



## **INFECTION CONTROL POLICY AND PROCEDURE**

Date Policy Implemented December 2011 by Paul Graham, Registered Care Manager  
Reviewed in line with Mental Capacity Act 2005  
Policy Reviewed January 2023 by Paul Graham – Director of Services

## **Policy Statement**

It is the aim of Aspects Care Ltd to maintain the highest standards of infection control at all times and ensure that, as far as is reasonably practicable, our service users and staff are protected from the spread of infection.

## **Scope**

Infection control is a critical element in the delivery of effective personal care in the service user's own home. Infectious diseases that can be spread if inadequate controls are in place include serious infections which, in certain circumstances – and especially in the case of the elderly and infirm – can cause severe ill health.

Not only do high standards of infection control mean that service users will be protected from the spread of such infectious diseases and illnesses, but staff will also be protected, thus leading to lower sickness rates and better continuity of care for service users.

Examples of diseases and organisms spread from person to person include stomach bugs and vomiting bugs through to serious examples such as flu, MRSA, COVID 19, e-coli and C.difficile.

In order to protect service users and staff from the spread of such infections, and in order to maintain their health and well-being, Aspects Care Ltd is committed to the highest possible standards of infection control as a key priority area.

Aspects Care Ltd complies fully with the Department of Health 'Essential Steps' infection control approach and with 'The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance' otherwise known as the 'Hygiene Code'.

## **Policy**

At Aspects Care Ltd:

- An individual person will be designated as the Infection Prevention and Control lead for Aspects Care Ltd. They will be accountable directly to the registered provider and will be responsible for all aspects of infection prevention and control, including the implementation of all infection control policies. They will be responsible for ensuring that there are high standards of infection control practiced by support workers and have the authority to challenge poor practice if they see it. They will commission and organise training and produce an annual report which will list any infection control outbreaks and give details of staff training completed.

- The infection control lead will be responsible for establishing an effective infection control programme and for ensuring that Aspects Care Ltd has sufficient infrastructure and resources to ensure that the programme can be delivered. The infection control lead will be responsible for ensuring that infection control is included in Aspects Care Ltd.'s quality assurance and audit programmes. The identified infection prevention and control lead for Aspects Care Ltd is: **Dawn Brookes – Director of Care & Registered Care Manager.**
- All staff should ensure that they wash their hands regularly and effectively using the correct hand washing technique.
- At a minimum, staff should wash their hands after each episode of direct contact where personal care is provided, between seeing each service user, after handling any body fluids or waste or soiled items, after using the toilet, after blowing their nose and before and after handling foodstuffs. Handwashing removes infectious organisms from the surface of the skin and prevents them from being passed from one person to another. Aspects Care Ltd understands that many infection control experts view effective handwashing as the most important element in preventing the spread of infection.
- Liquid soaps and disposable paper towels should be used for handwashing wherever available rather than solid soap or fabric towels. Any cuts or abrasions should be covered with waterproof dressings.
- Occasionally, for instance in the case of an outbreak / pandemic of infection, Aspects Care Ltd will employ a widespread use of antiseptic hand wash and alcoholic hand sanitisers. Face masks, aprons and disposable gloves will also be provided to our workforce where applicable.
- Spillages of body fluids or body waste should be cleared up as quickly as possible and treated carefully as possibly infectious. Staff should wear protective gloves and aprons. Staff should always wash their hands after coming into contact with bodily fluids and after removing gloves.
- Disposable gloves should never be re-used and should be discarded properly after each use with hands being washed after removal.

- Personal protective equipment (PPE) in the form of disposable gloves and disposable aprons will be provided by staff who are at risk of coming into direct contact with body fluids or waste and should be used in all such situations.
- Specimens should be collected only where requested by a GP and then only using the appropriate containers and sealed bags. Staff should wear disposable gloves and aprons when collecting samples and should always wash their hands afterwards.
- Hazardous waste should be disposed of in the appropriate sealed plastic sacks as required by local authority arrangements operating in the area concerned. When awaiting collection, the sacks should be stored safely. Such waste is classified as hazardous under the Hazardous Waste Regulations and should only be removed by an authorised collector. It should never be placed in the household rubbish.
- All sharps waste (e.g. potentially infectious needles, etc.) should be handled and disposed of in properly labelled and marked yellow plastic sharps disposal containers provided for the purpose. These containers should never be overfilled and no attempt to force waste into them or to reach inside should be made. They should be sealed when filled and stored securely awaiting collection from an authorised waste handler. Pickers are also provided to our workforce to use if a needle is required to be disposed of alongside strong durable disposable gloves to avoid injury.
- In the event of a 'needlestick' injury involving a used or potentially contaminated needle, staff should wash the area immediately to encourage bleeding and attend A&E immediately. The Occupational Health will be asked to conduct Blood Tests after the injury of which is paid for by Aspects Care Ltd.
- Where food is prepared or served, all food poisoning risks should be controlled by strict attention to food hygiene in the purchase, storage, preparation and serving of food.

- Where staff sneeze they should blow their nose with a paper tissue and dispose of it in the bin. They should then wash their hands. The technique Catch it, Kill it, Bin it should be adopted.
- Laundry facilities should be arranged or procured where required to ensure that dirty, soiled laundry which might carry infection is washed at appropriately high temperatures to thoroughly clean linen and control the risk of infection.
- Notifiable diseases should be reported in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- In the event of a suspicion that a service user may be ill or may have an infectious disease the service user's GP should be contacted immediately and the manager informed. The service user should be assisted to isolate and avoid any contact with other service users and members of staff.
- Where necessary, staff should work in collaboration with any local infection control agencies and experts.
- Staff who are exposed to an infectious disease, including any employee who suffers a puncture accident involving potentially infectious sharps, will be given appropriate support including, where required, appropriate occupational health support and surveillance.
- If any infected resident requires admission to hospital the receiving unit should be informed of the infection status of the service user so that they can institute appropriate measures.

### **Management Duties**

Deputy Care Manager & Care Coordinators at Aspects Care Ltd have a duty to:

- Ensure that the premises where staff are asked to work are, wherever possible, kept clean, hygienic, and free from offensive odours. This may involve arranging suitable cleaning services to be employed with the agreement of the service user and/or manager.

- Ensure that appropriate infection control policies are effectively implemented, are clearly understood by all members of staff and are regularly reviewed and revised in light of the most recent best practice guidelines.
- Ensure that appropriate information about infection and infection control policies is provided to service users, their families and representatives, and is included in the statement of purpose and service users guide in a format that all services users can understand such as large print / braille dependant on the need of each individual service user.
- Ensure that staff are provided with appropriate equipment and resources such as PPE, waste bags, handwashing equipment and facilities and, where required, alcohol hand gels.
- Monitor carefully any incident reports relating to infection control matters in order to identify any trends or patterns.
- Ensure that any suspected outbreaks of infection are reported to the relevant authorities (GP/Local Infection Control Teams, Department for Health).
- Ensure that all new staff have appropriate health checks and immunisations.
- Ensure that infection control procedures, policies and outcomes are regularly audited and that an annual statement is prepared and made available reporting on Aspects Care Ltd.'s compliance with infection control regulations. The annual statement will include:
  - Any outbreaks of infection;
  - Audits undertaken;
  - Action taken following an outbreak of infection or recommendations from an audit;
  - Risk assessments undertaken for prevention and control of infection including pandemic outbreak;
  - Risk assessments undertaken for each staff member and rated at a Low, Medium and High Risk

- Training received by staff; and
- A review and update of policies, procedures and guidance.

## **Staff Duties**

Staff at Aspects Care Ltd have a duty to:

- Comply with all infection control policies, procedures and guidelines at all times, properly utilising any personal protective equipment provided and carrying out their duties in accordance with their training and good practice.
- Wash their hands regularly, especially after using the toilet, between seeing each service user and before handling food.
- Help to keep the home where they are working clean and tidy and to alert the duty care manager/care coordinator to any incidences of unsanitary conditions or unacceptably poor standards of cleanliness or hygiene.
- Ensure that they wear a clean, properly washed clothing each shift.
- Always inform the manager if they are suffering from any form of diarrhoea and vomiting or any suspected infectious disease. If a food handler, the member of staff should not return to work until recovered and cleared to do so by a GP.
- Refrain from wearing any type of false nail or polish, such as acrylic, gel, shellac and any other type of false nail or polish.

## **Training and information**

Aspects Care Ltd.'s views infection control training and supervision as a vital part of its infection control procedures. Staff are trained in line with content from Skills for Care.

All new staff should attend basic infection control awareness training and should read the policy on infection control and food preparation and handling as part of their induction process alongside the risk assessments in place.

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Support workers and other food handling staff will be expected to attend additional infection control training appropriate to their role.

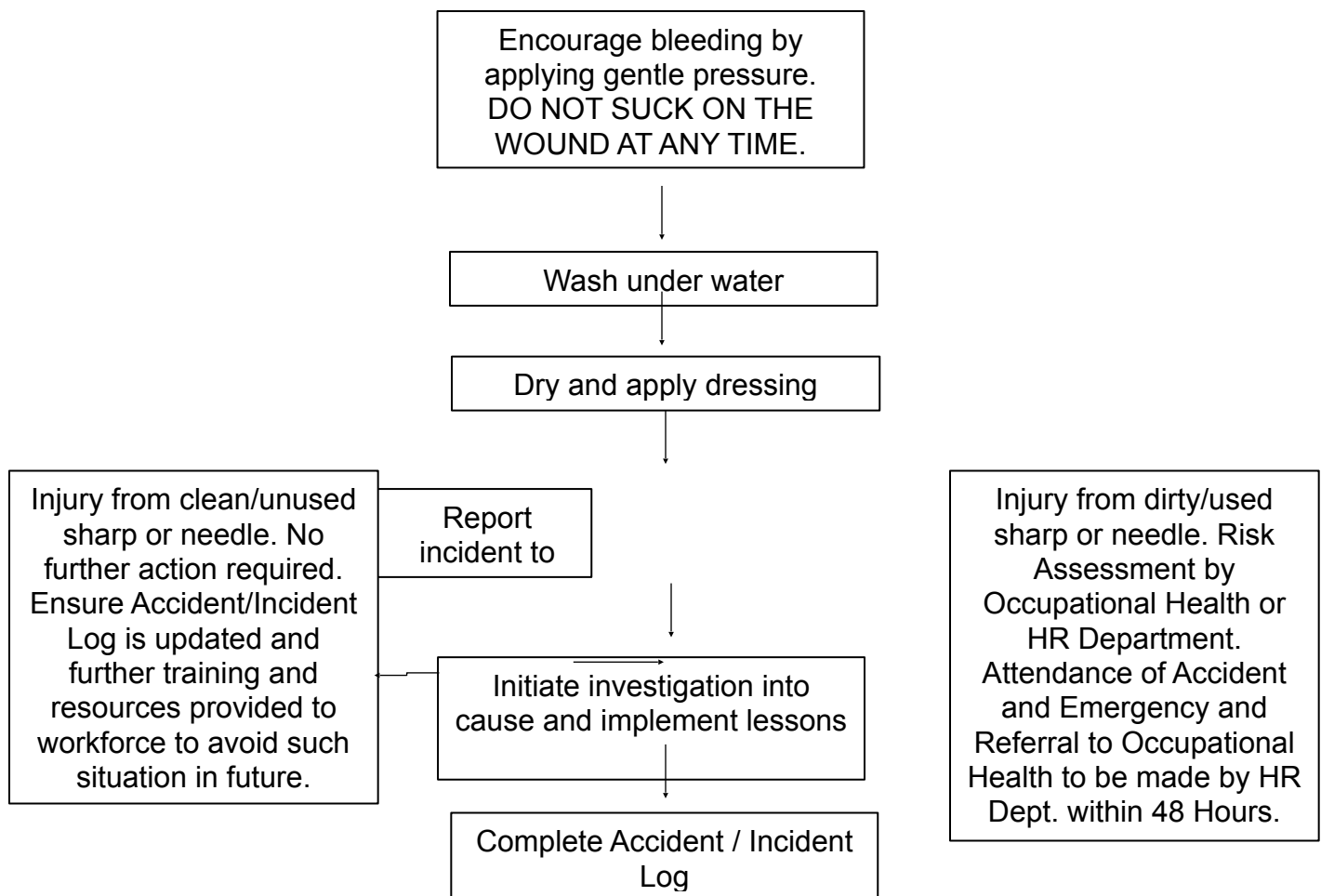
Updates will be every year unless there is an indication further training is needed and all relevant staff should attend, including volunteers and agency staff.

All staff should be trained in the cleaning of spillages and should always carefully follow the dilution instructions on the disinfectant bottle.

Records of attendance at infection control training will be kept, including date attended and level of training.

All policies, including this one, should be made fully available to service users, their families and representatives.

### **Immediate action following a sharps accident**





## Body fluids spillage checklist and audit tool

In a healthcare or social care setting the spillage of any body fluids or body waste such as blood, faeces and urine is not only unsanitary but can also spread infection and disease. All spillages must therefore be cleaned up as quickly as possible and with caution. Staff should be encouraged to treat every spillage of body fluids or body waste as potentially infectious and wear protective gloves and aprons and use disposable wipes wherever possible.

Checklist Item	Yes/No	Notes
Does the organisation have in place comprehensive policy and procedures for dealing with body fluid spillages?		
Are the policies and procedures agreed with staff representatives, effectively implemented and regularly reviewed?		
Are suitable management and supervision arrangements in place to ensure compliance with and monitoring of the body fluid spillage policy and procedures?		
Have staff received adequate training in dealing with body fluid spillages?		
Have staff who come in to contact with spillages been successfully immunised against Hepatitis B?		

Is all equipment and the environment visibly clean, with no body substances, dust, dirt or debris present?		
Are appropriate materials available for decontaminating and cleaning up body fluids e.g. disposable wipes and towels, clinical waste bags and hypochlorite?		
Is sufficient PPE available for staff to use e.g. disposable gloves, aprons and where required eye protection?		
Are appropriate disinfectants available for cleaning all body fluid spillages?		
Have appropriate and sufficient COSHH risk assessments been conducted regarding the use of disinfections and are effective control measures in place to reduce risk?		
Is any medical equipment that has been contaminated with body fluids cleaned appropriately?		

<p>Where carpets or soft furnishings are contaminated with body fluids and where disinfectant cannot be used because of potential damage to materials, are surfaces cleaned sufficiently using alternative methods?</p>		
<p>Is any furniture or carpeting that has been contaminated with body substances and cannot be cleaned, condemned and replaced?</p>		

**NOTE:** COSHH (Control of Substances Hazardous to Health Regulations 2002) assessments must be carried out for all chemical disinfectants in use, such as hypochlorite used to clean blood spillages, and staff should be aware of the implications of these for storage and use of the product, and first aid in the event of exposure e.g. a splash to the eye etc.

## **Personal Protective Equipment**

### **Introduction**

The purpose of the Personal Protective Equipment is to protect the employees of Aspects Care Ltd from exposure to workplace hazards and the risk of injury through the use of personal protective equipment (PPE). PPE is not a substitute for more effective control methods and its use will be considered only when other means of protection against hazards are not adequate or feasible. It will be used in conjunction with other controls unless no other means of hazard control exist. Personal protective equipment will be provided, used, and maintained when it has been determined that its use is required to ensure the safety and health of our employees and that such use will lessen the likelihood of occupational injury and/or illness. This section addresses general PPE requirements, including eye and face, head, foot and leg, hand and arm, body (torso) protection, and protection from drowning. Aspects Care Ltd. Personal Protective Equipment includes:

- Responsibilities of Managers and Employees
- Hazard Assessment and PPE selection
- Employee Training

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- Cleaning and Maintenance of PPE

## **Responsibilities**

Safety Person – Operational Lead

The Operational Lead is responsible for the development, implementation, and administration of Aspects Care Ltd. PPE Policy and this individual is **Dawn Brookes – Director of Care & Registered Care Manager**. This involves

1. Conducting workplace hazard assessments to determine the presence of hazards which necessitate the use of PPE.
2. Selecting and purchasing PPE.
3. Reviewing, updating, and conducting PPE hazard assessments whenever:
  - A job changes
  - New equipment is used
  - There has been an Accident / Incident
4. Maintaining records on hazard assessments.
5. Maintaining records on PPE assignments and training.
6. Providing training, guidance, and assistance to supervisors and employees on the proper use, care, and cleaning of approved PPE.
7. Periodically re-evaluating the suitability of previously selected PPE.
8. Reviewing, updating, and evaluating the overall effectiveness of PPE use, training, and policies.

## **Deputy Care Managers & Care Coordinators**

Deputy Care Managers/ Care Coordinators have the primary responsibility for implementing and enforcing PPE use and policies in their work area. This involves:

1. Providing appropriate PPE and making it available to employees.
2. Ensuring that employees are trained on the proper use, care, and cleaning of PPE
3. Ensuring that PPE training certification (E-Learning) and evaluation forms are signed and given to HR and is on held on training file.

4. Ensuring that employees properly use and maintain their PPE, and follow Aspects Care Ltd. PPE policies and rules.
5. Notifying Aspects Care Ltd.'s management and the Safety Person when new hazards are introduced or when processes are added or changed.
6. Ensuring that defective or damaged PPE is immediately disposed of and replaced.

## **Employees**

The PPE user is responsible for following the requirements of the PPE policies. This involves:

1. Properly wearing PPE as required.
2. Attending required training sessions.
3. Properly caring for, cleaning, maintaining, and inspecting PPE as required.
4. Following Aspects Care Ltd. PPE policies and rules.
5. Informing the manager of the need to repair or replace PPE. Employees who repeatedly disregard and do not follow PPE policies and rules risk the formal disciplinary procedure being instigated.

## **Procedures**

### **A. Hazard Assessment for PPE**

Managers will conduct a walk-through visual survey of each work area to identify sources of work hazards. Appropriate PPE will be highlighted and a Risk Assessment will detail the relevant PPE necessary.

Managers will conduct, review, and update the hazard assessment for PPE whenever

- A job changes
- New equipment or process is installed
- There has been an accident
- Whenever a manager or employee requests it
- Or at least every year

## B. Selection of PPE

Once the hazards of a workplace have been identified, Managers will determine if the hazards can first be eliminated or reduced by methods other than PPE, i.e. methods that do not rely on employee behaviour. Adequate protection against the highest level of each of the hazards will be recommended for purchase. All personal protective clothing and equipment will be of safe design and construction for the work to be performed and will be maintained in a sanitary and reliable condition. Affected employees whose jobs require the use of PPE will be informed of the PPE selection and will be provided PPE by Aspects Care Ltd at no charge. Careful consideration will be given to the comfort and proper fit of PPE in order to ensure that the right size is selected and that it will be used.

## C. Training

Any employee required to wear PPE will receive training in the proper use and care of PPE before being allowed to perform work requiring the use of PPE. Periodic retraining will be offered to PPE users as needed. The training will include, but not necessarily be limited to, the following subjects:

- When PPE is necessary to be worn
- What PPE is necessary
- How to properly wear PPE
- The limitations of the PPE
- The proper care, maintenance, useful life, and disposal of the PPE

After the training, the employees will demonstrate that they understand how to use PPE properly, or they will be retrained.

### Retraining

The need for retraining will be indicated when:

- An employee's work habits or knowledge indicates a lack of the necessary understanding, motivation, and skills required to use the PPE (i.e. uses PPE improperly)
- New equipment is installed
- Changes in the work place make previous training out-of-date
- Changes in the types of PPE to be used make previous training out-of-date

## D. Cleaning and Maintenance of PPE

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. Employees must inspect, clean, and maintain their PPE according to the manufacturers' instructions before and after each use. Managers are responsible for ensuring that users properly maintain their PPE in good condition. If employees provide their own PPE, make sure that it is adequate for the workplace hazards, and that it is maintained in a clean and reliable condition.

Defective or damaged PPE will not be used and will be immediately discarded and replaced.

***IMPORTANT NOTE:*** *Defective equipment can be worse than no PPE at all. Employees would avoid a hazardous situation if they knew they were not protected; but they would get closer to the hazard if they erroneously believed they were protected, and therefore would be at greater risk.*

It is also important to ensure that contaminated PPE which cannot be decontaminated is disposed of in a manner that protects employees from exposure to hazards.

## **Preparing Food**

### 1. Introduction

The purpose of this policy is to provide staff with rules for hygienic food preparation in line with Food Hygiene Training.

This policy will also ensure that Service users are protected from avoidable health risks and that staff themselves are healthy enough to prepare food.

Staff should not as a matter of standard operational duties complete tasks that involve preparing food for Service users. Instances of preparing Service users food should always be an exception and if the citizen does require regular assistance with food preparation tasks then staff should refer the individual on to Date Policy Implemented December 2011 by Paul Graham, Registered Care Manager  
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Social Services for further additional funded support from a care agency to complete these tasks. However, where staff are preparing food they should always provide food that is safe and wholesome for consumption.

## 2. Self-Hygiene

Before entering the kitchen, staff should remove their outdoor clothing and ensure that they wear clean clothing suitable for the preparation of food. Staff should wash their hands thoroughly prior to preparing food or meals for a service user using the agreed hand washing technique. If necessary they should also wear disposable gloves and aprons, which are provided by Aspects Care Ltd, when preparing food for service users with identified special needs. Staff should wear non-slip, sensible footwear that will ensure that they do not fall, especially when food or liquids has fallen on the floor.

If a staff member has long hair, he/she must ensure that their hair does not contaminate the food by tying their hair back.

Staff should make sure that their hands are hygienically clean, specifically; dirt should be removed from under the nail area.

Staff should never prepare any food if they have an open or recently healed wound or lesion without first covering it with a blue waterproof plaster. Illnesses and viral infections that are easily spread through contact with food stuffs or other particles like, for example diarrhoea, colds, influenza etc. should be reported to the staff member's manager prior to preparing any food. This relates mainly to illnesses affecting the respiratory and digestive systems.

## 3. Kitchen Hygiene

Before using any food, staff must first check the sell-by date. If the item has expired, then the staff member must get rid of the item by safely disposing of it. The item should ultimately go into the main dustbin for removal by the municipality.

Staff must ensure that:

- The kitchen must always be left clean and tidy
- Clean dishcloths and wiping cloths are used and that the used and dirty ones are washed regularly.
- That the surface area where food is to be prepared is wiped with a clean cloth before using. If staff spill or mess an area, then it should be cleaned up immediately.
- That they prevent bacteria etc. from contaminating food and ensure that food is covered with cling wrap, foil etc. before and after use, even if it has

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been removed from the refrigerator and is waiting to be prepared. This also applies to food that is pre-cooked for the service user later use.

- Kitchen utensils must be washed, dried and packed away after use. If the service user has a dishwasher, then the dirty dishes, including pots, pans etc. must be washed in the dishwasher and then packed away afterwards if time allows.
- Disposal of all waste, especially waste having sharp edges or that may cause harm or injury.
- When staff members reheat food, they must ensure that they destroy bacteria by turning the food and ensuring that the food is heated to at least 63 degrees Celsius. Important: the section below relating to Meats and Poultry – these should never be reheated.

#### 4. Good Practice

If there is no main dustbin that can be used to discard wasted food products or food past their sell-by dates, then the wasted food products should be stored inside a closed black (or thick plastic) bag inside the house until the main dirt removal day. Make sure that the bag is tightly sealed. Do not put the black bag outside before it is to be collected as this is particularly important for preventing scavenger like animals from breaking the black bag open whilst it is outside unless plastic wheelie bins are used.

To ensure safety to staff and those in the vicinity of staff using a knife, they should always be carried pointing downwards.

Staff members must never reheat any kind of meat product. When meats or poultry are defrosted, they should be defrosted appropriately, and thoroughly. Meat and poultry can be defrosted in the refrigerator overnight. Meat and poultry should never be cooked unless it has been defrosted properly.

Staff should use protective mitts when working with heated surfaces so that they protect themselves against burns or other injuries. Staff should be conscientious of safety and ensure that towels or items that can catch alight are not placed on or near the heated surface, especially when working with gas hobs. Staff should ensure that the handles of pans or pots are facing inwards so that someone may not knock over its contents. The handles should also not be placed over other heated surfaces.

Staff should always ask the citizen what he or she would like to eat before encouraging, supporting and assisting to prepare the food to further promote independent living. After eating and before leaving, staff should ensure that the citizen has had enough to eat or drink, and that food prepared for later

consumption is left in an easily accessible place. Staff should always remember that Aspects Care Ltd are always striving for service excellence.

## **General Work & Cleaning**

### **1. Introduction**

The purpose of this policy is to, for those occasions when staff assist with housework and cleaning, provide health and safety procedures that ensure that the well-being of both staff members and the service user.

This policy will also inform staff that there is important legislation that must be

adhered to.

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## 2. Unsafe Items

Staff members must never use appliances, chemicals, implements or substances which they have found to be potentially hazardous to use. This does not however indicate that work should be left undone indefinitely. Staff should, after encountering a potential hazard, contact their immediate manager so that a solution can be found. Staff must record the hazard in the daily living record and inform Aspects Care maintenance if applicable.

Staff must never leave chemicals, cleaning aids or cleaning aids or cleaning implements and materials in open areas that can cause accidents and especially not in places which may be hazardous for children or vulnerable adults. All such materials should also be put away safely and stored in its proper holders or containers. Where required, staff should label unlabelled holders.

## 3. Working Practices

Staff may refuse to use electrically operated appliances which they feel are not safe to operate. Staff must check all electrical wiring and plugs for exposed wiring, cracks or potentially hazardous situations.

Staff must wear the appropriate, preferably disposable, protective clothing to prevent encountering any risk of harm, infection or illness. In addition, open wounds and lesions must be covered with a waterproof plaster.

If a staff member breaks or damages the property of a service user, and such breakage or damage is a clear result of accident or lack of attention on the part of the staff member, then the staff member will be responsible for replacing the item with a replacement acceptable to the service user.

If the item cannot be replaced for whatever reason, then the staff member will be responsible for remunerating the service user at a reasonable value of the item.

Staff will not give the service user the impression that Aspects Care Ltd will take responsibility for the damage or that the company will act as a mediator in the matter.

All staff should be aware of the current regulations relating to the Control of Substances Hazardous to Health Regulations 1994, in particular the "Safety Data Sheets".

Examples of Cleaning and Housework Tasks to be Performed:

Normal Domestic Duties	Specially Agreed Duties
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<ul style="list-style-type: none"> <li>• Making a service user's bed</li> <li>• Working with refuse and waste</li> <li>• General Cleaning</li> <li>• Window Cleaning</li> <li>• Carpet Vacuuming</li> <li>• Glass Mirror Cleaning</li> <li>• Cutlery and Silverware Cleaning</li> </ul>	<ul style="list-style-type: none"> <li>• Cleaning in respect of the service user's incontinence</li> <li>• Cleaning when other bodily fluids are spilled</li> <li>• Performing certain aspects of gardening like watering, weeding etc.</li> <li>• Walking or feeding pets including cleaning the litter trays.</li> </ul>
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## **METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)**

### **1. Introduction**

The purpose of this policy is to outline the precautions and rules for dealing with service users who have MRSA.

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This policy also outlines the philosophy of dealing with service users who have MRSA to prevent discrimination and to promote equal treatment.

## **2. MRSA**

Methicillin Resistant Staphylococcus Aureus is a type of bacteria usually found in/on the skin and nasal passages of people but it only affects about 25-30%.

All staff should be aware of the causes, systems and update their knowledge of MRSA.

It is resistant to certain antibiotics like methicillin, oxacillin, penicillin and amoxicillin and therefore occurs most frequently among persons who have weakened immune systems.

Support within the home is safe enough to manage persons suffering from MRSA. However, it is important that those caring for the person exercise proper infection control practices as stated within this policy.

Healthy people generally have a low risk of getting infected.

Visitors should wash their hands before entering and leaving an infected service users' house.

## **3. What Staff Must Not Do**

Staff members must never discriminate against service users who have MRSA.

Staff members must never agree to work with service users who are MRSA positive if they suffer from any of the following skin conditions: psoriasis, eczema or other exfoliating skin conditions. Where staffs suffer from any other skin condition which they think may affect the client negatively and then they should advise their immediate manager without delay.

## **4. What Staff Must Do**

Staff members should treat service users with MRSA equally, without prejudice, sensitively, positively and politely.

Staff members must use disposable protective clothing provided by Aspects Care Ltd and also protect their eyes, nose and mouth areas and exposed skin.

All Aspects Care Ltd staff is required to follow the hand-hygiene policy and procedures. This includes ensuring that their hands are washed before fitting on protective gloves or making contact with other protective clothing. Towels used for drying hands after contact should be used only once.

Staff must ensure that water resistant plasters or other impermeable dressings are used when staff members have a wound, cut or graze. Linens should be changed and washed on a regular basis. Staff should also see that bedside equipment and frequently touched surfaces are cleaned daily.

## **Covid-19 Infection Prevention and Control Guidance**

### **Patients/Individuals treatment, care and support to be managed in 3 COVID-19 pathways:**

- **High risk:** There is no change in recommendations for IPC (Infection Prevention Control) or for the use of PPE by staff when managing patients/individuals who have, or are likely to have, COVID-19
- **Medium risk:** This includes patients/individuals who have no symptoms of COVID-19 but do not have a COVID-19 SARS- CoV-2 PCR test result.

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- **Low risk:** Patients/individuals with no symptoms and a negative COVID-19 SARS- CoV-2 PCR test who have self-isolated prior to admission for example following NICE guidance.

Detailed Risk Assessments will be implemented for each member of staff employed by Aspects Care Ltd CIC.

### **COVID-19 Infection Prevention and Control Guidance: Care Pathway (SSH – Specialised Social Housing)**

These pathways are specific to the COVID-19 pandemic and are examples of how organisations may separate COVID-19 risks. It is important to note that these pathways do not necessarily define a service to a particular pathway and should not impact the delivery and duration of care for the patient or individual. Implementation strategies must be underpinned by patient/procedure risk assessment, appropriate testing regimens (as per organisations or country specific) and epidemiological data.

Additional information on specific settings can be found in: NICE (2020) [‘COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services’](#)

Screening and triaging within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases. See Appendix 1 for an example of triage questions. Triage should be undertaken by clinical staff who are trained and competent in the application of the [clinical case definition](#) prior to arrival at a care area, or as soon as possible on arrival, and allocated to the appropriate pathway. This should include screening for other infections/multi-drug resistant organisms, including as per national screening requirements.

Infection risk and infection prevention and control precautions, for example Standard Infection Control Precautions (SICPs) or Transmission Based Precautions (TBPs) must be communicated between care areas.

#### **1. High - Risk COVID-19 Pathway Section 9: SICPs and TBPs**

Any care facility where:

a) Untriaged individuals present for assessment or treatment (symptoms unknown)

**OR**

b) Confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for



**OR**

c) Symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results

**OR**

d) Symptomatic individuals who decline testing

**Examples of patient (individual) groups/facilities within these pathways:**

**These lists are not exhaustive:**

- Designated areas within Emergency/Resuscitation Departments
- GP surgeries/walk in centres
- Facilities where confirmed or suspected/symptomatic COVID-19 individuals are cared, for example:
  - Emergency admissions to in-patient areas (adult and children)
  - Mental Health
  - Maternity
  - Critical Care Units
  - Renal dialysis units

**2. Medium Risk COVID-19 Pathway Section 8: SICPs and TBPs**

Any care facility where:

a) Triaged/clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 (COVID-19) test result with no known recent COVID-19 contact

**OR**

b) Testing is not required or feasible on asymptomatic individuals and infectious status is unknown

**OR**

c) Symptomatic individuals decline testing

**3. Low Risk COVID-19 Pathway Section 6: SICPs**

Date Policy Implemented December 2011 by Paul Graham, Registered Care Manager

Reviewed in line with Mental Capacity Act 2005

Policy Reviewed January 2023 by Paul Graham – Director of Services

Any care facility where:

a) Triage/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded

**AND**

Have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date

**OR**

b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test

**OR**

c) Patients or individuals are regularly tested (remain negative)

#### **4. Administration measures for the pathways**

1. Establish separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas:
  - Hospital care areas (for example, ward, clinic, GP practice, care home) may designate, self-contained area(s) or ward(s) for the treatment and care of patients/individuals at high, medium and low risk of COVID-19. Temporal separation may be used in clinics/primary care settings
  - As a minimum in smaller facilities or primary care outpatient settings physical/ or temporal separation of patients/departments at high risk of COVID-19 from the rest of the facility/patients
2. Ensure that hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as:
  - Hand hygiene facilities including instructional posters
  - Good respiratory hygiene measures

- Maintaining physical distancing of 2 metres at all times (unless wearing PPE due to clinical care or personal care)
- Frequent decontamination of equipment and environment
- Clear advice on use of face coverings and facemasks by patients/ Individuals, visitors and by staff in non-patient facing areas.

This will include:

- Use of face coverings by all outpatients (if tolerated) and visitors when entering a hospital or GP/dental surgery
  - Use of a surgical facemask (Type II or Type IIR) by all inpatients in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care, such as when receiving oxygen therapy, to minimise the dispersal of respiratory secretions and reduce environmental contamination
  - Extended use of facemasks by all staff (England /Scotland) in both clinical and non-clinical areas within the healthcare setting
  - All visitors should wear a face covering in healthcare settings
  - Where visitors are unable to wear face coverings due to physical or mental health conditions or a disability, clinicians should consider what other IPC measures are in place, such as physical distancing, to ensure sufficient access depending on the patient's condition and the care pathway
3. Where possible and clinically appropriate remote consultations rather than face-to-face should be offered to patients/individuals
  4. Ensure restricted access between pathways if possible, (depending on size of the facility, prevalence/incidence rate low/high) by other patients/ individuals, visitors or staff, including patient transfers, communal staff areas (changing rooms/restaurant). As the prevalence/incident rates decline this may not be necessary between pathways providing the IPC measures are maintained
  5. Ensure areas/wards are clearly signposted, using physical barriers as appropriate to ensure patients/individuals and staff understand the different risk areas.

6. Ensure local standard operating procedures detail the measures to segregate equipment and staff including planning for emergency scenarios as the prevalence/incidence of COVID-19 may increase and decrease until cessation of the pandemic.
7. Ensure a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals). Positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation.
8. If prevalence/incidence rate for COVID-19 is high, where possible, assign teams of medical/nursing and domestic staff to care for individuals in isolation/cohort rooms/areas/pathways. If a member of staff is required to move between sites/hospitals due to the unique function of their role, all IPC measures including physical distancing must be maintained.
9. Providers of planned services should be responsive to local and national prevalence/incidence data on COVID-19 and adapt processes so that services can be stepped-up or down. This can be assessed using weekly COVID-19 surveillance report from the respective countries and depending on the data, the pressure on the healthcare services and local capacity and resources.
10. Safe systems of working including administrative, environmental and engineering controls are an integral part of IPC measures. Standards for ventilation\* will apply to specific areas in a healthcare setting for example, theatres and endoscopy suites.

## **5. Community Settings**

Areas where triaging for COVID-19 is not possible for example, community pharmacy:

- Signage at entry points advising of the necessary precautions

- Staff should maintain 2 metres physical distance with customers / service users, using floor markings, clear screens or wear surgical face masks (Type IIR) where this is not possible.
- Patients/individuals with symptoms should be advised not to enter the premises

## **6. Outpatient/primary/day care**

In outpatient, primary care and day care settings:

- Where possible services should utilise virtual consultation
- If attending outpatients or diagnostics, service providers should consider timed appointments and strategies such as asking patients/individuals to wait to be called to the waiting area with minimum wait times
- Patients/individuals should not attend if they have symptoms of COVID-19 and communications should advise actions to take in such circumstances for example for patients/individuals receiving chemotherapy and renal dialysis
- Communications prior to appointments should provide advice on what to do if patients/individuals suspect they have come into contact with someone who has COVID-19 prior to their appointment
- Outpatient letters should be altered to advise patients/individuals of parking, entrances, IPC precautions and COVID-19 symptoms
- Patients/individuals must be instructed to remain in waiting areas and not visit other parts of the facility
- Prior to admission to the waiting area, all patients/individuals and accompanying persons should be screened for COVID-19 symptoms and assessed for exposure to contacts
- Patients/individuals and accompanying persons will also be asked to wear a mask / face covering at all times

NB. In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for

each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.

### **COVID-19 Infection Prevention and Control Guidance: Standard Infection Prevention Control Precautions (SICPs) – All Pathways (HMO's and Affordable Housing)**

SICPs are the basic IPC measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection and are required across ALL COVID-19 pathways. SICPs must therefore be used by all staff, in all care settings, at all times and for all patients/individuals, whether infection is known or not, to ensure the safety of patients/individuals, staff and visitors. This section highlights the key measures for the COVID-19 pathways. Please refer to the practical guide. For additional information on the other elements which remain unchanged.

The elements of SICPs are:

- Patient placement and assessment for infection risk (screening/triaging)
- Hand hygiene
- Respiratory and cough hygiene
- Personal protective equipment (see below)
- Safe management of the care environment (see below)
- Safe management of care equipment (see below)
- Safe management of healthcare linen
- Safe management of blood and body fluids
- Safe disposal of waste (including sharps)
- Occupational safety: prevention and exposure management
- Maintaining social/physical distancing (new SICP due to COVID-19)

#### **1. Personal protective equipment (PPE)**

For the purpose of this document, the term 'personal protective equipment' is used to describe products that are either PPE or medical devices that are approved by the Health and Safety Executive (HSE) and the Medicines and

Healthcare products Regulatory Agency (MHRA) as protective solutions in managing the COVID-19 pandemic.

Local or [national uniform policies](#) should be considered when wearing PPE.

**All PPE should be:**

- Located close to the point of use (where this does not compromise patient safety, for example, mental health/learning disabilities). In domiciliary care PPE must be transported in a clean receptacle
- Stored safely and in a clean, dry area to prevent contamination
- Within expiry date (or had the quality assurance checks prior to releasing stock outside this date)
- Single use unless specified by the manufacturer or as agreed for extended/sessional use including surgical facemasks
- Changed immediately after each patient and/or after completing a procedure or task
- Disposed into the correct waste stream depending on setting, for example domestic waste/offensive (non-infectious) or infectious clinical waste
- Discarded if damaged or contaminated
- Safely doffed (removed) to avoid self-contamination.
- Decontaminated after each use following manufactures guidance if reusable PPE is used, such as non-disposable goggles/face shields/visors.

**Gloves must be:**

- Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- Changed immediately after each patient and/or after completing a procedure/task even on the same patient
- Never decontaminated with alcohol-based hand rub (ABHR) or soap between use

NB. Double gloving is NOT recommended for routine clinical care of COVID-19 cases and vinyl medical gloves should only be worn in care situations where there is no anticipated exposure to blood and/or body fluids.

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**Aprons must be:**

- Worn to protect uniform or clothes when contamination is anticipated or likely
- Worn when providing direct care within 2 metres of suspected/confirmed COVID-19 cases
- Changed between patients and/or after completing a procedure or task

***Full body gowns or fluid repellent coveralls must be:***

- Worn when there is a risk of extensive splashing of blood and/or body fluids
- Worn when undertaking aerosol generating procedures
- Worn when a disposable apron provides inadequate cover for the procedure or task being performed
- Changed between patients/individuals and immediately after completing a procedure or task unless sessional use is advised due to local/national data

**Eye or face protection (including full-face visors) must:**

- Be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely, e.g. by members of the surgical theatre team and always during aerosol generating procedures, regular corrective spectacles are not considered eye protection
- Not be impeded by accessories such as piercings or false eyelashes
- Not be touched when being worn

**Fluid resistant surgical face mask (FRSM Type IIR) masks must:**

- Be worn with eye protection if splashing or spraying of blood, body fluids, secretions, or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely
- Be worn when delivering direct care within 2 metres of a suspected/confirmed COVID-19 case
- Be well-fitted and fit for purpose, fully cover the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- Not touched once put on or allowed to dangle around the neck
- Be replaced if damaged, visibly soiled, damp, uncomfortable or difficult to breathe through.



### **Surgical face masks Type II must be:**

- Worn for extended use by healthcare workers when entering the hospital or care setting, a Type IIR is also suitable. Type I are suitable in some settings, refer to the resource section for country specific guidance (England and Scotland)

### **Head/footwear:**

- Headwear is not routinely required in clinical areas (even if undertaking an AGP) unless part of theatre attire or to prevent contamination of the environment such as in clean rooms
- Headwear worn for religious reasons (for example, turban, kippot veil, headscarves) are permitted provided patient safety is not compromised. These must be washed and/or changed between each shift or immediately if contaminated and comply with additional attire in, for example theatres
- Foot/shoe coverings are not required or recommended for the care of COVID-19 cases.

Note that PPE may restrict communication with some individuals and other ways of communicating to meet their needs should be considered.