


**Pandemic / Epidemic Control - Policy & Procedure**  
**Category: Care Management – Sub-category: Care Practice**

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Key Question	Key Line of Enquiry (KLOE)
<b>SAFE</b>	S5: How well are people protected by the prevention and control of infection?
<b>EFFECTIVE</b>	E1: Are the needs and choices of people assessed? Is care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
<b>WELL-LED</b>	W4: How does the service provider continuously learn, improve, innovate and ensure sustainability?

**Understanding:**

The coronavirus is potentially very serious for individuals connected with Larchfield House. We should not take any unnecessary risks. It is highly likely that the virus will turn into a pandemic / epidemic and affect every walk of life. The effect for Larchfield house could include:

1. Increased mortality rate with our residents many will not survive. If the virus enters, we anticipate we may lose 80+% of our highly vulnerable people.
2. Lack of staff to look after the residents (we will not be able to use agency)
3. Reduced supply chain and supplier availability.

**Purpose:**

**Specific to Coronavirus – COVID19**

The purpose of this policy is:

- To protect both staff and Residents from infection through routine, safe and effective care practices.
- To support Larchfield House in meeting the Key Lines of Enquiry outlined in the table above.
- **To identify three stages of escalation Yellow – Red – Black see Annexes**

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- To meet the legal requirements of the regulated activities that Larchfield House is registered to provide, including:
  - <https://www.nhs.uk/conditions/coronavirus-covid-19/>
  - 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
  - Food Safety Act 1990
  - The Food Safety and Hygiene (England) Regulations 2013
  - 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
  - RIDDOR

**Scope:**

The following **roles** may be affected by this policy:

- All Staff
- The Registered Manager
- Infection Prevention Lead

The following **people** may be affected by this policy:

- The Residents

The following **stakeholders** may be affected by this policy:

- Family
- External Health Professionals
- Local Authority
- The NHS

**Objectives:**

The main objectives of this policy are:

- To ensure compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (July 2015). In particular with the following criteria:

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- To have systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of Residents and any risks that their environment and other users may pose to them.
  - To provide information about the approach to the prevention of infection, staff roles and responsibilities and who to contact with concerns about the prevention and control of infection.
  - To ensure prompt identification of people who have, or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people and working closely with other health professionals as appropriate.
  - To have systems to ensure that all staff (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
  - To have and adhere to policies designed for the Resident's care and for the organisation that will help to prevent and control infections.
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- The Infection Prevention Lead (IPL), in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2015) will:
    - Be responsible for the organisation's infection prevention (including cleanliness) management.
    - Oversee local prevention of infection policies and their implementation.
    - Report directly to the registered provider.
    - Have the authority to challenge inappropriate practice.
    - Have the authority to set and challenge standards of cleanliness.
    - Assess the impact of all existing and new policies on infections and make recommendations for change.
    - Be an integral member of the organisation's governance and safety teams and structures where they exist.
    - Produce an annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request.

**Policy:**

This Infection Control Policy should be read in conjunction with other relevant Larchfield House policies including:

- Pets Policy and Procedure

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- Health and Safety Policy and Procedure
- Clinical Waste Disposal Policy and Procedure
- Blood Spillage Policy and Procedure
- Risk Assessment Policy and Procedure
- Sharps and Needlestick Policy and Procedure
- Quarantine and Barrier Nursing Policy and Procedure

Larchfield House recognises that all staff are responsible for infection prevention and control and is committed to minimising the risk of infection to staff and Residents by ensuring good standards of basic hygiene and insisting on universal infection control procedures.

Larchfield House will do this by providing staff with appropriate training and equipment. It will ensure that all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE).

Larchfield House takes its responsibilities seriously in relation to blood-borne viruses, safer use of sharps and safe disposal of waste. It will make sure that risks are identified and measures to control or prevent these risks are clearly documented and cascaded to all staff, Residents and key stakeholders.

The Infection Prevention and Control Lead will support adherence to this policy, procedure and any associated guidance. They will comply with the criteria in The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance. Furthermore, Larchfield House will:

- Ensure 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.
- In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence should be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative.

### **Procedure:**

#### **1. Hand Washing**

1.1 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 micro-organisms (germs that can be easily removed by hand washing) found on the hands. All staff involved in the delivery of care and support should wash their hands:

- Before starting work and going home

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- Before eating, preparing or handling food
- Before and after giving any direct care to each Resident
- 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

## **2. Choice of Hand-Washing Agent**

- 2.1 Hand washing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of decontamination. The following can be used:

### **LIQUID SOAP:**

Hand washing with liquid soap and water removes dirt and organic material and should be used at the times stated above.

### **ALCOHOL HAND RUB:**

This 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

Carers must be aware that alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. 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 should not be used by staff at Larchfield House.

## **3. Hand-Washing Technique**

- 3.1 Liquid soap should be used in the following way:

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- Expose the wrists and forearms. All parts of the hands must be included in the process
  - Wet hands under running warm water before applying soap
  - Apply liquid soap in the recommended product volume
  - Rub all parts of the hands vigorously, without applying more water, using the six-step technique
  - Rinse under running water
- 3.2 Hand washing should take 40-60 seconds and a useful tip to check you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice
- 3.3 Hands should be dried in the following way:
- Improper drying can re-contaminate hands that have been washed
  - Dry thoroughly with a disposable paper hand towel
  - Dispose of paper towel into bins with foot-operated pedals
  - Do not touch the bin with hands
  - Using Alcohol Gel/Rub
- 3.4 Hands must be free from dirt and organic matter, if not, wash them first
- 3.5 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.
- 4. Personal Protective Equipment (PPE)**
- 4.1 Staff should wear PPE if there is a risk of exposure to blood or body fluids.
- 4.2 PPE includes gloves, aprons and occasionally masks if there is a risk of airborne infections.
- 4.3 It is unlikely that face, mouth/eye protection will be required routinely in the Care Home setting. Larchfield House will seek the advice from Public Health England, regarding use of face masks in specific situations.
- 5. Use of Gloves**
- 5.1 The use of gloves should be based on an assessment of the risk of contact with blood, body fluids, secretions and/or excretions, non-intact skin, mucous membranes, hazardous drugs and chemicals e.g. cleaning agents.
- 5.2 Where a risk exists, gloves should be worn to protect the Carer and/or the Resident.
- 5.3 The use of gloves does not replace the need for hand hygiene.
- 5.4 Gloved hands should not be washed or cleaned with alcohol hand rub.

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- 5.5 Hands should be washed after the removal of gloves.
- 5.6 Due to the increasing incidence of latex allergies, Larchfield House should supply nitrile gloves as an alternative.
- 5.7 Gloves should be stored in their original containers, away from direct sunlight, heat sources, and liquids, including chemicals. The area should be clean and should protect the gloves from contamination.
- 5.8 Gloves must be removed by holding at the cuff and peeling the glove over the hand, then fold the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves in accordance with the Clinical Waste Disposal Policy.

**6. Skin Damage**

- 6.1 Skin damage is associated with poor hand-washing technique or frequent use of hand hygiene agents.
- 6.2 Excoriated hands are associated with increased growth of germs and increase the risk of infection.
- 6.3 The best practice below will help to prevent skin damage:
- Staff to be aware of 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; 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.
- 6.4 Avoid communal 'pots' of moisturiser as they can become a potential source of infection.
- 6.5 Individual tubes of hand creams may be used provided care is taken not to contaminate the nozzle.
- 6.6 Where members of staff continue to experience soreness or sensitivity, this should be discussed with the Nominated Person.

**7. Uniform and Appearance**

- 7.1 The clothes that staff wear should facilitate good practice and minimise any risk to Residents.

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- 7.2 Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with Residents during direct care activity.
- 7.3 Staff should follow Larchfield House's Uniform and Workwear Policy.
- 7.4 Staff should change as soon as possible if uniform or clothing becomes visibly soiled or contaminated.
- 7.5 Wash uniforms and any clothing that has been worn at work at the hottest temperature suitable for the fabric.
- 7.6 Clean washing machines and tumble driers regularly, in accordance with the manufacturer's instructions.
- 7.7 Staff should have at least enough uniforms available to change each day, this enables staff to start each day with a clean uniform.
- 7.8 Staff should wash heavily soiled uniforms separately. Separate washing will eliminate any possible cross-contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature.
- 7.9 To control and prevent the spread of infection, Larchfield House will ensure that staff understand the following best practice:
- Nails should be short and clean – no nail polish or extensions.
  - Wristwatches should not be worn. No other jewellery should be worn around the wrist.
  - Alert bracelets should be removed and attached to a lanyard or pinned to the uniform.
  - No rings with stones should be worn – one plain band is acceptable.
  - Arms should be bare below the elbows.

**8. Cultural and Religious Beliefs**

- 8.1 We understand the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. Larchfield House recognises that some staff may not wish to expose their forearms and Larchfield House will consider the following as part of its local Uniform and Workwear Policy.
- 8.2 Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity.
- 8.3 Uniforms can have three-quarter length sleeves.
- 8.4 Any full or three-quarter length sleeves must not be loose or dangling. They should be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity.
- 8.5 Any Sikh staff wearing a Kara bracelet may be asked to ensure it is pushed up the arm and secured in place with tape for hand washing and during direct care activities.

**9. Exposure Prone Procedures (EPP)**



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- 9.1 EPPs are those procedures where there is an increased risk that injury to the worker may result if the Resident'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. However, other situations can present a risk such as trauma, Resident biting, leaking wounds or broken skin.
- 9.2 If a worker is known to have, or strongly suspects they may have a BBV (blood-borne virus), the member of staff must inform the Nominated Person who will seek further advice with regard to working practices.

**10. Blood-Borne Viruses (BBV)**

- 10.1 BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person. A small risk exists from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes.
- 10.2 The following measures of good practice should be followed:
- Universal precautions should be taken as Residents may not show any symptoms.
  - All staff at risk of exposure to BBVs should be vaccinated against Hepatitis B.
  - Cuts & abrasions to be covered with a waterproof dressing before providing care.
  - Staff with skin conditions should seek advice from their GP to minimise their risk of infection through open skin lesions.
  - Carers should refer to the Sharps and Needlestick Policy for safe sharps management.

**11. Human Bites**

- 11.1 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 Resident groups, However, human bites are more likely to become infected, so it is important that they are treated promptly.
- 11.2 Where it is identified that a Resident is at risk of biting others, a risk assessment must be completed as well as a clear set of guidelines to manage the risk.
- 11.3 PROCEDURE - 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.
- 11.4 PROCEDURE - If a bite breaks the skin:
- Refer to the Sharps and Needlestick Policy and Procedure

**12. Respiratory Hygiene and Cough Etiquette**

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12.1 Respiratory hygiene and cough etiquette should 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.
- Dispose of used tissues into a waste bin.
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

### **13. Soiled Linen**

13.1 The provision of clean linen is a fundamental requirement of care. Incorrect handling, linen processing and storage of linen can pose an infection hazard. Infection can be transferred between contaminated and uncontaminated items of linen and the environment in which they are stored.

13.2 Specific hygiene measures should be taken to reduce these risks. Linen provided by care providers:

- Must be fit for purpose
- Should look clean and be clean
  
- Should be the right material
- Should be the correct type of linen for the intended purpose
- Should not be damaged or discoloured

13.3 Larchfield House should ensure that it follows the procedures outlined in the Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care (March 2016) for specific information on the handling of linen in order to minimise the spread of infection and refer to Larchfield House's Laundry Policy and Procedure.

13.4 As a minimum, when handling soiled linen, care staff should adhere to the following best practice:

- Gloves and aprons should be used when handling any soiled linen in addition to ensuring good hand hygiene.
- Position the laundry basket nearby to reduce handling.
- Soiled linen will be contained in red bags and kept in the laundry basket to reduce handling.
- Store clean laundry away from soiled linens.
- The Resident's dignity will be maintained at all times

### **14. Management of Invasive Devices**

14.1 Invasive devices such as urinary catheters, infusion devices, tracheotomies and PEGs will increase the risk of a Resident developing an infection and Larchfield House will have procedures in place for the management of these devices.

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- 14.2 The use of the device and the reason for its use should be documented in the Resident's notes/Care Plan.
- 14.3 The use of all devices must be reviewed and the review documented in the Resident's notes.
- 14.4 The device should be removed as soon as it is no longer required.
- 14.5 The Resident should be monitored for signs of infection associated with the device.

**15. Sepsis**

- 15.1 Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the body's immune system to go into overdrive, and if it not treated quickly, it can lead to multiple organ failure and death. In many cases, however, sepsis is avoidable and treatable and early identification is key to successfully treating it.
- 15.2 The key to preventing sepsis is to prevent an infection from occurring in the first place.
- 15.3 If an infection does set in, it must be treated as quickly and effectively as possible.
- 15.4 Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult.
- 15.5 The risk of getting an infection also reduces with proper hand washing.
- 15.6 Infections can also be reduced by proper care of all wounds.
- 15.7 Staff should understand and recognise the signs of sepsis (see further reading in Appendix).

**16. Cleanliness of Care Equipment**

- 16.1 Cleaning, disinfection and sterilisation are all methods of decontamination that reduce or destroy contaminants, thereby preventing microorganisms from reaching a site where they might cause harm.
- 16.2 GENERAL GOOD PRACTICE – The following procedure should be followed:
- All equipment must be clean, fit for purpose and in a good state of repair.
  - All equipment must be stored in an appropriate area.
  - Before purchasing any new equipment, ensure that it can easily be decontaminated and recommended cleaning solutions are available.
  - If there are items of equipment that are not routinely cleaned on a daily basis, there should be a written cleaning schedule and records kept of cleaning undertaken.
- 16.3 CLEANING - Cleaning physically removes the organic material on which microorganisms feed, and will also reduce the load of microorganisms. It is suitable for equipment that comes into contact only with intact skin. It is also essential prior to disinfection and sterilisation.

**17. How to Clean**

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- 17.1 Wear protective clothing i.e. apron and gloves.
- 17.2 Prepare a fresh cleaning solution appropriately diluted for each task.
- 17.3 Make up only the quantity required in a clean dry container.
- 17.4 Some cleaning products are incompatible; only mix if advised by the manufacturer.
- 17.5 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.
- 17.6 Change the solution frequently to prevent a build-up of soil or micro-organisms which would contaminate surfaces.
- 17.7 Air drying is acceptable for large surfaces, but small areas should be dried with clean disposable paper towels/cloths.
- 17.8 Dispose of cleaning solution promptly in a sluice or dirty utility area.
- 17.9 Remove protective clothing and wash hands before carrying out other duties.

**18. Single-Use and Reuse Items**

- 18.1 Where possible, Larchfield House will use single-use and single patient use products.
- 18.2 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.

**19. Food Handling and Hygiene**

- 19.1 All staff should adhere to Larchfield House's Food Hygiene Policy and ensure that all food prepared is cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005.
- 19.2 Any member of staff who becomes ill while handling food should report at once to his or her line manager or supervisor, or to the office.
- 19.3 Staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.

**20. Staff Sickness**

- 20.1 Staff with diarrhoea and vomiting should not attend work but ring to report sick.
- 20.2 Should the condition persist it may be necessary not return to work until medical clearance by a GP is given.

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20.3 Staff should not attend work until they are clear for 48 hours in order to prevent the spread of infection.

**21. Working with Other Providers - The Movement of Residents Between Services:**

21.1 Larchfield House will ensure that it provides suitable and sufficient information on a Resident's infection status whenever it arranges for that person to be moved from the care of one organisation to another or from a Resident's home, so that any risks to the Resident and others from infection may be minimised.

21.2 When information is being shared, consent from the Resident should be obtained. In cases where the Resident lacks capacity, consent should be sought from whoever has power of attorney, or decisions made in the best interests of the Resident following the principles of the Mental Capacity Act.

**22. Disease Management**

22.1 Staff should refer to the Department of Health Prevention and Control Of Infection In Care Homes document appendix 2 - available online from:  
<https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published> or seek advice direct from Public Health England

**23. Outbreaks of Communicable Diseases**

23.1 An outbreak is defined as two or more related cases of infectious disease and should be reported to Public Health England (PHE) for collation. PHE is responsible for advising on outbreak control and monitoring the outbreak.

23.2 Advice on outbreaks can be sought from health protection nurses at PHE, and if it is a suspected food-related outbreak, obtain advice from Environmental Health Departments.

23.3 Carers must be aware of the signs of infection. They must also know to report these signs immediately to senior management when they occur.

23.4 Where staff contract a communicable disease, advice should be sought from their GP. The Registered Manager should seek health advice where necessary.

23.5 For employees where a Registered Medical Practitioner has confirmed that an acquired disease is attributable to a work activity, then a report must be submitted to the Health and Safety Executive (RIDDOR).

23.6 Localised business continuity plans must include provisions made for outbreaks of communicable diseases e.g. a pandemic.

23.7 Refer to the Quarantine and Barrier Nursing Policy and Procedure for standards in the management of an outbreak.

**24. Reporting**

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24.1 Public Health - The Nominated Person should be aware that medical professionals are duty bound to report certain diseases and should refer to the following Gov.uk resource for reportable disease notifications (available online from):  
<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases>

24.2 RIDDOR - The Nominated Person is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards and should refer to (available online from): <http://www.hse.gov.uk/riddor/occupational-diseases.htm>

**25. Communication**

25.1 Larchfield House should 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.

25.2 Contractors working in Resident areas need to be aware of any issues with regard to infection prevention and obtain 'permission to work'.

25.3 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.

25.4 Larchfield House will ensure its policy on the control of infection is shared with Residents and other stakeholders.

25.5 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.

**26. Risk Assessment**

26.1 Risk assessments are vital for protecting Residents and staff as well as ensuring Larchfield House complies with the law.

26.2 A suitably qualified, knowledgeable and experienced member of staff will ensure that risk assessments are carried out where risks are present, to protect Residents from the harm of acquiring an infection.

26.3 This involves a simple review of what could cause harm to Residents in Larchfield House, including the risk of infection so that judgements can be made that adequate protection is in place to reduce the risk.

26.4 Staff should refer to the Larchfield House Health and Safety Policy for standards with risk assessment and 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.

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## **27. Training**

27.1 Staff and volunteers should be made aware of this policy and should be trained appropriately to ensure they are suitably skilled and competent.

### **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 immunisations are up to date.
- Dispose of waste correctly using the correct bins, ensure the working areas are kept clean, wash your hands afterwards and dispose of all contaminated waste safely.
- Ensure staff have up to date training on infection control.
- Ensure there is a nominated lead for infection.

### **Key Facts – People Affected by the Service:**

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

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

### **Outstanding Practice:**

To be outstanding in this policy area Larchfield House 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 had made referrals to external health care professionals when needed.
- Changing needs are identified promptly and staff ensure these needs are met through the involvement of other agencies.
- Staff wear PPE appropriately and are aware of the importance of good hand hygiene.

### **Policy Summary:**

Changes made to ensure the policy and procedure meet the requirements of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infection and to ensure the policy dovetails with other related infection control policies.

## **Business Impact**

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<b>Business Impact</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>	<b>Critical</b>
		X	X	

*\*Minimal action required circulate information amongst relevant parties.*



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**Definitions:**

<b>NEEDLESTICK OR SHARP INJURY</b>	A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds, such as razors, sharp tissues, spicules of bone and teeth.
<b>SEPSIS</b>	Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs. In sepsis, a Resident's immune system goes into overdrive setting off a series of reactions including widespread inflammation. This can cause a significant decrease in blood pressure reducing the blood supply to vital organs and starving them of oxygen. Sepsis can lead to multiple organ failure and death especially if not recognised early and treated quickly. Care Staff who see someone regularly can spot the early signs of Sepsis by using the Sepsis Tool.
<b>OUTBREAK</b>	An outbreak can be defined as two or more cases of infection occurring around the same time, in a Resident and/or their carers, or an increase in the number of cases normally observed. The commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and on occasion by other routes, which may include food.
<b>COMMUNICABLE DISEASES</b>	Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal. Some diseases are passed on by direct or indirect contact with infected persons or with their excretions. Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e. they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include: diphtheria, scarlet fever, measles, mumps, whooping cough, influenza, and smallpox. Some infectious diseases can be spread only indirectly, usually through contaminated food or water, e.g. typhoid, cholera, dysentery. Still other infections are introduced into the body by animal or insect carriers e.g. rabies, malaria, encephalitis.
<b>PANDEMIC</b>	An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.
<b>REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 2013 (RIDDOR)</b>	RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident

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**Appendix**

<p><b>Further Reading:</b></p>	<p>As well as the information in the '<i>Underpinning Knowledge</i>' section (below) we recommend that you add to your understanding in this policy area by considering the following materials:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.nhs.uk/conditions/coronavirus-covid-19/">https://www.nhs.uk/conditions/coronavirus-covid-19/</a></li> <li>• The Royal Marsden Hospital Manual of Clinical Nursing Procedures (Chapter 10), Ninth Edition</li> <li>• NICE - Quick Guides for Managers in Care Homes. Available online from: <a href="https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-infection">https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-infection</a></li> </ul>
<p><b>Underpinning Knowledge:</b>  <b><i>What have we used to ensure that the Policy is current?</i></b></p>	<ul style="list-style-type: none"> <li>• The Royal College of Nursing (2013), Sharps Safety RCN Guidance to Support the Implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013. Available online from: <a href="https://www.rcn.org.uk/professional-development/publications/pub-004135">https://www.rcn.org.uk/professional-development/publications/pub-004135</a> [Accessed: 29/11/2017]</li> <li>• The Department of Health (2015), The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Available online from: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf</a> [Accessed: 29/11/2017]</li> <li>• National Institute for Health and Care Excellence (2012), Healthcare Associated Infections: <i>prevention and control in primary and community care Clinical guideline</i> [CG139] Published date: March 2012. Available online from: <a href="https://www.nice.org.uk/Guidance/CG139">https://www.nice.org.uk/Guidance/CG139</a> [Accessed: 29/11/2017]</li> <li>• Royal College of Nursing (2013), RCN Wipe it out Guidance on uniforms and work wear. Available online from: <a href="https://my.rcn.org.uk/_data/assets/pdf_file/0010/78652/002724.pdf">https://my.rcn.org.uk/_data/assets/pdf_file/0010/78652/002724.pdf</a> [Accessed: 29/11/2017]</li> <li>• Health and Safety Executive (2011), Blood-borne Viruses in the Workplace Guidance for employers and employees. Available online from: <a href="http://www.hse.gov.uk/pubns/indg342.pdf">http://www.hse.gov.uk/pubns/indg342.pdf</a> [Accessed: 29/11/2017]</li> <li>• National Institute for Health and Care Excellence (2015), Antimicrobial Stewardship: <i>systems and processes for effective antimicrobial medicine use NICE guideline</i> [NG15]. Available online from: <a href="https://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">https://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> [Accessed: 29/11/2017]</li> <li>• Public Health England (2014), Communicable Disease Outbreak Management: Operational Guidance. Available online from: <a href="https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance">https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance</a> [Accessed: 29/11/2017]</li> <li>• Health and Safety Executive (2013), Reporting injuries, diseases and dangerous occurrences in health and social care - Guidance for Employers.</li> </ul>

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	<p>Available online from: <a href="http://www.hse.gov.uk/pubns/hsis1.pdf">http://www.hse.gov.uk/pubns/hsis1.pdf</a> [Accessed: 29/11/2017]</p> <ul style="list-style-type: none"> <li>• Liz O'Brien (2012), District Nursing Manual of Clinical Procedures. [Book] <b>Wiley- Blackwell</b></li> <li>• Department of health (2013), Prevention and control of infection in care homes an information resource. Available online from: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf</a> [Accessed: 29/11/2017]</li> </ul>
<p><b>Relevant Legislation:</b></p>	<ul style="list-style-type: none"> <li>• The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013</li> <li>• Public Health (Control of Disease) Act 1984 (as amended)</li> <li>• The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance</li> <li>• The Care Act 2014</li> <li>• Control of Substances Hazardous to Health Regulations 2002</li> <li>• Food Safety Act 1990</li> <li>• The Food Safety and Hygiene (England) Regulations 2013</li> <li>• The Hazardous Waste (England and Wales) Regulations 2005</li> <li>• The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</li> <li>• Health and Safety at Work etc. Act 1974</li> <li>• Management of Health and Safety at Work Regulations 1999</li> <li>• Mental Capacity Act 2005</li> <li>• RIDDOR</li> </ul>
<p><b>Suggested Action:</b></p>	<ul style="list-style-type: none"> <li>• Notify all staff of changes to policy</li> <li>• Share Key Facts with professionals involved in the service</li> <li>• Training sessions</li> <li>• Discuss in team meetings</li> <li>• Discuss in supervision sessions</li> <li>• Impact assessment/action plan</li> <li>• Confirm relevant staff understand the content of the policy</li> </ul>

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Annex **YELLOW PROCEDURES**

- No entry for anyone who has visited any of the HIGH risk and at risk countries or feeling the signs and symptoms of the virus
- All visitors must be challenged and asked if they have visited any of the **High**-risk countries (see current list)
- Increased fluid intake is critical to keep away the virus (Warm water is better)
- No shaking hands to greet people
- Strict hand washing protocol enforced
- Inform staff DO NOT touch their face
- Avoid touching door handles or banister rails where people you don't know might have touched
- Be super aware of your own health - symptoms sore throat - dry cough - runny nose - aches and pains
- Switch off events or unnecessary visiting etc.
- Purchase of additional consumables (Gloves, aprons, bio bags, hand gel, etc.)
- Confirm with Agency about screening of their staff
- Reduce inter community / department travel

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Annex **RED PROCEDURES**

- No entry for unnecessary visitors / strict visitor authorisation only 1 x immediate NoK
- No group activities
- Recommend that staff do not attend community group events
- Deep clean of home daily
- Spot temperatures screening of visitors and staff
- Regular cleaning of door handles and banister rails
- Aprons to be worn at all times on individual residents
- Staff quarantined who are unwell and update maintained
- Reduce inter community / department travel

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Annex **BLACK PROCEDURES**

- NO ENTRY for all relatives/visitors
- Use of Skype/facetime for relatives
- Daily bulletin issued to staff and relatives via email
- Staff on quarantine phoned up to obtain update on situation
- Daily staff resourcing check conducted by admin – symptom check (high monitoring]
- All residents on isolation nursing and possibly bed bound
- All staff temperature screened on daily basis on arrival at work
- Identify other sources of staffing e.g. relatives of staff
- Barrier nursing PPE for all residents suspected
- All departments mutual support on point of care (sustain life keep people safe)
- All non-essential activities switched off / cancelled
- Enhanced deep clean procedures post death

End of Policy