clients own home place directly into the washing machine and wash at a temperature of 90degrees.
- If the item(s) is heavily soiled and unlikely to be fit for reuse following laundering then dispose of as healthcare waste.

There should be no build up of linen receptacles.

## Management of Blood and Body Fluid Spillages

Spillages of blood and other body fluids are considered hazardous and must be dealt with immediately by staff trained to undertake this safely. Responsibilities for the cleaning of blood and body fluid spillages should be clear within each area/care setting.

- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- When cleaning up a spillage staff should wear protective gloves and aprons and use the disposable wipes provided wherever possible.

Staff should refer to our separate cleaning protocol on “Cleaning of Spillages”

### Cleaning and Procedures for the Cleaning of Spillages

- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- When cleaning up a spillage staff should wear protective gloves and aprons provided.

### 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 gloves should be worn when handling the specimen containers and hands must be washed afterwards

## Food Hygiene

- All staff should adhere to Living Carers Ltd food hygiene policy and ensure that all food prepared in Clients homes for Clients 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 agency office.
- Staff involved in food handling who are ill should see their GP and should only return to work when their GP states they are safe to do so.

## Reporting

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) oblige Living Carers Ltd to report the outbreak of notifiable diseases to the 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 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.**

### Key Question:

#### Will staff receive any Infection Control Training?

All new staff should be encouraged to read the policy on infection control as part of their induction process (this is sent out to you).

Existing staff will be reminded to update their training covering basic information about infection control. The manager/ Care coordinator is responsible for reminding you to update your training.

## Infection Control Lead (IPC):

The Infection Control Lead at Living Carers Ltd is Registered manager, Registered Manager. It is their role to:

- Ensure all staff are provided with contact information for health professionals who can provide guidance and advice
- Ensure all staff are trained and up-to-date
- provide guidance for staff about the type of circumstances in which contact with GP's and health professionals should be made

Please note, the overall responsibility for infection control standards lies with the Registered Manager.

The IPC will also be responsible for providing an annual report to the Director containing:

- known outbreaks of infection;
- audits undertaken and subsequent actions
- action taken following an outbreak of infection
- risk assessments undertaken for prevention and control of infection
- training received by staff; and
- review and updates of policies, procedures and guidance

## Key Points to Take Away

- Regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases.
- All staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) oblige Living Carers Ltd to report the outbreak of notifiable diseases to the HSE.

After reading this Policy, you should be able to:

- **Understand what Infection control is;**
- **Understand how to avoid spreading infections;**
- **Understand the importance of hygiene standards.**

If you have not achieved any of these points, please ask your Line Manager or trainer for further help.

## Policy Review

This policy will be reviewed by the Registered Manager at least annually to make any updates and amendments necessary to ensure the policy conforms to current legislation, reflects current practice and expectations.

## Authorisation and Signature

This Policy is the official and authorised version agreed by the Directors of Living Carers Ltd. All employees are expected to work in accordance with this policy and failure to comply with this policy could result in disciplinary action.

## Registered Manager

04.12.2017