**INFECTION CONTROL**

**Version: 4**

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| **Target Audience:** | Phoenix staff members and service users | |
| **Next Review Date:** | December 2019 | |
| **Name and title of person reviewing:** | Roger Harden. (Operations Manager). | **Date reviewed:**  **13/12/18** |
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| **Signature and approval of Director:** |  | |

1. **INTRODUCTION**

**INFECTION CONTROL POLICY – HS09**

This policy is a priority for all staff and allstaff within residential and domiciliary settings and services, many of the main risks regarding infection control will be focused on residential services, however this does not dissolve responsibility for all employees to adhere to the requirements of this policy.

Phoenix Support will have a program of training for infection control and where applicable will include Infection Control Leads (IC leads) and specific training which will be commensurate to each role.

**2. POLICY STATEMENT**

The risk within Phoenix Support of infection, depending on the area of operations, should be low however we place great emphasis on the requirements of infection control within all our services. We aim to minimize the risk of transfer from our employees to anyone else and we will always remain committed to limit the risk of transfer within any service should an infection become present. Our emphasis will always remain on prevention.

**3. DEFINITION**

This policy is written to outline the responsibilities for all employees to put into place adequate and suitable controls on their work and themselves to ensure that infection prevention and control are addressed, and the level of risk is maintained as low as reasonably practicable.

**4. PURPOSE**

This aim of this document is to assist staff in taking all reasonable steps to protect both residents and staff from acquiring infections and cross infection; and provide information and guidance on infection prevention and control that will assist managers undertaking risk assessments and managing the risks in all locations.

**5. CONTEXT**

The main legislation that supports this policy is the Health and Safety at Work etc., Act 1974 and the Control of Substances Hazardous to Health Regulation 2002.

The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance Prevention and control of infection in care homes summary document printed by the Health Protection Agency, we must ensure that we evidence the requirements outcome 8 of the CQC essential standards of quality and safety in care

**6. IMPLEMENTATION**

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**6.11 ADDITIONAL DIRECTION**

The following table is a summary of areas which every Manager should evidence in order to show compliance with the guidance, physical evidence of compliance must be documented

**Compliance criterion**

**What the registered provider will need to demonstrate**

Systems to manage and monitor

1 the prevention and control of infection. Using risk assessments. Provide and maintain a clean and

2 appropriate environments.

Consider how susceptible service users are and any risks that their environment and other users may pose to them. Detailed Cleaning schedules which facilitate the prevention and control of infections.

3 Provide suitable accurate information and training.

Provide suitable accurate

4 information on infections to any person concerned.

Ensure that people who have or

5 develop an infection are identified promptly.

Ensure that all staff and those

6 employed, or involved.

Provide or secure adequate

7 isolation facilities.

8 Secure adequate access to laboratory support as appropriate.

Have and adhere to policies, with

9 periodic review and central recording systems.

Ensure, so far as is reasonably

10 practicable, that care workers are free of and are protected from

exposure to infections.

Must consider infections to service users, visitors, staff and others.

Consider any further support or nursing/ medical care or Day care in a timely fashion.

Instigate appropriate treatment and control to reduce the risk of passing on the infection to other people.

All individuals, must include customers, must be fully involved in the process of preventing and controlling infection. Where Necessary specific isolation areas of every service must be identified and documented.

Every service must identify, on initial risk assessment, their local infection advisory service.

These must be designed for the individual’s care and will help to direct in the prevention and control infections. All staff must be suitably educated in the prevention and control of infection associated with their role.

This guidance is considered to represent the basic steps that are required to ensure the criteria can be met. The principle of proportionality extends throughout this guidance.

**6.1 GUIDANCE FOR COMPLIANCE WITH CRITERION 1**

**6.1.1** The General Manager is designated as the lead for infection control (IC) and be accountable directly to the registered provider. They will ensure that sufficient resources are available for effective prevention and control of infection and have the ability to detect and report infections.

6.1.2 Everyone involved directly or indirectly must receive suitable and sufficient information, training and supervision in, the measures required to prevent and control the risks of infection. Managers will ensure where appropriate audits are in place to ensure that key policies and practices are being implemented appropriately.

6.1.3 Suitable and sufficient Risk assessment must be made of the risks within the Company and then also at service level with respect to prevention and control of infection;

6.1.4 In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence must be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative.

6.1.5 Location Managers typical responsibilities will include;

1) Be responsible for each area’s infection prevention and control management

2) Oversee local prevention and control of infection policies and their implementation;

3) Report directly to the General Manager

4) Have the authority to challenge inappropriate practice

5) Make recommendations for change

**6.1.6 Assurance framework - Activities** to demonstrate that infection prevention and control are an integral part of quality assurance should include:

1) Evidence of appropriate action taken to deal with occurrences of infection

2) An audit programmer to ensure that policies have been implemented; **HSF010**

3) Evidence of appropriate action taken to deal with occurrences of infection;

4) Evidence that the annual statement from the IPC Lead has been reviewed

5) All IC audit forms (**HSF010 – HSF016**) must be kept locally within one file and audited

6.1.7 Each service will ensure that their local infection control programs are in place and must set objectives that meet the needs and safety of our customers. They will Identify priorities for action, provide evidence and report progress against the objectives of the programme.

6.1.8 There should be evidence of joint working between all staff and any others involved in the provision of support including any movements within and between facilities.

6.1.9 Everyone must ensure they provide suitable and sufficient information on a customer’s infection status whenever they are to be moved from one setting to another to minimize risk of infection. If appropriate, providers of a customer’s transport should be informed of any infection where there is risk directly to them.

**6.2 GUIDANCE FOR COMPLIANCE WITH CRITERION 2**

**6.2.1** Provide and maintain a clean and appropriate environment (Outcome 10, Regulation 15

Safety and suitability of premises)

6.2.2 Managers must ensure they have nominated, responsible persons the person in charge of any shift has direct responsibility for ensuring that standards are maintained throughout, ensuring all parts of the premises are kept clean and maintained in good physical repair and condition or reporting any defects;

6.2.3 The cleaning arrangements detail the standards of cleanliness required in each part and that a schedule of cleaning frequency is available on request from the manager of the service

**6.2.4 Documented procedures on the environment should include,** cleaning services, building and refurbishment, waste management, laundry arrangements planned preventative maintenance, pest control, Legionella, food hygiene

6.2.5 Cleaning services must include;

1) Clear definition of specific roles and responsibilities for cleaning

2) Sufficient resources dedicated to keeping the environment clean and fit for purpose

3) Details of how staff can request additional cleaning, urgently and routinely.

4) Decontamination of the environment fabric, fixtures and fittings of a building

5) Decontamination of equipment beds, commodes, mattresses, hoists and slings,

6) Decontamination of reusable medical devices – including cleaning,

6.2.6 All staff are competent in cleaning and where necessary decontamination commensurate for their role;

**6.3 GUIDANCE FOR COMPLIANCE WITH CRITERION 3**

6.3.1 Provide suitable accurate information on infections to customers and their visitors.

Supporting customer awareness and involvement in the safe provision of care, reporting failures of hygiene and cleanliness to prevent reoccurrence

**6.4 GUIDANCE FOR COMPLIANCE WITH CRITERION 4**

6.4.1 Provide suitable accurate information on infections to any person concerned with providing support.

6.4.2 Provide accurate information and communication in an appropriate manner, provision of relevant information across organizational boundaries ‘Co-operating with other providers. Due attention should be paid to customer confidentiality

**6.5 GUIDANCE FOR COMPLIANCE WITH CRITERION 5**

**6.5.1** Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment

6.5.2 Managers must ensure that advice is received from suitably informed practitioners and that, if advised, registered providers should inform their local health protection unit of any outbreaks or serious incidents relating to infection.

**6.6 GUIDANCE FOR COMPLIANCE WITH CRITERION 6**

6.6.1 Ensure that all staff are involved in the process of preventing and controlling infection.

6.6.2 All involved have a legal duty to cooperate and must ensure everyone complies with procedures for Infection prevention and control this must be included in the induction programme and staff updates of all employees

6.6.3 Contractors working in service areas would need to be aware of any issues with regard to infection prevention and control and obtain “permission to work” from the relevant location manager

6.6.4 All Staff are reminded that Service user Confidentiality must be maintained at all times.

**6.7 GUIDANCE FOR COMPLIANCE WITH CRITERION 7**

6.7.1 Provide or secure adequate isolation facilities that must be sufficient to prevent or minimize the spread of infection.

6.7.2 This will be based on a local risk assessment. Sufficient staff should be available to care for the service users safely. Managers must ensure that they are able to provide or secure facilities to physically separate the customer in an appropriate manner to minimize the spread of infection.

6.7.3 Services are not expected to have dedicated isolation facilities but are expected to implement isolation precautions when a service user is suspected or known to have a transmissible infection.

**6.8 GUIDANCE FOR COMPLIANCE WITH CRITERION 8**

6.8.1 General Practitioners will arrange such testing when necessary for the treatment and management where disease arises, Managers must seek advice where appropriate

**6.9 GUIDANCE FOR COMPLIANCE WITH CRITERION 9**

**6.9.1** All Managers must adhere to policies, and ensure all staff have a good working knowledge of them that will help to prevent and control infections, infection control practice should be discussed within supervision.

6.9.2 Local control measures will be identified following a risk assessment Managers must decide what applies according to the individual risk applicable in their service

6.9.3 The application of this policy will be each Managers responsibility to implement and ensure that all inspections are undertaken, annual audits external from the service may also be undertaken.

6.9.4 Implementation of policies should be monitored and there should be evidence of a rolling programme of audit and a date for revision stated. Standard infection prevention and control precautions should be based on evidence, including the use of personal protective equipment.

6.9.5 Management should ensure: That any member of staff who has a significant occupational exposure to blood or body fluids is aware of the immediate action required

6.9.6 All staff must ensure that if there is a chance that they have been exposed to an infection or they are at heightened risk of exposure they must inform the manager as soon as possible the need for prompt action following a known or potential exposure to any infectious disease or illness

6.9.7 Disinfection - The use of disinfectants is a local decision and should be based on current accepted good practice.

6.9.8 Decontamination involves a combination of processes and includes cleaning, disinfection and sterilization, according to the individual circumstances

6.9.9 Reporting of infections according to the Health Protection (Notification) Regulations 2010 - GPs will normally instigate

6.9.10 Control of outbreaks and infections associated with specific alert organisms. These infections must include, as a minimum, MRSA, respiratory infection, diarrhoea outbreaks, Clostridium difficile infection and transmissible spongiform encephalopathies.

6.9.11 Safe handling and disposal of waste - The risks from waste disposal should be properly controlled.

6.9.12 Precautions in connection with handling waste should include:

1) Training and information (including definition and classification of waste).

2) Personal hygiene, segregation and storage of waste.

3) The use of appropriate personal protective equipment.

4) Immunization.

5) Appropriate procedures for handling such waste.

6) Appropriate packaging and labelling.

7) Suitable transport on-site and off-site.

8) Clear procedures for dealing with incidents spillages; appropriate treatment and disposal of such waste.

6.9.13 Management Systems should be in place to ensure that the risks to service users from exposure to infections caused by waste in the environment are properly managed, and that duties under environmental law are discharged. The most important of these are:

1) Duty of care in the management of waste.

2) Duty to control polluting emissions to the air.

3) Duty to control discharges to sewers.

4) Obligations of waste managers.

5) Collection of data complete and retain documentation including record keeping.

6) Requirement to provide contingency plans and have emergency procedures.

6.9.14 Dissemination of information, there should be a local protocol for the dissemination of information about infections. Guidance on data protection legislation also needs to be observed.

**6.10 GUIDANCE FOR COMPLIANCE WITH CRITERION 10**

**6.10.1** Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections at work and all staff are suitably educated in the prevention and control of infection.

6.10.2 All staff can access occupational health services or access appropriate occupational health advice, decisions on offering immunization should be made on the basis of a local risk assessment and only by Senior Managers.

6.10.3 Employers should make vaccines available free of charge to employees if a risk assessment indicates that it is needed (COSHH Regulations 2002)

6.10.4 Principles and practice of prevention and control of infection must be included in induction and training programmes for new staff. The principles include feedback from audits, good practice, and action to correct poor practice.

**6.11 ADDITIONAL DIRECTION**

6.11.1 Further Procedures, according to the risk assessed, must be in place for the safe storage, handling use and transport of articles and substances that may pose a risk to the health & Safety of anyone in the service.

6.11.2 Staff must be reminded of hand hygiene at each handover and regular intervals through the shift. Managers/Cooks/Senior support staff must ensure they observe staff using hand sanitizers.

6.11.3 It is the responsibility of the person disposing of the linen to ensure that it is segregated appropriately. All linen may be segregated into the following three categories:

1) Clean / Unused Linen

2) Dirty / Used Linen

3) Soiled / Infected Linen

6.11.4 Soiled Laundry must be sealed in red alginate bags and placed in the machines to wash this reduces risk of handling contaminated items. Soiled articles must be kept separate from other articles of laundry or waste, receptacles should be labelled to identify their contents so that suitable precautions can be taken

6.11.5 Managers are responsible for ensuring that hand wash basins have adequate bactericidal soaps, paper towels and bins for disposal, all bins must have lids and be foot operated

6.11.6 Kitchen staff and cooks must ensure they operate a clean as you go policy and fully utilize hand sanitizers within their environment, all kitchen cleaning schedules must be checked by Managers or delegated responsible person

6.11.7 Deep cleaning must take place within kitchens at no more than six monthly intervals, sanitizing cleans must be scheduled in all kitchens at least monthly. Thorough cleaning schedules will be written and checked by Managers weekly

6.11.8 Deep cleaning of soft furnishings should be undertaken at no more than six monthly intervals, or sooner as required.

6.11.9 Correct waste disposal bags and bins must be used; registered waste collections must be done via a licensed waste contractor. Managers must ensure Internal and external bin areas are cleaned and ventilated at regular intervals, no less than the end of every shift.

6.11.10 Disposable cleaning equipment to be used or where reusable equipment in place it must be cleaned and stored correctly. Colour coded equipment to be used

RED – bathrooms and toilets YELLOW – Clinical waste, body fluids BLUE – General use

GREEN – Kitchen food/bar areas

6.11.11 Colour-coding system must relate to all cleaning equipment, i.e. mops, buckets, cloths and where possible aprons & gloves.

6.11.12 WORK FROM THE CLEANEST AREA TOWARD THE DIRTIEST AREA. THIS GREATLY REDUCES THE RISK OF CROSS CONTAMINATION.