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01 INTRODUCTION

For many common infections and infectious diseases, early recognition and prompt action can reduce the spread of disease, the severity of the illness and the number of people affected.

The use of infection control policies and procedures aims to minimise the spread of infection. It is important that clear information on standards of infection control and prevention in our services is available so that people can make informed choices and because it promotes confidence in the support being provided.

The organisation expects all staff to adhere to the Infection Control policy and guidance to ensure a high standard of care is applied to protect staff, residents and visitors from unnecessary exposure to infection. The Infection control policies and procedures are made available, evidence based and reviewed and updated regularly.

02 POLICY STATEMENT

The organisation believes that adherence to the guidelines on infection prevention and control is of the utmost importance in safeguarding the people we support, staff and the local community.

The purpose of this document therefore is to assure employees, residents, contractors and visitors that safe systems of working are in place to assist in minimising the risk of infection.

Public Health England is the organisation dedicated to protecting people's health and reducing the impact of infectious diseases, chemical hazards, poisons and radiation hazards. It brings together the expertise of health and scientific professionals working in public health, communicable disease, emergency planning, infection control, laboratories, poisons, chemical and radiation hazards. The organisation will abide by their advice and guidance on infection control issues.

03 ORGANISATION AND MANAGEMENT RESPONSIBILITIES

Chief Executive Officer

The Chief Executive has overall responsibility for ensuring that the Organisation meets its statutory obligations and that effective arrangements for the management of health and safety are put in place.

Senior Leadership Team (Chief Officers)

The Senior Leadership Team have ultimate responsibility for ensuring that the Organisation meets its statutory obligations and that effective arrangements for the management of health and safety are put in place and are therefore responsible for setting and approving policy direction in relation to infection control.

The Health and Safety Team

The Health and Safety Team have responsibility to advise on Health and Safety including compliance with Health and Safety at Work Act, etc. 1974 and other relevant legislation, best practice guidance and Company policies to meet legal and organisational requirements.

The Health and Safety Team are also responsible for the ensuring the provision of arrangements in relation to infection control and ensuring that the company's policy is implemented for their respective services, for providing support and advice to their respective managers and monitoring implementation of this policy within their respective areas.

The Health and Safety Team is responsible for advising on appropriate measures to meet legal and organisational requirements as required

Line Managers

Line Managers are responsible for the implementation of this policy within the premises for which they are responsible by:

- Ensuring staff are aware of and adhere to the provisions of this policy and associated advice/guidance.
- Ensuring staff receive relevant infection control training.
- Driving a culture of cleanliness and hand hygiene.
- Ensuring there is adequate equipment and substances for staff to safely clean and where required decontaminate equipment.

- Ensuring there are adequate supplies of disposable PPE.
- Ensuring that PPE is worn in accordance with current guidance.
- Reporting outbreaks of infection in line with this policy.

Employees

All Employees are responsible for:

- Never knowingly place colleagues, contractors, members of the public and visitors in danger of harm by exposing them to infection.
- Working to the infection control standards set out in the organisation's infection control guidelines and policies.
- Wearing PPE provided.
- Challenging poor infection control practice and seek support from Managers as required.
- Reporting any adverse incidents in accordance with organisations policy.
- Reporting any suspected infection outbreaks to the management or the health and safety team.

Health and Safety Trade Union Representatives

Health and Safety / Trade Union Representatives have certain responsibilities and duties and are able to audit and complete inspections where required.

A health and safety representative is a fellow worker who represents other union members to look after the health and safety at work of people they work with.

Health and Safety Representatives have the right to:

- take an active part in workplace risk assessments.
- investigate potential hazards and 'dangerous occurrences' and examine the accident data.
- investigate members' complaints.
- carry out inspections of the workplace in work time, at least every three months.
- be consulted on new working practices and new technology.
- receive safety information from their employer (such as inspectors' reports, hygiene surveys and risk assessments).
- attend union-approved training courses without loss of pay; and have access to a phone and office equipment, and paid time off work, both to carry out inspections and to meet staff and other safety reps.

04 THE CHAIN OF INFECTION

Micro-organisms

There are many types of micro-organisms; some will cause infection, but others won't. Many micro-organisms can live on or in parts of the body such as the skin, mouth or intestines and are known as normal flora. Some of these can move to other parts of the body and cause illness such as bowel flora entering the bladder.

Normal skin flora is known as resident and is there all the time. It rarely causes infection except possibly when invasive procedures are carried out. Resident skin flora is difficult to remove by normal hand washing techniques.

Other micro-organisms are acquired or deposited on the skin from staff, residents or inanimate objects in the environment. They do not live permanently on the skin and can be removed or destroyed by thorough and frequent hand hygiene.

Point of entry

Micro-organisms need a point of entry into the body. In the case of Salmonella this is via the mouth, with Tuberculosis it can be the nose and mouth and then into the lungs and for Hepatitis it is through the bloodstream and is then transported to the liver.

Point of exit

Micro-organisms also need an exit point. Salmonella bacteria for example are excreted through feces. Tuberculosis uses the same entry and exit.

Method of spread or mode of transmission

Mode of transmission varies with different organisms. Hands play a big part in the spreading of infection. Micro-organisms may be present in body secretions and excretions. If hands come into contact with these the germs they can be carried from person to person or surfaces unless properly decontaminated. Some micro-organisms may be spread through the air. The viruses responsible for colds and flu are found in saliva and sputum. Coughing and sneezing near another person may pass on these viruses in the droplets or aerosol produced. Sometimes micro-organisms can pass from one part of the body to another or from an outside source into the body.

Modes of transmission include:

- Aerosol
- Droplet
- Fecal-oral
- Direct contact (person to person)
- Indirect contact (food, water, fomites (inanimate objects), the environment)
- Blood and body fluids
- Insects and parasites

Susceptible host

For infection to occur, once organisms have reached their targets, the person must be at risk of infection. Infection is caused when organisms evade a person’s immunity defense mechanisms. This will vary from person to person.

05 PREVENTION AND CONTROL OF INFECTION

Standard procedures for Infection Control

Hand washing

Handwashing is the most important measure in reducing cross-infection. Studies show this is not always done effectively. The areas commonly missed are the wrist creases, thumbs, fingertips, under the fingernails and under jewellery. Employees should use liquid soap and alcohol hand rub for hand decontamination. Hand hygiene facilities such as hand wash basin, hot and cold water, soap and a supply of paper towels or hand drier must be available and easily accessible.

Products for cleansing – Liquid soap should be used for routine hand washing, (bacteria grow on soap bars). Use hand cream in tubes, not tubs, to prevent hands becoming chapped and sore.

Handwashing Procedure

Washing your hands properly should take about as long as singing "Happy Birthday" twice (around 20 seconds), using the following steps from the World Health Organisation:

1. Wet your hands with water (warm or cold).
2. Apply enough soap to cover all over your hands. (You can use alcohol-based handrub if you don't have immediate access to soap and water).
3. Rub hands palm to palm.
4. Rub the back of your left hand with your right palm with interlaced fingers. Repeat with the other hand.
5. Rub your palms together with fingers interlaced.
6. Rub the backs of your fingers against your palms with fingers interlocked.
7. Clasp your left thumb with your right hand and rub in rotation. Repeat with your left hand and right thumb.
8. Rub the tips of your fingers in the other palm in a circular motion, going backwards and forwards. Repeat with the other hand.
9. Rinse hands with water (warm or cold).
10. Dry thoroughly, ideally with a disposable towel.
11. Use the disposable towel to turn off the tap.

Hands should be washed

- Before and after each work shift or work break.
- After handling contaminated items.
- Before putting on, and before and after removing, protective clothing.
- After contact with blood and other body fluids.
- After removing & disposing of protective gloves.
- After using toilet, blowing the nose, covering a sneeze.
- Whenever the hands are visibly soiled.
- Before eating, drinking or handling food.
- Before and after smoking.
- Before and after preparing or serving food and drinks.
- Before entering the kitchen.

PPE

If clearing biological fluids, for prevention of cross-infection gloves should be single use, they should be removed carefully and discarded for incineration then hands washed.

Non powdered vinyl gloves should be used for standard infection control procedures and a nitrile (latex free alternative) for aseptic procedures or when there are blood-stained bodily fluids. Keep your nails short and take good care of your hands. Report any allergic reactions to your Manager.

If wearing a disposable apron, remove this and dispose of it first.

Disposable gloves can also be used for general cleaning.

For further details see section below - PPE

Keep Cuts Covered

Always Cover Cuts or Abrasions on your Skin. Clean the wound with paper towels or tissues. Use clean waterproof plasters (blue if you're a food handler). Take care to avoid damaging the skin with cuts or abrasions in the presence of blood.

If you have any damaged skin and believe yourself to have been exposed to bodily fluids from a person at risk, immediately wash the cut or abrasion liberally with soap and water but without scrubbing. Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water. If the skin has been punctured e.g. needle stick, bite or scratch, free bleeding should be encouraged but do not suck the wound. Apply First Aid and report the incident to your Manager and proceed as with any accident. Seek medical advice.

06 PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is intended to protect staff from the risk of cross infection.

Protective clothing must:

- Be readily available and easily accessible.
- Be appropriate for the task/procedure being undertaken.
- Fit appropriately.
- Be compatible with any other item of protective equipment being worn simultaneously.
- Be disposable where possible, if not disposable it must be decontaminated and maintained as necessary

Selection of appropriate protective clothing should take into account the following factors:

- The nature of the task.
- The risk of contamination.
- The barrier efficacy of the protective clothing.

All staff using PPE should receive information/instruction/training in its use.

Gloves

- Latex free alternative gloves should be worn when there is a risk of exposure to body fluids, secretions/ excretions, broken skin or mucous membranes.
- Hands must be washed immediately following removal of gloves.

Eye protection, masks and face protection

- Facemasks and eye protection should be worn as advised by Public Health, where there is a risk of a splashing of fluids or debris from a contagious infection into the face or eyes.
- Hands must be decontaminated immediately following the removal of any PPE.

07 BODILY FLUIDS

Many communicable diseases are infectious when incubating and there are no signs or symptoms. Every member of staff should maintain effective safe methods of infection control, particularly when handling body substances.

Body fluids are:

- blood,
- sputum,
- urine,
- feces,
- wound drainage and other moist body materials

Precautionary measures staff should take to protect themselves:

- Each situation should be assessed to determine precautions needed, i.e. staff member's individual skills and medical/vaccination history, the facilities available and the likelihood of direct contact with body fluids will form the basis of the assessment.
- Control the number of people exposed to body fluids.
- Cover wounds or skin lesions with waterproof dressing.
- A disposable apron and gloves should always be worn when dealing with blood, body fluids.

Spillages

Spillages should be cleaned up as quickly as possible. Procedures for cleaning and disposal of waste, as stated in this policy, should be adhered to. Eye protection should also be worn if there is a danger of splashes.

Spillages of Bodily Fluids should be made safe before removal. This can be done by totally covering the spillage with a sanitising solution that is generally used within the premises. Bleach – hypochlorite - on application bleach products must contain minimum 1000ppm available chlorine, leave for two minutes then clean with disposable wipes and discard in a yellow bag with black stripes.

With large spillages that cannot be dealt with as above should be covered with absorbent paper towels or suitable alternatives and allow fluid to soak in. Place the towels in a yellow bag with a black stripe. Disinfect the surface with a sanitizing solution.

After removal of spillage and disinfection, wash the contaminated area thoroughly with a solution of hot water and general-purpose detergent.

08 REPORTING AND CONTROL OF AN OUTBREAK OF INFECTION

An outbreak of infection is defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place

Prompt notification and reporting of infectious diseases to HSE as a RIDDOR reportable occurrence, is essential for the monitoring of infection and allows the investigation and control of its spread.

- Record details of any reported disease accurately and fully in My Compliance. Risk assessments and safe systems of work must be documented in accordance with COSHH 2002.
- In the case of food borne outbreaks the Commercial Protection Team are to be contacted and the EHO will question employees about food eaten and food handlers about food hygiene and may check procedures and equipment.
- In addition to the above, contact the health and safety Team and complete the My Compliance form in the organisation's accident/incident reporting system.

09 EDUCATION AND TRAINING

The organisation provides training in basic infection control methods and identification of risk within a service.

Each service provides on-site induction and should continue training and updating in infection control. It is recommended that updates are given on an annual basis.

10 OCCUPATIONAL HEALTH

Health Screening

Each member of staff must complete a health questionnaire at the start of their employment. Some roles may require ongoing health assessment to minimise the risk work related of diseases spreading.

11 CLEANING AND DECONTAMINATION

There are germs all around us in the environment and in our bodies. Most of these are completely harmless and may be important to maintain good health. It is important that the "good germs" are not killed by excessive and inappropriate use of disinfectants.

Decontamination can be achieved by a number of methods, which fall into the following categories:

Cleaning

Cleaning physically removes contamination but does not necessarily destroy micro-organisms. It removes micro-organisms and the organic matter on which they thrive. Cleaning must be done prior to effective disinfection and sterilisation. This will be the most common choice of decontamination method.

Disinfection

Disinfection reduces the number of micro-organisms but may not affect certain viruses and bacterial spores.

Sterilisation

Sterilisation renders an object free from all micro-organisms.

Disinfectants

Disinfectants can be harmful to people. Control of Substances Hazardous to Health Regulations 2002 (as amended) ensures that employees are safeguarded at work. Disinfectants should only be used when absolutely necessary. Chemical disinfectants should only be used when it is necessary to destroy all potentially harmful germs when sterilization is not required, or it is impossible to disinfect by heat.

Disinfectants should not be used routinely as cleaning agents or deodorants. Disinfectants must not be used for the storage of equipment such as mops.

Organic debris e.g. feces or secretions may inactivate some disinfectants. Items must be cleaned first.

- Disinfectants must be at the recommended solution.
- Disinfectants must be stored and discarded in accordance with the manufacturer's instructions.
- COSHH regulations must be adhered to.

Single use equipment should be chosen in preference to reusable instruments. **Any device designated as single use must never be re-used under any circumstances.**
Under the Consumer Protection Act 1987 a person can be held liable if a single use item is re-used against manufacturers' recommendations.

General Cleaning

All premises should have cleaning schedules for all areas, which state what equipment should be used. Different areas should have different equipment, and this should be colour coded for ease of identification. The national colour coding for cleaning materials is given below.

- **RED** High risk areas, e.g. bathrooms, showers, toilets, basins and bathroom floors
- **YELLOW** Medium risk areas e.g when someone has an infection.
- **BLUE** General areas, including offices and corridors
- **GREEN** Kitchens and food storage areas only; never used elsewhere

12 WASTE MANAGEMENT

Legislation covering the disposal of waste is covered by the HSAWA 1974, COSHH 2002 (as amended) and Environmental Protection Act 1990, Controlled Waste (England and Wales) Regulations 2012, The Waste (England & Wales) Regulations 2011 (as amended 2012) and the Revised EU Waste Framework Directive. 2008

Managers are responsible for identifying risk in their department. They must ensure that all staff are aware of the risk and that there are safe systems and arrangements for their service. They must deliver

appropriate training, check knowledge and observe the competency of the staff team. Suitable and sufficient equipment must be available for safe practice in managing waste and spillages.

The risk of infection is from biological hazards under COSHH.

All staff has a responsibility to be familiar with their local policy for waste management. Assist in reducing waste and the improvement of safe working practices. Staff are responsible for their own hygiene and must use protective equipment correctly. They must inform the line manager as soon as possible of any dangerous occurrences arising from waste management.

Waste storage areas should be sited away from food preparation, service user and general storage areas.

Waste should be kept in separate bins colour coded for hazardous and non-hazardous waste. It should be collected regularly so that there is not a build-up and overflow of bags.

All waste bins should be foot operated.

Easily accessible washing facilities, protective coating/equipment and materials for dealing with spillage should be provided.

13 FOOD HYGIENE

Accidental poisoning through eating contaminated food is caused by germs or the toxins produced by them.

Food can be contaminated in different ways.

In raw meat and poultry food poisoning germs often live harmlessly in an animal's gut and during slaughter the whole carcass becomes contaminated. It should be assumed that ALL raw meat and poultry is contaminated with germs.

Seafood and fish can be contaminated in the fishing grounds by raw human sewage.

The germs Staphylococcus Aureus can live harmlessly on our skin or in the nose. Through poor hygiene practices they get into foods such as dairy products and cold meats, then multiply and cause a form of food poisoning.

Persons suffering from food poisoning are at an increased risk of spreading disease either directly or indirectly via food. It is therefore recommended that those with symptoms of diarrhea and vomiting should inform their supervisor immediately and stay off work until the symptoms have stopped for 48 hours.

Food handlers on returning to work must pay strict attention to personal hygiene. In some circumstances especially when work involves handling unwrapped foods to be eaten raw or without further cooking staff may be required to be excluded until bacteriologically clear.

14 PESTS

These include: -

- Insects – ants, flies, cockroaches, fleas
- Rodents – rats and mice
- Birds – from pigeons to sparrows
- Feral cats and foxes

Kitchens and food stores provide ideal conditions for pests. They eat food and contaminate and spoil more. Rodents also damage woodwork and electric cables.

Control Measures: -

- Stop pests getting in – well-fitting doors, correct drains, fly screens or bird netting.
- Look out for evidence of presence – droppings, nests, chew marks on woodwork/cables, insect egg cases, damaged food containers, webbing caused by moths or the presence of the live insects themselves.
- Ensure all waste bins are closed and waste storage areas clean/tidy and free from open bin bags, etc.
- Clean up any spillages and decayed food immediately. Carry out regular inspections and rotate any stock. Use containers with well-fitting lids. Store food off the ground.
- Do not put leftovers out for birds as it will encourage pests. Consider the use of a properly installed electric flying insect killer. Use a waste disposal unit where possible.
- Liaise with environmental health or reputable commercial pest Control Company as needed.

15 MONITORING AND REVIEW

A regular audit will be carried out by a competent person that will form part of an annual report by the manager. The audit is divided so that the appropriate sections can be selected for each service.

All outbreaks of infection must be reported to the Health and Safety Team. There is an electronic form for this purpose incorporated into the accident/incident reporting system.

This policy will be reviewed at least every two years or as guidance and legislation is updated.