



HS007 Control of Infection Policy V5

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PART 1 - THE POLICY FOR AND MANAGEMENT OF THE CONTROL OF INFECTION (COI)

1. STATEMENT

Disability Challengers (Challengers) recognises its responsibilities to control the risks of HealthCare Associated Infections (HCAI's) arising out of, or in connection with the work activity.

This policy identifies the key elements necessary for the control of these infections to which staff, volunteers, children and young people and others could be exposed to whilst working for Challengers or being supported by staff employed by Challengers.

2. AIM

The aim of this policy is to ensure, so far as is reasonably practicable, that staff, children, young people, and others do not contract HCAI's as a result of the work activity. By doing so it will also demonstrate compliance with general duties of the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

- a) Provide suitable and sufficient information, instruction, and training for all staff,
- b) Following the Department of Health & Social Care (DHSC) guidance on infection control and prevention in health and care settings,
- c) Developing an environmental cleaning programme for all workplaces,
- d) Monitoring of the environmental cleaning programme through the workplace inspection programme and with site visits,
- e) Continued consultation with staff regarding any unsafe areas and to gather ideas for improvements.

3. APPLICATION AND READERSHIP

- a) This policy applies to and should be read by and implemented by all members of staff both paid and voluntary, together with the Board, the Chief Executive Officer (CEO) and the Senior Leadership Team (SLT).

4. DEFINITIONS

4.1. What are Healthcare Associated Infections?

HCAI's can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with the healthcare setting. The term HCAI covers a wide range of infections. The most well-known include those caused by methicillin-resistant staphylococcus aureus (MRSA) and

clostridium difficile (C difficile or C diff). Blood-borne viruses are one group of HCAI's.

4.2. What are Blood-Borne Viruses (BBV's)?

- a) BBV's 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, whether the carrier of the virus is ill or not. The main BBV's of concern are:-
- i) Hepatitis B virus (Hep B or HBV), hepatitis C virus and hepatitis D virus, which all cause hepatitis, a disease of the liver,
 - ii) Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body.
- b) These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions, and breast milk. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears, and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should still be taken as the presence of blood is not always obvious.

4.3. What is an Infectious (Communicable) Disease?

Infectious diseases (also known as communicable diseases) are caused by organisms such as bacteria, viruses, fungi and parasites. These microorganisms are able to invade and reproduce in the human body, and then cause harmful effects. Infectious diseases such as meningitis, malaria and influenza can be spread directly or indirectly from one human being to another.

This policy has been updated to include COVID-19.

4.4. What are Sharps?

'Sharps' are needles, blades (such as scalpels), epi/diabetes-pens and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.

4.5. What is a Sharps Injury?

A sharps injury is an incident, which causes a needle, blade (such as scalpels) or other medical instruments to penetrate the skin.
(See section 2.2 of the procedure to see what to do if you have a sharps injury).

4.6. What is an Outbreak of an infectious (communicable) disease?

An Outbreak is defined as two or more related cases of infectious disease.
(See section 2.4 of the procedure 'How to Deal with an Outbreak of an Infectious disease').

4.7. What to Report Under RIDDOR 2013

- a) When a member of staff suffers a sharps injury from a needle and syringe known to contain a blood-borne virus,
- b) Any disease attributed to an occupational exposure to a biological agent. (NB: a biological agent is defined as a micro-organism (virus, bacteria, fungi, yeast etc.), which may cause infection, allergy or otherwise create a hazard to health)),
- c) RIDDOR requirements relating to cases of disease, or deaths, from COVID-19 only apply where an employee has been infected with coronavirus through:
 - i. Deliberately working with the virus, e.g. a laboratory,
 - ii. Being incidentally exposed to the virus, e.g. care homes or hospitals.

5. DUTIES AND RESPONSIBILITIES FOR IMPLEMENTATION

5.1. Corporate Responsibility

- a) Overall control of the operations of Challengers is vested in the Board of Trustees. This includes providing sufficient resources to enable this policy to be effective in managing the COI,
- b) Responsibility for the executive control and implementation of this Policy and Procedure (throughout the organisation) rests with the CEO.

5.2. The Training Manager

The Training Manager is responsible for ensuring that:-

- a) Control of Infection (COI) training sessions are provided on induction; more frequent training sessions may be held if necessary,
- b) Records of all staff completion of COI training sessions are kept,
- c) Reports are produced highlighting the levels of completion of COI training sessions. These are to be produced quarterly and presented at the Health and Safety Committee meetings.

5.3 The Facilities Manager

The Facilities Manager is responsible for monitoring the environmental cleaning plan of the Challengers premises, this will form part of the monthly workplace inspection programme.

5.4 Line Managers

Line Managers are responsible for ensuring that:

- a) Staff under their control complete their COI training session,
- b) Staff under their control work in line with their COI training,
- c) Any COI incidents/accidents/near misses are reported via the internal incident reporting system,
- d) The workplace cleaning programme is followed in the form of Set Up & Set Down Sheets, and a copy sent on a monthly basis to the Facilities Manager,
- e) Personal Protective Equipment (i.e., gloves, aprons, etc.) is provided where it has been identified, and recommended by risk assessment,
- f) Any member of staff who receives a sharps injury is contacted by the Line Manager, to ascertain if they need any further advice/guidance. (in essence this is to ask “are you ok,” “do you have any questions” “is there anything else we can do”). The object of this exercise is to reassure the member of staff and to show genuine concern about their injury. This should be recorded in the member of staff’s file.

5.5 Employees

Employees are responsible for ensuring:

- a) They attend COI training sessions as directed by their Line Manager,
- b) Report any COI incidents/accidents/near misses via the internal incident reporting system,
- c) Work in line with their COI training,
- d) That they wear Personal Protective Equipment where provided by the employer,
- e) That their arms are bare below the elbows when providing personal care. For example, no jewellery, watches (apart from plain band wedding rings) or false nails are worn.
False nails should not be worn as fluids can seep between the false nail and real nail.
Watches should be removed when hand-washing,
- f) Report any infections or ill health they may have, to their Line Manager without delay.

6 TRAINING

All staff are required to complete a COI training session upon induction, and updates are included in the set up days which take place at the start of each term.

PART 2 - THE PROCEDURE FOR AND MANAGEMENT OF COI**7. THE RISK ASSESSMENT**

The Risk Assessment (*Appendix 1*) has identified the following groups of staff as being at risk of exposure BBV's or other HCAI's these are:-

7.1 First Aid Personnel

First Aid personnel providing First Aid treatment to staff, children, young people, or others. The control measures to reduce this risk are as follows:-

- a) Cover any cuts or grazes on your skin with a waterproof dressing,
- b) Wear suitable disposable gloves when dealing with blood/body fluids,
- c) Use suitable disposable plastic apron where splashing is a possibility,
- d) Use devices such as bag valve masks when mouth-to-mouth resuscitation is required, but only if you have been trained to use them,
- e) Wash your hands after each procedure.

7.2 Support Staff (Leaders, Deputies, Workers, Volunteers)

- a) Support staff can be exposed to an HCAI from a number of different sources, such as:-
 - i) When providing personal care to children and young people,
 - ii) When handling or disposing of waste contaminated with blood or body fluids
 - iii) When handling dirty clothing,
 - iv) When providing 1:1 support,
 - v) When cleaning the environment.
- b) The control measures to reduce this risk are as follows:
 - i) Cover all breaks in exposed skin by using waterproof dressings and suitable gloves,
 - ii) Avoid contamination by using water-resistant protective clothing, including gloves.
- c) Support staff can also be exposed to HCAI's through the handling or disposal of sharps. The control measures to reduce this risk are as follows:-
 - i) When possible, avoid use of, or exposure to, sharps such as needles, glass, metal etc., or if unavoidable take care in the handling and disposal,
 - ii) Consider the use of devices incorporating safety features, such as safer needle devices and blunt-ended scissors.

8 HOW TO RESPOND

8.1 What to do if You Develop Diarrhoea or Vomiting

- a) Report to your Line Manager ASAP,
- b) Leave the workplace as soon as is practicable,
- c) Do not return to work until you have had 48 hours free of any symptoms.

8.2 What to do if You Have a Sharps Injury

If you suffer an injury from a sharp which may be contaminated:-

- a) Encourage the wound to gently bleed, ideally holding it under running water,
- b) Wash the wound using running water and plenty of soap,
- c) Don't scrub the wound whilst you are washing it,
- d) Don't suck the wound,
- e) Dry the wound and cover it with a waterproof plaster or dressing,
- f) Seek urgent medical advice as effective prophylaxis (medicines to help fight infections) are available. If you are lone working report to Line Manager ASAP to enable you to seek medical advice. Line Manager must inform the Challengers Nurse and the Facilities Manager.

8.3 What to do if You Have Symptoms of or Have Tested Positive for COVID-19

The main symptoms of COVID-19 are;

- A high temperature (you feel hot to touch on your chest or back),
- A new, continuous cough,
- A loss or change to your sense of smell or taste.

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/main-symptoms/>

If you are suffering from any of these, you do not feel well enough to work, or you have tested positive for COVID-19, you are advised to stay at home and avoid contact with other people.

Contact your Line Manager as soon as you can.

You are advised to stay at home for at least 10 days; due to the vulnerable children and young people that use Challengers services, we would not accept you back at work until your 10-day isolation is complete.

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/>

8.4 How to Prevent and Control Infections

The Department of Health & Social Care (DHSC), NHS England, along with other agencies have produced guidance to prevent transmission of respiratory infections, including COVID-19. The DHSC have also published a quick guide for infection control and prevention for care workers.

Both advise the following;

- a) Good hand hygiene;
 - i. Wash your hands for at least 60 seconds, using the 12-step guidance (*Appendix 2*),
 - ii. Cover your nose and mouth with a tissue when sneezing – Catch it, Bin it, Kill it (*Appendix 3*),
 - iii. Use alcohol hand gel (at least 70% alcohol content).
- b) Use PPE where provided and as necessary; Challengers may provide additional requirements during busy periods or at times of high infection rates (NB: Face Masks may be worn if you wish to wear one) – use PPE Don/Doffing (*Appendix 4*),
- c) Ensure you are keeping areas clean & tidy; clean and disinfect as necessary (Clear Desk Policy, which can be found in The Staff Handbook),
- d) Ensure you are disposing of waste appropriately and correctly, e.g. yellow bins for hazardous waste.

8.5 How to Deal with the Outbreak of an Infectious Disease – Including COVID-19

First Response

- a) Report outbreak to the Line Manager,
- b) Line Manager confirms and declares an outbreak has occurred,
- c) Identify infected children, young people and/or staff,
- d) Call parents to collect and seek medical advice. By using standard precautions, the risk of spreading infectious disease is reduced,
- e) Complete an incident report form,
- f) Follow up with parent/carer and/or staff member.

Outbreak Plan and Response

- a) Consider stopping or notifying visitors, Preschools and Play/Youth Schemes until considered safe to do so,
- b) Conduct a post incident investigation to establish cause and lessons learnt,
- c) Notify the Head of Service who will forward lessons learnt to all other relevant areas,
- d) Incident to be reviewed at the next Health and Safety Committee (COI will be an agenda item).

9. THE PROCEDURE FOR ENVIRONMENTAL CLEANING

- a) The Facilities Manager will ensure all environmental cleaning plans (Set Up & Set Down) are followed,
- b) Each Line Manager will send a checklist of their cleaning plan to the Facilities Manager on a monthly basis. If the plan is changed a copy of the new plan must be resent.
- c) The Facilities Manager will produce performance reports of these plans to the Health and Safety (H&S) Committee which meets on a quarterly basis,
- d) The H&S Committee will scrutinise the performance and feedback any concerns to the Operations Manager for corrective action,
- e) Any significant risks which cannot be removed or reduced will be added to the risk register, which in turn is reviewed by the same committee.

10. Monitoring

The monitoring of this policy and procedure will be achieved by the following means:-

- a) The compliance levels and the quality of the COI training will be reviewed by the Facilities Manager and the Training Manager,
- b) The Training Manager will produce reports from this information on a quarterly basis and present it to the H&S Committee,
- c) The committee will scrutinise the performance and feedback any concerns to the relevant managers,
- d) The control of the environmental cleaning can be seen in section three above,
- e) The Facilities Manager will visit one of the workplaces on a quarterly basis to ensure the cleaning plan is being followed and that staff are working as they have been trained.

11. LEGISLATION

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|---|
| The Health & Safety at Work Act 1974 |
| The Management of Health and Safety at Work Regulations 1999 |
| The Control of Substances Hazardous to Health (COSHH) 2002 |
| The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 |
| Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 |

12. GOOD PRACTICE

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| 1 | HSE Guidance – Blood-Borne Viruses in the Workplace |
| 2 | Infection Prevention and Control: Quick Guide for Care Workers |
| 3 | Infection Prevention & Control For Seasonal Respiratory Infection in Health & Care Settings (including SARS-CoV-2) |
| 4 | HSE Guidance - Health & Safety (Sharp Instruments in Healthcare) Regulations 2013 |

13. APPENDICES

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|---|--|
| 1 | HS007A Risk Assessment for Blood Borne Viruses & Other Health Care Associated Infections |
| 2 | Handwashing 12-Step Guidance |
| 3 | Catch It, Bin It, Kill It |
| 4 | HS007B Challengers PPE DON & DOFFING |

| DOCUMENT CHANGE HISTORY | | | | |
|-------------------------|--------------|---|---|--|
| Plan Version No. | Release Date | Summary of Changes | Section No./ Paragraph No. | Changes Made By |
| 1. | Nov 2019 | Completely new policy | | Reg Whitfield |
| 2. | May 2020 | Update to include Covid-19 | 8.5, 8.6, 8.7. | Shannon Drew & Ella Arbelaez-Rodriguez |
| 3. | August 2020 | Updated days of self-isolation following symptoms of Covid-19. | 8.7 | Shannon Drew |
| 4. | Nov 2021 | Updated due to Covid-19 policy being in place. General review & re-formatting. | Whole document. | Reg Whitfield & Shannon Drew |
| 5. | April 2022 | Review to include COVID-19 procedures. Job role update. Update risk assessment. Update appendices. | 8.3 & 8.4 Whole document. Appendices 1-4. | Shannon Drew |
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