

INFECTION CONTROL POLICY

SERVICE USER OUTCOMES

Protection

Service Users are protected from abuse, neglect and self-harm. The health, safety and welfare are actively promoted and protected. Service Users are supported to take risks as part of an independent lifestyle.

Promoting Healthy Lives

The physical, mental and social health and well-being of Service Users is promoted and maintained.

INTRODUCTION

NB: This Policy should be read and implemented in conjunction with the Kemfa care Services Health & Safety Policy

Infection control is the name given to a wide range of policies and procedures and techniques intended to prevent the spread of infectious diseases. All people working within or receiving a service are at risk of spreading infection, especially if they come into contact with blood or bodily fluids such as urine, faeces, vomit or sputum. Such substances may well contain infections that can spread if adequate precautions are not taken.

POLICY STATEMENT

Kemfa care Services Limited recognises the potential implications of uncontrolled infections and believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both Service Users and Staff.

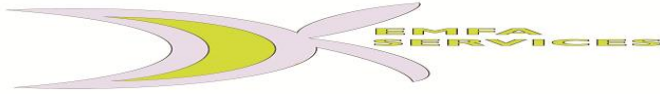
Kemfa care will adhere to all infection control legislation including:

- Health & Safety at Work Act (1974)
- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (1995)
- Control of Substances Hazardous to Health Regulations (2002)
- Environmental Protection Act (1990)
- Food Safety Act (1990)

AIM

To reduce the incidence of infection to Service Users, Staff and the local community. Preventing the spread of infection will help to reduce:

- Staff and Service User discomfort;
- worsening of a Service User's condition;
- avoidable admissions to hospital;
- costly interventions;



- Staff sick leave.

RESPONSIBILITIES

- All Staff are required to take individual responsibility to reduce the spread of infection by:
- abiding by the guidance within the Policy and any training or instructions received;
- at all times, observing high standards of hygiene to protect themselves and their Service Users from the unnecessary spread of infection;
- reporting infectious diseases, in accordance with RIDDOR.

Managers are responsible for the implementation of the Policy by:

- ensuring Staff have sufficient training and knowledge to implement safe working practices;
- ensuring that assessment of the level of risk relating to specific infections is conducted and measures put in place to minimise the level of risk;
- ensure that protective equipment and appropriate facilities are available to Staff to implement the guidance of this Policy;
- monitor the implementation of the policy and RIDDOR reports.

Occupation Health

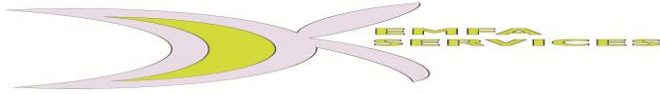
Kemfa care will consult with an occupational health service to gain further advice on managing specific cases of infection.

GUIDANCE FOR STAFF

Universal Infection Control Procedures

As it is not always possible to identify those who are likely to spread infection, due to the confidentiality rights of individuals, Kemfa care Staff should always follow safe working practices, known as universal infection control precautions. These include the following:

- Hand washing – Hand washing is the single most important measure in reducing cross-infection. Thorough hand washing must be carried out correctly and regularly including:
 - On arrival and before leaving a Service User's home.
 - Between direct contact with each and every Service User, after handling any body fluids, waste or soiled items.
 - After using the toilet.
 - Before handling foodstuffs.
 - (See Appendix 2 for approved hand washing technique)
- Exposed cuts and abrasions, especially on hands and fingers must be covered with waterproof dressings.
- When supporting Service Users who self-inject, for example, diabetics and those suffering with Parkinson's disease, utmost care must be taken to prevent puncture wounds, cuts and abrasions from needles and other sharp instruments. If a 'sharps' accident occurs, it should be treated immediately by encouraging bleeding for approximately 2 minutes and washing well with soap and water and covered with a dressing. The accident should be reported. A GP or the occupation health service should be contacted for advice as soon as possible.



- If the skin becomes contaminated by any body fluid, it should be washed immediately with soap and water. If eyes or mouth are contaminated, they should be treated immediately by irrigating with copious amounts of water.
- Appropriate protective clothing (eg, gloves, aprons) should be worn when there is a possibility of direct contact with any body fluid, contaminated surfaces and equipment. These must be disposed of appropriately and promptly and never worn outside the home.
- Staff should treat every spillage of body fluid or body waste as quickly as possible; they should wear protective gloves and aprons and use disposable wipes wherever possible.
- Linen that is foul or infected should be stored in a separate bag, laundered as quickly as possible, following instruction carefully on disinfection procedures.
- Clean and tidy uniforms and appropriate clothing that can be easily laundered should be worn when there is a risk of cross infection. Hair should be clean and if long, tied back, particularly if dealing with open wounds or handling food. Nails should be kept short and clean. Minimum jewellery should be worn particularly on the hands.

Waste Management:

Cleanliness and waste material: An essential process in the control of infection is cleanliness in the workplace.

- Workplaces and inherent furniture and fittings must be kept sufficiently clean.
- Waste materials should not, so far as is reasonably practicable, accumulate in work places, except in suitable receptacles.

Clinical Waste:

Different types of waste present different hazards and the Controlled Waste Regulations 2012 define clinical waste as follows:

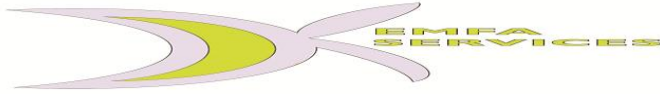
Any waste consisting wholly or partly of:

- Human or animal tissue
- Blood or other body fluids
- Excretions
- Drugs or other pharmaceutical products
- Swabs or dressings
- Syringes, needles or other sharp instruments Sharps must be disposed of in approved 'sharps' containers that comply with UN3921 and BS7320 Standards Sharps bins should not be overfilled or items forced into them,

Which unless rendered safe may prove hazardous to any person coming into contact with it.

In order to carry out a risk assessment, clinical waste is categorised into five groups. (See Appendix 1) Local procedures must be established to deal with the segregation, handling, packaging, labelling, storage and transportation of the waste off the premises.

Pets



Many Service Users will have their own pets. Although pets can cause diseases, with sensible precautions risk of infection can be reduced and avoided, for example hand washing before and after handling pets.

Food Hygiene

Food and drink are potential sources of infection. To ensure prevention of contamination it is essential that:

- personal hygiene is scrupulous and that Food Safety guidelines and training are implemented at all times in accordance with the standards required by the Food Safety Act (1990), Food Hygiene regulations (2006)
- any member of Kemfa care Staff who becomes ill while handling food should report this at once to the Care Manager, contact their GP and only return to work with food handling duties when their GP states they are safe to do so
- thorough hand washing, clean protective clothing and a clean environment are essential. (Appendix 1 shows effective hand washing procedure)
- no-one should work with food preparation with uncovered cuts, infectious disease, skin infection or infestation
- areas used for food preparation and storage should be kept scrupulously clean

Isolation of Service Users

A rational approach using risk assessment must be employed, including guidance on when isolation is required, for how long and what procedures are involved. Infections where isolation is required include chickenpox, shingles, Norovirus.

Managing outbreaks of infection

Procedures for the management of outbreaks require advice from and possibly the input of the local environmental health department or public health service. Kemfa care Staff would access this via the Care Manager.

Training

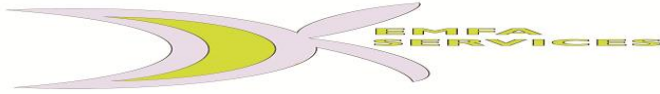
All Kemfa care Staff will be required to read this Policy and discuss its implementation during induction. All staff will attend a Health & Safety course where infection control will be discussed.

APPENDIX 1

CATEGORIES OF CLINICAL WASTE

Group A

- Soiled surgical dressings, swabs and all other contaminated waste from treatment areas



- Material other than liners from infection disease
- All human tissue (whether infected or not), animal carcasses, tissue from laboratories, swabs and dressings

Group B

- Discarded syringes, needles, cartridges, broken glass and any other sharp instruments

Group C

- Laboratory waste

Group D

- Certain Pharmaceutical and Chemical Waste

Group E

- Used disposable bed pan liners, urine containers, incontinence pads and D forma bags

COLOUR OF BAG	TYPE OF WASTE
Black	Normal household waste – not to be used to store or transport clinical waste
Yellow	All waste destined for incineration. Specialised collection service
Yellow with Black Band	Waste (eg Nursing Home Waste) disposed of by incineration or deep landfill. Specialised collection service
Light Blue	Waste for auto-cleaning treatment before ultimate disposal. Specialised collection service.

Step 1

Squeeze a small amount of sanitiser gel/soap over left palm and dip all fingers of right hand into left palm, and vice versa



Step 2

Palm to palm



Step 3

Right palm over left dorsum and left palm over right dorsum



Step 4

Palm to palm, fingers interlaced



Step 5

Backs of fingers to opposing palms with fingers interlocked



Step 6

Rotational rubbing of right thumb clasped in left palm and vice versa



Step 7

Rotational rubbing of right wrist and vice versa. Rinse and dry thoroughly.



