INFECTION CONTROL POLICY

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and service users. All of the staff working at Premier Care (Plymouth) Limited are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.

Policy Statement
Premier Care (Plymouth) Limited believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

Premier Care (Plymouth) Limited 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 2010, 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.

Aim basic principles of infection control. The aim of Premier Care (Plymouth) Limited is to prevent the spread of infection amongst staff, service users and the local community.

Goals
The goals of the Premier Care (Plymouth) Limited are to ensure that:

(a) Service users, their families and staff are as safe as possible from acquiring infections through work-based activities

(b) All staff at Premier Care (Plymouth) Limited are aware of and put into operation Basic principles of infection control

Premier Care (Plymouth) Limited 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 Premier Care (Plymouth) Limited to prevent the spread of infection

(b) The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995, which place a duty on Premier Care (Plymouth) Limited 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 Premier Care (Plymouth) Limited 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 Premier Care (Plymouth) Limited to dispose of clinical waste safely.

(e) The Food Safety Act 1990 ensure that all food prepared in service users homes for service users 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.

Infection Control Procedures
At Premier Care (Plymouth) Limited:

- 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 management of Premier Care (Plymouth) Limited will make every effort to ensure that staff working in the homes of service users have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques

- Any staff who does not feel that they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform their line manager or supervisor

Effective Hand Washing
Premier Care (Plymouth) Limited believes that 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.

Premier Care (Plymouth) Limited 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 with service users may transfer micro-organisms from one service user to another and may expose themselves, service users and the public to infection.

At Premier Care (Plymouth) Limited:

- All staff should, at all times, observe high standards of hygiene to protect themselves and their service users from the unnecessary spread of infection

- All staff should ensure that their hands are thoroughly washed and dried:
  - Between seeing each and every service user 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 or clinical 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 service users 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 service users 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. Please see the correct hand washing technique attached to this policy

The Handling and Disposal of Clinical and Soiled Waste
• All clinical waste should be disposed of in sealed yellow plastic sacks and each sack should be clearly labelled with the service user's address.

• Non-clinical waste should be disposed of in normal black plastic bags.

• When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged.

• Staff should alert the agency office if they are running out or yellow sacks, or any protective equipment.

The Use of Protective Clothing
• Adequate and suitable personal protective equipment and clothing should be provided by Premier Care (Plymouth) Limited.
• All staff should 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.

• Sterile gloves are provided for clinical procedures such as applying dressings. These should be worn at all times during service user contact and should be changed between service users. On no account should staff attempt to wash and reuse the gloves.

• Non-sterile gloves are provided for non-clinical procedures.

• The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the main office.

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 should be washed afterwards.

The Disposal of Sharps (e.g. Used Needles)
• Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.

• Sharps should never be disposed of in ordinary or clinical waste bags.

• Staff should never re-sheath needles.

• Boxes should never be overfilled.

• When full, boxes should be sealed, marked as hazardous waste and clearly labelled with the service user’s details.

• Staff should never attempt to force sharps wastes into an over-filled box.
• Used, filled boxes should be sealed and stored securely until collected for incineration according to individual arrangements. In the event of an injury with a potentially contaminated needle staff should:

• Wash the area immediately and encourage bleeding if the skin is broken
• Report the injury to their line manager immediately and ensure that an incident form is filled in

• Make an urgent appointment to see a GP or, if none are available Accident and Emergency.

Food Hygiene
• All staff should adhere to Premier Care (Plymouth) Limited's food hygiene policy and ensure that all food prepared in service users homes for service users 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 that they are safe to do so.

Reporting
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) oblige Premier Care (Plymouth) Limited 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.

Training
All new staff should be encouraged to read the policy on infection control as part of their induction process. Existing staff should be offered training covering basic information about infection control.

All new staff will complete the Common Induction Standards (2010 Refreshed Edition) within the first 12 weeks of employment
Record of induction and ongoing training in infection control will be kept in the staff personal files. Linda Bowden is responsible for organising and co-ordinating training.
Correct Hand Washing Technique

Removing all dirt and contaminants from the skin is extremely important. Hands and other soiled parts of the body should be cleaned at least at the end of each work period, prior to breaks, or when visiting the toilet.

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

The skin should always be properly dried to avoid risk of chapping particularly during cold weather.

Clean towels should be available at all times – dirty towels mean exposing the skin to more dirt and the risk of infection.
Ideally, ‘single issue’ disposable towels should be used, as the use of ‘communal’ towels can lead to contamination.