



1. Purpose

1.1 To describe the arrangements in place at Recruitcare Professionals Ltd to protect both staff and Service users from infection, and the means through which Recruitcare Professionals Ltd will operate safe and effective care practices.

1.2 This policy dovetails with other relevant policies and procedures and so should be referred to for further guidance. These include:

- Clinical Waste Disposal Policy and Procedure
- Sharps and Needlestick Policy and Procedure
- Blood and Body Fluid Spillages Policy and Procedure
- Appearance Policy and Procedure
- Sepsis Awareness Policy and Procedure
- Management of Medical Devices Policy and Procedure
- Personal Protective Equipment (PPE) Policy and Procedure
- Sickness Absence Policy and Procedure

1.3 To support Recruitcare Professionals Ltd in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
SAFE	S5: How well are people protected by the prevention and control of infection?	QSS7: Infection prevention and control
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?	QSW5: Governance, management and sustainability
WELL-LED	W5: How does the service work in partnership with other agencies?	QSW6: Partnerships and communities

1.4 To meet the legal requirements of the regulated activities that Recruitcare Professionals Ltd is registered to provide:

- The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
- Public Health (Control of Disease) Act 1984 (as amended)
- The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance
- The Care Act 2014
- Control of Substances Hazardous to Health Regulations 2002
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- The Health and Safety (Miscellaneous Amendments) Regulations 2002



- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Coronavirus Act 2020
- Health and Care Act 2022



2. Scope

2.1 The following roles may be affected by this policy:

- All staff
- Registered Manager
- Infection Prevention Lead

2.2 The following Service users may be affected by this policy:

- Service users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- External health professionals
- Local Authority
- NHS



3. Objectives

3.1 To set out the framework for reducing the risk of infection and maintaining effective infection control.

3.2 To describe how Recruitcare Professionals Ltd will ensure that all staff understand their roles and responsibilities for maintaining effective infection control.

3.3 To ensure the compliance of all services at Recruitcare Professionals Ltd with relevant legislation and best practice guidance.



4. Policy

4.1 Infections are common and are caused by microorganisms such as bacteria, viruses, fungi, and parasites, which are more commonly known as germs. Germs can be found everywhere; most do not cause infection and the risks surrounding infection remain low. In some cases, however, an infection can be caused.

Infections in Service users at Recruitcare Professionals Ltd can be serious, and in some cases, life threatening. They can also make existing medical conditions worse.

4.2 Recruitcare Professionals Ltd recognises its responsibilities and clearly communicates the safe working practices required for infection prevention and control to all staff.

Recruitcare Professionals Ltd is committed to minimising the risk of infection to staff and Service users by ensuring good standards of basic hygiene and applying universal infection control procedures.

4.3 Recruitcare Professionals Ltd achieves this through a robust risk assessment process, the implementation of effective controls and the provision of appropriate training and equipment to all staff. It will ensure that all staff understand the importance of good hand hygiene and how to use personal protective equipment (PPE).

4.4 Infection Prevention Lead (IPL)

An Infection Prevention Lead will be identified within Recruitcare Professionals Ltd. The IPL, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2022) and the Infection prevention and control resource for adult social care (2022), will:

- Have the knowledge and skills for an IPL
- Be responsible for the infection prevention (including cleanliness) management at Recruitcare Professionals Ltd
- Assess the infection prevention and control (IPC) measures needed
- Oversee local prevention of infection policies and their implementation
- Support staff to understand their responsibilities to reduce the risks of infection, and the frequency and



content of training and education needed

- Monitor the standards of IPC to ensure the highest standards
- Review episodes of infection, and disseminate learning
- Monitor the arrangements for cleaning
- Monitor how information regarding infection will be shared with other providers, when Service users move between services
- Support Service users and those significant to them to understand IPC measures
- Promote IPC practices at Recruitcare Professionals Ltd
- Support staff and Service users with vaccination, in line with national guidance and local risk assessment
- Provide suitable, accurate information on infections to ensure Service users' safety and reduce the risk of spread
- Report directly to RECRUITCARE PROFESSIONALS LTD
- Have the authority to challenge inappropriate practices
- Have the authority to set and challenge standards of cleanliness
- Assess the impact of all existing and new policies on infection risk, and make recommendations for change
- Be an integral member of the governance and safety teams and structures at Recruitcare Professionals Ltd
- Ensure that there is evidence of appropriate action taken to prevent and manage infection
- Undertake an audit programme to ensure that appropriate policies have been developed and implemented
- Provide evidence that the Annual Statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon



5. Procedure

5.1 Chain of Infection

For staff to be effective in infection prevention and control (IPC) they need to understand how infections spread. The Chain of Infection contains 6 links to show how infection spreads:

- **Pathogen** is the microorganism or germ that causes disease - Norovirus, MRSA, Influenza
- **Reservoir** is where pathogens live and replicate - A person, the environment, equipment, food/drink
- **Portal of exit (way out the body)** is how pathogens leave the reservoir - Faeces, urine, blood, vomit, sneeze
- **A means of transmission** is how pathogens are spread from one person or place to another - Contact - hands, equipment, droplets, airborne
- **Portal of entry** is how pathogens enter the body - Inhalation, mucus membranes (eyes, nose, mouth), or via a wound
- **Susceptible host** is the person who is at risk - Age, lack of immunity, underlying health conditions

Breaking the chain prevents the infection spreading; this can be done at each point:

- Pathogen - Completing antibiotics stops pathogens becoming resistant
- Reservoir - Cleaning and decontamination reduces the number of pathogens. Isolation or distancing when someone is infectious stops the pathogen finding a new host
- Portal of exit - Covering the nose and mouth when sneezing reduces spread
- Means of transmission - Hand hygiene removes pathogens
- Portal of entry - Ensure wounds are covered, wearing face masks
- Susceptible host - Vaccination

5.2 Standard Infections Control Procedures (SIPCs)

These should be used by all staff at Recruitcare Professionals Ltd at all times, whether there is a known infection or not. Implementing these measures will reduce the risk of infections spreading.



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There are 10 IPC measures according to the National Infection Control Manual (NIPCM) 2023; they are:

- Service users placement/assessment for infection risk
- Hand hygiene
- Respiratory and cough hygiene
- Personal Protective Equipment (PPE)
- Safe management of care equipment
- Safe management of the care environment
- Safe management of laundry
- Safe management of blood and body fluid spills
- Safe disposal of waste (including sharps)
- Management of exposure

5.3 Service users Assessment

- All new Service users will be assessed prior to service commencement for infection risk and this will be re-assessed on service commencement and throughout their engagement with Recruitcare Professionals Ltd to ensure appropriate infection prevention and control measures are in place
- When Service users are transferred from another health or social care provider, the transfer documentation must be checked for confirmed or suspected infection risks
- A suitably qualified, knowledgeable and experienced member of staff will ensure that risk assessments are carried out for all services and activities at Recruitcare Professionals Ltd in order to protect Service users from the harm of acquiring an infection
- This involves a simple review of what could cause harm to Service users in Recruitcare Professionals Ltd, including the risk of infection, so that judgements can be made for adequate protection to be in place to reduce the risk. Consideration should also be given to how susceptible Service users are and any risks that the environment and other people may pose to them
- Staff can refer to the Risk Assessment Policy and Procedure at Recruitcare Professionals Ltd for standards required of risk assessment and the appropriate documentation. All relevant staff are responsible for having an awareness of the risk assessment and the actions necessary to reduce the risk of infection
- Service users will be risk assessed on transfer to, and discharge from, hospital, and attendance at another health or adult social care setting
- On discharge of a Service user to another service, staff will ensure that any confirmed or suspected infection is communicated and documented to the provider and transport service
- Some Service users are at higher risk of infections:
 - Service users with impaired immune defence
 - Service users with wounds or an invasive device such as a catheter or PEG (staff should refer to the Enteral Feeds and PEG Support Policy and Procedure or the Catheter Care Policy and Procedure to reduce risk)
 - Service users not vaccinated against respiratory illness
 - Service users not able to follow IPC precautions

5.4 Hand Washing

Most healthcare-associated infections are preventable through good hand hygiene - cleaning hands at the right times and in the right way. The aim of routine hand washing is to remove dirt and most transient microorganisms (germs that can be easily removed by hand washing) found on the hands. All staff involved in the delivery of Care must wash their hands. In outbreak situations (such as COVID-19), the washing of hands must be more frequent including:

- Before starting work and going home
- Before eating, preparing or handling food
- Before and after giving any direct care to each Service user
- Before administering medications
- After any activity that contaminates the hands or when hands are visibly soiled
- After using the toilet



- After sneezing/blowing the nose
- After cleaning activities
- Before providing clinical care, e.g. catheter care, dressing wounds
- Any other occasions when hands are thought to have been contaminated
- Before donning and doffing PPE
- Before and after having a break
- After handling used laundry, e.g. stripping beds, dirty clothing
- After emptying commodes, urine bottles, catheter bags

Notices and hand hygiene posters are clearly displayed for staff, Service users and visitors.

Your 5 Moments for Hand Hygiene



Service users are supported to understand and follow hand hygiene:

- After using the toilet
- Before eating and drinking
- If hands are visibly soiled

5.5 Choice of Hand Hygiene Product

Hand washing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of contamination. However, within a Service users's home, this is not always available.

Staff should choose the product suitable to the situation.

Alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus - staff must use liquid soap and water.

Liquid Soap

Hand washing with liquid soap and water removes dirt and organic material and must be used:

- Prior to and following direct contact with Service users
- Following direct hand contact with body fluids when gloves must be worn



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- When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- When caring for Service users with diarrhoea and/or vomiting, Service users with COVID-19, Clostridium Difficile or Norovirus and during outbreaks of these organisms
- After several consecutive applications of alcohol gel/rub

Alcohol Hand Rub

Alcohol hand rub is recommended for routine hand decontamination because:

- It is more effective
- It is quicker and easier to use
- It is better tolerated by the hands
- It can be provided at the point of care
- It can be used when liquid soap is not available

Alcohol gel/rub is flammable and must be correctly stored.

Muslims and Alcohol-Based Hand Gel

In accordance with the 'Muslim Spiritual Care Provision' in the NHS (MSCP) advice, alcohol-based hand gel contains synthetic alcohol and does not fall within the Muslim prohibition against natural alcohol. Therefore, Muslims can use such gels.

Bar Soap

Bar soap must not be used by staff at Recruitcare Professionals Ltd as they can harbour pathogens.

Service users

- Skin wipes can be used for Service users unable to access handwashing facilities
- Soap and warm running water or non-alcohol skin wipes should be used if the Service users's hands are visibly soiled or dirty, or they have confirmed or suspected viral gastroenteritis or C. difficile

5.6 Bare Below the Elbows Guidance

Bare below the elbows is an infection prevention strategy intended to reduce transmission of pathogens that may occur due to contact of the Service users with contaminated clothing of staff at Recruitcare Professionals Ltd.

'Bare below the elbows' is:

- Exposing forearms by wearing short-sleeved clothing or rolling sleeves up to the elbows. If disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene, then replaced with a new pair
- Removing wrist and hand jewellery. Rings with jewels, stones, ridges or grooves should not be worn as these may harbour bacteria and also prevent good hand hygiene. A plain band ring may be worn but ensure the area under the ring is included when hands are washed or alcohol handrub applied. A religious bangle can be worn, but should be moved up the forearm during hand hygiene and secured during Service users care activities
- Not having dermal piercings on the arms or wrists
- Keeping nails clean and short (fingertip length), as long fingernails will allow a build-up of dirt and bacteria under the nails and impede effective handwashing
- Keeping nails free from nail polish/gel as flakes of polish/gel may contaminate a wound and broken edges can harbour microorganisms
- Keeping nails free from acrylic/artificial nails, nail art/accessories, as these can harbour microorganisms, become chipped or detached

Hands can only be decontaminated effectively by ensuring that the correct technique is used which encompasses the wrists. It is therefore imperative that staff comply with 'Bare Below the Elbows' in order to facilitate this.

Uniforms:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct Service users care activity
- Uniforms can have three-quarter length sleeves
- Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand-washing and direct Service users care activity
- Staff should refer to the Appearance Policy and Procedure at Recruitcare Professionals Ltd

5.7 Hand-Washing Technique

Using Liquid Soap



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- Expose the wrists and forearms. All parts of the hands and, where exposed, forearms, must be included in the process
- Where forearms require cleaning, they must be cleaned first and then the hands
- Wet the hands under warm, running water before applying soap
- Apply liquid soap in the recommended product volume
- Using the six-step technique:
 - Rub all parts of the hands vigorously without applying more water
 - Use one hand to rub the back of the other hand and clean in between the fingers. Do the same with the other hand
 - Rub your hands together and clean in between your fingers
 - Rub the backs of your fingers against your palms
 - Rub your thumb using your other hand and do the same with the other thumb
 - Rub the tips of your fingers on the palm of your other hand and do the same with the other hand
- Rinse under running water
- The handwashing process must take 40-60 seconds, and a useful tip to check that you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice
- Dry thoroughly with a disposable, paper hand towel
- Dispose of paper towels into bins with foot-operated pedals
- Do not touch the bin with hands

Using Alcohol Gel/Rub

- Hands must be free from dirt and organic matter, if not, wash them first
- Avoid using excessive amounts of alcohol gel/rub to minimise skin damage. Apply one shot (approx. 5 ml) of alcohol hand rub
- The hand rub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systemically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

(Refer to 'How to Handwash' in the Forms section (Source: World Health Organisation))

5.8 Skin Damage

Skin damage is associated with poor hand-washing technique or frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines.

The best practice below will help to prevent skin damage:

- Staff should be aware of the potentially damaging effects of hand hygiene products
- Avoid putting on gloves while hands are still wet (from washing or applying alcohol rub)
- Avoid rubbing hands with paper towels; the skin should be patted dry
- Avoid over-use of gloves
- Use emollient hand cream regularly, e.g. after washing hands, before breaks, when going off duty and when off duty
- If irritation occurs, review compliance with the hand decontamination technique and then inform your line manager
- Avoid communal 'pots' of moisturiser as they can become a potential source of infection
- Individual tubes of hand creams may be used, provided that care is taken not to contaminate the nozzle

Where members of staff continue to experience soreness or sensitivity, this will be discussed with Mrs WEDZERA TAKAWIRA .

5.9 Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette will be applied as a standard infection control precaution at all times. The measures include:

- Cover nose and mouth with disposable, single-use tissues when sneezing, coughing, wiping and blowing noses
- Encourage Service users to have an adequate supply of tissues available which are in reach
- Dispose of used tissues into a waste bin



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- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Cough or sneeze into the crook of the elbow on any occasion when there is not a tissue available. Do not cough or sneeze into hands and not into the air. Although this won't stop all the respiratory secretions spreading, it can reduce the distance they travel
- Keep contaminated hands away from the mucous membranes of the eyes and nose
- Do not contaminate surfaces and pockets with used tissues
- Staff should support Service users who need assistance with respiratory hygiene where possible

5.10 Personal Protective Equipment (PPE)

Staff should also refer to the Personal Protective Equipment (PPE) Policy and Procedure at Recruitcare Professionals Ltd.

5.11 Safe Management of Care Equipment

Care equipment must be properly decontaminated after each use, otherwise pathogens can be transferred between Service users.

Mrs WEDZERA TAKAWIRA must ensure that staff understand whose responsibility it is to decontaminate equipment after each use, following the manufacturer's instructions.

Decontamination Processes:

- Cleaning - Physically removes contamination but may not destroy pathogens
- Disinfection - Reduces the number of visible pathogens but may not inactivate all
- Sterilisation - Will remove all pathogens

Single-Use Items:

- Must only be used on a single Service user for a single procedure
- Must not be used again, even on the same Service user

Single Person Use Item:

- Must only be used for one Service user
- Not to be used on different Service users
- Limited number of uses according to the manufacturer's instructions
- Follow instructions for decontamination

Staff can refer to Appendix 7 of the 'National Infection Prevention and Control manual for England – appendices', which can be found in the Further Reading section of this policy.

Staff should also refer to the Management of Medical Devices Policy and Procedure at Recruitcare Professionals Ltd.

5.12 Laundry - Safe management of soiled linen

Washing and rinsing soiled linen can reduce disease-causing germs and must only be completed where this is part of the Service user's Care Plan.

Linens may be laundered together using detergent and dried in a hot air dryer (if available in the Service user's property) to ensure that harmful germs are killed. Linens soiled with large quantities of faeces or vomit may require pre-treating to remove the soiling. When handling soiled linen, Care Workers must adhere to the following best practice:

- Gloves and aprons must be used if Care Workers have to handle any laundry soiled with blood or body fluids. In addition, where the Service user has COVID-19, the current government [PPE guidelines](#) must be adhered to
- Care Workers will avoid soiled linen touching their skin or clothes
- Position the laundry basket nearby to reduce handling (keep off the floor and fabric covered furniture)
- Do not shake soiled linen; remove faecal material into the toilet
- Wash heavily soiled laundry separately and add laundry bleach to wash water according to the manufacturer's instructions if the material is bleach tolerant (and if laundry bleach is available in the Service user's property). Follow any COSHH (Control of Substances Hazardous to Health) instructions on the laundry bleach
- Store clean laundry apart from soiled linens - soiled linens must be laundered as soon as possible to reduce the risk of infection
- Hand hygiene is required when the activity is complete
- Remember to maintain the Service user's dignity at all times



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Where items are too heavily soiled, they must be disposed of with the Service users's consent.

5.13 Environmental Cleaning

Where this is part of the Care Plan, staff should:

- Wear protective clothing, i.e. apron and gloves
- Prepare a fresh cleaning solution, appropriately diluted for each task
- Make up only the quantity required in a clean, dry container
- Some cleaning products are incompatible; only mix in the event that this is specifically identified as being safe by the manufacturer, and where a risk assessment has been completed
- Use warm water, a general purpose detergent and disposable cloths or disposable paper towels. It is not necessary to use cleaning products that are advertised as being antibacterial
- Change the solution frequently to prevent a build-up of soil or microorganisms which would contaminate surfaces
- Air drying is acceptable for large surfaces, but small areas should be dried with clean, disposable paper towels/cloths
- Dispose of the cleaning solution promptly
- Remove protective clothing and wash hands before carrying out other duties

Cleaning equipment should be cleaned thoroughly after use and stored dry. Mops should not be left soaking as the water acts as a reservoir for microorganisms. Mops must be wrung out and stored upright to dry.

Use of Disinfectants

Disinfectant solutions should only be prepared by trained staff. Disinfectants should only be used for the following:

- To disinfect food preparation areas, in particular, dirty situations where blood or faeces are present
- To disinfect isolation areas
- During an outbreak and when directed by the Infection Control Team

All disinfectants must be appropriately labelled in line with chemical labelling requirements and stored where the Service users requires in their home.

Gloves and plastic aprons must always be worn when handling disinfectants. Eye protection should also be available.

Frequency of Cleaning/Cleaning Schedules

Where required as part of a Service users's Care Plan or for the premises of Recruitcare Professionals Ltd, environmental cleaning should be undertaken at a clearly defined frequency dependent on the level of risk. The [National Standards of Healthcare Cleanliness 2021](#) has guidance on cleaning frequencies. All cleaning frequencies must be recorded on a checklist or schedule which should be checked and countersigned weekly by the Registered Manager to evidence oversight.

Audits should be undertaken with evidence that action is taken to address inconsistencies and non-compliance with schedules.

Staff can use the audit templates in the National Standards of Healthcare Cleanliness 2021, produced by the NHS (available in the Further Reading section of this policy).

For infections, such as COVID-19 and mpox, it also remains important to reduce the risk of fomite transmission and this can be substantially reduced by following agreed cleaning methods based on standards for cleaning and disinfection. Any local infection prevention and control manual or guidance for decontamination around the infection should also be referred to where possible.

Single-Use and Reuse Items

Where possible, Recruitcare Professionals Ltd will use single-use and single patient use products. Certain devices (e.g. nebulisers) will need to have the manufacturer's instructions checked to ensure that single-use items or parts of the item are not being reused.

5.14 Management of Blood Spills

Staff should refer to the Blood and Body Fluid Spillages Policy and Procedure at Recruitcare Professionals Ltd.

5.15 Safe Disposal of Waste (including sharps)

Staff should refer to the Sharps and Needlestick Policy and Procedure at Recruitcare Professionals Ltd.

5.16 Exposure Prone Procedures (EPPs)

- EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service users's open tissues are exposed to the blood of the worker. These include procedures where the workers gloved hands come into contact with sharp instruments, needle tips, etc.



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- However, other situations can present a risk such as trauma, Service users biting, leaking wounds or broken skin
- If a worker is known to have, or strongly suspects they may have a BBV (blood-borne virus), the member of staff must inform Mrs WEDZERA TAKAWIRA who will seek further advice with regard to working practices

5.17 Management of Exposure Blood-Borne Viruses (BBVs)

BBVs are viruses carried in the blood. They are spread by direct contact with the blood, blood-stained body fluids or certain body fluids, of an infected person.

The main BBVs of concern are:

- Human immunodeficiency virus (HIV) which causes acquired immunodeficiency syndrome (AIDS)
- Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV)

Recruitcare Professionals Ltd will assess the risk of BBV transmission in its services and in the conduct of its procedures, taking precautions and implementing controls in accordance with the risk assessment.

A significant occupational exposure is:

- An injury through the skin from a needle, instruments, bone fragments, or bites which break the skin
- Exposure of broken skin (abrasions, cuts, eczema, etc.)
- Exposure of mucous membranes including the eye from splashing of blood or other high-risk body fluids

To prevent exposure to blood and body fluids:

- Follow standard infection control precautions (SICPs)
- Use safety sharps where assessment indicates they will provide safe systems of working for staff

To reduce the risk of transmission:

- All staff at risk of exposure to BBVs must be vaccinated against Hepatitis B
- Cuts and abrasions must be covered with a waterproof dressing before providing care
- Staff with skin conditions must seek advice from their GP to minimise their risk of infection through open skin lesions
- Protect eyes, mouth and nose from blood splashes where there is a risk of splashing
- Avoid direct skin contact with blood and blood-stained body fluids (if blood/blood-stained body fluids are splashed on to the skin, wash off with liquid soap, warm running water and dry with papertowels)
- Wear disposable latex or nitrile gloves when contact with blood or blood-stained body fluid is likely (vinyl gloves are not recommended for contact with blood)
- Always clean hands before putting on and after removing gloves
- Always clean hands before and after giving first aid
- Contain and promptly clean and disinfect surfaces contaminated by spillages of blood and blood-stained body fluids
- Never share razors or toothbrushes as they can be contaminated

Staff can also refer to the Blood and Body Fluid Spillages Policy and Procedure at Recruitcare Professionals Ltd.

Exposure to Blood and Bodily Fluids:

Where the eyes or mouth have been exposed:

- They should be rinsed/irrigated copiously with water
- Use eye/mouth washout kits if available.
- If contact lenses are worn, rinse/irrigate with water, remove lenses, then irrigate again
- Report and document the incident
- An urgent risk assessment should be undertaken to establish if there is the potential to transmit a blood-borne virus (BBV)

Where skin/tissue is affected:

- Encourage the area to bleed
- Do not suck the damaged skin or tissue
- Wash/irrigate with warm running water and non-antimicrobial soap
- If running water is unavailable, use a pre-packed solution (sterile water/saline)
- Report and document the incident



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- An urgent risk assessment should be undertaken to establish if there is the potential to transmit a blood-borne virus (BBV)

Sharps Injuries

Staff should refer to the Sharps and Needlestick Policy and Procedure at Recruitcare Professionals Ltd.

Human Bites

Human mouths contain a wide variety of organisms which have the potential to be transmitted, some of which can be transmitted by bites. Human bites are rare and generally occur in certain Service users groups. However, human bites are more likely to become infected, so it is important that they are treated promptly.

Where it is identified that a Service users is at risk of biting others, a risk assessment must be completed as well as a clear set of guidelines to manage the risk.

If a bite does not break the skin:

- Clean with soap and water
- Complete an accident/incident form
- Review the risk assessment and identify if any changes are required to minimise the risk of incidents arising again

If a bite breaks the skin:

- Clean the skin around the wound with soap and warm water or antiseptic, but try not to get it in the wound
- Try to remove any objects like dirt from the wound using running water
- Gently squeeze the wound so it bleeds slightly (unless it is already bleeding) – this can help reduce the risk of infection
- Press a dry dressing or clean cloth firmly onto the wound to stop the bleeding if it is bleeding heavily
- After cleaning the wound, gently pat it dry and cover it with a clean dressing
- Contact NHS 111
- If the wound is deep, large, and/or will not stop bleeding, attend A&E

Staff can refer to the 'National Infection Prevention and Control manual for England - appendices: Appendix 10: Best practice - management of occupational exposure incidents', which can be found in the Further Reading section of this policy.

5.18 Vaccination

Staff should refer to the Staff Vaccination and Immunisation Policy and Procedure and the Service User Vaccination and Immunisation Policy and Procedure at Recruitcare Professionals Ltd.

5.19 Signs and Symptoms of Infections

It is important that staff can identify Service users who have an infection and what has caused it. This enables them to access the most appropriate support for the Service users, and also minimise the spread of the infection to other Service users and staff.

Staff should look for signs of infection; some may depend on the infection location:

- Raised temperature
- Skin flushing
- Change in usual behaviour
- Increased or new confusion

Gastrointestinal:

- Stomach pain
- Nausea and vomiting
- Loss of appetite
- Frequent bowel movements
- Diarrhoea

Respiratory Tract:

- Sore throat
- Cough
- Headache
- Production of green or yellow sputum
- Shortness of breath



Urinary Tract Infections:

- Pain in lower abdomen
- Pain or burning sensation when passing urine
- Cloudy or offensive smelling urine
- Need to pass urine more often
- Nausea and vomiting

Skin/Soft Tissue:

- Redness
- Feels warm or hot
- Itching
- Pain and tenderness
- Pus
- Blisters
- Swelling

5.20 Transmission Based Precautions (TBPs)

Transmission based precautions (TBPs) are additional precautions to standard infection control precautions, used to prevent transmission of specific infectious agents. These precautions are based on the route of transmission of the infectious agent.

Mrs WEDZERA TAKAWIRA must ensure that staff use their clinical judgement or seek advice from the local infection prevention and control team (IPCT), as to what additional precautions are required and this should be based on:

- Suspected/known infectious agent
- Severity of the illness caused
- Transmission route of the infectious agent
- Recruitcare Professionals Ltd setting

Contact Precautions:

- These are used to prevent and control infections that spread by direct contact
- Contact could be with the person (direct) or via contact with a contaminated surface (indirect)
- This is the most common route of cross-infection from one person to another
- Infections include - Gastroenteritis, Norovirus, Blood-Borne Viruses

Droplet Precautions:

- These are used to prevent and control infection spread over short distances (at least 1 metre) via droplets from the respiratory tract
- Droplets transfer from one individual directly onto a mucosal surface or conjunctivae of another individual
- Generated through talking, coughing, sneezing
- Droplets penetrate the respiratory system to above the alveolar level
- Infections include - Cold, flu, COVID-19

Airborne Precautions:

- These are used to prevent and control infection spread without necessarily having close Service users contact via aerosols from the respiratory tract
- Aerosols transfer from one individual directly onto a mucosal surface or conjunctivae of another individual
- Generated from breathing, coughing, sneezing, talking, laughing and aerosol generating procedures (AGPs)
- Aerosols can penetrate the respiratory system to the alveolar level
- Infections include - Chickenpox, Measles, COVID-19

Staff should refer to the 'National Infection Prevention and Control Manual for England - appendices: Appendix 5b: Personal protective equipment (PPE) when applying transmission based precautions (TBPs)', which can be found in the Further Reading section of this policy, and the Personal Protective Equipment (PPE) Policy and Procedure at Recruitcare Professionals Ltd.



For details of the type of precautions, isolation requirements and respiratory precautions required for different infections, staff should refer to the 'National Infection Prevention and Control Manual for England - appendices: Appendix 11a'.

5.21 Deceased Service Users

It is assumed that when the Service users was alive, before providing an episode of care, all staff will have risk assessed the task and applied the appropriate standard infection control precautions, e.g. hand hygiene, personal protective equipment (PPE), safe management of waste.

The same principle should apply after the Service users's death.

5.22 Use of Portable Fans

Although staff cannot tell the Service users what to use in their own home, they should be aware that portable fans used in clinical areas have been linked to cross infection in health and social care environments.

Portable fans are not recommended for use during outbreaks of infection or when a Service users is known or suspected to have an infectious agent.

5.23 Staff Sickness

- Staff should not work if there is a risk of passing on an infection
- If staff suspect they have symptoms of Coronavirus, they must self-isolate at home in line with guidance for social care staff
- Staff with diarrhoea and vomiting must not attend work, but must phone work to report sick
- Staff must not attend work until they are clear for 48 hours in order to prevent the spread of infection

Staff should refer to the Sickness Absence Policy and Procedure at Recruitcare Professionals Ltd.

5.24 Communication

- Recruitcare Professionals Ltd will ensure that all care workers (including contractors and volunteers) are aware of, and discharge their responsibilities in, the process of preventing and controlling infection. This could be done through, but is not limited to, job descriptions, induction, training, supervision and team meetings
- Contractors working in Service users areas would need to be aware of any issues with regard to infection prevention and obtain 'permission to work'
- Where staff undertake procedures which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
- Recruitcare Professionals Ltd will ensure that its policy on the control of infection is shared with Service users and other stakeholders
- Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with Regulation 20, Duty of Candour

5.25 Reporting

UK Health Security Agency

- Mrs WEDZERA TAKAWIRA should be aware that medical professionals are duty bound to report certain diseases and can refer to the new Government agency, the UK Health Security Agency - <https://www.gov.uk/government/organisations/uk-health-security-agency>

RIDDOR

- Mrs WEDZERA TAKAWIRA is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards, and can refer to <https://www.hse.gov.uk/riddor/occupational-diseases.htm>

The Care Quality Commission (CQC)

- Recruitcare Professionals Ltd will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements

Records of reporting must be kept, specifying dates and times.

5.26 Training

Infection control training is a mandatory requirement for all staff and must be updated annually. Recruitcare Professionals Ltd will ensure that Infection Control Champions in the service will undertake additional training relevant for this role.

Staff will receive training and direction regarding infection prevention and control practice in addition to



information on induction and during periodic review.

Training must be appropriate to the staff member's role at Recruitcare Professionals Ltd. All training will be recorded on the training matrix.

Ongoing, observation in practice will take place by Mrs WEDZERA TAKAWIRA (or a designated other) and used to monitor for compliance with this policy as well as assessing knowledge in practice.

As well as formal training, further development will occur through other forums such as team meetings, supervision, audit and practical observation.

5.27 Audit and Review

Mrs WEDZERA TAKAWIRA will complete all audits at Recruitcare Professionals Ltd as agreed by RECRUITCARE PROFESSIONALS LTD, as per schedule and in accordance with the Auditing Policy and Procedure of Recruitcare Professionals Ltd.

Complaints, concerns and suggestions will be reviewed with themes and trends identified to determine the level of satisfaction within Recruitcare Professionals Ltd.

Findings will be investigated and actions set with changes embedded in practice in a timely manner.

Daily observation of infection control practices at Recruitcare Professionals Ltd by Mrs WEDZERA TAKAWIRA or a designated other must take place to demonstrate a responsive means of quality assurance. Although subjective, it can act as a means of addressing any areas immediately.

Staff will be informed in a supportive way of any areas noticed that need remedy and will be involved in how practice can be improved.

Records of all audits and quality assurance systems will be maintained and filed accordingly as evidence.



6. Definitions

6.1 Needlestick or Sharp Injury

- A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware and any other item that may be contaminated with blood or body fluids that may cause laceration or puncture wounds, such as razors, sharp tissues, spicules of bone and teeth

6.2 Outbreak

- An outbreak can be defined as two or more cases of infection occurring around the same time, in a Service users and/or their carers, within a 14-day period, or an increase in the number of cases normally observed. The most common outbreaks are due to viral respiratory infections and gastroenteritis.

6.3 Norovirus

- Also referred to as the winter vomiting disease, the most common cause of gastroenteritis

6.4 Viral Gastroenteritis

- An intestinal infection marked by watery diarrhoea, abdominal cramps, nausea or vomiting

6.5 Clostridium Difficile (C.diff)

- An infection of the large intestine caused by the bacteria Clostridium difficile

6.6 PEG

- Percutaneous Endoscopic Gastrostomy is a tube passed into a Service users's stomach for feeding



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Washing hands correctly is the single most effective way of controlling the spread of infection
- Wear PPE when there is likely to be exposure to body fluids
- Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles or glass wherever possible
- Ensure that immunisations are up to date
- Dispose of waste correctly. Ensure that the working areas are kept clean, wash hands afterwards and dispose of all contaminated waste safely
- Ensure that staff have up-to-date training on infection control
- Ensure that there is a nominated lead for infection
- Single-use items must not be re-used



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- Obtain advice from your GP on any available and recommended vaccinations
- Ensure that you wash your hands as this will help prevent the transmission of infection



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

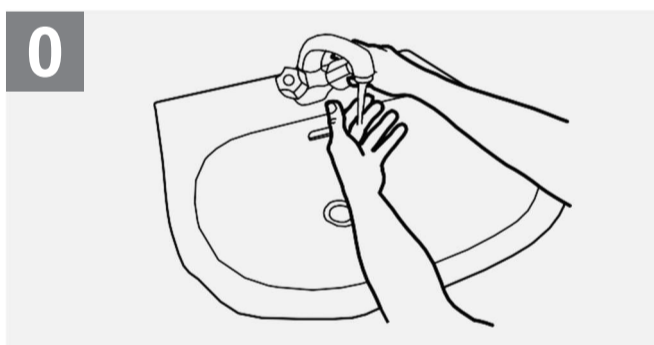
- Infection control audits are undertaken as part of the ongoing quality monitoring process to identify and drive forward any improvements required
- Care records evidence that staff have made referrals to external health care professionals when needed
- Changing needs are identified promptly and staff ensure that these needs are met through the involvement of other agencies
- Staff wear PPE appropriately and are aware of the importance of good hand hygiene
- There is an identified IPC champion
- The wide understanding of the policy is enabled by proactive use of the QCS App

How to Handwash?

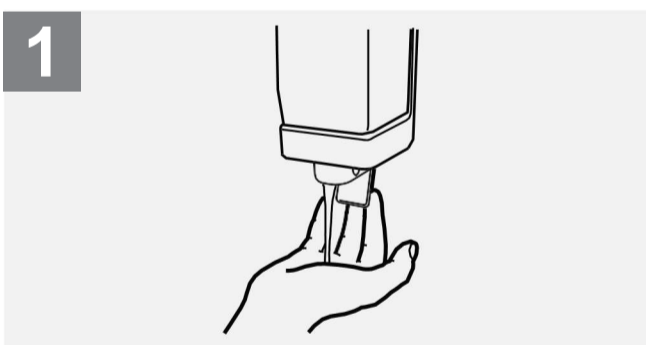
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



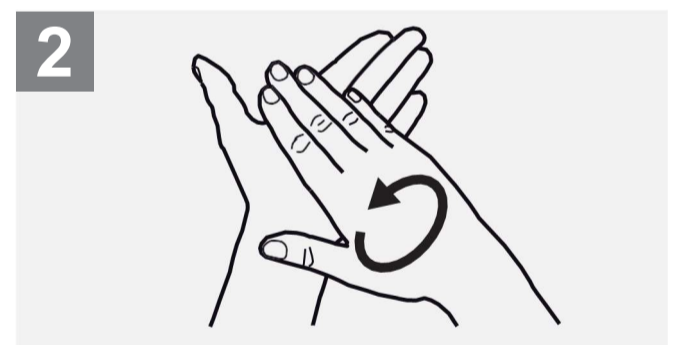
Duration of the entire procedure: 40-60 seconds



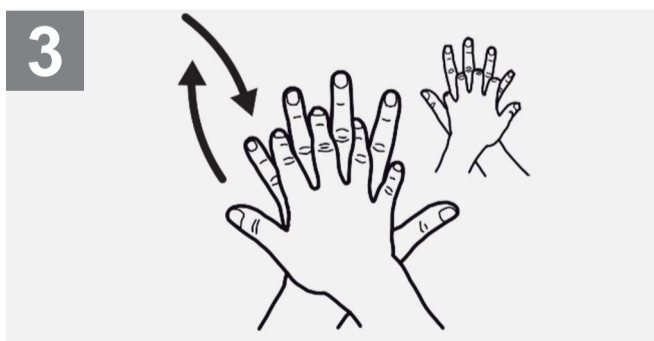
Wet hands with water;



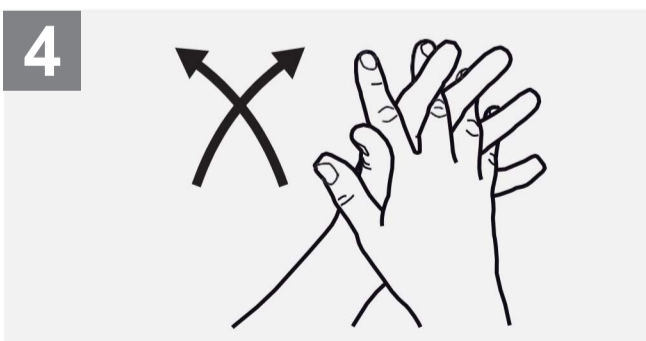
Apply enough soap to cover all hand surfaces;



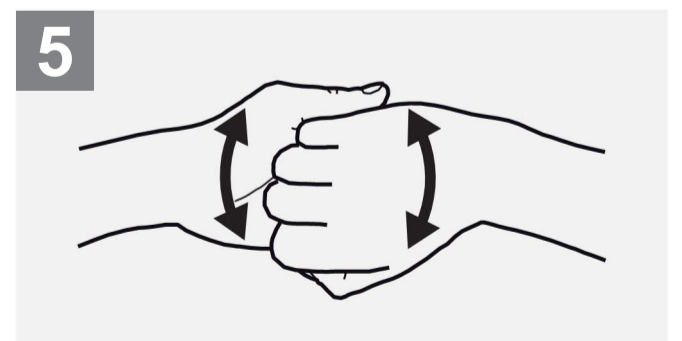
Rub hands palm to palm;



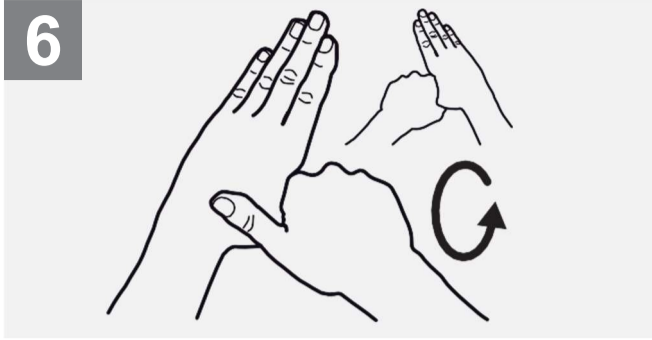
Right palm over left dorsum with interlaced fingers and vice versa;



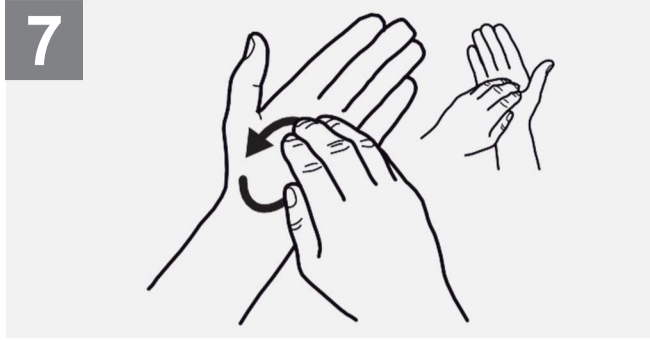
Palm to palm with fingers interlaced;



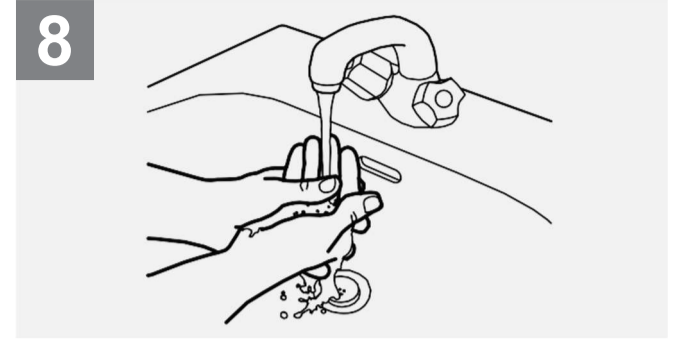
Backs of fingers to opposing palms with fingers interlocked;



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



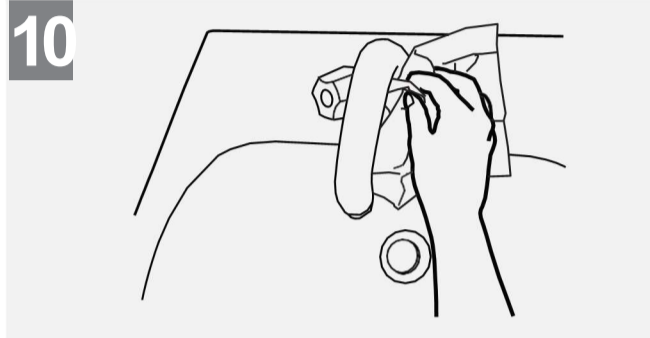
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



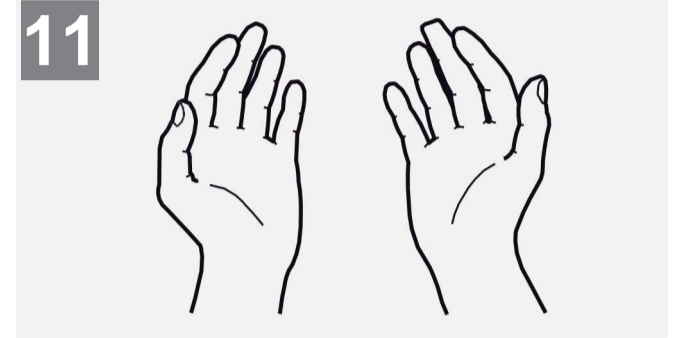
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.