



 **Review Sheet**



Last Reviewed
01 Jul '20



Last Amended
01 Jul '20



Next Planned Review in 12 months, or sooner as required.

Business impact



Immediate action these changes are business critical and to be delivered as a matter of urgency.

Reason for this review

Best practice

Were changes made?

Yes

Summary:

This policy has been reviewed to ensure it is consistent with new and current guidance ahead of the changes on 1st July and 6th August. Minor changes to references made.

Relevant legislation:

- The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
- Public Health (Control of Disease) Act 1984 (as amended)
- The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance
- The Care Act 2014
- Control of Substances Hazardous to Health Regulations 2002
- Food Safety Act 1990
- The Food Safety and Hygiene (England) Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Coronavirus Act 2020



HWCGRS Care (T/A Segal Gardens)

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<p>Underpinning knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none">• Author: The Department of Health, (2015), <i>The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance</i>. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code [Accessed: 1/7/2020]• Author: National Institute for Health and Care Excellence, (2017), <i>CG139 - Healthcare-associated infections: Prevention and control in primary and community care</i>. [Online] Available from: https://www.nice.org.uk/Guidance/CG139 [Accessed: 1/7/2020]• Author: Health and Safety Executive, (2011), <i>Blood-borne viruses in the workplace - Guidance for employers and employees</i>. [Online] Available from: https://www.hse.gov.uk/pubns/indg342.pdf [Accessed: 1/7/2020]• Author: Health and Safety Executive, (2013), <i>Reporting injuries, diseases and dangerous occurrences in health and social care Guidance for employers</i>. [Online] Available from: https://www.hse.gov.uk/pubns/hsis1.pdf [Accessed: 1/7/2020]• Author: Central Alerting System, (2019), <i>Portable fans in Health and social care facilities: risk of cross infection</i>. [Online] Available from: https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102823 [Accessed: 1/7/2020]• Author: Public Health England, (2020), <i>Cleaning in non-healthcare settings</i>. [Online] Available from: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings [Accessed: 1/7/2020]• Author: Public Health England, (2020), <i>Guidance on infection prevention and control for COVID-19.</i> [Online] Available from: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control [Accessed: 1/7/2020]• Author: MHRA, (2020), <i>COVID-19 General Case Definition Change</i>. [Online] Available from: https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103043 [Accessed: 1/7/2020]
<p>Suggested action:</p>	<ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App• Include discussion in staff handovers• Ensure policy is on the agenda for all supervisions• Hold specific meetings to discuss impact• Ensure relevant staff are empowered to develop specific and individualised processes to share policy changes• Share information quickly and widely



1. Purpose

1.1 To protect both staff and Service Users from infection through routine, safe and effective care practices.

1.2 To ensure that related policies and procedures such as the Personal Protective Equipment (PPE) Policy and Procedure are followed.

1.3 To support HWCGS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
RESPONSIVE	R2: How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	S5: How well are people protected by the prevention and control of infection?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	W4: How does the service continuously learn, improve, innovate and ensure sustainability?
WELL-LED	W5: How does the service work in partnership with other agencies?

1.4 To meet the legal requirements of the regulated activities that HWCGS Care (T/A Segal Gardens) is registered to provide:

- | The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
- | Public Health (Control of Disease) Act 1984 (as amended)
- | The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance
- | The Care Act 2014
- | Control of Substances Hazardous to Health Regulations 2002
- | Food Safety Act 1990
- | The Food Safety and Hygiene (England) Regulations 2013
- | The Hazardous Waste (England and Wales) Regulations 2005
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Health and Safety at Work etc. Act 1974
- | Management of Health and Safety at Work Regulations 1999
- | Mental Capacity Act 2005
- | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- | Coronavirus Act 2020



2. Scope

2.1 The following roles may be affected by this policy:

- | All staff
- | Registered Manager
- | Infection Prevention Lead

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | External health professionals
- | Local Authority
- | NHS



3. Objectives

3.1 To set out the framework for reducing the risk of infection and for the control of infection.

3.2 To ensure that all staff within HWCGS Care (T/A Segal Gardens) understand their roles and responsibilities when considering infection control.

3.3 To ensure compliance with national best practice, regulation and legislation and that current Public Health England guidance is followed in relation to COVID-19



4. Policy

4.1 HWCGS Care (T/A Segal Gardens) recognises that all staff are responsible for infection prevention and control and is committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene and insisting on universal infection control procedures.

4.2 HWCGS Care (T/A Segal Gardens) will do this by providing staff with appropriate training and equipment. It will ensure that all staff understand the importance of good hand hygiene, how to use Personal Protective Equipment (PPE) and follow the COVID-19 Personal Protective Equipment Policy and Procedure at HWCGS Care (T/A Segal Gardens).

4.3 HWCGS Care (T/A Segal Gardens) takes its responsibilities seriously in relation to blood-borne viruses, safer use of sharps and safe disposal of waste. It will make sure that risks are identified and that measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users and key stakeholders.

4.4 Infection Prevention Lead (IPL)

An Infection Prevention Lead will be identified within HWCGS Care (T/A Segal Gardens). The IPL, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2015) will:

- | Be responsible for the infection prevention (including cleanliness) management at HWCGS Care (T/A Segal Gardens)
- | Oversee local prevention of infection policies and their implementation
- | Report directly to HWCGS Care
- | Have the authority to challenge inappropriate practices
- | Have the authority to set and challenge standards of cleanliness
- | Assess the impact of all existing and new policies on infections and make recommendations for change
- | Be an integral member of the governance and safety teams and structures at HWCGS Care (T/A Segal Gardens) where they exist
- | Produce an annual statement with regard to compliance with practices on infection prevention and cleanliness and make it available on request
- | Ensure that there is evidence of appropriate action taken to prevent and manage infection
- | Undertake an audit programme to ensure that appropriate policies have been developed and implemented
- | Provide evidence that the Annual Statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- | In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence should be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative

4.5 HWCGS Care (T/A Segal Gardens) will ensure that all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE). Staff can refer to the Personal Protective Equipment (PPE) Policy and Procedure for further information.



5. Procedure

5.1 Hand Washing

Most healthcare-associated infections are preventable through good hand hygiene - cleaning hands at the right times and in the right way. The aim of routine hand washing is to remove dirt and most transient micro-organisms (germs that can be easily removed by hand washing) found on the hands. All staff involved in the delivery of care must wash their hands. In Pandemic situations, such as COVID-19, the washing of hands must be more frequent:

- | Before starting work and going home
- | Before eating, preparing or handling food
- | Before and after giving any direct care to each Service User
- | Before administering medications
- | After any activity that contaminates the hands or when hands are visibly soiled
- | After using the toilet
- | After sneezing/blowing the nose
- | After cleaning activities
- | Before providing clinical care, e.g. catheter care, dressing wounds
- | Any other occasions when hands are thought to have been contaminated
- | Before donning and doffing PPE

5.2 Choice of Hand Washing Agent

Hand washing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of contamination. In Pandemic situations, such as COVID-19, the washing of hands must be more frequent. The washing of forearms must also take place when they have been exposed or may have been exposed to respiratory droplets or other body fluids.

Liquid Soap

Hand washing with liquid soap and water removes dirt and organic material and must be used:

- | Prior to and following direct contact with Service Users
- | Following direct hand contact with body fluids when gloves must be worn
- | When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- | When caring for Service Users with diarrhoea and/or vomiting, Service Users with COVID-19, Clostridium Difficile or Norovirus and during outbreaks of these organisms
- | After several consecutive applications of alcohol gel/rub

Alcohol Hand Rub

Alcohol hand rub is recommended for routine hand decontamination because:

- | It is more effective
- | It is quicker and easier to use
- | It is better tolerated by the hands
- | It can be provided at the point of care
- | It can be used when liquid soap is not available

Care Workers must be aware that alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. Alcohol gel/rub is flammable and must be correctly stored.

Muslims and Alcohol-Based Hand Gel

In accordance with the 'Muslim Spiritual Care Provision' in the NHS (MSCP) advice, alcohol-based hand gel contains synthetic alcohol and does not fall within the Muslim prohibition against natural alcohol. Therefore, Muslims can use such gels.

Bar Soap

Bar soap must not be used by staff at HWCGS Care (T/A Segal Gardens).

5.3 Hand-Washing Technique

Using Liquid Soap

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

- | Expose the wrists and forearms. All parts of the hands and, where exposed, forearms must be included in the process
- | Where forearms require cleaning, they must be cleaned first and then the hands
- | Wet the hands under warm, running water before applying soap
- | Apply liquid soap in the recommended product volume
- | Using the six-step technique:
- | Rub all parts of the hands vigorously, without applying more water
- | Use one hand to rub the back of the other hand and clean in between the fingers. Do the same with the other hand
- | Rub your hands together and clean in between your fingers
- | Rub the backs of your fingers against your palms
- | Rub your thumb using your other hand and do the same with the other thumb
- | Rub the tips of your fingers on the palm of your other hand and do the same with the other hand
- | Rinse under running water
- | The handwashing process must take 40-60 seconds, and a useful tip to check that you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice

Using Alcohol Gel/Rub

- | Hands must be free from dirt and organic matter, if not, wash them first
- | Avoid using excessive amounts of alcohol gel/rub to minimise skin damage. Apply one shot (approx. 5 ml) of alcohol hand rub
- | The hand rub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systemically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

Hand Drying

- | Improper drying can re-contaminate hands that have been washed
- | Dry thoroughly with a disposable paper hand towel
- | Dispose of paper towel into bins with foot-operated pedals
- | Do not touch the bin with hands

5.4 Personal Protective Equipment (PPE)

Staff must wear PPE if there is any risk of exposure to blood or body fluids. PPE includes gloves and aprons and if there is a risk of airborne or droplet infection, masks.

HWCGS Care (T/A Segal Gardens) staff must refer to the Personal Protective Equipment (PPE) Policy and Procedure at HWCGS Care (T/A Segal Gardens) for current guidelines in relation to COVID-19. With reference to glove use, refer to section 5.5.

5.5 Use of Gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands must not be washed or cleaned with alcohol handrub. Hands must be washed after the removal of gloves. The use of gloves will be based on an assessment of the risk of contact with blood, body fluids, secretions and/or excretions, non-intact skin, mucous membranes, hazardous drugs and chemicals, e.g. cleaning agents.

Where a risk exists, gloves will be worn to protect the Care Worker and/or the Service User.

- | The use of gloves does not replace the need for hand hygiene
- | Gloved hands must not be washed or cleaned with alcohol handrub
- | Hands will be washed after the removal of gloves
- | Due to the increasing incidence of latex allergies, HWCGS Care (T/A Segal Gardens) will supply nitrile gloves as an alternative

Gloves will be stored in their original containers, away from direct sunlight, heat sources and liquids, including chemicals. The area will be clean and must protect the gloves from contamination.

Glove Removal

Gloves must be removed by holding at the cuff and peeling the glove over the hand, then folding the second glove off the hand over the first glove, enclosing the first glove within the second glove and

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

disposing of the gloves in accordance with the Clinical Waste Disposal Policy and Procedure.

Coronavirus and the Use of Gloves

As part of the guidance from Public Health England in relation to Coronavirus, gloves must be:

- | Worn when in direct contact with a Service User whether they have symptoms of COVID-19 or not
- | Worn when you are within two metres of someone who is coughing, whether providing direct care to them or not
- | Worn when providing direct care, such as assisting a Service User to get in and out of bed, feeding, dressing, bathing, grooming, toileting, dressing etc.
- | Worn when unintended contact is likely, e.g with behaviour that may challenge
- | Worn when shielding a Service User defined as vulnerable by Public Health England
- | Changed after completion of a procedure or task
- | Changed if a perforation or puncture is suspected
- | Appropriate for use, fit for purpose and well-fitting
- | Put on properly (donned) and taken off properly (doffed)
- | Disposed of in either clinical waste where this is available or, in the case of use for Service Users with symptoms of COVID-19, double bagged and left in a safe location for 72 hours
- | Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely as per standard infection control procedures outside a pandemic

Disposable gloves are single-use and must be disposed of immediately after completion of a procedure or task and after each Service User, followed by hand hygiene. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

5.6 Skin Damage

Skin damage is associated with poor hand-washing technique or frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines.

The best practice below will help to prevent skin damage:

- | Staff should be aware of the potentially damaging effects of hand hygiene products
- | Avoid putting on gloves while hands are still wet (from washing or applying alcohol rub)
- | Avoid rubbing hands with paper towels; the skin should be patted dry
- | Avoid over-use of gloves
- | Use emollient hand cream regularly, e.g. after washing hands, before breaks, when going off duty and when off duty
- | If irritation occurs, review compliance with the hand decontamination technique and then inform your line manager
- | Avoid communal 'pots' of moisturiser as they can become a potential source of infection
- | Individual tubes of hand creams may be used, provided that care is taken not to contaminate the nozzle

Where members of staff continue to experience soreness or sensitivity, this will be discussed with Mr Damian Cummings Gillian Gilmore.

5.7 Uniform and Appearance

The clothes that staff wear must facilitate good practice and minimise any risk to Service Users. Uniforms and workwear must not impede effective hand hygiene and must not unintentionally come into contact with Service Users during direct care activity.

- | Staff will follow the Appearance Policy and Procedure at HWCGS Care (T/A Segal Gardens)
- | Staff must change as soon as possible if the uniform or clothing becomes visibly soiled or contaminated
- | Wash uniforms and any clothing that has been worn at work at the hottest temperature suitable for the fabric
- | Clean the washing machines and tumble driers regularly, in accordance with the manufacturer's instructions
- | Staff must have at least enough uniforms available to change each day as this enables staff to start

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

each day with a clean uniform

- | Staff must wash heavily soiled uniforms separately. Separate washing will eliminate any possible cross-contamination from high levels of soiling and enable the uniform to be washed at the highest, recommended temperature

To control and prevent the spread of infection, HWCGS Care (T/A Segal Gardens) will ensure that staff understand the following best practice:

- | Nails must be short and clean – no nail polish or extensions
- | Wristwatches may not be worn. No other jewellery will be worn around the wrist
- | Alert bracelets must be removed and attached to a lanyard or pinned to the uniform
- | No rings with stones will be worn – one plain band is acceptable
- | Arms must be bare below the elbows

Any individual concerns in relation to the above best practice requirements must be discussed on an individual case-by-case basis with Mr Damian Cummings Gillian Gilmore.

COVID-19 Uniform Care

- | Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- | A wash for 10 minutes at 60°C removes almost all micro-organisms
- | Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses

5.8 Cultural and Religious Beliefs

We understand the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. HWCGS Care (T/A Segal Gardens) recognises that some staff may not wish to expose their forearms and HWCGS Care (T/A Segal Gardens) will consider the following as part of its local uniform and workwear policy:

- | Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity
- | Uniforms can have three-quarter length sleeves
- | Any full or three-quarter length sleeves must not be loose or dangling. They should be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity
- | Any Sikh staff wearing a Kara bracelet may be asked to ensure it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

5.9 Exposure Prone Procedures (EPP)

- | EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service User's open tissues are exposed to the blood of the worker. These include procedures where the workers gloved hands come into contact with sharp instruments, needle tips, etc.
- | However, other situations can present a risk such as trauma, Service User biting, leaking wounds or broken skin
- | If a worker is known to have, or strongly suspects they may have a BBV (blood-borne virus), the member of staff must inform Mr Damian Cummings Gillian Gilmore who will seek further advice with regard to working practices

5.10 Blood-Borne Viruses (BBVs)

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person. A small risk exists from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes. Therefore, the following measures of good practice should be followed:

- | Universal precautions must be taken, as Service Users may not show any symptoms
- | All staff at risk of exposure to BBVs must be vaccinated against Hepatitis B
- | Cuts and abrasions must be covered with a waterproof dressing before providing care
- | Staff with skin conditions must seek advice from their GP to minimise their risk of infection through open skin lesions
- | Care Workers must refer to the Sharps and Needlestick Policy and Procedure for safe sharps



HWCGS Care (T/A Segal Gardens)

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

management

5.11 Human Bites

Human mouths contain a wide variety of organisms which have the potential to be transmitted, some of which can be transmitted by bites. Human bites are rare and generally occur in certain Service User groups. However, human bites are more likely to become infected, so it is important that they are treated promptly.

Where it is identified that a Service User is at risk of biting others, a risk assessment must be completed as well as a clear set of guidelines to manage the risk.

Procedure:

If a bite does not break the skin:

- | Clean with soap and water
- | Complete an accident/incident form
- | Review the risk assessment and identify if any changes are required to minimise the risk of incidents arising again

If a bite breaks the skin: Refer to the Sharps and Needlestick Policy and Procedure

5.12 Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette will be applied as a standard infection control precaution at all times. The measures include:

- | Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses
- | Dispose of used tissues into a waste bin
- | Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- | Keep contaminated hands away from the mucous membranes of the eyes and nose

To minimise the transmission of COVID-19, the measures that must be taken include:

- | Use disposable tissues to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose
- | Dispose of used tissues immediately in the nearest bin
- | Used tissues from Service Users with symptoms or confirmed COVID-19 must be disposed of as infectious waste - refer to the Clinical Waste Disposal Policy and Procedure for further details
- | Clean hands after coughing, sneezing, using tissues, after any contact with respiratory droplets or objects contaminated with respiratory droplets
- | Do not touch your eyes, mouth and nose
- | Wear the correct PPE when coming into contact with a Service User who is coughing
- | Ensure that when in communal areas, or during transportation, that people with symptoms wear a fluid resistant surgical face mask to minimise dispersal of their respiratory droplets or contamination of surfaces
- | Clean frequently touched surfaces

5.13 Soiled Linen

The provision of clean linen is a fundamental requirement of care. Incorrect handling, linen processing and storage of linen can pose an infection hazard. Infection can be transferred between contaminated and uncontaminated items of linen and the environment in which they are stored. Specific hygiene measures must be taken to reduce these risks. Linen provided by HWCGS Care (T/A Segal Gardens):

- | Must be fit for purpose
- | Must look clean and be clean
- | Must be the right material
- | Must be the correct type of linen for the intended purpose
- | Must not be damaged or discoloured

HWCGS Care (T/A Segal Gardens) must ensure that it follows the procedures outlined in the Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care (March 2016) for specific information on the handling of linen in order to minimise the spread of infection and staff must refer

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

to the Laundry Policy and Procedure at HWCGS Care (T/A Segal Gardens).

As a minimum, when handling soiled linen, Care Workers staff must adhere to the following best practice:

- | Gloves and aprons must be used when handling any soiled linen in addition to ensuring good hand hygiene
- | Position the laundry basket nearby to reduce handling
- | Soiled linen will be contained in red bags and kept in the laundry basket to reduce handling
- | Store clean laundry away from soiled linens
- | The Service User's dignity will be maintained at all times

Where there is soiled linen from a Service User who has symptoms of or confirmed coronavirus, the current government [PPE guidelines](#) must be adhered to. Where items are too heavily soiled, they must be disposed of with the Service User's consent.

5.14 Management of Invasive Devices

Invasive devices such as urinary catheters, infusion devices, tracheostomies and PEGs will increase the risk of a Service User developing an infection and HWCGS Care (T/A Segal Gardens) must have procedures in place for the management of these devices.

- | The use of the device and the reason for its use must be documented in the Service User's Care Plan
- | The use of all devices must be reviewed and the review documented in the Service User's Care Plan
- | The device should be removed as soon as it is no longer required
- | The Service User must be monitored for signs of infection associated with the device
- | Service User may need to be shielded during the COVID-19 pandemic and care must be taken to prevent them being exposed to the coronavirus

5.15 Sepsis

Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the body's immune system to go into overdrive, and if it not treated quickly, it can lead to multiple organ failure and death. In many cases, however, sepsis is avoidable and treatable and early identification is key to successfully treating it.

- | The key to preventing sepsis is to prevent an infection from occurring in the first place
- | If an infection does set in, it must be treated as quickly and effectively as possible
- | Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult
- | The risk of getting an infection also reduces with proper hand washing
- | Infections can also be reduced by proper care of all wounds
- | Staff must understand and recognise the signs of sepsis

5.16 Cleanliness of Care Equipment

Cleaning, disinfection and sterilisation are all methods of decontamination that reduce or destroy contaminants, thereby preventing microorganisms from reaching a site where they might cause harm. During the COVID-19 pandemic, PHE guidance must be followed.

General Good Practice

- | All equipment must be clean, fit for purpose and in a good state of repair
- | All equipment must be stored in an appropriate area
- | Before purchasing any new equipment, ensure that it can easily be decontaminated and that the recommended cleaning solutions are available
- | If there are items of equipment that are not routinely cleaned on a daily basis, there should be a written cleaning schedule and records kept of the cleaning undertaken

Cleaning

Cleaning physically removes the organic material on which microorganisms feed and will also reduce the load of microorganisms. It is suitable for equipment that comes into contact only with intact skin. It is also essential prior to disinfection and sterilisation.

5.17 How to Clean

- | Wear protective clothing, i.e. apron and gloves

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

- | Prepare a fresh cleaning solution, appropriately diluted for each task
- | Make up only the quantity required in a clean, dry container
- | Some cleaning products are incompatible; only mix if advised by the manufacturer
- | Use warm water, a general-purpose detergent and disposable cloths or disposable paper towels. It is not necessary to use cleaning products that are advertised as being antibacterial
- | Change the solution frequently to prevent a build-up of soil or micro-organisms which would contaminate surfaces
- | Air drying is acceptable for large surfaces, but small areas should be dried with clean, disposable paper towels/cloths
- | Dispose of cleaning solution promptly in a sluice or dirty utility area
- | Remove protective clothing and wash hands before carrying out other duties

Single-Use and Reuse Items

Where possible, HWCGS Care (T/A Segal Gardens) will use single-use and single patient use products. Certain devices (e.g. nebulisers) will need to have the manufacturer's instructions checked to ensure that single-use items or parts of the item are not being reused.

5.18 Use of Portable Fans

Portable fans used in clinical areas have been linked to cross infection in health and social care environments. Therefore, before use and reuse, a clinical risk assessment must be completed.

The risk assessment must include the following:

- | Portable fans are not recommended for use during outbreaks of infection or when a Service User is known or suspected to have an infectious agent
- | Availability of the manufacturers' information and advice on how to maintain and decontaminate the fan, which must be consistent with the contents of this policy and any associated national policies
- | Consideration must be given to whether the fan can be adequately decontaminated for safe reuse, or whether it should be disposed of after use
- | Any assurance and evidence provided by the manufacturer that internal contamination will not be dispersed into the clinical/care area

Staff can refer to the [Central Alerting System](#) for further advice.

5.19 Food Handling and Hygiene

All staff must adhere to the Food Hygiene Policy and Procedure at HWCGS Care (T/A Segal Gardens) and ensure that all food prepared is 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 must report at once to his or her line manager or supervisor, or to the office.

Staff involved in food handling who are ill should see their GP and must only return to work when their GP states that they are safe to do so.

5.20 Staff Sickness

- | If staff suspect they have symptoms of Coronavirus, they must self-isolate at home for 7 days and not attend work
- | It is recommended that any staff member living in the same household of a symptomatic person must self-isolate for 14 days after the onset of symptoms
- | Staff with diarrhoea and vomiting must not attend work, but must phone work to report sick
- | Should the condition persist, it may be necessary not return to work until medical clearance by a GP is given
- | Staff must not attend work until they are clear for 48 hours in order to prevent the spread of infection

5.21 Staff Testing - Coronavirus

Testing for all essential workers and their household, who have developed symptoms of the coronavirus, will now take place to support staff to return to work where the test is negative.

Staff can book a test online directly via the online '[arrange a test](#)' form or HWCGS Care (T/A Segal Gardens) can register and refer self-isolating staff. This can be discussed with their line manager when staff sickness is reported.

Tests consist of a regional test site drive-through appointment or a home test kit can be selected. Home

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436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

test kit availability will initially be limited but more will become available.

5.22 Working with Other Providers - The movement of Service Users between services

- | HWCGS Care (T/A Segal Gardens) will ensure that it provides suitable and sufficient information on a Service User's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a Service User's home, so that any risks to the Service User and others from infection may be minimised
- | When information is being shared, consent from the Service User will be obtained. In cases where the Service User lacks capacity, consent must be sought from whoever has power of attorney, or decisions made in the best interests of the Service User following the principles of the Mental Capacity Act 2005

5.23 Outbreaks of Communicable Diseases

- | An outbreak is defined as two or more related cases of infectious disease and should be reported to Public Health England (PHE) for collation. PHE is responsible for advising on outbreak control and monitoring the outbreak
- | Advice on outbreaks can be sought from health protection nurses at PHE, and if it is a suspected food-related outbreak, obtain advice from Environmental Health Departments
- | During the current pandemic situation, staff must observe all Service Users for signs and symptoms of Coronavirus and advise to self-isolate. The Care Quality Commission MUST be notified and staff must follow the Coronavirus Policy and Procedure advice
- | Care Workers must be aware of the signs of infection. They must also know to report these signs immediately to senior management when they occur
- | Where staff contract a communicable disease, advice should be sought from their GP. The Registered Manager should seek health advice where necessary
- | For employees where a Registered Medical Practitioner has confirmed that an acquired disease is attributable to a work activity, a report must be submitted to the Health and Safety Executive (RIDDOR). This applies to the coronavirus. It also applies where staff may have been exposed, for example, where PPE isn't available and there is a suspected case of COVID-19
- | Localised business continuity plans must include provisions made for outbreaks of communicable diseases, e.g. a pandemic
- | Refer to the Outbreak Management and Barrier Nursing Policy and Procedure for standards in the management of an outbreak

5.24 Reporting**| Public Health**

- | Mr Damian Cummings Gillian Gilmore should be aware that medical professionals are duty bound to report certain diseases and should refer to the following GOV.UK resource for reportable disease notifications: <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases>

| RIDDOR

- | Mr Damian Cummings Gillian Gilmore is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards, and should refer to: <http://www.hse.gov.uk/riddor/occupational-diseases.htm>

| The Care Quality Commission (CQC)

- | HWCGS Care (T/A Segal Gardens) will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements

Records of any such outbreak, such as coronavirus, must be kept, specifying dates and times and, in the event of an incident, the Registered Manager is responsible for informing the HSE.

COVID-19 is now reportable under RIDDOR and Mr Damian Cummings Gillian Gilmore must follow reporting procedures.

5.25 Communication

- | HWCGS Care (T/A Segal Gardens) should ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection. This could be done through (but is not limited to) job descriptions, induction,



HWCGS Care (T/A Segal Gardens)

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training, supervision and team meetings

- | Contractors working in Service User areas need to be aware of any issues with regard to infection prevention and obtain 'permission to work'
- | Where staff undertake procedures which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
- | HWCGS Care (T/A Segal Gardens) will ensure its policy on the control of infection is shared with Service Users and other stakeholders
- | Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with Regulation 20: Duty of Candour

5.26 Risk Assessment

- | Risk assessments are vital for protecting Service Users and staff as well as ensuring that HWCGS Care (T/A Segal Gardens) complies with the law
- | A suitably qualified, knowledgeable and experienced member of staff will ensure that risk assessments are carried out where risks are present, to protect Service Users from the harm of acquiring an infection
- | This involves a simple review of what could cause harm to Service Users in HWCGS Care (T/A Segal Gardens), including the risk of infection so that judgements can be made that adequate protection is in place to reduce the risk
- | Staff should refer to the Health and Safety Policy of HWCGS Care (T/A Segal Gardens) for standards with risk assessment and appropriate documentation. All relevant staff are responsible for having an awareness of the risk assessment and the actions necessary to reduce the risk of infection
- | Risk Assessments must be carried out to decide what Personal Protective Equipment is required during the COVID-19 pandemic

5.27 Training

- | Staff and volunteers must be made aware of this policy and trained appropriately to ensure they are suitably skilled and competent.



6. Definitions

6.1 Needlestick or Sharp Injury

- | A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, or any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds - such as razors, sharp tissues, spicules of bone and teeth

6.2 Sepsis

- | Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs. In sepsis, a Service User's immune system goes into overdrive, setting off a series of reactions including widespread inflammation. This can cause a significant decrease in blood pressure, reducing the blood supply to vital organs and starving them of oxygen. Sepsis can lead to multiple organ failure and death, especially if not recognised early and treated quickly. Care staff who see someone regularly can spot the early signs of sepsis by using the Sepsis Tool

6.3 Outbreak

- | An outbreak can be defined as two or more cases of infection occurring around the same time, in a Service User and/or their carers, or an increase in the number of cases normally observed. The most common outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and, on occasion, by other routes, which may include food

6.4 Communicable Diseases

- | Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal. Some diseases are passed on by direct or indirect contact with infected persons or with their excretions. Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e. they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include: diphtheria, scarlet fever, measles, mumps, whooping cough, influenza, smallpox and COVID-19. Some infectious diseases can be spread only indirectly, usually through contaminated food or water, e.g. typhoid, cholera, dysentery. Other infections can also be introduced into the body by animal or insect carriers, e.g. rabies, malaria, encephalitis

6.5 Pandemic

- | An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people

6.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- | RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Washing hands correctly is the single most effective way of controlling the spread of infection
- | Wear PPE when there is likely to be exposure to body fluids
- | Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles or glass wherever possible
- | Ensure immunisations are up to date
- | Dispose of waste correctly using the correct bins, ensure the working areas are kept clean, wash your hands afterwards and dispose of all contaminated waste safely
- | Ensure staff have up-to-date training on infection control
- | Ensure that there is a nominated lead for infection



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- ┆ Obtain advice from the GP on any available and recommended vaccinations
- ┆ Ensure you wash your hands as this will help prevent the transmission of infection



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Public Health England Donning and Doffing PPE Video:

https://youtu.be/-GncQ_ed-9w

Helping to prevent infection - A Quick Guide for Managers and Staff in Care Homes:

<https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-infection>

First Steps - Sepsis:

<https://rcni.com/hosted-content/rcn/first-steps/sepsis>

The Royal Marsden Hospital Manual of Clinical Nursing Procedures: Chapter 10 : Ninth Edition

This infection control policy should be read in conjunction with other relevant policies at HWCGS Care (T/A Segal Gardens) :

- ┆ Pets Policy and Procedure
- ┆ Health and Safety Policy and Procedure
- ┆ Clinical Waste Disposal Policy and Procedure
- ┆ Blood Spillage Policy and Procedure
- ┆ Risk Assessment Policy and Procedure
- ┆ Sharps and Needlestick Policy and Procedure
- ┆ Outbreak Management and Barrier Nursing Policy and Procedure
- ┆ Food Hygiene Policy and Procedure
- ┆ Laundry Policy and Procedure



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- ┆ Infection Control audits are undertaken as part of the ongoing quality monitoring process to identify and drive forward any improvements required
- ┆ Care records evidence that staff had made referrals to external healthcare professionals when needed
- ┆ Changing needs are identified promptly and staff ensure that these needs are met through the involvement of other agencies
- ┆ Staff wear PPE appropriately and are aware of the importance of good hand hygiene
- ┆ The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

Currently there is no form attached to this policy.