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POLICY STATEMENT

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and service users. All staff working in the organisation are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.

Homecare D & D Ltd believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

The aim of the organisation is to prevent the spread of infection amongst staff, service users and the local community.

The goals of the organisation are to ensure that:

- a) Service users, their families and staff are as safe as possible from acquiring infections through work-based activities
- b) All staff at the organisation are aware of and put into operation basic principles of infection control

The organisation will adhere to infection control legislation.

- a) The **Health and Safety at Work Act, etc 1974** and the **Public Health Infectious Diseases Regulations 1988**, which place a duty on the organisation to prevent the spread of infection
- b) The **Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995**, which place a duty on the organisations to report outbreaks of certain diseases as well as accidents such as needle-stick accidents
- c) The **Control of Substances Hazardous to Health Regulations 2002 (COSHH)**, Which place a duty on the organisation to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly
- d) The **Environmental Protection Act 1990**, which makes it the responsibility of the organisation to dispose of clinical waste safely.
- e) The **Food Safety Act 1990**.

This also includes any revised versions of these legislations or any additions made to them.

INFECTION CONTROL PROCEDURES

In Homecare D & D Ltd the following points should be adhered to:

- 1) All staff should, at all times, observe high standards of hygiene to protect themselves and their service users from the unnecessary spread of infection.

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- 2) All staff should adhere to the organisation's hand washing policy and ensure that their hands are thoroughly washed and dried on arrival and before leaving a service user's home, between seeing each and every service user where direct contact is involved, after handling any body fluids or waste or soiled items, after handling specimens, after using the toilet and before handling foodstuffs; the organisation believes that, consistent with modern infection control evidence and knowledge, hand washing is the single most important method of preventing the spread of infection. **In the instance where soap and running water are not available, hand sanitizer containing alcohol can be used in place of hand washing, however it is advised that hands are to be washed as soon as possible after this.**
- 3) All staff should adhere to the organisation's food hygiene policy and ensure that all food prepared in service users' homes for service users is prepared, cooked, stored and presented in accordance with the high standards required by the **Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and the Food Safety (Temperature Control) Regulations 1995**; any member of staff who becomes ill while handling food should report at once to his or her line manager or supervisor, or to the agency office staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.
- 4) All staff should adhere to the organisation's protective clothing policy and use the disposable gloves and disposable aprons which are provided for staff who are at risk of coming into direct contact with body fluids or who are performing personal care tasks. **Fluid resistant masks should be worn where instructed by Homecare D&D. Masks will be used in the event that there is a prominent threat to health from infectious disease.**
- 5) Staff should treat every spillage or body fluids or body waste as quickly as possible and as potentially infectious; they should wear protective gloves and aprons and use the disposable wipes provided wherever possible. **Where there is the possibility that infectious disease is present in the client, specific guidance for that such disease should be followed in respect of cleaning bodily fluids and/or waste.**
- 6) All clinical waste should be disposed of in sealed yellow plastic sacks and each sack should be clearly labelled with the organisation's details and the service user's address, non-clinical waste should be disposed of in normal black plastic bags; when no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged by the agency – care staff should alert the agency office if they are running out of yellow sacks, disposable wipes, masks or any protective equipment. **Where there is the possibility that infectious disease is present in the client, specific guidance for that such disease should be followed in respect disposing of clinical waste.**
- 7) Staff should never share items that may become contaminated with blood such as towels, razor blades and toothbrushes
- 8) All specimens should be treated with equally high levels of caution; specimens should be labelled clearly and packed into self-sealing bags before being taken to the doctors, non-sterile gloves should be worn when handling the specimen containers and hands should be washed afterwards.

ASSESSING

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When a manager visits a new or prospective service user and carries out an assessment via a careplan, infection risks should be assessed and any relevant and reasonable measures to prevent the spread of infection should be carried out and documented in the careplan.

REPORTING

The **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)** oblige the organisation to report the outbreak of notifiable diseases to the **HSE**. **Notifiable diseases are :** **Acute Encephalitis, Acute Infectious Hepatitis, Acute Meningitis, Acute Poliomyelitis, Anthrax, Botulism, Brucellosis, Cholera, Covid-19, Diphtheria, Enteric Fever, Food Poisoning, Haemolytic Uremic Syndrome, Infectious Bloody Diarrhoea, Invasive Streptococcal Disease, Legionnaire's Disease, Leprosy, Malaria, Measles, Meningococcal Septicaemia, Mumps, Plague, Rabies, Rubella, Severe Acute Respiratory Syndrome (SARS), Scarlet Fever, Smallpox, Tetanus, Tuberculosis, Typhus, Viral Haemorrhagic Fever , Whooping Cough, Yellow Fever.**

Records of any such outbreak must be kept specifying dates and times and a completed disease report form must be sent to the **HSE**.

In the event of an incident, the registered Manager is responsible for informing the **HSE**.

RIDDOR forms are kept in the Head Office.

In the event of the suspected outbreak of an infectious disease at the organisation, the local Consultant in **Communicable Disease Control** or **Communicable Disease Team** should be contacted immediately.

TRAINING

All new staff should be encouraged to read the policy on infection control as part of their induction process. Existing staff will be offered training to **National Occupational Standards** covering basic information about infection control. **This training will be updated on a regular basis.**