Adult Social Care and Health Directorate – Enablement & Support Services

Infection Prevention and Control Policy

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Amendments	Reference to specific requirements of infection prevention and control in respect of novel Coronavirus (Covid-19 and subsequent variants); encouragement for staff to take up vaccines; National Healthcare Cleanliness Standards 2021; UKHSA replacing PHE

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Related Documentation	See below
Food Hygiene Policy & Procedures	Adult Social Care and Health (KNet/Tri-X)
Policy & Guidance for the selection and Use of PPE (Gloves) (May 2007). All staff to be aware of latest guidance for PPE in respect of Covid 19 outbreak	Adult Social Care and Health (KNet/Tri-X)
Moving & Handling Policy	Adult Social Care and Health (KNet/Tri-X)
First Aid guidance	Health and Safety A-Z guidance and Appendices
Management of Needlestick 'Blood Borne' Viruses	
Management of Sharps	
Control of Substances Hazardous to Health (COSHH)	
Personal Protective Equipment Guidance	
Health and social care act 2008 code of practice on the prevention and control of infections and related guidance	Dept of Health
Good Practice on the Delivery of Social Services for People Living with and Those Affected by HIV and AIDS	Adult Social Care and Health (KNet/Tri-X)
Actions to contain carbapenemase-producing Enterobacterales (CPE) in non-acute and community settings	Public Health England
Summary of latest infection and control measures in Adult Social Care (please check for updates regularly) Infection prevention and control in adult social care settings - GOV.UK (www.gov.uk) COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)	Gov.uk website

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1. Introduction

Not all infections are preventable, as in many cases the outcome of an infection is dependent on the susceptibility of the person. Kent County Council (KCC) is required and has a legal obligation to ensure that there are arrangements to assess, address, and minimise any risks to the health, safety and welfare of staff, service users, contractors and anyone else affected by our actions, which includes prevention of infection. The council also has a general public health obligation to prevent the spread of infectious diseases and conditions.

It is intended that this policy and guidance assist KCC with compliance with the [Health and Social Care Act 2008 - practice on the prevention and control of infections](.).

Infection is always present somewhere in the community or health care setting. The objective of infection control is to prevent its transmission to new hosts and new environments. This is done by the application of effective measures to control and prevent the spreads of infection.

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All staff will be provided with appropriate training to protect their health and safety and arrangements for when attending to the care needs of the service users.

2. Scope

This policy and guidelines are applicable to all KCC Provider Services' staff.

3. Document Summary

This document covers the main roles and responsibilities for all KCC Provider Services' staff to work safely, prevent infection and thereby reduce the risk of cross infection to themselves (endogenous) others (exogenous) and the environment.

This document outlines the system of monitoring and auditing.

Guidance and information is provided from DHSC, UK Health Security Agency (UKHSA) and control in care homes

It describes the role of the Public Health (KCC) and their essential involvement in the management, prevention and control of notifiable diseases.
This document describes the structure of meetings and training requirements for staff

4. Purpose

The purpose of this policy is to provide all KCC Provider Services' staff (hereon in referred to as 'staff') with the necessary arrangements, control measures and direction to practice universal infection control precautions and comply with the Health and Social Care Act 2008 and its code of practice to reduce avoidable risk of infections (Health and Social Care Act 2008 - practice on the prevention and control of infections) and report any concerns they may have to their respective manager/s.

All staff have a responsibility under their employment contracts and job descriptions, to follow guidance and act in a responsible manner to prevent and control Infections. This will include practice as well as documentation, recording and reporting and training

5. Roles and Responsibilities

5.1 **Managers are responsible for**:

5.1.1   Being proactive to ascertain the infection status of all people we support prior to admission, or being part of KCC case load, as far as possible.

5.1.2   To keep up to date with the latest infection control measures in response to

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any infection outbreak within their care centre or area of work, including any novel infections e.g. Covid variants.

5.1.3 Ensuring that all staff are aware of this policy and have received relevant induction/training and identifying ongoing training needs.

5.1.4 Identifying a nominated team leader in their team and using the [Monthly Infection Control audit], [Infection Control Audit for Establishment Based Services], and any other inspection tools to identify and evaluate risk.

5.1.5 Seeking support from the NHS Infection Prevention Control Team and / or Public Health (KCC) as necessary.

5.1.6 Ensuring the provision and storage of clean and suitable laundry and adequate arrangements are in place for the removal and washing of soiled and contaminated items according to current guidelines to reduce cross infection.

5.1.7 Ensuring working action plans are in place together with nominated, designated staff to recognise and deal with maintenance safety documentation, replacement, cleaning and decontamination of equipment.

5.1.8 Ensuring safe and compliant disposal of clinical/hazardous waste.

5.1.9 Ensuring notification to Care Quality Commission (CQC) / HSE / Public Health (KCC) / UKHSA / Infection Control Liaison Group / Senior Management Environmental Health of any notifiable diseases / or outbreaks occurring, as appropriate.

5.1.10 Include infection prevention & control as a standing agenda item at team meetings.

5.1.11 To work in conjunction with the agreed experts on aspects related to infectious disease contact, needle/sharp injury exposure and follow-up etc.

5.1.12 To undertake monitoring of their environment and practices in relation to infection prevention & control.

5.1.13 To follow up any concerns raised by staff.

5.1.14 To raise any concerns with the Landlord and/or host organisation regarding use of public buildings.

5.1.15 To raise any concerns with local infection prevention & control teams regarding work carried out in acute hospitals

5.1.16 Ensure the allocation of appropriate resources and that they are available to minimise the risk of avoidable infections.

5.2 **Public Health (KCC) are responsible for:**

5.2.1 giving advice about notifiable communicable disease issues

5.2.2 giving advice on how to manage outbreaks within KCC direct service provision, in conjunction with the appropriate Consultant Microbiologist and the Consultant in Communicable Disease Control at Public Health (KCC).

NB The advice of the Public Health (KCC) must be followed and any difficulties with this should be referred to a Senior Manager/Head of Department.

5.3 **Infection Team Leader Champion**

Each establishment, unit or service will have an infection control link nurse or identified team leader to act as 'champion', who will have the following responsibilities:

5.3.1 To facilitate introduction and implementation of any new and existing infection prevention and control policies and the undertaking of any required monitoring / audit

5.3.2 In conjunction with the Infection Control Liaison Group and manager to act as a resource person for staff concerning infection control related problems (e.g. source information, policy, care of equipment)

5.3.3 To assist in the education of staff in the principles of infection control and provide induction to staff as necessary

5.3.4 To assist in the enforcement of hand hygiene principles

5.3.5 To control practices to prevent, reduce or control infections

5.3.6 To ensure accurate surveillance and records

5.3.7 To be knowledgeable and mindful regarding the purchase, introduction, use, maintenance/safe disposal of equipment and any changes in their area in relation to:
- all staff being competent to use the equipment
- following the manufacturer's instructions
- single use equipment
- care and maintenance
- decontamination and storage
- change of practices by staff
- documentation of any required checks and decontamination
- servicing
- decontaminate any equipment before being serviced

5.3.8   To work in conjunction with the agreed experts on aspects related to infectious disease contact, needle/sharp injury exposure and follow-up etc

5.3.9   To undertake monitoring of their environment and practices in relation to infection control

5.3.10 To follow up any concerns raised by staff

5.3.11 To raise any concerns with the Landlord and/or host organisation regarding use of public buildings

5.3.12 To raise any concerns with local infection control teams regarding work carried out in acute hospitals.

5.4 **Staff are responsible for**:

5.4.1   Carrying out their duties in accordance with the training and advice provided to them from this policy and any decision to vary from this policy must be documented and communicated to their managers. Any such decision must be in accordance with best practice and any prevailing advice from suitably qualified authorities e.g. UKHSA, Public Health

5.4.2   Wearing appropriate Personal Protective Equipment (PPE) in accordance with instructions on its appropriate use

5.4.3   Reporting any concerns on infection control to their line manager and

5.4.4   Recording in the Individual's file

5.4.5   Reporting any concerns of contaminated equipment, which should be either deep cleaned or replaced

5.4.6   Ensuring they are competent and accountable to deliver all Infection prevention and control procedures.

5.4.7   Attending any mandatory training or update as required to fulfil their duties

6. Meeting structure, membership and relationships

6.1 E & SS hold quarterly Health and Safety strategy meetings which review relevant policies, procedures, and practice.

6.2 Infection prevention and control is on the agenda for these meeting.

6.3 The group is chaired by the head of Provider Services (In-House) and meetings are recorded.

6.4 Members of the group include:
- Representatives from all services comprising Provider Services

- Health and Safety Advisors
- Health and pharmacy
- Strategic and Corporate services
- Learning and Development

6.5 In addition to the members of the meeting, advise can also be sought from the Director of UKHSA

6.6 The Infection Control Liaison Group's main roles are:
- To advise and support Managers
- To ensure that current legislation and guidance is incorporated into best practice in KCC services.

7. Infection prevention and Control procedure and guidelines

7.1 The specific guidelines for reducing and managing infection are provided [Infection Prevention and Control in Care homes information and resources](#)

7.2 All services must have access to the appropriate guidelines and documentation. Copies are available on KNET/TriX

7.3 Each Manager must maintain an Infection Prevention & Control folder accessible to all staff. Staff will have access to a copy of [Prevention and control of infection in care homes – an information resource](#).

7.4 The folder will contain the Guidelines for Infection Prevention and Control in the Community, where appropriate. It will also contain the policy and relevant risk assessments relating to Infection Prevention and Control.

7.5 Each Manager should maintain the following:
- Reports on types of infections that may be encountered within the service
- Hand washing procedures and supply of anti-bacterial hand gel, liquid soap and paper towels (for domiciliary services).
- Standard Infection Control Precautions
- The location of The Infection Prevention & Control Folder
- Record of monitoring and maintenance checks and actions
- Routine audits including Environmental & Decontamination audits.

7.6 People who visit the service will ensure they follow the local visitors' protocol for the specific service, which will include measures such as:
- Visitors, contractors, and other professionals who attend the service are required to sign in and out. This may be via a signing in registered or digital system (e.g. QR code).
- They will adhere to any social distancing guidelines, as instructed by the service, and follow PPE advice. (Governmental social distancing guidelines have now been withdrawn, but services have the right to request staff and visitors apply the principles of this where they feel it is

prudent to do so in specific circumstances.)
- The service will refuse entry should a person refuse to follow the protocol, or who may themselves felt to pose an infection control risk.

8. Risk Management

8.1 It is not always possible to identify people who may be infectious to others; therefore, standard Infection Control Precautions must be complied with to prevent the Cross (spread) infection.

8.2 All staff working within a service will have a responsibility to minimise exposure to and transmission of micro-organisms included within Standard Infection Control Precautions and unrecognised sources by the following methods;

- Not wearing jewellery on hands or wrists
- Ensuring fingernails are cut short, clean and free of polish
- Be bare below the elbow when delivering care
- Cover all cuts and abrasions appropriately
- Follow guidance in terms of hand washing and hygiene, along with detailed audit checks on such measures as specified by their particular service. See link below:

    Hand hygiene Audit Tool (Infection Prevention Control)

    Hand Hygiene Policy - Hand hygiene (infectionpreventioncontrol.co.uk)

8.3 Standard Infection Control Precautions will be used at all times and includes good hand hygiene principles, social distancing as far as practical and possible and use of appropriate PPE when required. Standard Infection Control Precautions are described in Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk) and the summary for staff in the Infection Prevention and Control in Care homes information and resources. Staff are advised to monitor UKHSA and gov.uk websites frequently, particularly for advice in relation to any suspected local outbreak of an infectious disease, including novel diseases.

8.4 When undertaking a comprehensive needs assessment of an Individual, their potential sources and risk of cross infection e.g. broken skin, needs to be considered as part of their physical health assessment.

8.5 Once the Individual's infection status has been identified it must be recorded on their support plan. The support plan must be written in a way that provides sufficient information to people and services that need to know and identifies the actions that are taking place to minimise infection outbreaks.

8.6 Staff need to consider how the Individual's infection status is communicated, i.e. in a sensitive and legal way (Mental Capacity Act), to them and their carers / relatives. Any known infection should be recorded in the Individual's Record in accordance with General Data Protection Regulations (GDPR).

8.7 To reduce the risk of infection, staff involved in invasive procedures e.g. wound management and the administration of intravenous or intra-muscular injections, must follow evidence-based guidelines. If unsure, they should seek advice from their manager, the Public Health (KCC) or their community nursing teams.

8.8 Employees will be offered vaccinations against recognised diseases in accordance with the Blood Borne Viruses guidance and any further advice given by the Public Health (KCC) is respect of seasonal or other diseases.

8.9 Use of Face Masks – guidance on the use of masks changes periodically and usually in response to new viruses or outbreaks. It is important then that staff respond appropriately to these changing circumstances and to note that local decisions to apply a more rigorous approach must be followed. As such it will be policy that:

- For non CQC-regulated services mask use will be determined by local risk assessments by management. This will include taking account of the specific client circumstances, staff risks, and any prevailing community infection factors and activity being undertaken.
- For smaller CQC-regulated services (ASB) masks are to be used if undertaking activity with 2m of clients, and delivering personal care based but on local risk assessments
- For larger CQC-regulated services (KEaH and OP SS) masks are to be used when providing direct personal care unless otherwise advised by a local risk assessment.

8.10 **Work in acute and community hospital settings**

8.10.1 Staff and managers should also consider the following advice when visiting Individuals in the private and voluntary sector.

8.10.2 As part of their Social Care role they may be required to meet with Individual/patients on the wards.

8.10.3 At all times, precautions must be taken in adherence to the Infection Control requirements of the respective hospital. Generally, this will entail good hand washing, social distancing, 'bare below the elbow' instructions and possible use of PPE in accordance with Universal Precautions.

8.10.4 Generally, computer laptops/tablets may be taken on to the wards, however, it is recommended that these should be decontaminated on leaving each ward by wiping the keyboard and stylus pen with a disinfectant wipe.

8.10.5 There will be occasions when wards will be 'closed' to admissions due to an outbreak of infection. Generally, visitors and staff are discouraged from entering closed wards unless it is essential to do so. Further advice should be sought from the hospital infection control team/nurses in respect of taking additional necessary precautions as required for those wishing to continue the service by entering a closed ward.

8.10.6 Information should be provided to those entering "closed" wards by the hospital teams as follows:

- The reason for closure
- Whether there is particular risk to certain individuals entering the ward, e.g. asthmatics
- Whether our Individuals are symptomatic or asymptomatic
- What control measures are in place and what additional Personal Protective Equipment is required. This may include plastic aprons, tabards, gloves, goggles, and masks.
- What documents / equipment is allowed on to the closed ward

8.10.7 All visitors to a closed ward should always adhere to the instructions issued by the Infection Control Team/Nurses of the organisation

8.10.8 An individual risk assessment should be undertaken based on the advice given by the hospital teams which will determine how the service may continue to be provided. Risk assessments may also be required for staff members. If a member of staff has had a risk assessment completed by their manager that recommends not entering a closed ward this should be documented in staff records

8.10.9 Once Individuals / patients are asymptomatic the ward remains closed for a period of 72 hours. The hospital should inform Adult Social Care teams when all patients are clear of infection. We should use the 72-hour closure period to activate the discharge plan, aiming for discharge where appropriate, as soon as the ward is open.

8.11 **KCC staff advice is provided in the Kent scheme Terms and Conditions as follows:**

Infectious Diseases
An Employee who, under medical advice, is prevented from attending the workplace because of contact with an infectious disease will be entitled to receive normal pay. Any period of absence will not be counted against the sick leave entitlement.

In the event, that the individual falls ill because of the infectious disease then they would be entitled to sick pay and the absence will be counted against the sick leave entitlement.

During a pandemic, the council will follow National Public Health advice.

9. Reporting an infection

9.1 Certain infections / diseases must be notified to Public Health (KCC), the Health and Safety department and the Head of Service.

9.2 [Notifiable Diseases and how to report](#)

9.3 A discussion must take place with Public Health (KCC) who may provide an

action plan which you must adhere to. This will describe what actions you are required to take to manage and prevent cross infection.

9.4 Public Health (KCC) will advise on any further reporting required. They can also provide copies of letters for onward communication within the service. Any documented reports will be copied to the Care Quality Commission (CQC) and the Senior Service Manager/ Head of Service.

9.5 If the service is registered with the Care Quality Commission a notification may be required. Notification finder

10.   Outbreaks

10.1   Definition of an outbreak:

- An outbreak can be defined as two or more cases of infection occurring around the same time, in residents and/or their carers, or an increase in the number of cases normally observed.

- Two or more related cases of the same infection, a sudden appearance of increasing incidence of one type of infection.

- A sudden appearance of a number of cases with similar symptoms of infection, either in clients, residents, patients or staff. An outbreak is an incident in which two or more people, thought to have a common exposure, experience a similar illness or proven infection (at least one of them having been ill). (HPA Definition from intranet)

- Once a possible outbreak has been recognised it must be immediately reported to the service manager, GP and Public Health (KCC)

11.   Training

11.1   All staff who join KCC will receive an induction that will include training on Infection Prevention and control.

11.2   The Innovation & Delivery team along with service managers will provide appropriate training for all staff which will include:

- Workplace induction
- Care certificate workbook, if required, for the role
- Delta eLearning course Infection Prevention and Control
- Face to face training where required Infection Control.

11.3   External training providers may attend the service and complete face to face training with the team.

11.4   Annually staff will complete a hand hygiene course, this will include the use of

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an infrared hand inspection unit

11.5   Further training needs may be identified following any audit, incident or accident review, or investigation or any outbreak of any notifiable diseases

11.6   The Innovation & Delivery team will maintain attendance records for staff covering induction and any mandatory training sessions. These will be required for any auditing purposes.

12.   Monitoring

12.1   Monitoring is necessary to ensure management systems are in place and to ensure staff are complying with defined hygiene practices.

12.2   Each service will carry out a monthly audit and an Infection control audit on an annual basis. Services will hold their own service specific risk assessment.

12.3   Each service should consider their precise duties and monitor practice standards, accordingly; this may include cleaning schedules and compliance with the National Standards of Healthcare Cleanliness 2021 and appendices where these apply.

12.4   These check lists can be used to design a monitoring form to meet specific service needs.

12.5   The Care Quality Commission will also carry out inspections on services, this could be in the form of a themed inspection relating to infection prevention and control. CQC - Infection prevention and control in care homes

13.   Policy Review and dissemination

13.1   Review of the policy and guidance should be carried out at 2 yearly intervals.

13.2   Date of next review: November 2024

13.3   The approved document will be uploaded onto Knet (TriX) and be made available to staff by refresher training and supervision/team meetings.

13.4   The overall responsibility for the review of this policy is assigned to Head of Enablement and Provider Services, who may delegate to an appropriate officer as they see fit.

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A. Glossary of Terms and Abbreviations

ASCH - Adult Social Care and Health
CCG TL - Clinical Commissioning Group Team Leader
CQC (KLOE) - Care Quality Commission (Key Line of Enquiry)
GP - General Practitioner
H & S - Health and Safety
HSE - Health and Safety Executive
NHSE - National Health Service England
Public Health (KCC) - Replaces Kent Health Protection Unit (KHPU) KCHT website

B. Diseases notifiable to the Public Health (KCC)

Notifiable Diseases and how to report

C. Summary of Actions when Dealing with a Pandemic (e.g. Covid19)

C.1   The novel coronavirus (Covid-19) of 2020 required urgent and stringent infection and prevention control measures to be adopted, not just in care settings but throughout society as a whole.

C.2   The measures indicated in this policy provide sound advice to follow in the event of pandemics such as Covid-19, but this appendix also offers a summary of appropriate actions to take to ensure the spread of such viruses or diseases is restricted as far as possible.

C.3   Each care centre and/or Provider Service should have its own specific risk assessments that have regard to:
- Any specific premises issues that require action. This will include 'Covid-secure' measures that cover aspects such as increased use of screens, signage to promote the use of masks/PPE and social distancing, hand hygiene and increased cleaning frequency.

- Staff working with potentially Covid-19 positive Individuals and the appropriate use of mandated PPE Covid-19.

- KCC's own demographic risk assessment for staff to reduce the risk of harm

to staff, their loved ones, individuals and colleagues.

- The appropriate level of Covid-19 testing. This will be based on a government stipulated frequency for individuals and staff and will also include antigen and antibody tests. COVID-19 testing in adult social care - GOV.UK (www.gov.uk) (Please ensure you check the latest guidance on the Gov.Uk website)

- Where premises have visitors, a specific visitors protocol will be adopted that includes a dynamic risk assessment that will reflect the changing status of virus prevalence and therefore enable adjustments to be made to continue visits to happen where possible and practical, but also to restrict these visits if not safe. This protocol will include various measures such as:

  o Safe, exclusive areas for visits
  o Wellbeing questions for visitors prior to visit being allowed
  o Testing of visitors if necessary
  o Staff 'chaperoning' to ensure the visit is conducted safely and social distancing measures are observed, where requested.
  o PPE can be provided

- Contractor visits during such a pandemic must be monitored to ensure contractors (and their operatives) all follow appropriate guidance concerning testing, social distancing, hand hygiene, use of any required PPE, leaving contact details for track and trace.

- All staff are expected to follow locally applicable guidelines and requests in terms of social distancing, any self-isolation measures as well as instruction on self-isolation (or quarantine) when required to do so.

- Staff must advise their manager in the event they are unavailable for work because of a positive Covid-19 test result, or they feel symptomatic, or are required to self-isolate as a result of close contact with a Covid-positive person

- It will be KCC policy that all new admissions to any of our residential settings will only be admitted subject to a negative test result, unless otherwise agreed by the Nominated Individual and as part of other specific measures within any *designated settings* arrangements. These *designated settings* will have specific, enhanced safety measures to protect staff and service users and are designed to support the NHS and best use of available beds for people recovering from Covid but still positive.

- New admissions may also need to agree to isolation within their room for 14 days from their admission depending on any specific guidelines in place at the time of admissions

- In the event of a Covid-19 outbreak (two or more people), the Registered Manager (or equivalent) or their deputy, must contact UKHSA immediately (in line with instruction elsewhere in this policy) as well as the Community Pathways Team as its quite possible that the premises could be closed to any

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further admissions for a required period. Current individuals should be able to remain.

- Managers of residential premises must adhere to any government stipulated testing timelines for staff and individuals. The frequency of these tests does change so Managers will be expected to keep up to date with any changing guidance, [Coronavirus Testing in Care homes](#).

- As far as is practical, managers should try to 'cohort' staff when dealing with any Covid-positive residents or service users, to reduce the risks of potential cross-contamination in other parts of that service.

- This should include staff groups avoiding mixing during breaks

- Staff should change into work clothes at work and their own clothes upon leaving work, and work clothes should be placed in two plastic bags and sealed prior to (standard) washing. Where possible units should have a donning and doffing area [Guidance video](#).

- Staff should ideally use their own transport to and from work wherever possible, but if they need to use public transport, PPE should be used.

- The use of agency staff to support operations during such a pandemic should aim for such staff to work exclusively at one centre only, to reduce the risk of cross-contamination.

- Managers must ensure cleaning staff (employed or contracted) maintain high standards, always use PPE, and follow the guidance that applies to other staff. If cleaning an area where there is suspected Covid, staff must follow the appropriate UKHSA / NHSE / Public Health (KCC) guidance, including:
    - Closing off any room pending cleaning
    - Use of appropriate disinfectant at stipulated dilutions
    - Follow a clear process for cleaning all surfaces
    - Ventilating a room
    - Ideally complete such tasks as the last work for the day to enable staff to change and then go home, thereby reducing the risks of cross contamination into other areas.
    - If a deep clean is required by specialist contractors, (e.g. 'fogging') this can be specifically arranged: Managers should ensure such contractors are qualified and provide an appropriate risk assessment for their working methods.
    - Some parts of our premises are in use by different agencies. Where KCC is the owner/landlord, all staff using the premises must adhere to KCC's infection control policies and procedures and copies of the relevant procedures will be shared with other staff as required. Where KCC staff are working in other agencies premises, they must follow that agencies pandemic infection and control measures, or KCC's staff measures, whichever is the more rigorous.

C.4   Guidance concerning a pandemic can change frequently so it is vital all staff

stay as up to date as possible, via use of KNet; instruction from management, PHE, PUBLIC HEALTH (KCC) etc.

C.5 Vaccination – Covid vaccination is no longer a pre-requisite for staff deployment in a care centre but all efforts should be made to encourage vaccine take up amongst the staff group, to help not only reduce the risk of infection spread amongst people we support but for staff's own benefit and of their closed contacts/loved ones. Other seasonal vaccines are also to be encouraged for similar reasons

D. Infection Control Audit Tool (for annual completion)

Infection
Prevention and Con

E. Standard Infection Control Precautions – Hand Hygiene

It has been shown that contamination of jewellery, particularly rings with stones or intricate jewellery can occur. Jewellery must be removed when working in clinical care settings to prevent the spread of micro-organisms. Jewellery should be removed at the start of the working day though it is acceptable to wear plain wedding bands which must be removed when hand washing

All staff are expected to be hand hygiene-monitored at least annually.

NHS Hand washing guidance

Hand hygiene Audit Tool (infectionpreventioncontrol.co.uk)

F. Management of Needlestick 'blood borne' Virus Exposure

Needlestick (or "sharps") injuries are one of the most common types of injury to be reported to Occupational Health Services by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure e.g. a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route. However, precautions are important to protect all who may be exposed, particularly when treatment for certain BBVs is not readily available. The risks of occupationally acquiring other infections are not as clearly documented; however Standard Infection Control Precautions (SICPs) should help to prevent exposure to other infectious agents.

Blood-borne viruses (BBV) - Blood borne viruses (BBV) (hse.gov.uk)

Bloodborne viruses (BBVs) in healthcare workers - GOV.UK (www.gov.uk)

Blood-borne viruses Policy for Care Home settings - Infection Prevention Control

Blood borne viruses - principles of infection control.docx (sharepoint.com)

G. Management of Sharps

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: A guide for employers and employees HSIS7 (hse.gov.uk)

Sharps injuries - What you need to do (hse.gov.uk)

Handling sharps in adult social care - Care Quality Commission (cqc.org.uk)

Safe disposal of discarded needles and syringes.docx (sharepoint.com)

H. Monthly Infection Prevention & Control Audits/Inspection

Some or all of the following tools can be used as determined most appropriate by Managers for each type of setting within Enablement & Provider Services. Standard practice for services providing residential accommodation would be:

- Combination of fortnightly, monthly and annual audits of premises (bedrooms fortnightly; communal areas including bathrooms, monthly; full premises annually)
- Kitchen areas to be inspected in accordance with Food Hygiene Policy.
- Please also see Hand Hygiene monitoring (Paragraph E above)
- Dress Code – monitored both formally as part of staff training and informally (daily checks by management)

Monthly infection control Audit.docx   Example Infection Control Audit - Ran   Communal Areas Monthly Audit Reco

Where external Facilities Management contractors undertake certain of these infection control-related inspections, the responsible KCC manager MUST satisfy themselves that such inspections and any subsequent action plans fully satisfy the requirements set out in this overall policy and any current guidance in place at the time.

I. Personal Protective Equipment

COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)

Personal protective equipment (infectionpreventioncontrol.co.uk)

March 2023

J. Cleaning policy

Cleaning standards will be checked on an ongoing basis by managers to ensure that room cleaning standards are maintained. All staff should note the below; -

- If there is a risk of infection due to damaged equipment report this to your manager.
- All hard surfaces that Service Users come into contact with must be wiped with disinfectant immediately after.
- All hard surfaces in the room should be wiped with a disinfectant at the end of each service or care.
- Any spillages must be cleaned immediately with a disinfectant spray and paper wipe disposed of immediately.
- A thorough room clean include vacuum cleaning and mopping must be performed at least weekly.
- Any issues regarding lack of cleanliness identified at checks should be reported to managers
- Any issues regarding use of cleaning solutions, e.g. skin reactions should be reported to managers

K. Waste Management

OP1 Control of Waste.docx (sharepoint.com)

Surgical masks and face coverings: What to wear and how to dispose of them safely - News (sharepoint.com)

Hazardous waste when produced, should be disposed of safely as the safe disposal of clinical waste particularly when contaminated is one of the elements of Standard Infection Control Precautions. Disposing of waste safely reduces the risk of transmitting microorganisms and potential infection we therefore ask that you note the below; -
- Waste should be disposed of as close to the point of use as possible, immediately after use.
- Use identified bag holders that prevent contamination e.g. by having to touch lids to open.
- Waste containers should be of an appropriate strength to contain waste without spillage or puncture.
- Approved sharps containers and yellow clinical waste bags must be used
- When the above are ¾ full these must be taken to head-office at first opportunity
- Never dispose of waste into an already full receptacle
- Hygiene waste must be disposed into appropriate receptacles (managed by owners of the building).
- Where service users dispose of waste e.g., they should be provided with appropriate waste receptacles
- Wear personal protective equipment if appropriate.
- Seal all containers appropriately before disposal/transporting/processing

- Perform hand hygiene following any waste handling/disposal.

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