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1. Introduction

- 1.1 Infection control is the range of policies, procedures and techniques intended to control of infectious diseases amongst staff and service users.
- 1.2 It is a fact that all of our organisation are at risk of infection or of spreading infection. role brings them into contact with blood or bodily fluids. spit, sputum or being exposed to somebody coughing. These substances may well contain pathogens that can be spread.

2. Policy statement

- 2.1 The management of the organisation (the Home) believes that adherence to infection control is of paramount importance. It is the responsibility of both service users and staff. It also believes that good hygiene is the most powerful weapon against infection, particularly in the home.
- 2.2 The Home recognises its responsibilities under the Health and Safety at Work etc. Act 1974 and the following:
 - 2.2.1 provide and maintain a safe and healthy place of work;
 - 2.2.2 provide adequate information, training and supervision;
 - 2.2.3 provide and maintain safe systems of work; and
 - 2.2.4 work to prevent accidents and injuries.
- 2.3 Management confirms its commitment to *Standard 11 – Safe Working Conditions for Domiciliary Care Agencies*, published in accordance with the Health and Safety Act 2000, which relates to the health, safety and welfare of service users and care and support staff.

3. Legislation

- 3.1 The Health & Safety (Infectious Diseases) Regulations 1988 and the <<Public Health Infectious Diseases (Scotland) Regulations 1988> require the organisation to prevent the spread of infection.
- 3.2 Management of Health and Safety Regulations 1999 requiring risk assessments.
- 3.3 Reporting of Infections Regulations 2013 (RIDDOR), which requires the organisation to report outbreaks of certain diseases as well as needle-stick accidents.
- 3.4 The Control of Substances Hazardous to Health Regulations 2002 (COSHH), which requires the organisation to prevent the spread of infection.

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ensure that potentially infectious
identified as hazards and dealt with

- which makes it the responsibility of
safely.

4.1 All staff (whether required to make in all times in a manner control practice.

- or supplied by an agency) are home a key priority and to act with current and effective infection

5.1 Clean hands reduce the spread of harmful germs. The use of hand sanitizer in the environment is causing an effective transfer

- use by preventing the spread of a majority of cross-infection in a care home by properly washed hands which provide a barrier.

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5.5.4 after using the

5.5.5 before hand

5.5.6 before and a

activity.

5.6 Hands should be
<<Public health Eng

ing the method as prescribed by
s/ Health Protection Scotland >>:

5.6.1 liquid soaps
rather than b

le paper towels should be used
els whenever possible.

5.7 All cuts or abrasio
waterproof dressing

hands, should be covered with

5.8 Ordinary soap is co
reducing levels of
levels.

or routine use in removing dirt and
s on the skin to acceptably safe

5.9 The use of antisept
users are known to
resistant bacteria,
(MRSA).

erations is recommended if service
se or are colonised with antibiotic-
resistant Staphylococcus Aureus

5.10 Antiseptic hand wa
effective hand wash

so be used in situations where

5.11 The use of alcoh
replace washing ha
washing where extr
means of hand dec
available or accept
conditions).

recontamination is not intended to
er but rather to supplement hand
quired or to provide an alternative
s where standard facilities are not
en service users or in unsanitary

6. The handling and disposal

waste

6.1 All clinical waste is
sack should be clea

led yellow plastic sacks and each
ce user's address.

6.2 Non-clinical waste s

normal black plastic bags.

6.3 When no more tha
stored safely to awa

llow sacks are to be sealed and
ised collector as arranged.

7. The use of protective clo

7.1 The management v
Personal Protective
gowns, disposable c

ays a sufficient supply of suitable
ch PPE may include aprons or
les or disposable masks.

7.2 Where deemed ne
Respiratory Protect
will be face fitted.

ment of a particular service user,
y be supplied. If RPE is required it

7.3 The selection of pa
health England/ Pub

be based on advice from <<Public
Protection Scotland >>:

7.3.1 where nece
micro-organ
staff's clothi
secretions o

ssment of risk of transmission of
, and the risk of contamination of
ce user's blood, other body fluids,

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- 7.4 Disposable gloves:
- 7.4.1 Gloves are not to be worn in contact with a service user;
 - 7.4.2 Gloves must be changed between tasks;
 - 7.4.3 Gloves must be changed when caring for different service users and between different activities for the same service user. On no account are gloves to be washed and reused;
 - 7.4.4 Gloves must be disposed of as clinical waste if contaminated but gloves that are not contaminated can be disposed of as general waste;
 - 7.4.5 Gloves are not to be worn and hygiene and staff should always wash their hands after removal of gloves; and
 - 7.4.6 Any member of staff who suspects that they or a service user might be suffering from a latex allergy the latex gloves should stop using them immediately and inform their line manager. They should then consult their manager. Natural rubber latex gloves must be made available for service users with a latex allergy.
- 7.5 Disposable plastic aprons:
- 7.5.1 Disposable plastic aprons are worn whenever there is a risk that staff clothing will be exposed to blood or body fluids, secretions or excretions of a service user is exhibited or if a service user is exhibiting a risk of infection.
 - 7.5.2 Plastic aprons are single-use items, for one procedure only and are then discarded and disposed of as general waste if not contaminated.
8. **Safe use and disposal of sharps**
- 8.1 Sharps – typically needles – must not be passed directly from hand to hand, and handling must be minimised to a minimum.
 - 8.2 Staff must never attempt to straighten, break or disassemble needles before use.
 - 8.3 Sharps must not be placed in general waste bins. Used sharps must be placed in a sharps container (conforming to BS EN ISO 23907-1) and must be sealed by the user.
 - 8.4 These sharps containers must be placed above the mark that indicates that they are full. Staff must not place sharps waste into an over-filled container.
 - 8.5 When full, boxes are to be labelled as hazardous waste and clearly marked with a biohazard symbol.
 - 8.6 Used boxes are to be collected for incineration according to individual/local arrangements.
 - 8.7 In the event of a sharps injury to PPE with a potentially contaminated sharp:
 - 8.7.1 wash the area immediately to encourage bleeding if the skin is broken;

- 8.7.2 report the incident immediately and ensure that an incident form is completed.
- 8.7.3 make an urgent referral to their GP or if not available, to attend Accident and Emergency.
9. **Cleaning and procedures for spillages of bodily fluids or waste**
- 9.1 Staff are to treat all bodily fluids or body waste as potentially infectious.
- 9.2 When cleaning up a spillage wear PPE as directed or required by local rules or <<Public Health Wales/ Health Protection Scotland >>. PPE may include gloves/gauntlets, aprons, eye/face protection or masks.
- 9.3 Staff are required to use disposable cloths or towels etc.
10. **Handling and storage of specimens**
- 10.1 All specimens should be handled as potentially contaminated. Staff must wear gloves and aprons (as directed/required by local rules) when collecting specimens.
- 10.2 Gloves must be worn when handling specimen containers.
- 10.3 Hands must be washed after discarding gloves, aprons or other PPE.
- 10.4 Specimens must be placed in self-sealing bags before being sent for testing.
11. **Food Hygiene**
- 11.1 All staff are required to follow the *Food Hygiene Policy* and ensure that all food prepared for service users is prepared, cooked, stored and served in accordance with the standards required by the Food Safety Act and the Food Safety Regulations 2006.
- 11.2 Any member of staff who develops a gastro-intestinal condition while handling food particularly with a gastro-intestinal condition should report at once to his or her line manager or supervisor.
- 11.3 Staff involved in food preparation, particularly with a gastro-intestinal or respiratory condition, should inform their line manager before attending any service.
- 11.4 Staff involved in food preparation must see their GP and should only return to work when advised that they are safe to do so.
12. **Reporting**
- 12.1 The Reporting of Infectious Diseases Regulations 2013 (RIDDOR) requires the reporting of notifiable diseases to the Health Protection Agency (HPA) using the Form F2508a.
- 12.2 A full record of the outbreak must be kept, including names of persons, dates, times, location

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and the task being practicable.

be created as soon as reasonably

12.3 In the event of an responsible for information

Manager/ Registered Manager>>is

12.4 An outbreak or incident

12.4.1 an incident if people are linked in

people experiencing a similar illness

12.4.2 a greater than background level has occurred;

infection compared with the usual time where the outbreak has

12.4.3 a single case of rabies, viral

diseases such as diphtheria, botulism, polio; or

12.4.4 a suspected contamination

incident involving microbial or chemical

12.5 In the event of the organisation, the Communicable Disease

of an infectious disease at the Communicable Disease Control or contacted immediately.

This policy will be reviewed annually or in the event of a change in circumstances or the introduction of new

change in circumstances, in work

Name: <<Insert Full Name>>

Position:

Date: <<Date>>

Signature: