



Gloucestershire
COUNTY COUNCIL

THIS POLICY IS UNDER REVIEW

Infection Control

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Infection Control

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Infection control

1. Policy Statement

The Directorate is committed to minimising the risk of infection to its staff and the people we deal with. It will do this by ensuring good standards of basic hygiene, and also by insisting on universal infection control procedures, and by providing staff with appropriate training and equipment.

2. Purpose

The aim is for adult care staff and their independent contracted care providers to act consistently and in line with the latest waste management regulations issued by the government to minimise the risks to both people and staff and to reduce the risk of spreading infection.

3. Scope

This policy applies to all adult care staff and their independent contracted care providers.

4. Definitions

Clinical Waste - this term has been used to describe those wastes produced from health care and similar activities that pose a risk of infection or may prove hazardous i.e.

- (a) . Any waste which consists wholly or partly of human or animal tissue, blood or other bodily fluids (urine, faeces, semen, sputum, saliva, leakage from wounds), excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments, being waste which unless rendered safe may prove hazardous to any person coming into contact with it; and
- (b) Any other waste arising from medical, nursing, dental, veterinary, pharmaceutical or similar practice, investigation, treatment, care, teaching or research, or the collection of blood for transfusion, being waste which may cause infection to any person coming into contact with it. (The Controlled Waste Regulations 1992).

PPE – personal protective equipment for example, disposable gloves and aprons.

SHE unit – safety, health and environment unit based in Shire Hall.

5. Legal Context

The Health and Safety at Work etc. Act 1974 is the basis of all health and safety legislation and sets out the legal requirements, which employers have towards employees and others, and employees have to themselves and each other. (HASWA)

The Management of Health and Safety at Work Regulations 1999, place an obligation on employers to carry out a suitable and sufficient assessment of the risks to staff while they are at work.

The Control of Substances Hazardous to Health Regulations 2002 details the key points organisations need to follow to help reduce exposure to substances detrimental to the health of workers. (COSHH).
<http://www.dh.gov.uk/en/index.htm>; <http://www.hse.gov.uk/>;
<https://gloucestershirecc.sharepoint.com/sites/SHEHub/SitePages/COSHH.aspx>- Safety, Health and Environment website

6. Hand Care see appendix 1- Hand washing technique

Policy statement:

6.1 Hand washing is the single most important procedure for the prevention of cross infection and forms the basis of all universal precautions.

Mandatory Procedures

6.2 Any cuts or abrasions must be covered by an impervious waterproof dressing whilst at work.

6.3 Staff undertaking personal care tasks who develop skin conditions resulting in cracked skin or open sores must seek medical treatment as soon as possible and take advice as to whether they are fit to continue undertaking this type of work.

6.4 Staff should be aware that a skin irritation could be an allergic reaction to supplied protective gloves or the powder within them, or to a particular brand of gloves. Gloucestershire County Council employees should seek advice from the Occupational Health Unit. It should be noted that managers have a responsibility to provide a range of gloves appropriate to the task to be undertaken.

6.5 Appropriate protective gloves must be worn when handling household chemicals or body waste.
<https://gloucestershirecc.sharepoint.com/sites/SHEHub/SitePages/COSHH.aspx>- Gloucestershire County Council Safety, Health and Environment website. <http://www.hse.gov.uk/coshh/> - Health and Safety Executive, Control of Substances Hazardous to Health

6.6 Hands should be washed:

- On arrival and leaving a person's home/room/ bedside.
- Before and after providing personal care.
- After using the toilet.
- Gloves should be worn when handling potentially contaminated articles e.g. commodes, dirty laundry etc. Once gloves have been removed, wash hands
- Before and after meal breaks.
- Before and after preparing or assisting with food.
- When hands are visibly dirty.
- After bed making.
- After removing gloves.

N.B. wearing protective gloves is not an alternative to hand washing.

6.7 Hands should be dried thoroughly preferably on **paper towels**. Wet surfaces transfer micro-organisms more effectively than dry ones and organisms will be removed by friction on the paper towel. (Ansari et al 1991).

Practice Guidance:

6.8 Proper hand washing involves the use of hot water with liquid soap on hands that are already wet. Particular attention should be paid to the thumbs, the tips of fingers, the wrists and the skin and webs between the fingers. See hand washing diagrams in appendix 1 for the recommended technique. For routine hand washing, soap and hot water is sufficient.

6.9 Nail varnish, false nails including acrylic nails, and Jewellery should not be worn, except a plain wedding ring but this should be removed when washing hands.

6.10 Staff routinely performing personal care tasks should keep their nails cut short.

6.11 Short sleeves or long sleeves, which can be rolled up, should be worn as long sleeves deter thorough hand decontamination.
See Dress Code Appendix 2

7. Personal Protective Equipment (PPE)

Policy Statement

7.1 Uniform where provided, should be worn at all times when appropriate. PPE is used in addition to normal work clothing to protect

both the person and the staff member. PPE is not a substitute for safe systems of work but is complimentary to it. It should be noted on the care plan and risk assessment where PPE is essential.

Practice Guidance

7.2 Gloves must be worn at all times as they provide a reliable method for reducing the acquisition of micro-organisms. They are single use items and when removed, should be disposed of as clinical waste. Gloves should be changed between different care/treatment activities for the same service user. The wearing of gloves does not remove the need for hand washing as the integrity of gloves cannot be taken for granted and hands may also become contaminated during their removal. (see 11.4 and 11.5 in this policy)

7.3 Disposable plastic aprons should be worn where there is a risk that clothing or uniform may become exposed to blood, body fluids, secretions and excretions, with the exception of sweat. They should be also used when in close contact with the person; materials or equipment may lead to contamination of their clothing and uniform. Plastic aprons should be worn as single use items for one procedure or episode of care and then discarded and disposed of as clinical waste.

7.4 Other PPE may be issued as required by the risk assessment, such as arm protectors and face masks and the same regulations relating to their use and disposal as clinical waste apply. Only on very rare occasions would a facemask be deemed an appropriate precaution.

7.5 In all cases of PPE, including gloves, should be used in accordance with the manufacturer's instructions.

7.6 Advice on glove selection can be found at:
<https://www.hse.gov.uk/skin/employ/gloves.htm>

8. Infectious conditions

Mandatory Procedures:

8.1 Staff who believe they are infectious must seek advice, specific to the type of work they do from their GP or Occupational Health unit before undertaking any duties with service users. Staff working in hospital settings should inform the Occupational Health unit of the relevant primary care trust. Staff should consult their line managers about any difficulties.

8.2 A risk assessment needs to be completed by an appropriately qualified person where the risks are recognised and the precautions to be taken are noted. For instance, social workers/care workers assessing

in a hospital setting would have to adhere to the requirements of barrier nursing as laid down by ward protocol.

Practice Guidance

8.3 Additional advice is given in section 8

8.4 A list of notifiable infectious diseases can be found on the Health Protection Agency website:

<https://www.gov.uk/guidance/notifiable-diseases-and-how-to-report-them>

9. Particular infectious conditions

Methicillin Resistant Staphylococcus Aureus (MRSA)

9.1 Mandatory procedures will be as described in the preceding paragraphs, **except that:**

- Staff with psoriasis, eczema or other exfoliating skin conditions should not undertake personal care tasks.
- Baths/showers also used by people other than the person with MRSA must be thoroughly cleaned after use with a neutral general-purpose detergent.
- A disposable apron must be worn when handling bed linen, moving the person or helping them dress (i.e. in circumstances when the organism could transfer on to clothing and be carried to another person.)
- After each personal care contact, hands must be carefully cleaned according to the hand washing protocol.

Hepatitis B

9.2 Mandatory procedures will be the same as for MRSA but additionally, staff and people who might be reasonably expected to be exposed to hepatitis B (especially those working with adults and children with learning disabilities) will be offered vaccination against Hepatitis B. This should be sought from the individual's own GP or from the county council Occupational Health Unit.

Other infectious conditions

9.3 In addition to the paragraphs relating to MRSA and hepatitis B, staff must follow any advice relating to particular situations offered by an individual's GP or community nurse.

9.4 Guidance on pandemic flu arrangements can be found at:
SHE Guidance G041 Infection Control July 2023.doc

10. Handling of body products

Policy statement

10.1 Whilst blood poses the greatest risk, all body products i.e. blood, vomit, urine, faeces, sputum and saliva, carry some risk of infection.

10.2 Staff must follow universal precautions i.e. they must treat anybody product from any person or colleague as if it were infected and deal with it accordingly.

Mandatory Procedures

10.3 When undertaking personal care tasks or handling soiled material where hands or clothing could be contaminated by a body product, staff must wear a disposable plastic apron and appropriate gloves.

10.4 Individuals who are soiled with a body product must wash themselves or be washed with plenty of warm soapy water, with disposable cloths. Baths, basins and bowls must be thoroughly cleaned with any mild detergent. Use a hypochlorite product e.g. Milton if the individual has contracted *Clostridium difficile*.

10.5 In domestic settings, soiled bed linen and clothing must be contained separately in a plastic bag, before being separately machine washed using a hot wash cycle (minimum 40 degrees) if this is part of the care plan or if other laundry procedures are in place, staff should bag it separately if other arrangements have been made. Ensure that the bagged washing is collected promptly.

10.6 In establishments, soiled bed linen and clothing must be placed into bags and tied straight away, and these must go into a hospital wash
i.e. sluice and pre-wash.

10.7 Any spillage must be covered with sufficient disposable paper towels or cloths to absorb it. Disposable gloves and aprons (personal protective clothing) must be worn. When absorption is complete, the paper towels or cloths should be disposed of safely (see section 11). The area should then be thoroughly cleaned with a suitable cleaning product. Where the use of the cleaning product is inappropriate e.g. on carpet or fabric, plenty of warm, soapy water should be used instead. Use disposable wipes, which should be wrung out before use and then discarded in accordance with the procedures in section 11. Do not return them to the bowl and continue until the cleaning is complete.

10.8 Managers and care workers must ensure that the necessary equipment is available to deal with spillages in offices or establishments.

Practice Guidance

- 10.9 Staff must remember that fingernails and rings can tear latex gloves and should take care that such damage does not occur.

10.10 Offices serviced by Shire Hall custodians can have spillages dealt with by phoning ext. 5244

11. Disposal of waste

Policy Statement

11.1 The directorate will make every effort to dispose of waste contaminated by body products safely and in accordance with current legislation and guidance.

Mandatory Procedures

11.2 All waste contaminated by body products must be disposed of promptly.

11.3 Liquid waste, faecal matter and vomit must be flushed down the toilet or sluice if available.

11.4 Solid waste e.g. paper towels used for spillages, used protective gloves, nappies etc. must be placed in a plastic bag, such as a bin liner or carrier bag and then placed in a second plastic bag. This, in turn, must be tied and disposed of through the normal refuse collection. Care must be taken that the bags are not subsequently punctured, are safely contained prior to collection and that the risk of spillage on transfer is minimised.

11.5 In domestic settings, waste resulting from clinical procedures performed by care assistants e.g. dressings, catheter bags etc., must be double bagged and disposed of as described above, unless the relevant health care professional makes other arrangements.

11.6 In establishments, a local protocol for disposal must be established following a risk assessment. For instance:

- Medical waste i.e. incontinence pads, wipes and protective gloves (soiled) will go into yellow bags.
- Clinical waste i.e. gloves, aprons, protective gloves (unsoiled) will go into the specified, separate bins.

11.7 The disposal of needles and other sharps is the responsibility of the health care professional or self-medicating service user concerned. In residential homes, where staff may be administering insulin by injection, these sharps must be disposed of using a BS standard sharps container.

12. Accidents and similar incidents

Policy statement

12.1 Not all situations can be anticipated, and staff should be alert and exercise their common sense, in addition to following established procedures.

Mandatory Procedures

12.2 Where body products come into contact with intact skin, they must be washed off with warm water and soap as soon as possible. No further action is necessary. However, action must be taken if:

- The skin is broken by a bite or scratch
- The skin is breached by a sharp object contaminated by body fluids
- The body fluids are splashed onto broken skin, mucous membranes or the eyes.

12.3 In these circumstances, the affected part must be washed immediately and thoroughly with soap and copious quantities of running warm or cold (not hot) water. Any bleeding should be encouraged. In the case of eyes, they should be flushed with lukewarm water, saline or a proper eye-wash solution.

12.4 The accident must be reported to a manager as soon as possible and an incident form completed. (Available on Staffnet for adult care staff). This should include details of the nature of the incident and whether the skin was broken or mucous membranes contaminated.

12.5 The wound must be inspected by a medical professional and blood taken as soon as possible and certainly on the same day. A follow-up blood test will have to be taken to establish if there have been any changes compared with the first test. If the source is known to have an infectious condition this information must be communicated in the strictest confidence to the health professionals inspecting the wound.

Practice Guidance

12.6 Accidents may well involve broken glass or other sharp objects. Be careful to protect the skin from cuts and punctures. Protective gloves do not protect against such injuries.

12.7 Emergency intervention or urgent first aid may require action before proper protective clothing can be put on. Contact with body products should be kept to a minimum and body products washed off the skin at the earliest opportunity.

13. Infestations

Mandatory procedures

13.1 In the case of infestation, of a person or of a building, staff must take action promptly but in the case of a private dwelling the consent of the service user needs to be obtained. There may be a charge for this service.

13.2 Adult care staff can contact the relevant environmental health department whilst contracted providers need to contact the Adult care help desk to report the situation.

13.3 A detailed risk assessment must be completed to indicate the level of risk to both staff and service users.

14. Community Loans of Equipment

14.1 Gloucestershire Industrial Services (GIS) who process all the community loans have their own infection control policy. Staff need to be aware that they should not carry used equipment in their cars due to the risk of contamination nor should they transfer equipment between users without it first being decontaminated by GIS under their infection control procedures. GIS will arrange for the delivery and collection of all equipment.

15. Food Hygiene

Policy Statement

15.1 Staff must conform to the requirements of the Food Hygiene Regulations 1995 and the Food safety Act 1990. All new staff involved in the handling of food should complete a food hygiene module within their induction programme.

Practice Guidance

15.2 Training and advice on food hygiene is an integral part of induction training for all care staff. Refresher training is recommended every three years.

16. Specialist Advice

Practice Guidance

16.1 Where these procedures do not appear to cover a situation or where staff continue to have concerns, they should be discussed with their line manager and advice should be sought from:

- The County Council Occupational Health Unit (01452-425073)
- The Consultant in Communicable Disease control or the nurses attached to the Health protection agency based at Stonehouse as part of Gloucestershire Primary Care Trust (01453 829650)
- The County Council SHE unit. (01452-425350)
- The County Council Safety, Health and Environment (SHE) unit (01452 425350)

17. Implementation

Since this is a review of an existing policy, this policy has already been amended and any minor changes will be incorporated into training.

18. Monitoring and Review

This policy will be reviewed in accordance with the existing policy review procedures.

**Appendix 1- Recommended Hand Washing
Technique**

AREAS MOST COMMONLY MISSED FOLLOWING HAND
CLEANSING



Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.

<p>1</p>  <p>Wet hands with water.</p>	<p>2</p>  <p>Apply enough soap to cover all hand surfaces.</p>	<p>3</p>  <p>Rub hands palm to palm.</p>
<p>4</p>  <p>Right palm over the back of the other hand with interlaced fingers and vice versa.</p>	<p>5</p>  <p>Palm to palm with fingers interlaced.</p>	<p>6</p>  <p>Backs of fingers to opposing palms with fingers interlocked.</p>
<p>7</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa.</p>	<p>8</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p>	<p>9</p>  <p>Rinse hands with water.</p>
<p>10</p>  <p>Dry thoroughly with towel.</p>	<p>11</p>  <p>Use elbow to turn off tap.</p>	<p>12</p>  <p>Steps 3-8 should take at least 15 seconds. ... and your hands are safe*.</p>

Appendix 2 - Dress Code for domiciliary care workers

Introduction

This dress code applies to domiciliary care workers and staff and who work with service users when providing personal care and /or are demonstrating moving and handling and carrying out risk assessments.

Aim

The aim of a dress code is to ensure that:

- Staff and domiciliary care workers dress to an acceptable standard and do not place themselves or service users at unnecessary risk.
- Domiciliary care workers and staff present a professional and efficient image of him/herself, their employer and Gloucestershire County Council to service users and members of the public.
- All staff and Domiciliary care workers understand they each have a responsibility to conform to the Health and Safety at Work Act
- Staff and Domiciliary care workers wear appropriate protective clothing.

Clothing

Domiciliary care workers must wear the uniform provided whenever they are on duty. This identifies them to the public and is designed to be suitable for the tasks they undertake. Identity badges must also be carried and produced on request.

Unacceptable clothing

Overly tight, restrictive or revealing clothes including mini-skirts, low cut blouses and tops revealing the midriff are unsuitable. Leggings, shorts and jogging bottoms are not acceptable.

Footwear

Flat or low-heeled shoes with non-slip soles must be chosen to give a firm and comfortable base for tasks such as moving and handling, and should be covered to protect the feet from bumps and spills. Footwear must be safe, sensible and in good order.

Unacceptable footwear

Flip-flops, open toed, backless shoes, sandals or high heels are not acceptable.

Jewellery

Jewellery must be kept plain and to a minimum and where possible removed when carrying out personal care tasks or physical contact with an individual.

It is acceptable to wear a plain ring e.g. a wedding band and a pair of stud earrings. If a necklace or chain is worn it should be secured under the uniform and not interfere with health and safety.

Unacceptable Jewellery

Dangling earrings and bangles must be removed to avoid entanglement. Jewellery with stones and pins can scratch, or tear protective gloves, and long chains or earrings can get caught up, especially if you are involved with personal care.

Watches should be removed when carrying out personal care.

Facial and body piercing jewellery must be removed before work.

Hair

Hair should be kept clean and well-groomed and if long should be tied back. Beards should be neat and tidy.

Head covering worn for religious/cultural purposes may be worn.

Nails

Must be short, clean well-manicured and with no nail polish, false or acrylic nails.

Personal hygiene

It is good practice to ensure your personal hygiene is to an acceptable level so as not to cause offence to other staff and the public.