CareVille
CARE TAILORED TO YOU

Infection Control Policy

CM24

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 12: Safe Care and Treatment	The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe. Providers must make sure that the premises and any equipment used is safe and where applica-ble, available in sufficient quantities. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe. Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

Key Lines of Enquiry

KLOE	How this applies to Access to Files and Records
Safe	This policy is an aspect of 'safe' because Careville Ltd 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.

Related Documents

This policy should be read in conjunction with our:

- HS01 - Health and Safety Policy
- CM33 - Safeguarding Vulnerable Adults Policy
- CM34 - Safeguarding Vulnerable Children Policy
- CMN05 - Information Security Policy

Policy Statement

Policy Aims

The aim of this policy and the recommended procedures are for Careville Ltd to prevent the spread of infection amongst staff, service users and the local community.

The goals of Careville Ltd are to ensure that:

- Service users, their families and staff are as safe as possible from acquiring infections through work-based activities
- All staff at Careville Ltd are aware of and put into operation basic principles of infection control

Careville Ltd 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.

Careville Ltd 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 2014, 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.

Infection Control Legislation

Careville Ltd will adhere to infection control legislation:

1. The Health and Safety at Work Act, etc. 1974 and the Public Health Infectious Diseases Regulations 1988, which place a duty on Careville Ltd to prevent the spread of infection.
2. The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013, which place a duty on Careville Ltd to report outbreaks of certain diseases as well as accidents such as needle stick accidents.
3. The Control of Substances Hazardous to Health Regulations 2002 (COSHH), which place a duty on Careville Ltd to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly.
4. The Environmental Protection Act 1990, which makes it the responsibility of Careville Ltd to dispose of clinical waste safely.
5. The Food Safety Act 1990 to 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.

Procedures

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.

Effective Hand Washing

Careville Ltd believes 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.

Careville Ltd 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.

Correct Hand Washing Technique

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
7. Dry the hands thoroughly

Effective Hand Washing Guidance

- 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 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 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.

The Handling and Disposal of Clinical and Soiled Waste

- All waste which has had service user contact or soiling should be disposed of in clinical waste bags and then placed in the domestic waste bin when leaving the Service users' home. For further information please read our Clinical Waste policy.
- Non-clinical waste should be disposed of in normal black plastic bags.
- Staff should alert their manager if they are running out of any protective equipment.

Key Question: What Protective clothing should be worn?

- Careville Ltd will provide adequate and suitable personal protective equipment and clothing.
- All staff 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 at each visit.
- 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 Office. Care staff should take individual responsibility to ensure they have adequate supplies of personal protective equipment.

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 must be washed afterwards.

Food Hygiene

- All staff should adhere to Careville Ltd 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 they are safe to do so.

Reporting

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) oblige Careville Ltd 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.

Key Question: Will staff receive any Infection Control Training?

All new staff will receive training on infection control as a part of their induction programme, and should be encouraged to read the policy. 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.

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.

Infection Control Lead (IPC):

The Infection Control Lead at Careville Ltd is _____. It is their role to:

- Use the Induction guidance (Care Certificate Standard 15) and Core training resources to support learning and development.
- Record achievement on the Service's training data base.
- Ensure all staff are provided with contact information for health professionals who can provide guidance and advice.
- Ensure all staff are trained and up-to-date.
- provide guidance for staff about the type of circumstances in which contact with GP's and health professionals should be made.

Please note, the overall responsibility for infection control standards lies with the Registered Manager.

The IPC will also be responsible for prviding an annual report to the Director containing:

- known outbreaks of infection;
- audits undertaken and subsequent actions;
- action taken following an outbreak of infection;
- risk assessments undertaken for prevention and control of infection; training received by staff; and
- review and updates of policies, procedures and guidance.

Monitoring and Review

The Managing Director will check this policy is working properly and they will review it at least once a year. We will make improvements to the policy wherever we can.

Employees are invited to suggest any ways the policy can be improved.

Key Points to Take Away

- Regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases.
- 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 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) oblige Careville Ltd to report the outbreak of notifiable diseases to the HSE.

After reading this Policy, you should be able to:

- Understand what Infection control is;
- Understand how to avoid spreading infections;
- Understand the importance of hygiene standards.

If you have not achieved any of these points, please ask your Line Manager or trainer for further help.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director