Infection Control (v3.0.0)

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Person responsible for updating this policy: Hayley Southern

Policy Statement

This policy must be read alongside current national and local Infection Prevention and Control guidance and alerts.

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 the service user. All of the staff working in The Local Care 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 the staff does not take adequate precautions.

In addition to normal standards of infection control, there are occasions where more is required, dependent upon the type of situation that from time to time may arise. They are generally classed as:

Outbreaks: these can occur at any time, are usually brought into the home of a service user, and are often communicable diseases, such as scabies, norovirus,s, etc. They are localised in nature.

Epidemic: this is an outbreak of a disease that occurs over a set geographical area and affects an exceptionally high proportion of the population, such as yellow fever, cholera, and smallpox.

Pandemic: this relates to a geographical spread from country to country and continent to continent, infection, spreads quickly, and fatalities can be high within recognised “at-risk” groups of people.

The Local Care follow the advice and guidance for the mitigation and management of these types of situations, including COVID - 19 as issued by the government, available from public health authorities and the Gov website.

The Local Care believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both the service user and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly concerning hand washing.

Note: Under the Health and Social Care Act 2008 (Regulations 2014), Regulation 12: Safe care and treatment, all managers are required to comply with the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, which was updated in December 2022.

The Code of Practice on the prevention and control of infections applies to registered providers of all health and social care in England. The Code of Practice sets out 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection prevention requirement which is set out in the regulations.

The Local Care aims to prevent the spread of infection among staff, the service user, and the local community.

This policy must be read in conjunction with The Local Care Personal Protective Equipment (PPE) Policy.

National infection prevention and control manual (NIPCM) for England published September 2022

The NIPCM has been adapted for use within England to support and facilitate healthcare providers to demonstrate compliance with the ten criteria of the ‘Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance.

The NIPCM has been produced to:

- Provide an evidence-based practice manual for use by all those involved in care provision in England and should be adopted as guidance in NHS settings or settings where NHS services are delivered and the principles should be applied in all care settings
- Ensure a consistent UK-wide approach to infection prevention and control, however, some operational and organisational details may differ across the nations
- In all non- NHS care settings, to support health and social care integration, the content of this manual is considered best practice.

The manual aims to:

- Make it easy for Care and Support staff to apply effective infection prevention and control precautions
- Reduce variation and optimise infection prevention and control practices across care settings in England
- Improve the application of knowledge and skills in infection prevention and control
- Help reduce the risk of Healthcare Associated Infection (HCAI)
- Help with the alignment of practice, education, monitoring, quality improvement and scrutiny.

Infection Prevention and Control practices should be based on person-centred care and the best available evidence and guidance. This document does not replace any clinical or public health advice. The information within this resource draws upon several sources including the National Institute for Health and Care Excellence (NICE), NHS, government departments, and professional regulators.

Providers registered with the Care Quality Commission (CQC) must comply with the regulations and consider the Code of Practice for the prevention and control of infections in the delivery of their services.

The DHSC has also produced an ARI supplement to the Infection Prevention and Control for adult social care. The guidance provides additional information regarding safe working when caring for people with an acute respiratory infection in the provision of adult social care services.

Standard Infection Control Precautions

To ensure safety, standard infection control precautions (SICPs) are to be used by all workers for all people whether the infection is known to be present or not. SICPs are the basic IPC measures necessary to reduce the risk of spreading pathogens.

These basic IPC measures are:

- Hand hygiene
- Respiratory and cough hygiene
- PPE
- Safe management of care equipment
- Safe management of the environment
- Management of laundry
- Management of blood and body fluid spills
- Waste management
- Management of exposure.

Sources of infection include blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin, or mucous membranes, and any equipment or items in the environment that could have become contaminated.

The application of SICPs is determined by assessing risk to and from people. This includes the task, level of interaction, and/or the anticipated level of exposure to blood and/or other body fluids.

Standard precautions alone may not be sufficient to prevent the spread of infection. There is a need to assess any additional measures needed when a person is suspected or known to have an infection. Additional precautions are based on:

- Which pathogen is causing the suspected or known infection or colonisation
- How the pathogen is spread
- The severity of the illness
- Where the person is supported or cared for
- The procedure or task being undertaken.

Identifying people who have an infection, and the pathogen causing it is essential to ensure appropriate support is provided to minimise the risk of spreading it to others.

Managing Infections

Airborne or droplet spread

Respiratory infections can spread easily between people. Sneezing, coughing, singing, and talking may spread respiratory droplets (aerosols) from an infected person to someone close by. Airborne infections can spread without necessarily having close contact with another person via small respiratory particles. Droplets from the mouth or nose may also contaminate hands, cups, toys, or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth. These can penetrate deep into the lungs (respiratory system). Examples of infections that are spread in this way are the common cold, coronavirus (COVID-19), influenza, and whooping cough.

Direct contact spread

Some infections can be spread by direct contact with the infected area to another person's body, or via contact with a contaminated surface. This is the most common route of cross-infection from one person to another (transmission of infection).

Examples of infections of the skin, mouth and eye that are spread in this way are scabies, headlice, ringworm and impetigo.

Gastrointestinal infections can spread from person to person when infected faeces or vomit are transferred to the mouth either directly or from contaminated food, water, or objects such as toys, door handles or toilet flush handles. Examples of infections spread in this way include hepatitis A, Shiga Toxin-producing Escherichia Coli (STEC), and norovirus

Bloodborne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and human immunodeficiency virus (HIV).

Measures can be taken to prevent and control infections that spread via direct contact with a person or indirectly from the person's immediate environment (including equipment). This includes precautions such as cleaning and safe management of the environment.

Extra precautions are categorised according to how the pathogen spreads, noting that some pathogens are spread by multiple routes. The 3 categories are:

Contact precautions – used to prevent and control infections that spread via direct contact with the person or indirectly from the person's immediate environment (including care equipment). This is the most common route of cross-infection spread.

Droplet precautions – used to prevent and control infections spread over short distances (at least 3 feet or 1 metre) via larger droplets from the respiratory tract of one individual directly into the eyes, nose, or mouth of another individual. Droplets enter the upper respiratory tract.

Airborne precautions – used to prevent and control infections spread without necessarily having close contact with the person via aerosols (smaller than droplets) from the respiratory tract of one individual directly into the eyes, nose, or mouth of another individual. Aerosols enter the lower respiratory tract.

Staff must:

- Be alert to people experiencing symptoms of infection, or exhibiting any changes in their usual behaviour
- Be curious if more than one person is experiencing similar symptoms – this may indicate spread, even where the people have no obvious links
- Encourage the service user to minimise contact with others or be isolated
- Advise the service user to reduce the opportunities for infection to spread by minimising contact with other people during their infectious period
- Follow all Standard Infection Control Precautions
- Consider who may need to know this information, for example, the health protection team, primary care network, social care providers and local infection control team
- Inform data controller immediately if they have a confirmed or suspected infection which can be spread to others
- Not work until they are no longer at risk of passing on the infection to others, this will require an individual assessment of the pathogen causing the infection and the individual circumstances

The service user assessment should include all factors which place the person at a higher risk of catching or spreading infection and may include:

Symptoms:

- History of current diarrhoea or vomiting
- Unexplained rash
- Fever or temperature
- Respiratory symptoms, such as coughing or sneezing

Contact:

- Previous infection with a multi-drug resistant pathogen (where known)
- Recent travel outside the UK where there are known risks of infection
- Contact with people with a known infection

Person risk factors:

- Vaccination status which will assist assessment of their susceptibility to infection and allow protective actions to be taken when necessary
- Wounds or breaks in the skin
- Invasive devices such as urinary catheters
- Conditions or medicines that weaken the immune system

Environmental risk factors, such as poor ventilation in the care setting.

Goals

The goals of The Local Care are to ensure that:

- the service user, their families, and staff are as safe as possible from acquiring infections through work-based activities
- All staff at The Local Care are aware of and put into practice, basic principles of infection control.

The Local Care will adhere to infection control legislation and guidance:

- The Health and Safety at Work Act 1974 and The Public Health Infectious Diseases Regulations 1988, place a duty on The Local Care to prevent the spread of infection
- The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), which place a duty onThe Local Care to report outbreaks of certain diseases as well as accidents such as needle-stick accidents
- Control of Substances Hazardous to Health Regulations (COSHH) 2002, which places a duty on The Local Care to ensure that potentially infectious materials within The Local Care are identified as hazards and dealt with accordingly
- The Environmental Protection Act 1990, makes it the responsibility of The Local Care to dispose of clinical waste safely
- The Food Safety Act 1990
- Health and Social Care Act 2008, and the accompanying Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance updated in December 2022
- National infection prevention and control manual (NIPCM) for England published September 2022
- Any government guidance and legislation issued to prevent the spread of infection and disease in epidemic and pandemic situations
- Infection Prevention and Control resource for adult social, care issued by the Department of Health and Social Care 2022 and all updates
- The current Infection Prevention and Control in adult social care: Acute Respiratory Infection issued by the UK Health Security Agency (UKHSA) .

Code of Practice

Criterion 1

- There is a clear governance structure and accountability that identifies our infection prevention control lead (IPC) and to whom they are required to report. Our IPC lead is senior personnel
- The Local Carewill ensure there are adequate resources in place to secure the effective prevention and control of infection
- These should include the implementation of an IPC (including cleanliness) programme, infrastructure and the ability to monitor and report infections including monthly cleaning scores and review of any trends or IPC complaints
- All staff receive suitable and sufficient IPC information, training and supervision relevant to their roles

throughout their employment, to minimise the risks of IPC relevant principles of antimicrobial stewardship, risk assessment and how to escalate concerns
- Systems are in place for the service user and staff to raise concerns and receive feedback
- Individual risk assessments are carried out and recorded for each service user. Steps needed to reduce any risk are identified and documented and continually monitored and further steps are taken if required. Further information below.
- Vaccination status of both staff and the service user are documented as part of infection prevention and control - Refer to the Vaccination Policy
- Key policies are in place, and processes are in place to ensure they are being followed and regularly updated
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- A water safety group Infinity is in place to comply with legionella policy. is in place to comply with legionella policy.

Criterion 2

This does not apply to domiciliary care services, however, where care is delivered In the home of a service user , the suitability of the environment for that level of care should be considered.

Criterion 3

Domiciliary care services are not expected to comply with these criteria.

Criterion 4

We provide suitable, up-to-date information on infection prevention and control to every service user and any person concerned with theirCare and Support .

This is done through service user forums, newsletters, and information leaflets

This is also communicated, when required, in Accessible Information Formats such as large print or easy read.

Criterion 5

Staff is trained and regularly updated to recognise the signs of an infection. Prompt recognition enables the GP to diagnose and treat quickly and any isolation procedures being put in place to reduce cross-infection. Our staff will draw on the following expertise:

Susan Hague

Criterion 6

- The Local Care ensure that everyone working in the care setting, including agency staff, volunteers and contractors understand and comply with the requirements of preventing and controlling the infection
- All workers including volunteers have infection control responsibilities in their job description
- Infection prevention and control is part of induction and training is received annually or whenever a situation changes about infection control or further information is required
- If staff is required to develop skills for invasive techniques or aseptic techniques specialised training is given by a health professional and this includes further infection control and prevention knowledge
- Regular staff competency observations are in place to monitor working practice in all areas of infection prevention and control
- In meeting the above obligations, we take into account the needs of staff and the service user, particularly those with learning disabilities, dementia, specific vulnerabilities or protected characteristics, to ensure working arrangements are equitable.

Criterion 7

When staff is working with a service user in their own home all basic infection control precautions are taken to prevent any infection from being transferred to any other service user. If the service user requires specialised support concerning infection control then advice would be taken from UK Health Security Agency (UKHSA) and any further precautions would be put in place with the involvement of the service user.

Criterion 8

In adult social care, the GP of the service user will arrange such testing and take responsibility for submitting specimens to the laboratory when necessary for the diagnosis, treatment and management of the disease.

Criterion 9

Risk assessments and the guidance given in the Code of Practice will assist registered providers to decide which policy areas might apply to them. All policy documents are clearly marked, with the current version indicated by a review date, and evidence of a review within the timeframe. See also the Related Policy list.

- Risk Assessment Policy
- Infection Prevention and Control (IPC) Policy
- Personal Protective Equipment (PPE) Policy
- Infection Risk Assessment Policy
- Vaccination Policy
- Sickness & Absence Policy
- Accident, Incident and Emergency Policy

Criterion 10

There is a system or process in place to manage staff health and well-being, and an organisational obligation to manage infection, prevention and control.

Refer to the following policies: Recruitment and Selection, Staff Retention and Well-being, Vaccination Policies.

Risk Assessments

- At the commencement of Care and Support , risk assessments are carried out on each service user concerning the prevention of infection
- When risks are identified, steps are put in place to control these risks
- The identified risks and actions required to be taken to reduce these risks are recorded in the service user Care and Support plan
- These actions are monitored and any further steps required are implemented
- Where necessary, outside professionals are involved in the implementation of infection control precautions.
- Safe systems of work are implemented to include managing the risk associated with infectious agents through the completion of risk assessments (outlined in Control of Substances Hazardous to Health Regulations (COSHH) 2002) and approved through local governance procedures.

To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate an ongoing commitment to the service user and staff, safety as required by The Health and Safety Executive (HSE) and the care regulators, the Care Quality Commission (CQC).

Supporting people with learning disabilities, mental health, autism, and dementia

There may be challenges in following PPE recommendations and providing care, particularly for people with learning disabilities, mental health problems, autism, and dementia. For example, face masks may cause distress which can result in behaviour that may cause harm to themselves or others.

A comprehensive risk assessment will be undertaken for each service user to identify any specific risk.

PPE items must not be altered in any way as this could reduce their effectiveness in protecting staff or the service user.

data controller of The Local Care must ensure that staff:

- Are aware of and have access to the National Infection Prevention Control Manual (NIPCM) for England (refer to the related documents section of this policy), including the measures required to protect themselves and their employees from infection risk
- Have adequate support and resources to implement, monitor, and take corrective action to comply with NHS National infection prevention and control manual for England; and a risk assessment is undertaken and approved through local governance procedures
- Who may be at high risk of complications from infection (including pregnancy) have an individual risk assessment
- Who have had an occupational exposure are referred promptly to the relevant agency, e.g., GP, occupational health, or accident and emergency, and understand immediate actions e.g., first aid, following an occupational exposure including the process for reporting
- Where necessary, have had the required health checks, immunisations, and clearance undertaken by a

competent advisor (including those undertaking exposure-prone procedures) (EPPs) (criteria 10, Health and Social Care Act 2008 Code of Practice).
- Always adhere to COSHH Risk Assessments for product use and processes for decontamination of the care environment.
- Understand the use of PPE is determined through organisational risk assessment approaches and must refer to the The Local Care PPE policy.

The Infection Prevention Control Lead

The infection prevention control (IPC) lead should:

- Be responsible for The Local Care infection prevention cleanliness, and water safety programme
- The above programme should have set priorities and objectives to meet the needs of The Local Care in ensuring the safety of the service user , social care workers, and the public
- Oversee the implementation of The Local Care policies
- Report directly to data controller
- Challenge inappropriate practice, including antimicrobial prescribing practice
- Set and challenge standards of cleanliness
- Be an integral part of The Local Care governance on infection prevention and control
- Ensure there is a programme for the initial and ongoing IPC training of staff and assessment of their IPC competency
- Maintain an up-to-date list of the contact details of health professionals who can provide advice, such as GPs. local IPC teams, local UK HPT and local authority public health teams and provide guidance for staff about the type of circumstances in which contact should be made
- Produce an annual statement regarding compliance and practice and make it available on request
- The annual report will include the progress against the objectives set in the infection control and cleanliness programme
- The IPC lead has 24-hour access to the following specialist infection control expertise: Susan Hague

Monitoring and Audit

- An audit programme is in place to ensure appropriate policies have been developed and implemented
- The annual statement is reviewed and where indicated, acted upon
- Antimicrobial prescribing decisions are regularly reviewed by the appropriate health profession.

The Local Care recognise the importance of the sharing of information relating to the prevention of infection with health professionals, care, and domestic staff when managing referrals, admissions, discharges, and the movement of the service user between social care and health care settings.

We have implemented the following practices to ensure that infection control information is effectively shared:

Comprehensive Information Sharing:

- **Infection control information, including any known infections or risk factors, will be shared promptly between healthcare providers, care staff, and relevant personnel involved in the care of the service user.**
- **Detailed infection control status will be communicated at key points of transition: when a service user is referred to a new care facility, admitted to the service, discharged, or transferred between care settings.**

Clear Documentation and Record-Keeping:

- **All relevant infection control information, including infection history, treatment plans, and any specific precautions required (such as isolation protocols or personal protective equipment), will be documented in the service user's health and care records.**
- **This documentation will be easily accessible to authorized staff across all care settings to ensure continuity of care and consistent infection control practices.**

Training and Awareness:

- **Health and care staff, including domestic workers, will receive regular training on infection prevention and control procedures. This includes understanding the importance of sharing infection control information and ensuring that all parties involved in the care of the service user are informed of any relevant infection risks.**

Collaboration with Healthcare Providers:

- **Our organisation works closely with healthcare providers to ensure seamless communication when service users are transferred between settings. This collaboration ensures that infection control measures are in place before and after the transfer, reducing the risk of cross-contamination or further spread of infections.**

Service User Involvement:

- **Service users and their families will be informed and involved in discussions related to infection prevention and control. Consent for sharing infection-related information will be sought, and confidentiality will be maintained in accordance with data protection and privacy laws.**

Adherence to Legal and Regulatory Standards:

- **The sharing of infection control information will comply with relevant legal and regulatory requirements, including the Health and Social Care Act and the Data Protection Act. We are committed to protecting the privacy and confidentiality of service users while ensuring that infection control information is shared to protect their health and well-being.**

Effective Hand Washing

Hand washing aims to prevent transient micro-organisms from being transmitted from Care and Support workers' hands to the service user or the environment through poor practice. By reducing the transmission of these organisms, the risk of cross-infection can be greatly reduced.

The association between effective hand washing and the prevention of cross-infection is well established; hand washing is known to be the single most effective way to reduce cross-infection.

Effective social hand washing removes most transient micro-organisms and takes from 20-30 seconds.

All staff should ensure that their hands are thoroughly washed and dried:

- On arrival and departure from the home of the service user
- Before and after assisting with service user personal care
- Before and after preparing food or supporting the service user with eating or drinking
- After body fluid exposure risk
- After emptying commodes, urinals, catheter bags, and stoma appliances
- Whenever hands are visibly dirty
- Before putting on and after removing disposable gloves, masks, or aprons
- After performing housework
- After handling used laundry, e.g. making beds, and dirty clothing
- After handling waste
- Before and after having a break and using the toilet
- After coughing, sneezing, or blowing their nose
- After any service user contact
- After contact with service user surroundings
- Before work, between each visit/task, and at the end of a shift.

Choice of Suitable Hand Washing Solutions

Liquid Soap:

Liquid soap is suitable for all social hand washing. Cakes or bars of soap are not recommended due to the opportunity of contamination, and therefore should not be used.

70% Alcohol Gel:

The use of 70% alcohol gel for the decontamination of the hands of Care and Support workers is recommended for routine hand cleansing when the hands are not visibly dirty and there has not been contacting with body fluids or the undertaking of invasive procedures, not when caring for a service user with diarrhoea and/or vomiting - pathogens that commonly cause such illnesses and are not destroyed by alcohol (for example, Clostridioides difficile or norovirus).

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

- Provide an alternative means of hand decontamination in situations where standard facilities are unavailable or unacceptable (for example between service user visits or where suitable handwashing facilities are unavailable.

Application Guidance

- Visible contamination must be removed from the hands before use
- Apply approximately 1 ml of gel to the hands
- Hands and wrists must then be rubbed together until dry, ensuring all areas of the hands are covered and that adequate contact time has been achieved.

Other Considerations

Emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination. If a soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health services or local infection control team should be consulted.

Make hand hygiene safer and more effective when providing personal care.

Be 'bare below the elbows' when carrying out personal care. This means:

- Having short sleeves or sleeves securely rolled up above the elbow
- Removing hand and wrist jewellery
- One plain metal ring may be worn - this should be moved slightly during hand washing to enable cleaning under the ring
- Bangles worn for religious reasons should be secured higher up the arm to enable cleaning of the hands and wrists
- Have clean, short, fingernails which are free from nail products including artificial nails
- Cover cuts or abrasions with a waterproof dressing
- Locate hand hygiene facilities as close to the point of delivery of care as possible or consider the use of personal alcohol-based hand rubs
- If you cannot wash your hands properly, use an alcohol-based hand rub following handwashing
- Where there is difficulty accessing running water for handwashing, use hand wipes followed by an alcohol-based hand rub. However, there is limited evidence for this, and handwashing with soap and water should be performed at the first available opportunity.

Hand Washing Techniques

- Wet hands using tepid running water (reduces skin irritation caused by soap)
- Apply liquid soup, rubbing hands together vigorously for 20 seconds ensuring soap contacts all surfaces of the hand and wrists
- Handwashing should include the forearms if they have been accidentally exposed to body fluids and after skin-to-skin contact
- Rinse thoroughly
- Dry with paper towels (damp hands transmit pathogens more readily than dry hands).

Hand Rub Technique

- Visible contamination must be removed from the hands before use
- Apply approximately 1 ml of gel to the hands
- Hands and wrists must then be rubbed together until dry, ensuring all areas of the hands are covered and that adequate contact time has been achieved
- Emollient hand cream should be applied regularly to protect the skin from the drying effects of regular hand decontamination. If a soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health services or local infection control team should be consulted.
- Make hand hygiene safer and more effective when providing personal care.

Be ‘bare below the elbows’ when carrying out personal care. This means:

- Having short sleeves or sleeves securely rolled up above the elbow
- Removing hand and wrist jewellery
- One plain metal ring may be worn – this should be moved slightly during hand washing to enable cleaning under the ring
- Bangles worn for religious reasons should be secured higher up the arm to enable cleaning of the hands and wrists

- Have clean, short, fingernails which are free from nail products including artificial nails
- Cover cuts or abrasions with a waterproof dressing
- Locate hand hygiene facilities as close to the point of delivery of care as possible or consider the use of personal alcohol-based hand rubs
- If you cannot wash your hands properly, use an alcohol-based hand rub following handwashing
- Where there is difficulty accessing running water for handwashing, use hand wipes followed by an alcohol-based hand rub. However, there is limited evidence for this, and handwashing with soap and water should be performed at the first available opportunity.

Please refer to the best practice guidance posters held in the related documents section of this policy, titled:

- **Handwashing Diagram**
- **Handrub Diagram**

These must be accessible to staff at all times to ensure compliance.

Respiratory and Cough Hygiene

To minimise potential cross-infection through good respiratory hygiene measures which are:

- Ensure a supply of tissues is in reach of the service user or those providing Care and Support
- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing, or wiping and blowing the nose - used tissues should be disposed of promptly in the nearest waste bin
- Wash hands with liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Where there is no running water available or hand hygiene facilities are lacking, staff may use 70% alcohol gel and should wash their hands at the first available opportunity
- Encourage the service user to keep their hands away from the eyes, mouth, and nose
- A service user may need assistance with the containment of respiratory secretions; those who are immobile will need a container (for example a plastic bag) readily at hand for immediate disposal of tissues.

Care Workers Undertaking Live in Care

A risk assessment carried out by the employer and staff member will determine which PPE to use and where possible this should include the service user or family member. This risk assessment may include wearing Type I or II masks for source control (that is, the mask is worn to protect others from the staff member).

If the Care and Support worker is living with the supported individual for a long period, they will be considered part of the household and will not need to wear PPE, when doing domestic duties, unless the Care and Support worker, service user or presence of a respiratory infection requests it.

It remains important, however, that PPE continues to be used for the care provided, following standard infection control procedures. For example, gloves and an apron should be worn if handling used linen or may come into contact with body fluids such as urine, faeces, or blood.

If the individual or someone in the household develops respiratory symptoms, acute respiratory symptoms, or is self-isolating, the current government recommendations will be followed.

If a member of staff arrives in England to deliver a ‘live-in’ homecare from outside the UK, we will refer to the current guidance on travel and quarantine arrangements.

Co-operating with other Providers

The Local Care recognise the importance of sharing relevant information with other providers, this will include any relevant infection prevention and control issues when a service user.

- Moves to or from a care or health setting
- Goes into hospital
- Is transported by ambulance
- Attends a hospital or other health outpatient departments.

Staff are trained and aware of the need to send information when a service user is being moved along with the need for confidentiality and data protection responsibilities as laid out in our corresponding policies.

Direct Personal Care to a Service User and Risk Assessments

Assessing a person's risk of catching or spreading infection and providing them with information about infection is essential in supporting safety. Risk assessment involves assessing the likelihood of encountering a person with an infection, considering the ways that infection might be passed on and how to prevent this, including through the use of PPE.

An assessment of service user risk of infection should be carried out before they start using The Local Care and should be kept under review for as long as they use the service. The assessment should contribute to the planning of the service user Care and Support and should determine whether any extra IPC precautions are required, such as whether they need to isolate or whether workers need to wear additional personal protective equipment (PPE). The assessment should include all factors which place the service user at a higher risk of catching or spreading infection.

Staff must refer to the PPE policy which details the following procedures in detail:

- **Considerations for Risk assessment for determining the use of PPE**
- **The use of PPE whilst Supporting People with Learning Disabilities, Mental Health, Autism, and Dementia**
- **Supporting people who previously tested positive for COVID-19**
- **Putting on and removing PPE at the home of a service user**
- **Disposable Gloves**
- **Disposable Plastic Aprons**
- **Eye Protection**
- **Fluid Repellent (Type IIR) Surgical Masks**
- **General Good Practice Points**
- **Donning and Removing PPE.**

Staff must ensure risk assessments are reviewed frequently and amended accordingly as needs change.

Car Sharing

If staff have to share a car, clean the vehicle before and after use, and open windows or car vents for ventilation.

Aseptic Technique

If staff is required to have these skills for an individual service user then they are trained by a health professional.

Acute Respiratory Infections including COVID-19

To protect our home care workers and the people they support we follow all government guidance on testing and preventing the spread of Acute respiratory Infections.

Risk Assessments

Assessing the risk of a service user catching or spreading infection and providing them with information about infection is essential in supporting safety.

An assessment of a service user risk of infection should be carried out before they start using the service and should be kept under review for as long as they use the service. The assessment should contribute to the planning of the person's care and should determine whether any extra IPC precautions are required, such as whether they need to isolate or whether staff need to wear additional personal protective equipment (PPE). The assessment should include all factors which place the service user or staff member at a higher risk of catching or spreading infection.

Risk assessment involves assessing the likelihood of encountering a service user with a respiratory infection, considering the ways that infection might be passed on and how to prevent this, including the use of PPE.

The PPE used depends upon the risk assessment.

These risk assessments will be included in the care plans, however, staff should be involved, as they visit the service user and notice any changes in their condition.

A dynamic risk assessment will determine when and for which service user or which tasks, items such as eye protection and Type IIR masks should be worn.

staff are encouraged to discuss with their supervisor or manager situations where they are unsure. If, after raising a concern, staff believe they are being asked to work in a way that is not safe, they should initially seek advice from their manager.

All personal protective equipment (PPE) will be supplied free of charge to the staff via the The Local Care office or delivered to individual staff in the community. Adequate PPE will be available to keep staff and the service user safe.

Where people may have difficulty wearing masks as required by this guidance, this should be discussed between the staff member and their manager or employer. If a mutually agreeable position cannot be reached to comply with the guidance, employees can refer to the Advisory, Conciliation, and Arbitration Service (ACAS) for resolution, which can be contacted through their website.

staff delivering health and care activities must wear face masks provided for the industry by the employer. It is not recommended to use homemade face masks or cloth masks.

There will however be circumstances where following this guidance presents challenges in caring for a service user where for example,lip-reading or facial recognition is especially important for their Care and Support . In these situations, the risk assessments will identify how best to put into practice PPE guidance to minimise any negative impact on the service user, while maintaining staff health and safety. An understanding of their needs and discussion with the service user and or family will form part of the risk assessment and should be undertaken in these circumstances.

Acute Respiratory Infections (ARI) Aerosol Generating Procedures

Most home care workers are not expected to undertake aerosol-generating procedures (AGPs), although some who are working in complex care may do so. Staff will be informed if AGPs are relevant to be used and will instruct staff if FFP3 or N95 respirators and/or additional precautions are required. Staff should only use FFP3 masks when carrying out an AGP on someone who is suspected or confirmed to have an ARI or who has another infection that could be spread by the droplet or aerosol routes. Where no infection is suspected or confirmed, a type I or IIR mask can be used for AGPs.

An aerosol-generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

Procedures that are currently considered to create an increased risk of respiratory infection transmission and therefore require airborne precautions are published by the government and updated regularly.

The government has also produced guidance that covers the donning and doffing of personal protective equipment for aerosol-generating procedures – for airborne procedures. All staff must be trained and competent in this and be able to perform a fit check on their respirator before carrying out an aerosol-generating procedure.

Certain procedures or equipment may generate an aerosol from material other than personal secretions but are not considered to represent a significant infectious risk for an ARI.

Procedures in this category include

- Administration of humidified oxygen
- Administration of Entonox
- Medication via nebulisation

Staff should use appropriate hand hygiene when helping Service Users to remove nebulisers and oxygen masks.
In addition, the current expert consensus from the New and Emerging Respiratory Viral Threat Assessment Group (NERVTAG) is that chest compressions are not considered to be procedures that pose a higher risk for respiratory infections.

Ventilation is an effective measure to reduce the risk of some respiratory infections, by diluting and dispersing the pathogens which cause them.

We encourage the service user and their families to open windows and vents more than usual – even opening a small amount can be beneficial.

To protect our home care workers and the people they support we follow all government guidance on testing and preventing the spread of infections.

Outbreaks of Communicable Diseases

Staff are trained to recognise the signs of infections and to understand what actions they are required to take.

In the event of a suspected outbreak of infectious disease at The Local Care, advice on outbreaks can be sought from health protection nurses at UK Health Security Agency (UKHSA)and Office for Health Improvement and Disparities. If there is an outbreak or suspected outbreak of infection, it should be reported to them for collation. UK Health Security Agency (UKHSA) and Office for Health Improvement and Disparities are responsible for advising on outbreak control and monitoring the outbreak.

If it is a suspected food-related outbreak, advice can be sought from environmental health departments.

The primary contact for environmental health services is Wyre Council. They oversee various aspects of environmental health, including infection control.

Wyre Council Contact Details:

- **Address:** Civic Centre, Breck Road, Poulton-le-Fylde, Lancashire, FY6 7PU
- **Telephone:** 01253 891000
- **Email:** mailroom@wyre.gov.uk
- **Website:** Wyre Council Environmental Health

The Disposal of Sharps (e.g. Used Needles)

The Disposal of Sharps (e.g. Used Needles)

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 are concerned with reducing and eliminating the number of 'sharps' related injuries that occur within healthcare. It's basic guidance is:

- Avoid unnecessary use of sharps
- If the use of medical sharps cannot be avoided, source and use a 'safer sharp' device
- If a safer sharp device is not available the n safe procedures for working with a disposal must be in place.

Following National Institute for Health and Care Excellence (NICE) Clinical Guideline [CG139] Healthcare-Associated Infections: Prevention and Control in Primary and Community Care, March 2012, updated, February 2017 (1.1.4 Safe Use and Disposal of Sharps):

- Sharps should not be passed from hand to hand and handling should be kept to a minimum
- Sharps should be discarded immediately after use by the person generating the sharps waste
- Used standard needles should never be bent, broken, or recapped before disposal
- 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
- Sharps boxes should be in a safe position to avoid spillages, at a height that allows the safe disposal of sharps, away from public access, and is out of the reach of children
- Staff must ensure traceability of sharps containers in case of an adverse incident by labelling the sharps bin at the time of assembly with:
    - Point of origin
    - Date
    - Name of the person assembling the bin (print name not signature).
- Boxes should be temporarily closed when not in use
- Boxes should never be filled above the fill line
- Boxes must not be used for any other purpose other than the disposal of sharps
- When full, boxes should be sealed, marked as hazardous waste, and clearly labelled with the details of the service user
- 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
- Sharp boxes should be disposed of every three months even if not full, by the licensed route following local policy
- Sharp safety devices should be used if a risk assessment has indicated that they will provide safer systems of working for the staff or the service user
- All staff must be trained and assessed in the correct use and disposal of sharps and sharps safety devices.

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 is available, visit Accident and Emergency.

Blood-borne Viruses (BBV)

BBBV are carried by some people in their blood and can spread from one person to another. Those infected with a BBV may show little or no symptoms while others may be severely ill, the most prevalent BBVs are:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B
- Hepatitis C.

An infected person can transmit BBV by various routes and over a prolonged period. These can be transmitted through body fluids, for example;

- Blood
- Vaginal Secretions
- Semen; and
- Breast milk.

A risk assessment should be completed to adequately control identified risks and adhere to the Management of Health and Safety at Work Regulations 1999 and Control of Substances Hazardous to Health Regulations (COSHH) 2002.

Any person carrying out an activity that could bring them into contact with body fluids must wear Personal Protective Equipment, should this become contaminated by blood or other body fluids, it must be removed safely and disposed of in the correct waste reciprocal. If a person is exposed to BBV it must be reported to the senior person in charge and where necessary first aid is to be administered. Immediate first aid requirements would be necessary if;

- Eyes or mouth have been exposed to blood or body fluids; they should be washed with copious amounts of water
- Puncture wounds should be gently encouraged to bleed but not sucked or scrubbed, and washed with soap and water.

If in any doubt or require further assistance contact 111.

Occupational exposures to BBV that result in the staff member being incapacitated for more than three consecutive days must be recorded but will only need to be reported if it falls under;

- Regulation 7: dangerous occurrence - any accident or incident which results or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness
- Regulation 4 (2) an over-seven-day injury - if exposure to BBV resulted in the staff member being absent from work for seven or more consecutive days, and or
- Regulation 9 (b) disease - if exposure to the BBV resulted in the staff member acquiring an infection as the result of occupational exposure to a biological agent.

Cleaning and Procedures for the Cleaning of Spillages

- Staff should consider every spillage of body fluids or body waste as potentially infectious and treat it as quickly as possible
- When cleaning up a spillage staff should wear disposable protective gloves and aprons and use the disposable wipes provided wherever possible
- Notify relevant staff, especially those trained in infection control, of the spillage. In case of a large or hazardous spillage, additional support may be required.

The Handling of Linen (Laundry)

All used linen should be handled with care and attention paid to the potential spread of infection. The service user and staff must not be put at risk during the handling, disposal and transfer of used linen.

Staff must:

- Always wear disposable gloves and an apron before handling used linen (e.g., bed sheets, towels and the personal clothes of the service user)
- Ensure cuts and grazes are covered with a waterproof plaster when handling all linen
- Never carry used linen against the body
- Carefully roll up used linen to prevent contamination of the air, surfaces, and other people
- Never shake linen as this will increase the number of bacteria in the air
- Always place it in the designated linen container/bin/bag
- Never place used or clean linen on the floor
- Place used linen directly in a washing machine or follow directions in the Care and Support plan
- When it is their responsibility to wash the linen, place it directly into a washing machine and wash at the required temperature

- After handling used linen, remove gloves and apron and these should be immediately disposed of in a suitable bag or bin and hands washed thoroughly
- Staff should wash hands between handling clean and used linen
- Staff should keep used linen and clean linen separate.

The Handling and Disposal of Waste in Service Users' Homes

Waste should be placed in a refuse bag and can be disposed of as normal domestic waste unless the service user has confirmed COVID-19 or symptoms of COVID-19, that is, a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell.

Waste from people with symptoms or confirmed COVID-19, waste from cleaning areas where they have been (including disposable cloths and used tissues), and PPE waste from their care:

- Should be put in a plastic rubbish bag and sealed before the waste is then disposed of in the domestic waste stream
- Storage arrangements for these bags will be arranged with the service user and fully documented in the Care and Support plan for staff to follow.

Do not put any items of PPE (or face coverings of any kind) in the recycling bin.

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 contained in an approved leakproof container and self-sealing bags before being taken to the doctors
- Non-sterile disposable gloves should be worn when handling the specimen containers and hands should be washed afterwards.

Legionnaires' Disease

WhenCare and Support is delivered to a service userwithin their own home, the reporting of such an outbreak lies with the health professionals involved in its management and is a very rare occurrence.

It is wise to take some precautions within a domestic setting.

- If the property has been vacant for a long period, say for hospitalisation or a respite break then taps should be run through before use
- Showers should be run for two minutes after a week of non-use
- Older type properties should have taps run in areas not used regularly so that the water system is refreshed regularly as water sat or stagnated for long periods within the water system is one of the major causes of the infection
- Air conditioning units are also a source, particularly within large buildings, such as residential flats, factories, and office blocks.

Symptoms develop two to ten days after the aspiration of the droplets with pneumonia-type signs, such as a cough, shortness of breath, chest pain, confusion in their mental state, as well as gastrointestinal nausea, vomiting, or diarrhoea and the individual should be seen by a GP.

Legionnaires are not contagious but can be fatal within certain age groups.

Food Hygiene

- All staff should adhere to the The Local Care Nutrition, Hydration, and Food Safety Policy and ensure that all food prepared for a service user is prepared, cooked, stored, and presented following the high standards required by The Food Safety Act 1990 and The Food Safety & Hygiene England Regulations 2013
- Any staff member who becomes ill while handling food should report at once to their line manager or supervisor, or the The Local Care 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
- A return to work after sickness interview will be carried out on all staff to ensure they are fit to work

Norovirus and other Gastrointestinal Infectious Illness

Norovirus, commonly known as the winter vomiting bug (although it can strike at any time of year), is a stomach bug that causes sickness and diarrhoea. Norovirus is easily transmitted through contact with people with the infection and any surfaces or objects that have been contaminated with the virus. Symptoms include sudden onset of nausea, projectile vomiting and diarrhoea but can also include a high temperature, abdominal pain and aching limbs. The incubation period of norovirus is 12 to 48 hours, which is the time between catching the virus and developing symptoms. Individuals are most infectious when symptomatic, but it is possible to pass on norovirus or shed the virus, thereby contaminating surfaces, objects or even food, both before developing symptoms and after symptoms have stopped.

Control and prevention of Norovirus and other gastrointestinal infectious illness:

- All standard infection control precautions will be carried out by the staff member when visiting a service user with Norovirus or other gastro intestinal infections
- Inform theservice user that practising good hygiene and avoiding contact with others while infectious are at the core of protecting everyone from the spread of the virus
- Good hand hygiene is important to stop norovirus spreading
- Alcohol-based hand sanitisers are not effective against norovirus
- Vomiting and diarrhoea causes the body to lose water and salts, which can lead to dehydration, so it is important to encourage the service user to drink plenty of fluids to prevent this
- Elderly individuals and those with weakened immune systems are at most at risk of becoming dehydrated and needing treatment
- Advise theservice user to stay at home until 48 hours after the symptoms have stopped and not to visit their GP or hospital while symptomatic, if they are concerned about their symptoms, advise them to talk to their GP by phone, contact NHS 111 or visit the NHS Norovirus webpage or ring the office
- People with Norovirus should not be cooking food for others or sharing eating utensils
- The person responsible for washing clothes and linen, as per the Care and Support plan, should wash any contaminated clothing or bedding using detergent at 60°C, and wear disposable gloves to handle contaminated items
- Contaminated surfaces must be disinfected, using bleach-based cleaning products where possible
- The service user Care and Support plan will be updated to meet their changing needs.

Norovirus immunity is short lived and there is no cross-strain immunity, therefore it is possible to have multiple norovirus infections in a short period of time if you're exposed to different strains.
While norovirus spreads easily, taking the precautions listed above can dramatically reduce the risk of catching it.
Norovirus cannot be treated with antibiotics. This is because antibiotics work to fight bacteria and not viruses
If a staff member has the symptoms of the Norovirus they must not go to work or return to work until 48 hours after the symptoms have stopped. They must not visit the GP or hospital while symptomatic. If concerned about symptoms, talk to the GP by phone, contact NHS 111 or visit the NHS Norovirus webpage

Please refer to the Vaccination Policy for information on other infections that staff may come across while at work.

Bed Bugs

Bedbugs are small, oval, brownish insects that live on the blood of animals or humans. Adult bedbugs have flat bodies about the size of an apple seed. After feeding, however, their bodies swell and are a reddish colour. Bedbugs do not fly, but they can move quickly over floors, walls, and ceilings. Female bedbugs may lay hundreds of eggs, each of which is about the size of a speck of dust, over a lifetime. Immature bedbugs, called nymphs, shed their skins five times before reaching maturity and require a meal of blood before each shedding.

Bedbugs may enter a home undetected through luggage, clothing, used beds and couches, and other items. Their flattened bodies make it possible for them to fit into tiny spaces, about the width of a credit card. Bedbugs do not have nests like ants or bees but tend to live in groups in hiding places. Their initial hiding places are typically in mattresses, box springs, bed frames, and headboards where they have easy access to people to bite in the night.

The bites can cause irritation and swelling in victims who become sensitised, typically bites occur on shoulders, back and arms i.e. in parts of the body exposed at night. Although they are a nuisance, they do not transmit diseases. They do not pass from person to person. Bedbug bites usually clear up on their own in a week or so.

- Putting something cool, like a clean, damp cloth, on the affected area to help with the itching and any swelling can relieve symptoms
- Keep the affected area clean
- Do not scratch the bites to avoid getting an infection

- If the area becomes very red or infected contact GP or pharmacist

Transference:

- Staff who routinely visit peoples' homes are at risk for contracting bed bugs
- Staff need to be bed bug conscious if they are to avoid transporting bedbugs in their cars, taking bedbugs to the office, or even taking bedbugs home with them
- Staff must be aware of transporting bedbugs from one person to another
- Staff must wear the PPE and follow the below guidance

It is useful to contact the person before the first home visit and ask them if they have had any known insect infestation or pest control treatment within the last 2-3 months. If they answer in the affirmative, ask them specifically about bedbugs. Bringing up the subject of bed bugs can be a delicate matter. If bedbugs were a problem within the last 12 months you can take precautions to protect yourself and other people you may be visiting before arriving at the potentially infested building.

Preparing for a visit to a home with a bedbug infestation:

- Always wear simple clothing when visiting the home
- Avoid shirts with buttons and pockets (long-sleeved, light coloured t-shirts are advisable)
- Avoid cargo trousers or trousers with cuffs
- Simple shoes that can be thrown in a hot dryer, and that have minimal tread are also recommended
- Do not accessorise with anything, particularly scarves, jewellery or handbags

On arrival

- Wear shoe covers at all times when you are uncertain about the presence of an infestation in the person's home
- Coveralls or a plastic suit can be worn if you are entering a home where you know there is a severe infestation
- Coveralls should also be considered if you know that you will be moving or carrying items, like a wheelchair from an infested home
- Coveralls should also be worn if you are physically moving people or animals from an infested home
- Do not sit on upholstered furniture or the bed
- Take a quick look in the cracks of hard chairs before sitting down
- Carry only those items with you that are essential to the home visit, leave everything else in the car
- A plastic clipboard can be used to hold your paperwork
- A small plastic bag can be used to hold your wallet, personal items, spare gloves and boots
- Avoid placing anything on upholstered furniture, bedding, or carpeted floors
- If you discover bedbugs in the home during your visit, remain calm and report your findings to the office.

Returning to your vehicle upon leaving the home:

- Remove shoe covers immediately and seal them in a plastic bag, dispose of the bag before getting in the car or on public transport, if possible in an outside bin
- If wearing coveralls, remove them by turning inside out to trap any bedbugs inside, place the suit in a sealed plastic bag and dispose of it in an outside bin before you get in the vehicle
- Have a hand mirror handy so that you can perform a quick self-inspection, checking your clothing, the back of your trousers, the tread of your shoes, shoe laces, socks, cuffs and collar
- If you find an insect on yourself (bedbug or other i.e. cockroach). Use a "wet wipe" to capture the insect
- Use another to wipe down the surrounding area, paying attention to seams, buttons and other bedbug hiding places
- Wipe downs are not necessary if you do not find any bugs during your self-inspection

If You are Repeatedly Visiting Infested Homes:

If you frequently visit people who have bed bug infestations take a simple "bedbug kit" in your car or a backpack if on public transport.
This kit can consist of a plastic box with a lid, wet wipes, and large plastic bags.

The following items may also be required:

- A small plastic bag for holding personal items like your identification, cell phone, additional boots or gloves
- A change of clothes and shoes (kept in your vehicle)
- A plastic storage container with a sealed lid that is large enough to contain the items listed below or items that you might suspect to be infested

- Shoe covers and coveralls
- Disposable gloves
- A roll of duct tape (light coloured)
- Small plastic disposable bags
- Torch
- Wet wipes (i.e. Antibacterial)
- Plastic box-type clipboard containing paper and pens

- Staff must always use the Personal Protective Equipment (PPE) as above where there is a known or suspected case of bedbugs present.
- If you think you have been contaminated with bedbugs, notify your supervisor of the source, and to prevent transference of the bedbugs agree with your supervisor to return to your home to wash and change clothes before returning to work.
- Remove all clothing before entering your home if possible (or in the bathroom if not)
- Immediately place your clothing in sealed plastic bags
- Get into the shower
- After showering, collect your sealed items and place them in the washer with hot soapy water
- Dispose of plastic bags in outside bins
- Place shoes in a hot dryer for 30 minutes
- Dry your clothes on high heat

An infestation of bedbugs can be very distressing for the person receiving care and they and their family must be supported at this time and encouraged to take action to prevent further infestation and treat the current situation. The local council pest control officer should be contacted or a local pest control company. It is very difficult to get rid of bedbugs without professional help because they are hard to find and may be resistant to some insecticides.

Things that can be done by the householder to reduce the risk are:

- Wash affected bedding and clothing on a hot wash (60C) and tumble dry on a hot setting for at least 30 minutes
- Put affected clothing and bedding in a plastic bag and put it in the freezer for 3 or 4 days
- Clean and vacuum regularly – bedbugs are found in both clean and dirty places, but regular cleaning will help you spot them early
- Do not keep clutter around your bed
- Do not bring second-hand furniture indoors without carefully checking it first
- Do not take luggage or clothing indoors without checking it carefully if you have come from somewhere where there were bedbugs.

Reporting

The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) obligesThe Local Care to report the outbreak of notifiable diseases to the Local Environmental Health Officer, who will inform The Health and Safety Executive (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, specifying dates and times, must be retained, and a completed disease report form sent to The Health and Safety Executive (HSE) .

In the event of an incident, data controller is responsible for informing The Health and Safety Executive (HSE).

The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) information is found on The Health and Safety Executive (HSE) website and reports should be made using an online form.

Notifications must be sent to Care Quality Commission (CQC) as required in Regulation 20: Duty of candour

Dress Code

The Local Care has a dress code policy in place which ensures clothing worn by staff when carrying out their duties is clean and fit for purpose.

Cleaning Uniforms or Work Clothes

Regardless of wearing PPE, uniforms should be laundered:

- separately from other household items
- at the maximum temperature, the fabric can tolerate, then tumble-dried and/or ironed.

If staff do not wear a uniform, they should change their clothing immediately when they get home and launder clothing used for work as described for uniforms above. This does not need to apply to underclothes unless there was contamination from the body fluid (for example, vomit, or fluids have soaked through external clothing) of a service user. If prescription glasses or spectacles are worn, they should be cleaned using the cleaning fluid or wipes that are normally used for spectacles**.**

Refer to the Dress Code Policy for further details.

Immunisation of Service Users

Covid 19 Immunisation

The Government vaccination programme aims to protect those who are at most risk from serious illness or death from COVID-19. Everyone will receive a second dose within 12 weeks of their first. The second dose completes the course and is important for long-term protection. However, even when fully vaccinated we must continue to adopt practices that limit infections.

Managing Immunisations of Service Users

- A record is kept by data controller of all immunisations given to the service user
- This record is regularly reviewed in line with government guidance
- We liaise closely with the service user GP surgery or district nurse and offer every service user immunisation as required according to the national schedule.

The Local Care has a Vaccination Policy in place for staff.

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, online, group meetings, individual supervision and external courses are sourced as required.

Related Policies

- Accidents, Incidents And Emergencies Reporting (RIDDOR) (Domiciliary)
- Confidentiality (Domiciliary)
- Co-operating With Other Providers (Domiciliary)
- Data Protection (UK GDPR) (Domiciliary)
- End Of Life (Domiciliary)
- MRSA (Methicillin Resistant Staphylococcus Aureus) (Domiciliary)
- Notifications (Domiciliary)
- Nutrition And Hydration And Food Safety (Domiciliary)
- Personal Protective Equipment (PPE) (Domiciliary)
- Vaccinations (Domiciliary)

Related Guidance

- Gov.UK Infection prevention and control resource for adult social care
- NHS England National infection prevention and control
- Gov.UK COVID-19 information and advice for health and care professionals
- National infection prevention and control (NIPCM)
- NIPCM -appendices/ Good practice Techniques
- Gov.UK Travel and quarantine guidance
- Gov.UK Living safely with respiratory infections including Covid
- CQC: Regulation 12 - Safe Care and Treatment
- NICE guidelines [CG139]: Infection: Prevention and control of healthcare-associated infections in primary and community care
- NICE Quality Standard [QS61]: Infection Prevention and Control
- Gov.UK Health and Social Care Act 2008 Code of practice for the Prevention and Control of Infections
- Gov.UK Guidance tables for Health and Social Care Act 2008: code of practice on the prevention and control of infections
- RCN: Royal College of Nursing Essential Practice for Infection Prevention and Control
- HSE Legionnaires
- HSE: What are Blood-borne Viruses
- British Association of Dermatologist: Bedbugs Patient Information Leaflet

Policy Legal Statement