

**BUDDIES COMMUNITY CARE LTD
IPC AND POLICY LEAD: JAMES DANIEL PAY**

INFECTION PREVENTION AND CONTROL POLICY

CONTENTS

1. Introduction.....	2
2. Policy Statement.....	2
3. Scope.....	2
4. Purpose	2
5. Designated Infection Prevention and Control (IPC) Lead	3
6. Infectious Diseases	3
7. Notifiable Infectious Diseases	3
8. Infestation	4
9. Handwashing	5
10. Respiratory Hygiene and Cough Etiquette.....	8
11. Aseptic Non-Touch Technique.....	8
12. Management of Indwelling Devices	8
13. Safe Handling and Disposal of Sharps.....	9
14. Personal Protective Equipment (PPE).....	12
15. Cleaning Blood and Body Fluid Spills.....	14
16. Infection Prevention and Control Training.....	14
17. Uniform and Workwear Dress Code	15
18. Infection Susceptibility	15
19. Infectious Clients	16
20. Immunisations	16
21. Monitoring.....	17
22. Related Policies	17
23. Legislation and Guidance	17
24. Summary of Review	Error! Bookmark not defined.
25. APPENDIX A List of Notifiable Diseases	Error! Bookmark not defined.

Introduction

Clear accountability, procedures, lines of communication and clear delegation of authority are essential for the management of infection hazards.

It is recognised that effective healthcare associated infection prevention requires commitment and active involvement of all staff members. It is therefore vital that the infection prevention process is communicated and embedded throughout the organisation. This policy will cover the management arrangements for Infection Prevention and Control.

Policy Statement

[BUDDIES is committed to reducing and controlling the risk of infections and has produced this Infection Prevention and Control Policy to comply with the Health and Social Care Act 2008: code of Practice on the prevention and control of infections.

BUDDIES will also comply with all the mandatory requirements as well as Best Practice Infection Prevention and Control Guidelines for the safe delivery of care in the work environment.

This policy will be reviewed and revised annually, or if a change in the law dictates.

Scope

This policy applies to all staff members within the organisation who are involved in direct client care.

James Pay is responsible for supporting staff members with their compliance of this policy and for ensuring that the contents remain current and in line with best practice.

This policy is to be used in conjunction with the Infection, Prevention, Control Guidance as per the hyperlink from Infection Prevention Control NHS [Domiciliary Care - Infection Prevention Control](#).

BUDDIES infection control lead will check the contents list located within the NHS ICP Policies webpage as per their recommendations on a monthly basis to ensure the latest guidance/alerts are captured.

Purpose

The purpose of this policy is to:

- Ensure that systems are in place to manage and monitor the prevention and control of infection.
- Assess infection control risks to clients, including any risks that the environment, staff members or users may pose.

- Assess the susceptibility of clients and staff members.
- Ensure the prompt identification of clients and others who have, or are at risk of developing, an infection, so that they receive timely and appropriate treatment to reduce the risk of transmitting an infection to other people and to work closely with other healthcare professionals as appropriate.

Designated Infection Prevention and Control (IPC) Lead

The designated Infection Prevention and Control (IPC) Lead for [BUDDIES will oversee the implementation of Infection Prevention and Control Policies, be responsible for the company's IPC programme implementation, management and structure, challenge inappropriate practice and assess the impact of all new and existing policies on infections, as well as make recommendations for change.

The designated Infection Prevention and Control (IPC) Lead must provide information on each facility operated by the company and make this available for anyone who wishes to see it. The statement must provide a short review on:

- Audits undertaken and any action taken following recommendations from the audit.
- Risk assessments undertaken for the prevention of and control of infection.
- Training received by staff members.
- Review and update of policies, procedures and guidance.

The designated IPC Lead will ensure that all equipment owned by BUDDIES is cleaned according to the cleaning schedule in the IPC Programme. All staff members must be aware of their responsibility to ensure the spread of infection is controlled and managed through effective cleaning procedures.

Infectious Diseases

BUDDIES is aware that Health protection legislation in England gives public authorities powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. See the revised measures within the amended Public Health (Control of Disease) Act 1984 and its accompanying regulations.

Notifiable Infectious Diseases

Although not fully applicable to [BUDDIES as we are not a laboratory or medical practitioner, we are aware there are certain diseases that should be reported if diagnosed as per UK Health Security Agency Guidelines [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](#) (See also Appendix A).

Infestation

BUDDIES recognises that prevention of the ingress of pests, and the effective control of pests at a client's property, is an essential environmental standard for the delivery of good quality care to clients.

All staff members have a role to play in preventative pest control, from complying with guidance found in the infection control policy, through to maintaining high standards of tidiness and cleanliness in work areas, in addition to reporting the presence or suspicion of pests. Pests carry a large number of disease organisms as well as carrying contaminated material with them. Therefore, it is imperative that pests are controlled to ensure they do not ingress into the healthcare environment. The Infection Control Team should be informed of any serious infestation reported.

Comprehensive cleaning of premises will help to ensure effective pest prevention and control. Prompt recognition is important for the control and management of these infestations.

Parasites responsible for human skin infestations:

- Human Lice
- Head Louse (*Pediculus humanus capitis*)
- Crab/Pubic Louse (*Phthirus pubis*)
- Body Louse (*Pediculus humanus humanus*)
- Scabies (*Sarcoptes scabiei*).

Infestation of the Environment

Pests (animals or insects that cause damage, annoyance, distress and may present a risk of infection) that commonly infest premises are:

- Ants
- Bats
- Bed Bugs
- Bees
- Birds
- Cockroaches
- Fleas
- Foxes
- Houseflies
- Mice
- Rats
- Rodents
- Squirrels
- Wasps.

Handwashing

Working closely with both clients and colleagues demands adequate attention to personal hygiene. Such attention should be paid to:

- regular bathing
- adequate oral/dental hygiene
- control of offensive body odours.

Most healthcare-associated infections are preventable through good hand hygiene, through the cleaning of hands at the right times and in the right way. The aim of routine hand washing is to remove dirt and most transient micro-organisms (germs that can be easily removed by hand washing) found on the hands. All staff members must wash their hands:

- before starting work
- before eating, preparing or handling food
- before and after administering treatment or interventions of any kind
- before and after physical contact with clients and/or their surroundings
- after any activity that contaminates the hands
- after using the toilet
- after sneezing/blowing the nose
- after cleaning activities
- before going home
- after all other occasions when hands are thought to have been subject to contamination of any kind
- after changing nappies/incontinence pads
- after handling/clearing up after clinical waste
- after handling animals
- after smoking.

Good hand hygiene is essential to maintaining effective infection control.

All staff will receive training on the World Health Organisation's approach to hand washing. Further information is available here: [Hand hygiene for all initiative: improving access and behaviour in health care facilities \(who.int\)](http://www.who.int/handhygiene)

Hands should be thoroughly washed with liquid soap under running warm water, following the proper technique, and dried thoroughly. Any breaks to the skin should be covered to reduce the risk of contamination. Guidance from the National Patients Safety Agency will be made available, explaining the correct hand washing procedure. Alcohol rubs and gels should not replace adequate hand washing.

Liquid soap

Hand washing with liquid soap and water removes dirt and organic material and should be used:

- before and after physical contact (usually via physical examination) with a client
- following direct hand contact with body fluids when gloves should have been worn
- when hands are visibly dirty or soiled with body fluids and other organic matter
- after several consecutive applications of alcohol gel/rub.

Alcohol hand-rub

There are many different products sold as disinfectant hand-rubs, but according to the World Health Organisation (WHO), alcohol-based hand-rubs are the only product to reduce or inhibit the growth of microorganisms with maximum efficiency. To be most effective, the hand-rub should contain 60–80% alcohol. Alcohol gel/rub is not effective when hands are visibly dirty or soiled. It will not remove dirt or organic material and is not effective against some organisms (e.g., Clostridium Difficile and Norovirus).

Hands must be decontaminated with alcohol gel/rub before invasive tasks, such as dressings (wash hands first with soap and water if visibly soiled). Alcohol gel/rub works very well and is more effective than soap and water at disinfecting physically clean hands, as well as being quicker and easier to use. In addition:

- 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.

Alcohol gel/rub is flammable and must be correctly stored.

Muslims and alcohol-based hand-rub

In Islam, any substance that man can manufacture or develop in order to alleviate illness or contribute to better health is clearly permitted. When formulating their uniforms and workwear policy, the Department of Health sought advice from the 'Muslim Spiritual Care Provision' in the NHS (MSCP) on alcohol-based hand-rub. The MSCP advised that, as alcohol-based hand-rubs contain synthetic alcohol, they do not fall within the Muslim prohibition against natural alcohol (made from fermented fruit or grain). Alcohol-based hand-rub has been used widely in Islamic countries within health care settings for many years. It is permissible for Muslims to use these hand-rubs.

Emollients

Although emollients (a preparation that softens the skin) are now standard ingredients in most liquid soaps and alcohol hand-rubs (this is sometimes a substance called Lanolin), some staff members may experience prolonged soreness or sensitisation, and this should be discussed with the Infection Prevention and Control Lead.

Skin Damage

Skin damage may be associated with a poor hand washing technique or the frequent use of hand hygiene agents. Excoriated hands are associated with an increased growth of germs and an increased risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff members fail to follow hand hygiene guidelines. The best practice below details what staff members should do to help prevent skin damage:

- be aware of the potentially damaging effects of hand hygiene products
- avoid putting on gloves while their hands are still wet from washing or applying alcohol hand-rub
- avoid rubbing hands with paper towels; skin should be patted dry
- avoid over-use of gloves
- use emollient hand cream regularly (e.g., after washing hands, before breaks, when going off duty and when off duty).

If irritation occurs, review compliance with the hand decontamination technique and then inform the Infection Prevention and Control Lead. In addition:

- 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.

Hand Drying

Dry hands thoroughly. Improper drying can re-contaminate hands that have already been washed. Correct drying can further reduce the risk of micro-organisms remaining on the hands after washing. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage. Where possible, disposable paper towels should be used to ensure that hands are dried thoroughly.

Bare Below the Elbows

In November 2007, the Department of Health announced that healthcare professionals should adopt a 'Bare Below the Elbows' policy whilst providing or undertaking care

procedures. 'Bare Below the Elbows' is where the hands and arms up to the elbow/mid forearm are exposed and free from clothing and jewellery. To control and prevent the spread of infection, [BUDDIES will ensure that staff members follow the following best practices:

- nails should be short and clean and there should be no nail polish or extensions
- wrist watches should not be worn
- no other jewellery should be worn around the wrist
- alert bracelets should be removed and attached around a lanyard or pinned to the uniform
- no rings with stones should be worn but one plain band is acceptable.

Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette must be always applied as a standard infection prevention and control precaution. The measures include:

- covering the nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing the nose
- disposing of used tissues into a waste bin immediately after use
- washing hands with soap and water after coughing, sneezing, using tissues or after contact with respiratory secretions or objects contaminated by these secretions
- keeping contaminated hands away from the mucous membranes of the eyes and nose.

Aseptic Non-Touch Technique

Aseptic Non-Touch Technique (ANTT) will be used to carry out a procedure in a way that minimises the risk of contaminating an invasive device, such as a urinary catheter or a susceptible body site.

Management of Indwelling Devices

The use of indwelling devices (e.g., urinary catheter, IV access) are common in healthcare, but they are frequently responsible for healthcare associated infections such as urinary tract, insertion site and blood stream infections.

Prevention of infection is complex, and good practice is required at all stages of care whilst these devices are in situ.

NICE Guidance can be found here:

[1 Guidance | Healthcare-associated infections: prevention and control in primary and community care | Guidance | NICE](#)

Safe Handling and Disposal of Sharps

All staff members will be provided with training on how to safely handle sharps during their initial and ongoing IPC training. The Infection Prevention and Control Lead will be responsible for ensuring all operational staff members have undergone the relevant training prior to being deployed into environments where they may be exposed to sharps. Where possible, the Company will:

- provide sharps bins any time it is necessary to use sharps, if clients do not have their own
- enforce the use of sharps bins to dispose of all sharps, where the disposal of sharps in any other way may result in disciplinary action, including dismissal
- ensure that only suitably trained staff members are authorised to use and handle sharps.

Although BUDDIES cannot guarantee the type of equipment provided and used by clients, the management of clinical sharps should include:

- safe storage, out of reach of children
- sharps that are single use only
- not re-sheathing needles
- disposing of needles that are bent or broken before use
- disposing syringes and needles as a single unit, not dismantling by hand
- discarding sharps immediately after use directly into a sharp's container
- sharps containers that conform to UN standard 3291 and British Standard 7320
- sharps containers that are correctly assembled never over-filled (i.e., above the manufacturers' fill line on the box/more than $\frac{3}{4}$ full)
- sharps containers that are appropriately sealed in accordance with the manufacturers' instructions once full, and disposed of according to the local clinical waste disposal policy
- never removing items from sharps containers and using the temporary closure mechanism in between each use/disposal for safety
- completing the label on the sharps container when starting to use the container and again once sealed to facilitate tracing if required
- closing the aperture when carrying the container or when it is left unsupervised to prevent spillage or tampering
- not attempting to press down sharps to make more room
- carrying sharps containers by the handle and holding them close to the body
- using a safe retrieval technique if sharps are spilled from a container (e.g., a dustpan and brush)
- not placing sharps containers on the floor or above shoulder height and placing out of direct sunlight.

All injuries from sharps must be reported immediately to the appropriately designated

individual so that immediate treatment can be provided. If the designated individual is not available, then treatment must be sought from the nearest registered source (e.g., A&E or a minor injury unit).

Occupational exposure management

Needlestick or 'sharps' injuries are one of the most common types of injury reported by healthcare professionals. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure (e.g., a needlestick injury, particularly involving hollow-bore needles).

Blood and body fluids, such as saliva, semen and vaginal fluid, can contain viruses that can be passed on to other people. If you have contact with a person's blood or body fluids you could be at risk of HIV, hepatitis B or hepatitis C, or other blood-borne illnesses. Body fluids, such as sweat, tears, vomit or urine, may contain and pass on these viruses when blood is present in the fluid, but the risk is low. Risks also exist from splashes of blood/body fluids/excretions/secretions, particularly to mucous membranes. However, this risk is considered to be smaller.

There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal–oral route.

What does 'needlestick' or 'Sharps' injury mean?

For the purposes of this policy, the definition of a needlestick (or sharp) includes items, such as needles, sharp-edged instruments, broken glassware or any other item that may be contaminated with blood or body fluids and could cause a laceration or puncture wound. This could include razors, sharp matter/tissue or spicules of bone and teeth. Occupational exposure including needlestick (sharps) injury refers to the following injuries or exposures:

- percutaneous injury (from needles, instruments, bone fragments or human bites that break the skin)
- exposure of broken skin (abrasions, cuts, eczema etc.)
- exposure of mucous membranes, including the eyes, nose and/or mouth.

Actions in the event of an occupational exposure, including a needlestick or similar injury first aid

Perform first aid to the exposed area immediately, as follows:

- skin/tissues should be gently encouraged to bleed
- do not scrub or suck the area
- wash/irrigate with soap and warm running water
- do not use disinfectants or alcohol
- cover the area using a waterproof dressing
- eyes and mouth should be rinsed/irrigated with copious amounts of water

- if contact lenses are worn, irrigation should be performed before and after their removal
- do not replace the contact lens
- do not swallow the water which has been used for mouth rinsing.

Blood-Borne Viruses (BBVs)

BBVs are viruses that some people carry in their blood, which may cause severe disease in certain people with few or no symptoms at all in others. The virus can spread to another person whether the carrier of the virus is ill or not. The main BBVs of concern are:

- Hepatitis B virus (HBV), Hepatitis C virus and Hepatitis D virus, all of which cause hepatitis
- Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS) affecting the immune system of the body. These viruses can also be found in body fluids other than blood (e.g., semen, vaginal secretions and breast milk).

Other body fluids or materials, such as urine, faeces, saliva, sputum, sweat, tears and vomit, carry a minimal risk of BBV infection, unless these fluids or materials are contaminated with blood. However, care should still be taken as the presence of blood is not always obvious and clients may not have any symptoms of a BBV.

All staff members at risk of exposure to a BBV should be vaccinated against Hepatitis B, especially as staff members are at risk of BBV as much as clients are at risk of contracting a BBV from staff members. When on assignment, all cuts and abrasions should be covered with a waterproof dressing before providing care and staff members with skin conditions should seek advice from their own GP to minimise their risk of infection through open skin lesions.

Prevention of exposure to BBVs, including prevention of sharps injuries

The health and wellbeing of all staff members is of the utmost importance to [Company Name] and, as such, all reasonable steps will be taken to minimise risk and prevent exposure to BBVs. All staff members will receive IPC training as a part of their initial and ongoing update training. This training will highlight:

- the importance of wearing disposable gloves, aprons, face masks and goggles to prevent exposure to BBVs
- the safe handling and disposal of sharps
- emergency procedures in the event of BBV exposure
- the types of BBVs.

Where appropriate, staff members with a significant risk of exposure to blood or bodily fluids will be offered immunisation against Hepatitis B.

Management of exposure to BBVs

Exposure/contamination is classed as any of the following:

- inoculation of blood by needlestick or other penetrating injury
- contamination of broken skin by bodily fluids
- bodily fluids entering the mouth eyes or nose
- human bites where the skin has been broken.

Any suspected contamination should be treated with the utmost urgency. Any member of staff who has significant occupational exposure to blood or bodily fluids must notify the appropriately designated person, as soon as practicably possible. The member of staff should immediately, without delay, make their way to the nearest Emergency Department and seek further clinical advice. The appropriately designated person will immediately seek advice, from the Infection Prevention and Control Lead and arrange a debrief with the individual.

In all instances where staff members have been exposed to blood or bodily fluids, an incident report and accident report form must be completed as per the associated policy. This will enable the company to carry out an investigation and implement measures to prevent incidents reoccurring. If treatment is provided, documentation must also be completed and submitted along with an accident form and an incident report. Completion of paperwork must not delay treatment and can be completed by a colleague or post incident.

In cases where staff members have or have potentially been exposed to HIV or Hepatitis B, this information should be passed onto the appropriately designated person and the Emergency Department attended by the staff members to enable Post Exposure Prophylactic (PEP) treatment to be started.

Personal Protective Equipment (PPE)

The application of appropriate PPE during care delivery must be determined by assessing the risk to and from individuals. This includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids. Before undertaking any procedure, healthcare professionals should assess any likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes and wear PPE that protects adequately against the risks associated with the procedure. All PPE must be:

- located close to the point of use
- stored to prevent contamination in a clean, dry area until required for use (expiry dates must be kept to)
- single use only items, unless specified by the manufacturer

- be decontaminated after each use for reusable PPE items
- changed immediately after each client and/or after completing a procedure or task
- disposed of after use as per the correct waste disposal.

Gloves must conform to current European Community standards and be:

- worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
- sterile where there is a risk that key parts or key sites cannot be protected, such as during urinary catheter interventions
- changed immediately after each client and/or after completing a procedure or task for the same client
- changed if a perforation or puncture is suspected
- appropriate for use, fit for purpose and well-fitting.

Polythene gloves must not be used for clinical interventions and hand hygiene products should NEVER be applied to gloved hands. Alternatives to natural rubber latex gloves will be available for clients, carers and healthcare professionals who have a documented sensitivity to natural rubber latex.

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated or likely
- changed between clients and/or after completing a procedure or task.

Footwear must be:

- visibly clean, non-slip and well-maintained
- supportive and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps.

BUDDIES will source PPE from local authority, or reputable pharmacy or supplier as appropriate.

PPE will always be available for use by all staff throughout the duration of their shift.

COVID-19

The most up to date government guidance for the use of PPE in caring for clients with COVID-19 can be found here: <https://www.gov.uk/guidance/covid-19-information-and-advice-for-health-and-care-professionals>.

Cleaning Blood and Body Fluid Spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE. Clean spillages using a product that combines a detergent and disinfectant, ensuring it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use. A spillage kit should be available for bodily fluids, such as blood, vomit and urine.

Full guidance on product use for cleaning can be found at [Safe management of blood and body fluids \(infectionpreventioncontrol.co.uk\)](https://infectionpreventioncontrol.co.uk).

Cleaning Equipment

There are 3 levels of decontamination - cleaning, disinfection, and sterilisation. All reusable care equipment must be adequately decontaminated after use on a client. The method recommended will depend on the manufacturer's instructions, a risk assessment of the procedure and the item being used. [Company Name] will follow the NHS Infection, Prevent, Control Policy located via this link [Safe management of care equipment Policy for Domiciliary Care staff members s - Infection Prevention Control](#).

Single Use Medical Devices

Single use medical devices must be used on one client only. It is expressly forbidden to use single use devices on multiple clients. Any team member found to be using a single use medical device on multiple clients may face disciplinary action, including dismissal. Single use medical devices must be disposed of safely, according to the manufacturer's guidelines.

Infection Prevention and Control Training

All staff members should be made aware of this policy and will be trained appropriately to ensure that they are suitably skilled, competent and able to advise on Infection Prevention and Control in relation to keeping clients protected from acquiring infection. All staff members will receive annual training in Infection Prevention and Control, including how to effectively clean and decontaminate surface(s) and equipment.

The Infection Prevention and Control Lead will support adherence to the procedures contained in this policy. They will comply with the criteria in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

Uniform and Workwear Dress Code

PPE should be used during contact where there is a risk of contact with bodily fluids. Disposable aprons should be worn when there is danger of uniform becoming contaminated with bodily fluids. All operational staff members will adopt a 'bare below the elbows' approach to uniform. Long sleeved garments must be pushed up to the elbows during client contact to avoid contamination of the clothing and to enable effective hand washing. Wrist watches, rings (apart from wedding ring), bracelets and other jewellery may not be worn on the hands or arms. Should the wearing of a wristwatch be necessary, it must be removed prior to client contact.

Effective hygiene and preventing infection are absolutes in all care settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff members wear should facilitate good practice and minimise any risk to clients.

Uniforms and workwear should not impede effective hand hygiene and should not unintentionally come into contact with clients during the course of examination, diagnosis, treatment or care interventions of any kind.

In addition:

- staff members should wear gloves and aprons when deemed appropriate
- staff members should change as soon as possible if their uniform or clothing becomes visibly soiled or contaminated
- wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- clean washing machines and tumble driers regularly in accordance with the manufacturer's instructions
- staff members should have at least enough uniforms available to change each day or to reasonably enable staff members to start each day with a clean uniform
- staff members should wash heavily soiled uniforms separately
- separate washing of uniforms will eliminate any possible cross-contamination from high levels of soiling and enable the uniform to be washed at the highest recommended temperature.

Infection Susceptibility

BUDDIES recognises that the overall health and personal circumstances of some clients may make them more susceptible to infections than others.

Older adults or children may be more susceptible to infections due to the likelihood of chronic illnesses such as diabetes or arthritis and the natural weakening of the immune system with age. Older adults are also more like to have multiple co-morbidities which

can also have a negative impact on their natural immunity.

The other syndrome that occurs when people age is frailty. When people become frail, their Body Mass Index (BMI) drops and this can cause them to have difficulties functioning independently, in terms of their daily living activities. They become more prone to falls and injuries. All of these factors may predispose some clients to infections.

People with weakened immune systems due to underlying medical conditions, such as cancer, diabetes, liver or kidney disease, alcoholism, and HIV or AIDS, are more likely to get an infection. Treatments that make it more difficult for the body to fight off illness, such as steroids and chemotherapy, can also increase the chance of infection.

BUDDIES will ensure that individual risk assessments are carried out for all clients and reviewed regularly to identify those susceptible to infections and where applicable extra precautions will be put in place (i.e. additional PPE).

The risk assessment will include:

- Identifying tasks or activities that carry the risk of introducing or spreading infection.
- Identifying the people who may be most vulnerable to the spread of infection.
- Evaluating the risks and implementing precautions and controls.
- Keeping thorough and accurate records of every risk assessment.

Infectious Clients

After handing a client with C-Diff, MRSA or other potentially transmittable infection, it is important to clean the environment to stop the spread of infection. However, if the client has vomited, bled or urinated on the floor, then the whole area should be cleaned. The area can be cleaned using the appropriate recommended chemical cleaning products as per Dom Care NHS ICP MRSA Policy for Domiciliary Care staff members - Infection Prevention Control, C. difficile (Clostridioides difficile) Policy for Domiciliary Care staff members - Infection Prevention Control.

Immunisations

Under the Health and Safety at Work Act (HSWA) 1974, employers and staff members have specific duties to protect, so far as reasonably practicable, those at work and others who may be affected by their work activity, such as contractors, visitors and clients. Central to health and safety legislation is the need for employers to assess the risks to staff members and others.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 require employers to assess the risks from exposure to hazardous substances, including pathogens (called biological agents in COSHH), and to bring into effect the measures

necessary to protect workers and others from those risks as far as is reasonably practicable.

Any vaccine-preventable disease that is transmissible from person to person poses a risk to both staff members and their clients. Staff members have a duty of care towards their clients which includes taking reasonable precautions to protect them from communicable diseases.

All staff members should be up to date with their routine immunisations e.g., tetanus, diphtheria, polio and MMR.

The BCG and Hep B vaccines are recommended for staff members who may have close contact with infected clients, and their blood- or blood-stained fluids.

The Influenza vaccine is recommended for staff members directly involved in client care and should be offered annually.

Varicella vaccine is recommended for susceptible staff members and workers with a negative or uncertain history of chickenpox or herpes zoster should be serologically tested and vaccine only offered to those without the varicella zoster antibody.

COVID-19

BUDDIES encourages its staff to make sure they receive the vaccinations they are eligible for, including vaccination against COVID-19 and associated boosters. Risk assessments will be undertaken to ensure the safety of people who receive care and workers wherever possible.

Monitoring

Compliance with this policy will be monitored by the Infection Control Lead, through the examination of adverse incident reports and regular auditing. Lessons learned will be discussed at individual supervisions, Management Team meetings and at team meetings.

Related Policies

- Health and Safety Policy
- Incident Management Policy

Legislation and Guidance

Relevant Legislation

- Control of Substances Hazardous to Health Regulations 2002
- Health and Safety at Work Act 1974

- Management of Health and Safety at Work Regulations 1999
- Public Health (Control of Disease) Act 1984 (as amended)
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
- The Health and Social Care Act 2008. Code of Practice on the Prevention and Control of infections and related guidance Act 2008
- The Medical Devices Regulations 2002

Guidance

- Gov.uk (2022), COVID-19: information and advice for health and care professionals , <https://www.gov.uk/guidance/covid-19-information-and-advice-for-health-and-care-professionals>
- Health and Safety Executive, (2011), Blood-borne viruses in the workplace Guidance for employers and employees. [Online] Available from: <http://www.hse.gov.uk/pubns/indg342.pdf>
- Health and Safety Executive, (2013), Reporting injuries, diseases and dangerous occurrences in health and social care Guidance for employers. [Online] Available from: <https://www.hse.gov.uk/riddor/index.htm>
- National Institute for Health and Care Excellence, (2012), Healthcare-associated infections: prevention and control in primary and community care Clinical guideline [CG139] Published date: March 2012. [Online] Available from: <https://www.nice.org.uk/guidance/cg139/chapter/1-guidance>
- National Institute for Health and Care Excellence, (2015), Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NICE guideline [NG15] [Online] Available from: <https://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started>
- Public Health England, (2014), Communicable disease outbreak management: operational guidance. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2.pdf
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Department of Health, (2015), The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/400105/code_of_practice_14_Jan_15.pdf

- World Health organisation's approach to hand washing. Further information is available here: [Hand hygiene for all initiative: improving access and behaviour in health care facilities \(who.int\)](#)

END OF POLICY

BUDDIES COMMUNITY CARE LTD aims to review this policy 6 monthly.

Signed:  (Managing Director)

Date: 4TH JUNE 2024

