(NAME OF HOME)

Procedures Manual

Title: INFECTION CONTROL *(KLOE)*

1.0 Scope

1.1 Management and control of infection.

2.0 Aims and Values

2.1 To manage and monitor the prevention and control of infection.

2.2 To ensure that staff receive appropriate guidance and training relating to infection control.

2.3 The effective use of risk assessments that identify how susceptible Service Users are to any risks and any risks that their environment and other users may pose to them.

3.0 Contents

6.0 Management of infection control.
7.0 Isolation of Service Users with an Infection.
8.0 Safe handling and disposal of clinical waste.
9.0 Spillages.
10.0 Protective clothing.
11.0 Hand washing.
12.0 Staff Training.
13.0 Notifiable infectious diseases.
14.0 Annual Statement.
15.0 Protection of Staff.
Appendix A: Recognising Symptoms of Notifiable Infectious Diseases.

4.0 Referenced Documents

C4-040 Infection Control Monitoring Form.
C4-079 Individual Service User Plan / Support Plan.
C4-081 Service User's Daily Report Record.
C4-085 RIDDOR Notification Form F2508.
C4-095 Staff Training Record.
QP-16 Blood Borne Virus Policy.
QP-18 Communicable Infectious Diseases Policy.
QP-29 Effective Handwashing.
MA-03 Risk Management.
MA-22 Care Quality Commission Statutory Notifications.
CI-03 Management Review of the Quality System.

5.0 Responsibilities

5.1 The manager and all care staff.

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This is the procedure to be followed

This procedure must be read in conjunction with The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

This procedure must be read alongside QP-40 Infection control and decontamination

6.0 MANAGEMENT OF INFECTION CONTROL

6.1 The manager is responsible for acting as or appointing a lead in the prevention and control of infection who has the appropriate knowledge and skills. This lead is responsible for developing, monitoring and reviewing the infection control strategy for the service. This should include risk assessments, the safe handling and disposal of clinical waste, spillages, provision of protective clothing and hand hygiene.

6.2 The manager should ensure that a review of infection control strategy is undertaken at least once every year to ensure:

- The continuing suitability and effectiveness of the strategy.
- That any issues arising from the review are addressed in the strategy for the following year.
- That any new infection trends nationally, or existing common infectious-disease patterns locally, are identified and preventative action taken.
- Managers should ensure that policies and procedures on infection control are kept up to date with current national guidance.

6.3 The manager is responsible for ensuring that in cases where a Service User has been diagnosed as having an infectious disease, a full record is made in the Individual Service User Plan / Support Plan, C4-079, and regular updates are made in the Service User's Daily Report Record, C4-081.

6.4 The manager should ensure that the delivery of care to Service Users who have an infectious disease is not only appropriate to the risk but is also sensitive, discreet and does not leave the Service User feeling either isolated or victimised.

6.5 The manager is responsible for ensuring that an up-to-date list is maintained of infectious diseases which are required to be reported to an enforcing agency.

6.6 Reports made to the Health and Safety Executive as required by the Health and Social Care Act 2008, and should be made using the RIDDOR Notification Form F2508, C4-85.

6.7 The manager should maintain a record of names and contact details of health practitioners who can provide advice on the prevention and control of infection when required.

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6.8 Where staff have concerns they should refer the matter to the GP who will identify the need for infection control. They should then follow the advice given by the GP and the local health protection agency.

6.9 The service should seek the advice of the GP and / or the local hospital for arrangements for the safe delivery of biological specimens and biological samples.

6.10 Where in the opinion of a GP there is an outbreak of infectious disease the Health and Safety Executive must be informed immediately, following the RIDDOR requirements.

6.11 Following an outbreak of infection, advice should be sought from the GP and local health protection agency on what infection control and isolation measures should be put in place.

7.0 ISOLATION OF SERVICE USERS WITH AN INFECTION

7.1 Care services do not need to have dedicated isolation facilities. If isolation is needed, a Service User's own room can be used. Ideally the room should be a single bedroom with en-suite facilities.

7.2 Required isolation of a Service User to control infection will take place following the recommendation of the Service User's GP or nurse practitioner.

7.3 The methods to be used and the care to be provided during isolation are contained in the Individual Service User Plan / Support Plan, C4-079.

8.0 SAFE HANDLING AND DISPOSAL OF CLINICAL WASTE

8.1 The service should be registered with the Environment Agency as a provider that produces hazardous waste.

8.2 The manager should ensure that a risk assessment is carried out that identifies the risks associated with the handling and disposal of clinical waste within the service.

8.3 Staff employed in the service who are required to deal with clinical waste as part of their job should be properly trained to understand the associated risks and safe disposal of clinical waste.

8.4 Clinical waste may be classed as:

- Human tissue including blood. This also includes soiled dressings and other soiled waste.
- Syringes, needles and other sharps, including glass ampoules.
- Microbiological cultures - not usually present in care services.

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- Some pharmaceutical products or chemical wastes which are not returned via the pharmacy.
- Disposable items used for the collection or disposal of urine, faeces or other bodily secretions. This includes incontinence pads, stoma bags and urine containers.
- Used protective equipment such as sharps protection mechanisms.
- Any other waste which may cause infection to any person coming into contact with it.
- Any non-clinical waste streams that become contaminated with clinical waste.

8.5 The manager should ensure that appropriately colour-coded sacks or containers are provided for clinical waste and that staff have access to a ‘sharps bin’ for items described in 8.3 second bullet point. Wall charts or notices showing the correct bags to be used should be provided. All clinical waste must be correctly bagged, sealed, tagged and stored before collection for safe disposal.

8.6 Macerators may be used where available to dispose of incontinence pads, other incontinence aids, urine containers and stoma bags as an alternative to disposal as clinical waste.

8.7 Clinical waste containers including sharps containers should never be filled more than three-quarters full and should be securely tied around the neck.

8.8 Clinical wastes should never be placed in internal or external general waste bins. It should be stored separately from general waste at all times and be secure from unauthorised persons, scavenging animals and pests. The storage area should be fully cleansed weekly with an appropriate disinfectant.

8.9 The manager should maintain a contract with an approved supplier to ensure the safe removal of clinical waste from the service and to be assured of its safe disposal. Consignment notes showing the collection of clinical waste from a suitable contractor should be kept for three years.

8.10 A record of measures taken by staff should be kept using the Infection Control Monitoring Form, C4-040, which should be kept in the Individual Service User Plan / Support Plan, C4-079.

9.0 SPILLAGES

9.1 Whenever a spillage occurs in the service, staff must ensure that they wear the appropriate protective clothing such as disposable gloves and aprons. All required protective clothing should be made freely available by the service for use by any member of staff.

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9.2 Spillages of blood or other body fluids are dealt with following the guidelines in the Blood Borne Virus policy, QP-16.

9.3 Dry or semi-dry waste should be transferred to a suitable clinical waste bag or bin. Wet waste should be soaked up using paper towels or disposable sponges and then transferred to a suitable clinical waste bag or bin.

9.4 The area of the spill should be thoroughly washed using a suitable disinfectant and / or detergent. The area should then be dried using either paper towels or an approved water-extraction appliance.

10.0 PROTECTIVE CLOTHING

10.1 The manager is responsible for identifying the nature of protective clothing that may be required in the service, which may include barrier creams, impermeable aprons, gloves or eye protection.

10.2 The manager should ensure that a supply of all the required protective clothing is available in the service to staff who are on duty.

10.3 The use of protective clothing should be unrestricted and without charge to either staff or Service Users. Personal protective equipment should be viewed as a last resort against hazards and wearing it should be actively enforced.

10.4 The suppliers of protective clothing should be reviewed periodically by the manager for their continuing suitability and value for money.

10.5 The manager will ensure that risk assessments are carried out to prevent needlestick injuries and consider the use of sharps / body fluid disposal kits.

11.0 HANDWASHING

11.1 The manager should ensure that suitable and effective guidance is available within the service regarding the washing of hands in order to minimise risks associated with cross-infection. Staff should to refer to policy QP-29 Effective Hand washing.

11.2 All staff should receive training in how to wash hands in order to minimise the risk of cross-infection both before and after carrying out personal care tasks or handling clinical waste.

11.3 The manager should ensure there is adequate provision of suitable hand washing facilities and antimicrobial hand rubs where appropriate.

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12.0 STAFF TRAINING

12.1 All staff should receive induction and ongoing training in infection control and are competent to carry out their role. The training should include:

- Hand hygiene and when and how personal protective equipment should be used.
- The safe handling and disposal of sharps and the safe disposal of waste.
- The identification and segregation of waste streams.
- Hazards presented by chemical substances and biological agents.
- Relevant staff, contractors and other persons, whose normal duties are directly or indirectly concerned with providing care, receive suitable and sufficient information on, and training and supervision in, the measures required to prevent and control the risks of infection.
- The manager should ensure that all staff receive appropriate awareness training and guidance on infection control as part of their induction and ongoing personal development, including infection control that forms part of the Skills for Care Common Induction Standards In particular all staff should be aware of policies QP-16 Blood Borne Virus and QP-18 Communicable Infectious Diseases.
- Staff should receive ongoing training in the prevention and control of infection.
- A record should be kept by the registered manager of all staff induction and ongoing training relating to infection control.

13.0 NOTIFIABLE INFECTIOUS DISEASES

13.1 The manager is responsible for identifying and maintaining a list of infectious diseases that are required to be reported to the Health and Safety Executive following RIDDOR requirements. The list should include:

- Hepatitis - types A, B and C.
- HIV - whether this has or has not developed into AIDS.
- MRSA.
- Clostridium difficle.
- Acinetobactor and other antibiotic bacteria.
- Diarrhoeal infections.
- Glycopeptide resistant enterococci.
- Panton-Valentine leuikocidin (PVL).
- Respiratory viruses.
- Creutzfeltd-Jacob disease (CJD).
- Viral haemorrhagic fevers.
- Tuberculosis.
- Scabies.
- Shingles.
- Legionella.

For a more comprehensive list of diseases and infections reportable under RIDDOR, please refer to www.riddor.gov.uk/diseases.html.

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For guidance on how to recognise these infections, please reference the chart in Appendix A.

14.0 ANNUAL STATEMENT

14.1 Managers must prepare a report annually containing a short review of:

- Any outbreaks of infection.
- Audits undertaken.
- Action taken following an outbreak of infection or recommendations from an audit.
- Risk assessments undertaken for prevention and control of infection, see Risk Management procedure, SD-13.
- Training received by staff, see Staff Training Records, C4-095.
- Review and update of policies, procedures and guidance relating to Infection Control, see Management Review of the Quality System, CI-03.

15.0 PROTECTION OF STAFF

15.1 All staff who are exposed to communicable disease will be offered health screening.

15.2 Risk assessments will be carried out to determine the need for immunisation and all staff will be made aware of their responsibilities to report episodes of illness that may relate to communicable disease.

15.3 The manager will seek advice from infection control agencies where circumstances arise under which staff may need to be excluded from work.

NB ***This procedure is an example of an infection control procedure. The manager should seek advice from the Inspector of the Care Quality Commission to ensure that it complies with their requirements before approval.***

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APPENDIX A: Recognising Symptoms of Notifiable Infectious Diseases.

The following table covers some of the more common symptoms of communicable infectious diseases. It is not a complete list and any concerns about infections should be referred immediately to a qualified medical practitioner such as a GP for professional evaluation.

Symptom	**Possible notifiable infections**
Cough and / or Fever	Influenza
Diarrhoea and / or Vomiting	Clostridium Difficile *(C. Diff)* Norovirus Food Poisoning
Skin Lesions / Rash	Scabies

Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - **Safe S5: How well are people protected by the prevention and control of infection?**

Prompt	Compliance Evidence
S.5.2 Do staff understand their roles and responsibilities in relation to infection control and hygiene?	Para 12.1 and 15.2 of this procedure addresses the prompt
S5.3 Are policies and procedures maintained and followed in line with current relevant national guidance?	Para 6.2 of this procedure addresses the prompt
S5.4 Where it is part of the service's role to respond to and help to manage infections, how does the service make sure that it alerts the right external agencies to concerns that affect people's health and wellbeing?	Para 13.1 of this procedure addresses the prompt

Managers will need to demonstrate to CQC that they are complying with the regulation and Fundamental Standard by following the procedure or policy that provides the evidence.

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