|  |  |
| --- | --- |
| **Title of Policy:** | **Infection Control** |
| **Section:** | **Health and Safety** |

**Purpose**

To provide advice and guidance for all employees of the Company so that they may be alert to the causes of infectious diseases and understand how the risks to their health, and their Client’s health may be reduced.

**Statement**

Infection control is the discipline concerned with preventing the spread of infection within the workplace and protecting those working in close proximity to potential sources of infectious substances. All employees, (including office workers) may be at risk of infection, or of spreading infection, especially if their role brings them into contact with infected persons, or with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may contain micro-organisms such as bacteria and viruses which can be spread if staff do not take adequate precautions.

These biological agents can be:

* Airborne
* carried by animals
* carried by other humans
* present in manufacturing processes
* present in water systems

Also at risk of spreading infection are those involved in food preparation and handling. It is therefore important that strict hygiene precautions are observed.

**Our rules on controlling the risks of infectious diseases must always be followed.** However, there may be times when it is more important than ever that they are strictly followed, for example, during the outbreak of a disease such as Coronavirus (COVID 19). The aim of this policy is to ensure, so far as is reasonably practicable, the health, safety and welfare of our employees and to outline arrangements we have in place for them, and any others affected by our work activities, (for example our Clients) that will reduce the risk of ill health arising from exposure to biological agents. We will take into account recognised principles of good practice and comply with all relevant legislation, including the:

* Health and Safety at Work etc. Act 1974
* Management of Health and Safety at Work Regulations 1999
* Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)

Note: environmental legislation is also applicable to clinical waste.

**GDPR**

**In all instances, the Company will observe the strict requirements of the General Data Protection Regulations (GDPR) so as to ensure the safety and integrity of information which is considered to be sensitive and entirely confidential.**

**Procedure and Guidance**

In order to restrict and reduce the risk of infection in the workplace, the Company will:

* have systems in place that assess the risk of and prevent, detect and control the risk of infection
* designate a lead for infection prevention and control. This will usually be the Registered Manager
* ensure sufficient resources are available to secure effective prevention and control of infection
* ensure employees and other persons who directly or indirectly provide services to Clients are provided with suitable information, instruction, training and supervision in the precautions to follow
* assign to a senior member of staff the responsibility for investigating and recording accidents, incidents and near misses relating to infection control, and to ensure that reports are made as required
* ensure that audits are carried out to ensure policies and procedures are being implemented
* ensure that a suitable and sufficient risk assessment is carried out with respect to prevention and control of infection
* ensure that an appropriate standard of cleanliness and hygiene is maintained throughout the Company’s premises and that the premises are maintained in good physical repair and condition
* ensure appropriate standards of cleanliness and hygiene are maintained in relation to equipment used by staff and Clients
* ensure there is suitable and sufficient hand washing facilities and antimicrobial hand rubs available where appropriate
* where appropriate, ensure suitable information on infections is provided to visitors, including the importance of mask wearing and hand washing by visitors during serious pandemics, as well as facilitating meetings/visits remotely where possible
* ensure information regarding infection is shared, with appropriate individuals
* ensure individuals who develop an infection are identified promptly and organise/make arrangements in order that they receive the appropriate treatment and care
* inform the local health protection unit of any **serious** outbreaks or incidents relating to infection
* provide regular suitable training, including induction training to all staff on the prevention and control of infection
* keep a record of all training and updates to staff
* ensure prevention and control of infection responsibilities are outlined in job descriptions

In the most serious instances, such as a pandemic the Company will apply the following infection outbreak procedure to control the risk of infectious diseases in the workplace:

* Appoint a pandemic coordinator to keep on top of official advice from the Government, CQC, Department of Health and Social Care, etc.
* strongly recommend that employees follow any Government guidance published on self-isolation/quarantine, including the Company’s response and what it is doing to protect people’s health and reduce the risk of the infection spreading
* stagger start and finish times so that fewer people are together at once, where this is feasible
* cancel non-essential training sessions
* deal with clients/customers by phone and email
* ensure that if face to face meetings must take place, that facilities are suitable to minimise the spread of infection e.g., allowing a distance of more than one metre between participants
* consider whether certain employees may work from home
* inform employees of the arrangements for obtaining vaccines or other necessary treatments to protect against, or treat the effects of, exposure to biological agents, if the risk assessment shows there to be a risk of exposure. If such treatments are necessary, the costs will be met by the Company
* continue to communicate as the situation changes
* listen to the concerns of staff regarding catching the infection, and to respond appropriately in all cases, providing reassurances where possible, and details of all preventative measures available
* ensure staff and supervisors are aware of relevant policies regarding sickness reporting, payment of SSP, etc
* maintain a high vigilance on staff morale and stress levels, providing advice, guidance and support where appropriate and available
* have regard to working hours, including ensuring that unless opt-out arrangements are in place, staff comply with the Working Time Regulations around appropriate length of daily and weekly working hours and rest breaks.
* encourage staff to report symptoms of infectious diseases
* ensure staff who have infectious disease symptoms do not come to work and, in the case of diarrhoea and vomiting, they stay away for at least 48 hours after the symptoms have stopped
* where required, ensure notifiable outbreaks are reported to the relevant authority e.g., HSE
* co-operate with any investigation by a relevant authority and comply with any investigation findings
* prioritise cleaning, paying particular attention to the cleaning and disinfecting of toilets, handles, support handrails, taps and wash basins
* ensure staff pay strict attention to infection control procedures, in particular to the washing of hands and the wearing of protective clothing if required
* provide and use antibacterial hand wash in all hand washing areas
* inform visitors of the outbreak and discourage unnecessary visits

**Code of Practice**

The table below is the ‘Code of Practice’ for all providers of healthcare and adult social care on the prevention of infections under The Health and Social Care Act 2008. This sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention.

|  |  |
| --- | --- |
| **Compliance Criterion** | **What the registered provider will need to demonstrate** |
| 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 that their environment and other users may pose to them. |
| 2 | Provide and maintain a clean and appropriate environment in managedpremises that facilitates the prevention and control of infections. |
| 3 | Ensure appropriate antimicrobial use to optimise patient outcomes and toreduce the risk of adverse events and antimicrobial resistance. |
| 4 | Provide suitable accurate information on infections to service users, theirvisitors and any person concerned with providing further support or nursing/medical care in a timely fashion. |
| 5 | Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people. |
| 6 | Systems to ensure that all care workers (including contractors andvolunteers) are aware of and discharge their responsibilities in the process ofpreventing and controlling infection. |
| 7 | Provide or secure adequate isolation facilities. |
| 8 | Secure adequate access to laboratory support as appropriate. |
| 9 | Have and adhere to policies, designed for the individual’s care and providerorganisations that will help to prevent and control infections. |
| 10 | Providers have a system in place to manage the occupational health needsand obligations of staff in relation to infection. |

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf>

The Company endeavours to adequately fulfil the criterions that apply to the service it provides to ensure the risk of infection is dealt with as efficiently and safely as possible.

**Risk Assessment**

The Company has a robust Risk Assessment tool in place that assesses each Client we work with to determine if they are either displaying symptoms of infection and/or are at high risk of infection. This tool helps our staff to determine the amount of PPE sufficient to wear when dealing with said Client.

This tool can be found in Appendix 5.

**Suspected Infection**

If any member of staff feels unwell, and suspects that they may have an infectious disease, then they must report the matter immediately to the Registered Manager who will determine, in conjunction with the employee whether they may continue to work as per normal, or, as in most cases, must cease work immediately. Any return to work will be in accordance with general Government guidelines and medical advice.

All Care Workers will be advised of the situation regarding any Client who is suspected as having an infectious disease, or has tested positive, and appropriate instructions, training and PPE will be provided in order that the risks of cross-infection are minimised. In certain cases, care workers may alert the Registered Manger to situations where Clients may need to be admitted to hospital, in which case medical advice may be sought immediately.

**Procedure**

All staff should ensure that they wash their hands regularly and effectively.

At a minimum, staff should wash their hands after each episode of direct contact where personal care is provided, between seeing each service user, after handling any body fluids or waste or soiled items, after using the toilet, after blowing their nose and before and after handling foodstuffs.

Handwashing removes infectious organisms from the surface of the skin and prevents them from being passed from one person to another.

Liquid soaps and disposable paper towels should be used for handwashing wherever available rather than solid soap or fabric towels. Any cuts or abrasions should be covered with waterproof dressings.

Spillages of body fluids or body waste should be cleared up as quickly as possible and treated carefully as possibly infectious.

Staff should wear protective gloves and aprons. Staff should always wash their hands after coming into contact with bodily fluids and after removing gloves.

Disposable gloves should never be re-used and should be discarded properly after each use with hands being washed after removal. Personal protective equipment (PPE) in the form of disposable gloves and

disposable aprons will be provided by staff who are at risk of coming into direct contact with body fluids or waste and should be used in all such situations.

All sharps waste (e.g., potentially infectious needles, etc.) should be handled and disposed of in properly labelled and marked plastic sharps disposal containers provided for the purpose. These containers should never be overfilled and no attempt to force waste into them or to reach inside should be made. They should be sealed when filled and stored securely awaiting collection from an authorised waste handler.

In the event of a ‘needlestick’ injury involving a used or potentially contaminated needle, staff should wash the area immediately to encourage bleeding and attend A&E immediately.

Where staff sneeze, they should blow their nose with a paper tissue and dispose of it in the bin. They should then wash their hands.

Notifiable diseases should be reported in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

In the event of a suspicion that a client may be ill or may have an infectious disease the service user’s GP should be contacted immediately and the manager informed.

Where necessary, staff should work in collaboration with any local infection control agencies and experts.

**Management Duties**

Ensure that the premises where staff are asked to work are, wherever possible, kept clean, hygienic and free from offensive odours. This may involve arranging suitable cleaning services to be employed with the agreement of the Client and/or care manager.

Ensure that appropriate infection control policies are effectively implemented, are clearly understood by all members of staff and are regularly reviewed and revised in light of the most recent best practice guidelines.

Ensure that appropriate information about infection and infection control policies is provided to service users.

Ensure that staff have enough uniforms to be able to wear a clean, properly washed uniform each shift.

Ensure that staff are provided with appropriate equipment and resources such as aprons, gloves and hand gel. Staff must have access to masks to wear when the staff member feels unwell but is well enough for work, if a client requests it. If a specific risk assessment indicates it.

Monitor carefully any incident reports relating to infection control matters in order to identify any tends or patterns.

Ensure that any suspected outbreaks of infection are reported to the relevant authorities (GP/local infection control teams).

Ensure that all new staff have appropriate health checks and immunisations.

Ensure that infection control procedures, policies and outcomes are regularly audited and that an annual statement is prepared.

**Staff Duties**

Comply with all infection control policies, procedures and guidelines at all times, properly utilising any personal protective equipment provided and carrying out their duties in accordance with their training and good practice.

Wash their hands regularly, especially after using the toilet, between seeing each service user and before handling food.

Help to keep where possible and where consent has been given any location where they are working clean and tidy and to alert the duty care manager to any incidences of unsanitary conditions or unacceptably poor standards of cleanliness or hygiene.

Always inform the manager or a supervisor if they are suffering from any form of diarrhoea and vomiting or any suspected infectious disease. If a food handler, the member of staff should not return to work until recovered and cleared to do so by a GP.

Infection control training and supervision as a vital part of its infection control procedures. Staff are trained in line with content from Skills for Care

<https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Infection-prevention-and-control/Infection-prevention-and-control.aspx>

Adult Social Care guidance from the English Government including reference to the Code of Practice on the prevention and control of infections

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care>

All new staff should attend basic infection control awareness training and should read the policy on infection control and food preparation and handling as part of their induction process.

Care staff and food handling staff will be expected to attend additional infection control training appropriate to their role. Records of attendance at infection control training will be kept, including date attended and level of training.

**Covid 19 Guidance for Home Care Workers**

The most current guidance for home care workers is below.

For Covid 19 Testing guidance

<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/covid-19-testing-in-adult-social-care>

Home care staff for companies regulated by CQC qualify for free testing.

If the individual with a positive COVID-19 result is a **member of staff**, they should follow the advice regarding staying at home and avoiding contact with other people from the day they test positive or develop symptoms (day 0) to avoid passing on the virus.

**Social care staff** with COVID-19 should not attend work until they feel well, do not have a high temperature and have 2 consecutive negative LFD test results (taken at least 24 hours apart 5 days from when their symptoms started or from the date of the test if they did not have symptoms. Full guidance on returning to work is outlined in the COVID-19 supplement to the IPC resource for adult social care.

If the individual with a positive COVID-19 test result **receives care and does not live in a care home**, they should follow the advice for the general population to stay at home and avoid contact with others.

If the individual is in the **highest risk group from COVID-19**

Individuals with a positive COVID-19 test result who are in the highest risk group from COVID-19 should be supported to access COVID-19 therapeutics if they test positive by contacting 119 or a local GP as required.

**COVID-19 PPE guide for adult social care services and settings**

Mask Wearing

Home Care providers can now conduct risk assessments to make decisions about the use of masks.

The organisation will:

* Continue to provide masks for all care staff.
* Advise staff to wear masks when supporting people at close quarters.
* Require staff to wear masks when the staff member is ill in any way but still deemed fit for work.
* Require staff members to wear masks when ever a client would like them to.
* Require staff members to wear masks where there is a risk assessment in place for a specific person who has specific health care needs requiring this.

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| **KLOE Reference for this Policy** | **Regulation(s) directly linked to this Policy** | **Regulation(s) relevant to this Policy** |
| **Safe** | **Regulation 12: Safe care and treatment** | **Regulation 15: Premises and equipment****Regulation 17: Good governance** |

**Policy Reviewed on Date of Implementation by the Following Company Officer:**

|  |
| --- |
| **Full name:** |
|  |
| James McAlpine |
|  |
| **Job Title:** |
|  |
| Homecare Director |
|  |
| **Signature:**  |
|  |
| J. McAlpine |

**Appendix 1**

**COVID-19 Vaccinations Policy**

**Policy**

A vaccine to prevent serious health effects from coronavirus has been developed and made available to the public. The purpose of this policy is to set out our organisation’s stance on the vaccine as it affects our workforce and the related rights of our employees.

**Vaccine** **Status**

Individual opinions on vaccines can vary greatly and we appreciate that having a vaccine is generally a personal choice, sometimes dictated by personal circumstances such as health or religion. The Government has not made taking the vaccine mandatory for the general population.

**Our** **Duties**

As an employer, we have a duty to ensure the safety of our employees. In addition, the Health and Safety at Work etc Act 1974 requires employers to take all reasonably practicable steps to ensure the health, safety and welfare at work of all their workers.

The Company will make every effort to encourage staff to fully vaccinate and obtain any booster jabs in order to comply with legal requirements and to promote the highest levels of infection control.

Staff will be required to provide evidence of their vaccination status via the NHS App. In the event of the NHS App being unavailable, presentation of the official NHS vaccination cards will be sufficient.

Staff who can demonstrate medical exemption from vaccination will be permitted to work without the vaccine, but management will review practical measures which can be taken to mitigate exposure to potential infection from COVID-19.

**Having the Vaccine**

Current Government strategy for vaccinating the UK population is formulated on a priority basis according to age, industry sector and vulnerable status. This includes booster jabs. Employees will receive notification of their vaccine appointment which may be at their normal GP surgery or at one of the vaccination centres set up specifically for this purpose. The vaccine is offered free of charge. It is currently administered in two doses, to be provided at separate appointments.

We encourage employees to verify a notification purporting to provide vaccine appointment details if this appears suspicious due to a number of scams attempting to gain bank details.

Employees should notify their line manager of their appointment time on each occasion, giving as much notice as possible if time off work is needed. Employees must provide written evidence of the appointment date and time to their manager.

Employees should attempt to secure a vaccine appointment outside of their normal working hours, or as close to the start or the end of the working day as possible. If it is necessary to take time off work for vaccination appointments, time taken off work to attend the appointment/s will be paid. This is an exceptional circumstance due to the pandemic, as time off for vaccination appointments for other purposes are normally treated as unpaid leave.

**Appendix 2**

**Pandemic Recovery & Contingency Plan**

**Introduction**

In addition to the Company’s continuity recovery planning policy, the Company recognises the need to have a separate pandemic recovery plan and procedure. The reason for this is that a general continuity recovery plan focuses on a short-term recovery programme. Should the UK face a coronavirus pandemic, the effects of the pandemic could last months.

The following procedure sets out the contingency measures that the Company will bring into effect in the event of a coronavirus pandemic.

The procedure aims to ensure that the Company will be able to operate its business to the best of its abilities in such an event while protecting, as far as is reasonably possible, its employees.

**Procedure**

Management is responsible for ensuring that employees understand the Company’s pandemic recovery plan policy and procedure. Employees are responsible for familiarising themselves with the procedure and should speak to their departmental manager should they have any questions.

The Company will identify a Pandemic Crisis Management Team. The team will consist of employee representatives from throughout the Company and will include members of both senior and middle management.

Members of the Pandemic Crisis Management Team will be trained in how to respond to a pandemic. In the event of a pandemic, members of the team will be expected to exercise leadership and make operational and business decisions, in the absence of senior and operational managers.

As a contingency measure, employees will be cross-trained in various functions to ensure that adequate cover is provided in different roles.

A pandemic communications strategy will be developed to ensure that employees are provided with up-to-date and accurate information on the status of the pandemic. Information will be provided to employees via the Company’s Intranet, e-mail and, where possible, through team meetings. As well as other important information, employees will be briefed on the symptoms of the virus and who to contact should they believe they, or a colleague, has the virus. Employees will also be provided with instructions regarding personal hygiene to avoid spread of the virus.

The Company’s leave and absence policies will be continuously developed as the status of the pandemic changes. The leave policies that will be developed include the Company’s sick leave policy and bereavement policy.

Employees may be required to observe social distancing work rules to prevent the spread of any infectious disease and will be informed of this through the Company’s Pandemic Crisis Management team at the time. Examples of social distancing work rules include:

• correctly utilising full Personal Protective Equipment including disposable face masks, gloves and aprons to act as a physical barrier to contact with others

• reducing direct physical contact with services users, their garments or surfaces in their homes to the minimum, except where contact is strictly necessary for personal care

• avoiding unnecessary travel

• reducing car-sharing by staff working in pairs where possible

• cancellation of face-to-face meetings

• working from home for office/administration staff

The above policy and procedure will be continuously reviewed and updated to take account of the changing status of a pandemic.

**Appendix 5**

**Infection Prevention and Control Risk Assessment Tool**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Assessed by** |  |
| **Designation** |  |
| **Date of Assessment** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risks** | **Yes** | **No** | **Actions/Interventions** |
| **Respiratory Tract Risks:**Suspected/confirmed Tuberculosis (TB) AAFB in sputum?Compliant or non-compliant with drug treatment?Productive cough with weight loss in last 6 months, with or without fever and night sweats?Family or other TB contacts?Previous history of TB and/or incomplete treatment with risk of drug resistance? |  |  | **Liaise with TB specialist nurses****Hand Hygiene****PPE e.g. Gloves, Aprons, Face Masks****Provide clean tissues****Dispose of tissues in infectious waste stream****Provide advice to client****Increase environmental cleaning****Isolation****Correct waste disposal** |
| **Skin Risks:**Evidence of weeping vesicles e.g. Chicken Pox or Shingles?Skin Shedding e.g. eczema/psoriasis?Suspected/confirmed scabies/lice?Itchy rash or skin lesions?MRSA Colonisation |  |  | **Hand Hygiene****Regular observation of skin and document any changes****Inform D/N’s, Podiatrist, GP etc of any changes****PPE when changing bedding/applying creams etc****Increase environmental cleaning****Seek advice if scabies identified & commence treatment and scabies pathway****If confirmed MRSA colonisation commence suppression treatment****Correct waste disposal** |
| **Elimination Risks:**Diarrhoea and/or vomiting currently or in the past 12-72 hours?History of antibiotics in the past 8 weeks?Recent admission to hospital?Suspected or confirmed Clostridium *difficile*? |  |  | **Hand Hygiene****PPE e.g. gloves, aprons****Increase environmental cleaning and use hypochlorite solutions****Clean all equipment regularly with hypochlorite solutions.****Inform D/N’s, Podiatrist, GP etc of any risks****Place laundry into a red soluble bag** **Dispose of waste correctly****Wash all commode pans and urinals in the sluice** |
| **Urinary Tract Risks:**Suspected or confirmed urinary tract infection (UTI)?Recurrent UTI with risks for multi-resistant organisms egESBL’s?History of antibiotics in the past 8 weeks?Urinary catheter currently in situ or inserted in the past 6 weeks? |  |  | **Hand Hygiene****PPE e.g. gloves, aprons****Increase environmental cleaning** **Inform D/N’s, Podiatrist, GP etc of any risks****Ensure a catheter care plan is in place****Receptacles used for emptying catheters should be single use or washed appropriately****Dispose of waste correctly** |
| **Wound Infection Risks:**Suspected/confirmed wound infections including MRSA from exudate from;LacerationsBoilsCarbunclesVenous ulcersPressure SoresOther wounds that are slow to heal |  |  | **Hand Hygiene****Regular observation of skin and document any changes in care plan****Inform D/N’s, Podiatrist, GP, Tissue Viability etc of any changes****PPE when changing bedding/applying creams, changing dressings etc****Increase environmental cleaning****Collect wound swabs if infection is suspected.****Dispose of waste correctly** |
| **Blood-Borne Virus (BBV) Risks:**Suspected/confirmed BBV e.g. Hep B, Hep C, or HIV?History of IV Drug use? |  |  | **Hand Hygiene****PPE e.g. gloves, aprons, eye protection****Increase environmental cleaning** **Inform D/N’s, Podiatrist, GP etc of any risks****Dispose of all sharps appropriately****Dispose of waste correctly****Ensure appropriate policies are in place** |
| **Behaviour which increases infection risks:**E.g.;Not washing handsResistance to assistance with personal hygienePhysical DisabilityConfusion e.g. Alzheimer’s, Dementia etc |  |  | **Promote hand washing (hand wipes)****Assist with hygiene where necessary****Cohort for outbreaks if unable to isolate individuals** |
| **Other Infection Risks:**Fever of unknown origin, increased confusion/disorientation?Symptoms with or without any of the above risk factorsTransfer from another hospital or care home within the last 6 weeksPrevious infections |  |  | **Liaise with GP, DN’s etc.****Ensure accurate documentation****Look for signs and symptoms of infection e.g. Raised temperature, increased heart rate, increased confusion.** |
| **On completion of the assessment:** |
| What immediate precautions and action will need to be taken? |
| Does the client need to be isolated from others? | YES | NO | N/A |
| If unable to isolate client state why and how they would be managed?*E.g. if confused, or refuses to follow advice* |
| Are appropriate referrals made and is treatment commenced promptly? | YES | NO | N/A |
| Infection Control Nurse Contacted By: |  | Date: |  |
| Referral made to other professionals:(State which) |  |
| Date: |  |