



RCL Home Care

Infection Control Policy and Procedure

Summary

This policy supports staff with infection control and safe delivery of care concerning infection control.

Relevant Legislation

- 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
- 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



RCL Home Care

1. Purpose

- 1.1. To describe the arrangements in place at RCL Home Care to protect staff and Service Users from infection and how RCL Home Care will operate safe and effective care practices.
- 1.2. To outline the approach of RCL Home Care for ensuring that related policies and procedures, such as the Personal Protective Equipment (PPE) Policy and Procedure, are followed.
- 1.3. To support RCL Home Care in meeting the following Key Lines of Enquiry/Quality Statements

Key Question	Key Lines of Enquiry	Quality Statements
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
RESPONSIVE	R2: How are people's concerns and complaints listened to, responded to, and used to improve the quality of care?	QSR4: Listening to and involving people
SAFE	S5: How well does the prevention and control of infection protect people?	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	W4: How does the service continuously learn, improve, innovate and ensure sustainability?	QSW7: Learning, improvement and

Reviewed by Ronald Mutira

Last reviewed 12/07/2023

Next planned review in 12 months or as soon as required.



RCL Home Care

		innovation
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 {RCL Home Care} 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
- 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
- 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



RCL Home Care

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
- 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 RCL Home Care will ensure all staff understand their roles and responsibilities for effective infection control.

3.3. To ensure all RCL Home Care services comply with relevant legislation and best practice guidance. RCL Home Care will follow all current UKHSA guidance, with specific reference to the COVID-19 [supplement to the infection prevention and control resource for adult social care](#), which includes guidance on the following:

- Staff infection prevention and control (IPC) considerations
- IPC considerations for people receiving care
- Environmental considerations

Reviewed by Ronald Mutira	Last reviewed 12/07/2023	Next planned review in 12 months or as soon as required.
---------------------------	--------------------------	--



RCL Home Care

4. Policy

4.1. Infections are common and are caused by micro-organisms 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, resulting in symptoms such as fever and sickness. Infections can be transmitted from person to person; this can happen in different ways, and this policy will support the precautions that can be taken to reduce transmission. Modes of transmission include:

- Airborne or droplet spread, such as sneezing, coughing, singing and talking
- Direct contact spread via direct contact with the infected area to another person's body. Examples include contact with head lice, ringworm, and scabies, as well as blood-borne viruses such as HIV or Hepatitis

Some groups of Service Users might be at higher risk of infection due to being immunosuppressed.

4.2. RCL Home Care recognises its responsibilities and communicates the safe working practices required for infection prevention and control to all staff. RCL Home Care is committed to minimising the risk of infection to staff and Service Users by ensuring good basic hygiene standards and applying universal infection control procedures.

4.3. RCL Home Care achieves this through a robust risk assessment process, implementation of adequate controls and providing appropriate training and equipment to all staff. It will ensure that all staff understand the importance of good hand hygiene, using personal protective equipment (PPE), and effectively following the Personal Protective Equipment (PPE) Policy and Procedure at RCL Home Care.

4.4. RCL Home Care takes its responsibilities seriously concerning blood-borne viruses, safer use of sharps and safe waste disposal. It will ensure that risks are identified and that measures to control or prevent them are fully implemented, clearly documented and cascaded to all staff, Service Users and key stakeholders.

Reviewed by Ronald Mutira	Last reviewed 12/07/2023	Next planned review in 12 months or as soon as required.
---------------------------	--------------------------	--



RCL Home Care

4.5. Infection Prevention Lead (IPL)

An Infection Prevention Lead will be identified within RCL Home Care. The IPL, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2015) and the new National Infection Prevention and Control guidance, will:

- Be responsible for infection prevention (including cleanliness) management at RCL Home Care
- Oversee local prevention of infection policies and their implementation
- Report directly to RCL HOME CARE
- 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 infection risk and make recommendations for change
- Be an integral member of the governance and safety teams and structures where they exist at RCL Home Care
- Produce an annual statement, where required, about compliance with practice on infection prevention and cleanliness and make it available on request
- 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 (where required) from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- Under health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence should be available on the implementation of adequate controls and compliance with the applicable regulations

4.6. RCL Home Care will ensure that all staff understand the importance of hand hygiene and using Personal Protective Equipment (PPE). For further information, staff can refer to the Personal Protective Equipment (PPE) Policy and Procedure.



RCL Home Care

5. Procedure

5.1. Outbreaks of Communicable Diseases

- An outbreak is defined as two or more linked cases of the same (confirmed or suspected) infection occurring around the same time and associated with the service or location within 14 days.
- Advice on outbreaks can be sought from the health protection team (HPT) or local partner, and if it is a suspected food-related outbreak, advice can be obtained from environmental health departments
- RCL Home Care will also undertake a risk assessment as soon as possible, should an outbreak be suspected, to determine if transmission occurred at RCL Home Care
- Healthcare assistants must be aware of the signs of infection. They must also know to report these signs immediately to senior management when they occur
- Where staff contract a communicable disease, advice should be sought from their GP. The Registered Manager should seek health advice where necessary
- For employees where a doctor diagnoses a disease which is linked with occupational exposure, a report must be submitted to the Health and Safety Executive (RIDDOR)
- Localised business continuity plans must include provisions made for outbreaks of communicable diseases, e.g. a pandemic

5.2. Management of an Outbreak of Viral Gastrointestinal Disease

Norovirus usually causes viral gastrointestinal illness. This causes a short illness (12-60 hours) associated with nausea, profuse vomiting (often projectile), diarrhoea and abdominal pain. This can cause dehydration in vulnerable and older people.

The criteria for suspecting a Norovirus outbreak:

- Vomiting
- Duration of illness (12-60 hours)
- Service Users and staff affected
- Cases are often in clusters up to 48 hours apart due to an incubation period of 15-48 hours



RCL Home Care

Following the process detailed in section 5.1 is essential for discovering an outbreak.

The Registered Manager must complete a daily outbreak record sheet, and staff sickness should be recorded here. (Please see the Forms section of this policy). A Bristol Stool Chart can also be used to classify the stool type.

Service Users may be required to take faecal specimens to their GP as soon as symptoms develop. Ideally, staff should also submit faecal samples via their own GP. Specimens should be sent promptly for investigation as virus particles deteriorate rapidly. Unless specifically requested, staff should not send vomit samples for investigations as these are not required.

It is essential that affected Service Users isolate their toilet facilities, where possible. A commode might be used when a Service User cannot access their toilet. It is essential that strict isolation procedures are implemented, and Service Users must remain isolated until 48 hours after normal bowel habits have returned and vomiting has stopped.

Service Users should not leave their homes during an outbreak unless for clinical management. All healthcare professionals must also be informed that the Service User is infected. Service Users should only be transferred to another service if they have been symptom-free for 48 hours.

The Registered Manager will consult the broader healthcare team if an outbreak is confirmed. Restrictions on the movement of staff must also be considered where necessary.

5.3. Handwashing

Most healthcare-associated infections are preventable through good hand hygiene - cleaning hands at the correct times and in the right way. Routine handwashing aims to remove dirt and most transient micro-organisms (germs easily removed by handwashing) found on the hands. All staff involved in delivering care and support 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



RCL Home Care

- 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, where applicable, e.g. catheter care, dressing wounds
- Any other occasions when hands are thought to have been contaminated
- Before donning and doffing PPE

Your 5 Moments for Hand Hygiene





RCL Home Care

5.4. Choice of Handwashing Agent

Handwashing can be improved by providing adequate and conveniently located facilities, and good hand preparation decreases the risk of contamination. However, this is only sometimes available within a Service User's home. In outbreak situations, such as COVID-19, the washing of hands must be more frequent. The washing of forearms must also take place when they have been exposed or may have been exposed to respiratory droplets or other body fluids.

Liquid Soap

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

- Before and following direct contact with Service Users
- Following direct hand contact with body fluids when gloves must have been worn
- When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- When caring for Service Users with diarrhoea and 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 Handrub

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 in the Service User's home or if the Service User's home is too dirty to wash and dry hands with soap and water.

However, staff must be aware that alcohol gel/rub will not remove dirt or organic material and is ineffective against Clostridium difficile and Norovirus. Alcohol gel/rub is flammable and must be correctly stored.



RCL Home Care

Muslims and Alcohol-Based Hand Gel

Under 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 RCL Home Care.

5.5. Handwashing Technique

Using Liquid Soap

- 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 hands under running warm 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 helpful tip to check that you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice



RCL Home Care

Using Alcohol Gel/Rub

- Hands must be free from dirt and organic matter; if not, wash them first
- Avoid 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, including wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

Hand Drying

- Improper drying can re-contaminate hands that have been washed
- Dry thoroughly with a disposable paper hand towel
- Dispose of paper towels into bins with foot-operated pedals
- Do not touch the bin with your hands

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

5.6. Personal Protective Equipment (PPE)

Staff must wear PPE if there is any risk of exposure to blood or body fluids. PPE includes gloves and aprons and, where there is a risk of airborne or droplet infection, appropriate masks.

Staff at RCL Home Care must refer to the Personal Protective Equipment (PPE) Policy and Procedure at RCL Home Care for current guidelines.

The choice of PPE depends on the activity and the anticipated risk of exposure to body fluids. All PPE should be stored appropriately to minimise the risk of contamination before use.

5.7. Face Masks

Face masks and eye protection should be worn when there is a possibility of splashing blood or mucous/bodily fluids or if chemicals/detergents may get into the eyes.

Various face masks help protect the wearer (PPE) and others (source control).

Care Workers do not routinely need to wear a face mask at all times, including when providing Care in a Service User's home. However, there remain several circumstances where it is recommended that Care



RCL Home Care

Workers wear masks to minimise the risk of transmission of COVID-19. These include:

- If a Service User being cared for is known or suspected to have COVID-19 (staff are recommended to wear a Type IIR fluid-repellent surgical mask)
- If a Service User would prefer Care Workers to wear a mask while providing care, RCL Home Care will also support the personal preferences of Care Workers to wear a mask in scenarios over and above those recommended in the DHSC guidance. (Source - The Department of Health and Social Care - COVID-19 Supplement to the Infection Prevention and Control Resource for Adult Social Care).

All face masks should:

- Be well-fitted to cover the nose, mouth and chin
- Be worn according to the manufacturer's recommendations.
- Not be allowed to dangle around the neck at any time
- Not be touched once put on
- Be worn according to the risk-assessed activity
- Be removed and disposed of appropriately, with the wearer cleaning their hands before removal and after disposal

Staff should refer to the policies and procedures of RCL Home Care about PPE and COVID-19 for more information.

5.8. Use of Gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands must not be washed or cleaned with alcohol hand rub. Hands must be washed after the removal of gloves. The use of gloves will be based on assessing the risk of contact with blood, body fluids, secretions and excretions, non-intact skin, mucous membranes, hazardous drugs and chemicals, e.g. cleaning agents.

Where a risk exists, gloves will be worn to protect the Care Worker and the Service User.

Due to the increasing incidence of latex allergies, RCL Home Care will supply nitrile gloves as an alternative.



RCL Home Care

Gloves will be stored in their original containers, away from direct sunlight, heat sources and liquids, including chemicals. The area will be clean and must protect the gloves from contamination.

Glove Removal

Gloves must be removed by holding at the cuff and peeling the glove over the hand, then folding the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves following the Clinical Waste Disposal Policy and Procedure.

Coronavirus and the Use of Gloves

RCL Home Care will follow the guidance within the COVID-19 supplement to the infection prevention and control resource for adult social care guidance from the UK Health Security Agency about glove use.

In addition to [recommendations for standard precautions](#) (e.g. when there is a risk of contact with blood or body fluids), gloves are worn by RCL Home Care staff when providing close care for a person who has suspected or confirmed COVID-19. Gloves must be removed and disposed of upon leaving the room.

Disposable gloves are single-use and must be disposed of immediately after completion of a procedure or task and after each Service User, followed by hand hygiene. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

5.9. 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 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 staff must adhere to the following best practice:

- Gloves and aprons must be used if care staff 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 staff will avoid soiled linen touching their skin or clothes



RCL Home Care

- Position the laundry basket nearby to reduce handling (keep it 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. Follow any COSHH instructions on the laundry bleach
- Store clean laundry apart from soiled linens
- Hand hygiene is required when the activity is complete
- Remember to maintain the Service User's dignity at all times

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

5.10. 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
- Measure only the quantity required in a clean, dry container
- Some cleaning products are incompatible; only mix if 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, disposable cloths, or 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 micro-organisms 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



RCL Home Care

Cleaning equipment should be cleaned thoroughly after use and stored dry. Mops should not be soaked as the water is a reservoir for microorganisms. Mops must be wrung out and kept 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 per chemical labelling requirements and stored where the Service User 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 User's Care Plan or for the premises of RCL Home Care, 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 the Registered Manager should check and countersign weekly to evidence oversight.

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

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 essential to reduce the risk of fomite transmission. This can be substantially reduced by following



RCL Home Care

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, RCL Home Care will use single-use and single-patient-use products. Specific 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.

5.11. Single-use Medical Devices

Single-use devices are not manufactured to be re-used even on the same Service User. The Medicines and Healthcare Products Regulatory Agency (MHRA) states:

- Single-use must not be re-used and only used on an individual patient during a single procedure, then discarded
- The re-use of a single-use device can affect its safety, performance and effectiveness, exposing Service Users and staff to unnecessary risks
- Anyone who re-uses a device intended for single-use bears full responsibility for its safety and effectiveness

Manufacturers are required to identify single-use devices by displaying a 'do not re-use' symbol as shown below:



Source: MHRA



RCL Home Care

Types of Single-use Devices

- Self-administered intermittent urinary catheters
- Face masks for oxygen administration
- Feeding syringes for Service Users with PEG feeding tubes
- Nebulisers
- Placebo inhalers

Other items may also be single-use, and each must have written guidance.

5.12. Management of Invasive Devices

Invasive devices such as urinary catheters, infusion devices, tracheostomies and PEGs will increase the risk of a Service User developing an infection and RCL Home Care must have procedures in place for the management of these devices, where they form part of the service being provided:

- The use of the device and the reason for its use must be documented in the Service User's Care Plan
- The use of all devices must be reviewed, and the review must be documented in the Service User's Care Plan
- The device should be removed as soon as it is no longer required
- The Service User must be monitored for signs of infection associated with the device

5.13. Uniform, Workwear and Appearance

Non-Uniform Wearers: Where employees are non-uniform wearers, the general principles of this policy apply. As such non-uniform attire will be defined as workwear for this purpose.

The staff's clothes must facilitate good practice and minimise any risk to Service Users. Uniforms and workwear must not impede effective hand hygiene and must not unintentionally come into contact with Service Users during direct care activity.

- Staff will follow the Appearance Policy and Procedure at RCL Home Care
- Staff must change as soon as possible if the uniform or clothing becomes visibly soiled or contaminated



RCL Home Care

- Wash uniforms and any clothing that has been worn at work at the hottest temperature suitable for the fabric
- Clean the washing machines and tumble driers regularly, following the manufacturer's instructions
- Staff must have at least enough uniforms available to change each day as this enables staff to start each day with a clean uniform
- Staff must 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
- Staff must ensure that their uniform is only worn when working at RCL Home Care. Uniforms must not be worn outside of work

To control and prevent the spread of infection, RCL Home Care will ensure that staff understand the following best practice:

- Nails must be short and clean – no nail polish or extensions
- Wristwatches may not be worn. No other jewellery will be worn around the wrist
- Alert bracelets must be removed and attached to a lanyard or pinned to the uniform
- No rings with stones will be worn – one plain band is acceptable
- Arms must be bare below the elbows

Any individual concerns about the above best practice requirements must be discussed on a case-by-case basis with the registered manager.

COVID-19 Uniform Care

- Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- A wash for 10 minutes at 60°C removes almost all micro-organisms
- Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses



RCL Home Care

5.14. Skin Damage

Skin damage is associated with poor hand-washing techniques or frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increased 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 staff members continue to experience soreness or sensitivity, this will be discussed with The registered manager.

5.15. Risk Assessment

- Risk assessments are vital for protecting Service Users and staff as well as ensuring that RCL Home Care complies with the law
- A suitably qualified, knowledgeable and experienced member of staff will ensure that risk assessments are carried out for all RCL Home Care services and activities to protect Service Users from the harm of acquiring an infection
- This involves a simple review of what could cause harm to Service Users, including the risk of infection, so that judgements can be made that



RCL Home Care

adequate protection is 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 Health and Safety Policy and Procedure of RCL Home Care for standards required for 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

5.16. Exposure Prone Procedures (EPPs)

- EPPs are procedures where there is an increased risk of injury to the worker if the Service User's open tissues are exposed to the worker's blood. These include procedures where the worker's gloved hands come into contact with sharp instruments, needle tips, etc.
- However, other situations can present a risk, such as trauma, Service User 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 The registered manager, who will seek further advice about working practices

5.17. Blood-Borne Viruses (BBVs)

BBVs are viruses that some people carry in their blood, 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), mainly to mucous membranes. Therefore, the following measures of good practice will be followed:

- RCL Home Care will assess the risk of BBV transmission in its services and the conduct of its procedures, taking precautions and implementing controls following this risk assessment
- Universal precautions must be taken, as Service Users may not show any symptoms
- 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



RCL Home Care

- Staff with skin conditions must seek advice from their GP to minimise their risk of infection through open skin lesions
- Care Workers must refer to the Sharps and Needlestick Policy and Procedure for safe sharps management

For more information, staff can refer to the Blood Spillage Policy and Procedure.

5.18. 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 User groups. However, human bites are more likely to become infected, so they must be treated promptly.

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

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

If a bite breaks the skin: Refer to the Sharps and Needlestick Policy and Procedure.

5.19. Mpox

According to the World Health Organisation (WHO), mpox is a viral zoonosis (a virus transmitted to humans from animals) with symptoms similar to those seen in the past in smallpox patients, although clinically less severe. With the eradication of smallpox in 1980 and the subsequent cessation of smallpox vaccination, mpox has emerged as the most critical orthopoxvirus for public health. Mpox primarily occurs in central and west Africa, often near tropical



RCL Home Care

rainforests, and has increasingly appeared in urban areas. Animal hosts include a range of rodents and non-human primates.

In July 2022, the WHO declared mpox a global health emergency, and as a result, the UK Government has produced guidance [here](#).

RCL Home Care will ensure that in the event of an individual case or outbreak, Care Plans and risk assessments will be put in place to support recovery and prevent further transmission. Infection control policies and procedures will be reviewed to ensure they mirror appropriate guidance issued at that time.

5.20. Cultural and Religious Beliefs

We understand the need to be sensitive to our staff's religious and cultural beliefs whilst maintaining equivalent hygiene standards. RCL Home Care recognises that some staff may not wish to expose their forearms, and RCL Home Care will consider the following as part of its local uniform and workwear policy:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct 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 care activity
- Any Sikh staff wearing a Kara bracelet may be asked to ensure that it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

5.21. Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette will be applied as standard infection control precautions. 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



RCL Home Care

- 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

To minimise the transmission of COVID-19, the measures that must be taken include:

- Use disposable tissues to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose
- Dispose of used tissues immediately in the nearest bin
- Used tissues from Service Users with symptoms of, or confirmed, COVID-19 should be handled as infectious waste - refer to the Clinical Waste Disposal Policy and Procedure for further details
- Clean hands after coughing, sneezing, using tissues, after any contact with respiratory droplets or objects contaminated with respiratory droplets
- Do not touch your eyes, mouth and nose
- Wear the correct PPE when coming into contact with a Service User who is coughing
- Clean frequently touched surfaces

5.22. Sepsis

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 is not treated quickly, it can lead to multiple organ failure and death. In many cases, however, sepsis is avoidable and treatable; early identification is critical to successfully treating it.

The key to preventing sepsis is to prevent an infection from occurring in the first place. If an infection does set in, it must be treated as quickly and effectively as possible. Many illnesses can be, and are, prevented through regular childhood vaccinations and any vaccinations available as an adult.



RCL Home Care

The risk of getting an infection also reduces with proper hand washing. Infections can also be reduced by appropriate care of all wounds. Staff must understand and recognise the signs of sepsis. Domiciliary care staff are ideally placed to identify small changes in the Service User and can play an essential role in recognising the signs of sepsis.

5.23. Use of Portable Fans

Although staff cannot tell the Service User what to use in their home, they should know that portable fans in clinical areas have been linked to cross-infection in health and social care environments.

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

Staff can refer to the [Central Alerting System](#) for advice and [HSE guidance](#).

5.24. Food Handling and Hygiene

All staff must adhere to the Food Hygiene Policy and Procedure at RCL Home Care and ensure that all food prepared in the Service User's home for the Service User is prepared, cooked, stored and presented following the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005.

Any member of staff who becomes ill while handling food will report at once to their line manager or supervisor or RCL Home Care.

Staff involved in food handling who are ill will see their GP and must only return to work when their GP states they are safe.

5.25. Staff Sickness

- If staff suspect they have symptoms of Coronavirus, they must self-isolate at home in line with guidance from social care staff.
- Staff with diarrhoea and vomiting must not attend work but must phone work to report sick
- Should the condition persist, it may be necessary not to return to work until medical clearance by a GP is given



RCL Home Care

- Staff must not attend work until they are clear for 48 hours to prevent the spread of infection
- Where required, staff should obtain advice from their GP on any available and recommended vaccinations. For further information, staff can refer to the Staff Vaccination and Immunisation Policy and Procedure

5.26. Communication

- RCL Home Care will ensure that all care workers (including contractors and volunteers) know and discharge their responsibilities in 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 User areas would need to be aware of any issues about 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
- RCL Home Care will ensure that its policy on infection control 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

5.27. Reporting

UK Health Security Agency

- The registered manager 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

- The registered manager is duty-bound to report cases of certain diagnosed reportable diseases which are linked with occupational



RCL Home Care

exposure to specified hazards and can refer to <https://www.hse.gov.uk/riddor/occupational-diseases.htm>

The Care Quality Commission (CQC)

- RCL Home Care will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements

Records of any such outbreak, such as coronavirus, must be kept, specifying dates and times. In the event of an incident, the Registered Manager is responsible for informing the HSE.

5.28. Training

Infection Control training is mandatory for all staff and must be updated annually. RCL Home Care will ensure that Infection Control Champions in the service will undertake additional training relevant to this role.

6. Definitions

6.1. Pandemic

An epidemic occurring worldwide or over a vast area, crossing international boundaries and usually affecting a large number of people

6.2. Mpox

- Mpox is transmitted to humans through close contact with an infected person or animal or with material contaminated with the virus
- Mpox is a viral zoonotic disease that occurs primarily in tropical rainforest areas of central and west Africa and is occasionally exported to other regions
- Mpox was previously referred to as 'Monkeypox' but was renamed in November 2022 by the World Health Organisation

6.3. Disinfection

- It can be used on both equipment and environmental surfaces
- A process that is used to kill or remove pathogenic micro-organisms but which cannot kill bacterial spores



RCL Home Care

6.4. Decontamination

Describes the combination of cleaning, disinfection and sterilisation to make re-useable items safe to use

6.5. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- 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
- 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.'

6.6. Outbreak

- The organisms may be spread by hand contact and, on occasion, by other routes, which may include food
- most everyday outbreaks are due to viral respiratory infections and gastroenteritis
- An outbreak can be defined as two or more cases of infection occurring around the same time,
- in Service Users and their carers, within 14 days, or an increase in the number of cases commonly observed

6.7. Sepsis

- Care staff who see someone regularly can spot the early signs of sepsis by using the Sepsis Tool
- Sepsis can lead to multiple organ failure and death, especially if not recognised early and treated quickly
- In sepsis, a Service User'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 is a life-threatening condition that arises when the body's response to an infection causes it to attack its tissues and organs



RCL Home Care

6.8. Needlestick or Sharp Injury

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

6.9. Communicable Diseases

- Other infections can also be introduced into the body by animal or insect carriers, e.g. rabies, malaria, encephalitis
- Some infectious diseases can be spread only indirectly, usually through contaminated food or water,
- e.g. typhoid, cholera, dysentery
- Some diseases are passed on by direct or indirect contact with infected persons or with their excretions
- Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal
- Most diseases are spread through contact or 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, smallpox and COVID-19

Key facts – Professionals

Professionals providing this service should be aware of the following:

- 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
- 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

Reviewed by Ronald Mutira	Last reviewed 12/07/2023	Next planned review in 12 months or as soon as required.
---------------------------	--------------------------	--



RCL Home Care

- Ensure that immunisations are up to date
- Dispose of the waste correctly. Ensure that the working areas are kept clean, wash your hands afterwards and dispose of all contaminated waste safely

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

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Management of Diarrhoea and Vomiting Outbreak	To record details of all staff and service users where a diarrhoea and vomiting outbreak is suspected or present.	Ronald Mutira
Bristol Stool Chart	To classify the type of stool.	Ronald Mutira
How to Handwash	Guide to washing hands correctly.	Nisbets

Reviewed by Ronald Mutira

Last reviewed 12/07/2023

Next planned review in 12 months or as soon as required.



RCL Home Care

Management of Diarrhoea and Vomiting Outbreak

Service Name_____

Date_____

Service User/staff name	Reference number	Positive lab results	Mon am	Mon pm	Tue am	Tue pm	Wed am	Wed pm	Thur am	Thur pm	Fri am	Fri pm	Sat am	Sat pm	Sun am	Sun pm








(insert the number of episodes of diarrhoea or vomiting in each day and time column)

Reviewed by Ronald Mutira	Last reviewed 12/07/2023	Next planned review in 12 months or as soon as required.
---------------------------	--------------------------	--



RCL Home Care

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Since it can be hard to state what is expected and abnormal, some health professionals use a scale to classify the type of stool passed. This helps assess how long the stool has spent in the bowel. Type 1 has the longest time in the bowel, and type 7 has the least. A normal stool should be a type 3 or 4 and, depending on the normal bowel habits of the individual, should be passed once every one to three days.

What are the symptoms of constipation?

- Hard, compacted stools that are difficult or painful to pass
- Straining during bowel movements
- No bowel movements in three days
- Stomach aches that are relieved by bowel movements
- Leaks of wet, almost diarrhoea-like stools between regular bowel movements

Staff should discuss any concerns regarding using this chart and findings with the senior staff member on duty.

Reviewed by Ronald Mutira

Last reviewed 12/07/2023

Next planned review in 12 months or as soon as required.



RCL Home Care

HOW TO WASH YOUR HANDS

and to stop the spread of germs in the workplace

HAND WASHING SHOULD TAKE 20 SECONDS



Wet hands with water and apply soap or handwash.



Rub hands palm to palm.



Rub palm over the back of the other hand with interlaced fingers and visa versa.



Palm to palm with fingers interlaced.



Back of fingers to opposing palms with fingers interlocked.



Rotational rubbing of left thumb clasped in right palm and visa versa.



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and visa versa.



Rinse hands under running warm water.



Dry hand thoroughly with a paper towel.



Use your elbow or paper towel to turn off the tap.

Why is Hand Hygiene So Important?

- + Millions of germs are picked up by hands during every-day activities. Many of these are harmless but some cause illness such as colds, flu & stomach bugs.
- + Hand hygiene is essential to prevent the transfer of these germs to other people & surfaces to stop the spread of illness.
- + Poor hand hygiene can lead to the spread of *Campylobacter*, *Salmonella*, MRSA, Impetigo, Flu & Coronavirus.



WHEN TO WASH YOUR HANDS

Wash your hands before you:

- + Prepare or eat food
- + Treat a cut or a wound
- + Visit a hospital ward
- + Insert or remove contact lenses

Wash your hands after you:

- + Use the toilet
- + Blow your nose, cough or sneeze
- + Touch a sick or injured person
- + Handle rubbish
- + Handle uncooked food
- + Visit a hospital ward
- + Touch animals or animal waste
- + Change a nappy