

Medistaff24

INFECTION CONTROL POLICY

Policy Statement

It is the aim of Medistaff24 to maintain the highest standards of infection control at all times and ensure that, as far as is reasonably practicable, our service users and staff are protected from the spread of infection.

Scope

Infection control is a critical element in the delivery of effective personal care in the service user's own home. Infectious diseases that can be spread if inadequate controls are in place include serious infections which, in certain circumstances – and especially in the case of the elderly and infirm – can cause severe ill health.

Not only do high standards of infection control mean that service users will be protected from the spread of such infectious diseases and illnesses but staff will also be protected, thus leading to lower sickness rates and better continuity of care for service users.

Examples of diseases and organisms spread from person to person include stomach bugs and vomiting bugs through to serious examples such as flu, MRSA, e-coli and C.difficile.

In order to protect service users and staff from the spread of such infections, and in order to maintain their health and well-being, this organisation is committed to the highest possible standards of infection control as a key priority area.

Medistaff24 complies fully with the Department of Health 'Essential Steps' infection control approach and with 'The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance' otherwise known as the 'Hygiene Code'.

Policy

At Medistaff24:

- An individual person will be designated as the Infection Prevention and Control lead for Medistaff24. They will be accountable directly to the registered provider and will be responsible for all aspects of infection prevention and control, including the implementation of all infection control policies. They will be responsible for ensuring that there are high standards of infection control practiced by home care staff and have the authority to challenge poor practice if they see it. They will commission and organise training and produce an annual report which will list any infection control outbreaks and give details of staff training completed.
- The infection control lead will be responsible for establishing an effective infection control programme and for ensuring that Medistaff24 has sufficient infrastructure

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and resources to ensure that the programme can be delivered. The infection control lead will be responsible for ensuring that infection control is included in Medistaff24's quality assurance and audit programmes.

- The identified infection prevention and control lead for Medistaff24 is: Dimitar Georgiev
- All staff should ensure that they wash their hands regularly and effectively.
- At a minimum, staff should wash their hands after each episode of direct contact where personal care is provided, between seeing each service user, after handling any body fluids or waste or soiled items, after using the toilet, after blowing their nose and before and after handling foodstuffs. Handwashing removes infectious organisms from the surface of the skin and prevents them from being passed from one person to another. Medistaff24 understands that many infection control experts view effective handwashing as the most important element in preventing the spread of infection.
- Liquid soaps and disposable paper towels should be used for handwashing wherever available rather than solid soap or fabric towels. Any cuts or abrasions should be covered with waterproof dressings.
- Occasionally, for instance in the case of an outbreak of infection, Medistaff24 may employ a widespread use of antiseptic hand wash.
- Spillages of body fluids or body waste should be cleared up as quickly as possible and treated carefully as possibly infectious. Staff should wear protective gloves and aprons. Staff should always wash their hands after coming into contact with bodily fluids and after removing gloves.
- Disposable gloves should never be re-used and should be discarded properly after each use with hands being washed after removal.
- Personal protective equipment (PPE) in the form of disposable gloves and disposable aprons will be provided by staff who are at risk of coming into direct contact with body fluids or waste and should be used in all such situations.
- Specimens should be collected only where requested by a GP and then only using the appropriate containers and sealed bags. Staff should wear disposable gloves and aprons when collecting samples and should always wash their hands afterwards.
- Hazardous waste should be disposed of in the appropriate sealed plastic sacks as required by local authority arrangements operating in the area concerned. When awaiting collection the sacks should be stored safely. Such waste is classified as

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hazardous under the Hazardous Waste Regulations and should only be removed by an authorised collector. It should never be placed in the household rubbish.

- All sharps waste (e.g. potentially infectious needles, etc.) should be handled and disposed of in properly labelled and marked plastic sharps disposal containers provided for the purpose. These containers should never be overfilled and no attempt to force waste into them or to reach inside should be made. They should be sealed when filled and stored securely awaiting collection from an authorised waste handler.
- In the event of a 'needlestick' injury involving a used or potentially contaminated needle, staff should wash the area immediately to encourage bleeding and attend A&E immediately.
- Where food is prepared or served, all food poisoning risks should be controlled by strict attention to food hygiene in the purchase, storage, preparation and serving of food.
- Where staff sneeze they should blow their nose with a paper tissue and dispose of it in the bin. They should then wash their hands.
- Laundry facilities should be arranged or procured where required to ensure that dirty, soiled laundry which might carry infection is washed at appropriately high temperatures to thoroughly clean linen and control the risk of infection.
- Notifiable diseases should be reported in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- In the event of a suspicion that a service user may be ill or may have an infectious disease the service user's GP should be contacted immediately and the manager informed.
- Where necessary, staff should work in collaboration with any local infection control agencies and experts.
- Staff who are exposed to an infectious disease, including any employee who suffers a puncture accident involving potentially infectious sharps, will be given appropriate support including, where required, appropriate occupational health support and surveillance.
- If any infected resident requires admission to hospital the receiving unit should be informed of the infection status of the service user so that they can institute appropriate measures.

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Management Duties

Managers and supervisors at Medistaff24 have a duty to:

- Ensure that the premises where staff are asked to work are, wherever possible, kept clean, hygienic and free from offensive odours. This may involve arranging suitable cleaning services to be employed with the agreement of the service user and/or care manager.
- Ensure that appropriate infection control policies are effectively implemented, are clearly understood by all members of staff and are regularly reviewed and revised in light of the most recent best practice guidelines.
- Ensure that appropriate information about infection and infection control policies is provided to service users, their families and representatives, and is included in the statement of purpose and service users' guide in a format that all service users can understand.
- Ensure that staff have enough uniforms to be able to wear a clean, properly washed uniform each shift.
- Ensure that staff are provided with appropriate equipment and resources such as PPE, waste bags, handwashing equipment and facilities and, where required, alcohol hand gels.
- Monitor carefully any incident reports relating to infection control matters in order to identify any trends or patterns.
- Ensure that any suspected outbreaks of infection are reported to the relevant authorities (GP/local infection control teams).
- Ensure that all new staff have appropriate health checks and immunisations.
- Ensure that infection control procedures, policies and outcomes are regularly audited and that an annual statement is prepared and made available reporting on Medistaff24's compliance with infection control regulations. The annual statement will include:
 - any outbreaks of infection;
 - audits undertaken;
 - action taken following an outbreak of infection or recommendations from an audit;
 - risk assessments undertaken for prevention and control of infection;
 - training received by staff; and
 - a review and update of policies, procedures and guidance.

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Staff Duties

Staff at Medistaff24 have a duty to:

- Comply with all infection control policies, procedures and guidelines at all times, properly utilising any personal protective equipment provided and carrying out their duties in accordance with their training and good practice.
- Wash their hands regularly, especially after using the toilet, between seeing each service user and before handling food.
- Help to keep the home where they are working clean and tidy and to alert the duty care manager to any incidences of unsanitary conditions or unacceptably poor standards of cleanliness or hygiene.
- Ensure that they wear a clean, properly washed uniform each shift.
- Always inform the manager or a supervisor if they are suffering from any form of diarrhoea and vomiting or any suspected infectious disease. If a food handler, the member of staff should not return to work until recovered and cleared to do so by a GP.
- Refrain from wearing any type of false nail or polish, such as acrylic, gel, shellac and any other type of false nail or polish.

Training and information

Medistaff24 views infection control training and supervision as a vital part of its infection control procedures. Staff are trained in line with content from the NICE- Prevention and Control of Healthcare Associated Infections

- All new staff should attend basic infection control awareness training and should read the policy on infection control and food preparation and handling as part of their induction process.
- Care staff and food handling staff will be expected to attend additional infection control training appropriate to their role.
- Updates will be every three years unless there is an indication further training is needed and all relevant staff should attend, including volunteers and agency staff.
- All staff should be trained in the cleaning of spillages and should always carefully follow the dilution instructions on the disinfectant bottle.
- Records of attendance at infection control training will be kept, including date attended and level of training.
- All policies, including this one, should be made fully available to service users, their families and representatives.

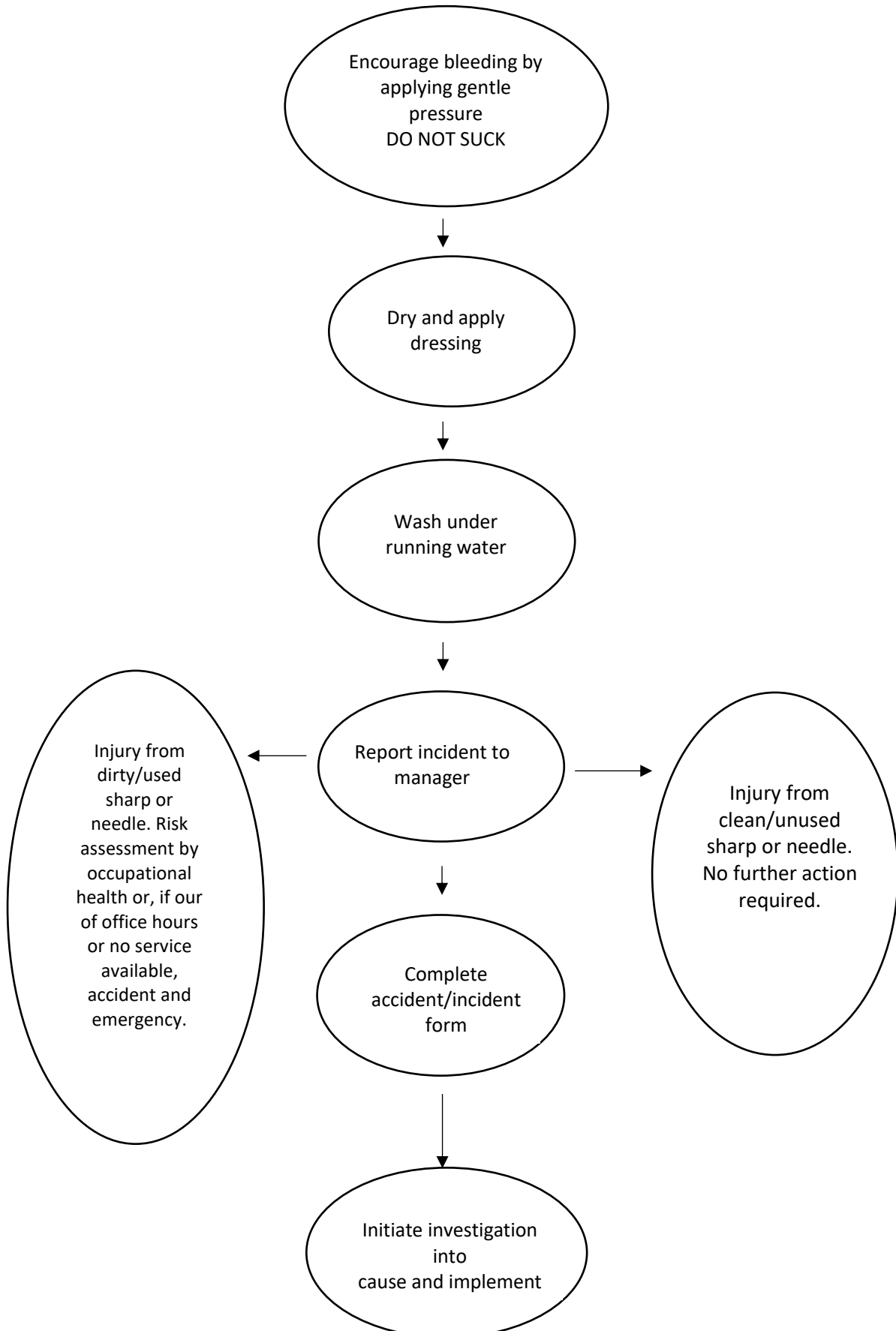
Review of this Policy

Date: August 2022

Review Date: August 2023

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Immediate action following a sharps accident



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Body fluids spillage checklist and audit tool

In a healthcare or social care setting the spillage of any body fluids or body waste such as blood, faeces and urine is not only unsanitary but can also spread infection and disease. All spillages must therefore be cleaned up as quickly as possible and with caution. Staff should be encouraged to treat every spillage of body fluids or body waste as potentially infectious and wear protective gloves and aprons and use disposable wipes wherever possible.

Checklist item	Yes/No	Notes
Does the organisation have in place comprehensive procedures and policies for dealing with body fluid spillages?		
Are the policies and procedures agreed with staff representatives, effectively implemented and regularly reviewed?		
Are suitable management and supervision arrangements in place to ensure compliance with and monitoring of the body fluid spillage policy and procedures?		
Have staff received adequate training in dealing with body fluid spillages?		
Have staff who come in contact with spillages been successfully immunised against Hepatitis B?		

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Is all equipment and the environment of the premises visibly clean, with no body substances, dust, dirt or debris present?		
Are appropriate materials available for decontaminating and cleaning up body fluids, for example, disposable wipes and towels, clinical waste bags and hypochlorite?		
Is sufficient Personal Protective Equipment available for staff to use, for example, disposable gloves, aprons and, where required, eye protection?		
Are appropriate disinfectants available for cleaning all body fluid spillages?		
Have appropriate and sufficient COSHH risk assessments been conducted regarding the use of disinfectants and are effective control measures in place to reduce risk?		
Is any medical equipment that has been contaminated with body fluids cleaned appropriately?		
Where carpets or soft furnishings are contaminated with body fluids and were		

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disinfectant cannot be used because of potential damage to materials, are surfaces cleaned sufficiently using alternative methods?		
Is any furniture or carpeting that has been contaminated with body substances and cannot be cleaned condemned and replaced?		

NOTE: COSHH (Control of Substances Hazardous to Health Regulations 2002) assessments must be carried out for all chemical disinfectants in use, such as hypochlorite used to clean blood spillages, and staff should be aware of the implications of these for storage and use of the product, and first aid in the event of exposure, e.g. a splash to the eye.