



Infection Control Policy

July 2022

1st Homecare Solutions Ltd.
5a Ridgeway Court
Grovebury Road
Leighton Buzzard
Bedfordshire
LU7 4SF

Tel: 01525 376677

1st Homecare (Oxford) Ltd
Ground Floor,
8 Isis Business Centre
Pony Road
Oxford
OX4 2RD

Tel: 01865 744174

1st Homecare Kings Langley
Unit 15 Sunderland Estate
Church Lane
Kings Langley
WD4 8JU

Tel: 01923 269877

1 INTRODUCTION

1st Homecare recognises its duty to provide safe care to its clients, including the duty to prevent and control the spread of infection including under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, which is a fundamental standard.

1st Homecare will provide its staff with appropriate training and personal protective equipment (PPE) and will ensure all staff understand the importance of infection control procedures including good hand hygiene and how to use the PPE issued to them.

All staff must comply with this Policy and must report any bad practice in relation to infection prevention and control.

2 UNIVERSAL PRECAUTIONS

Carers must ensure that:

- Good hand hygiene is maintained: hands should be washed in the required manner – see Handwashing Technique below
- Cuts and abrasions are washed immediately with hot soapy water and then covered with waterproof nylon-type dressings or plasters
- Disinfectant hand rubs are used as appropriate
- Clean uniform is worn
- PPE is used in accordance with the instructions from management
- Any signs of infection must be reported to the Office or On call manager
- In handling or preparing food, carers should comply with the 1HC Food Shopping and Handling Policy and with the training they have received
- Good respiratory and cough hygiene is practised.

Hand hygiene

Most infections are preventable through good hand hygiene – cleaning hands at the right time and in the right way. The aim of washing is to remove dirt and germs that can be easily removed by handwashing that are found on the hands. All care workers should wash their hands:

- Before starting a visit
- Before and after preparation or handling of food
- Before and after giving personal care to a client
- Before administering medication
- Before and after applying creams, eye drops, ear drops, nose drops
- After any activity that contaminates the hands
- After using the toilet
- After sneezing/blowing the nose
- After cleaning activities and also after handling waste
- And any other occasions when hands are thought to have been contaminated

Liquid soap vs bar soap

Handwashing with liquid soap and water removes dirt and organic material and should be used rather than bar soap as bacteria can grow on this, especially if it is resting in water. It should not be used if cracked or has visible dirt in the cracks. If liquid soap is not available, bar soap should be stored in a drainable dish but should be rinsed under running water before use and should be allowed to dry after use. It should not be carried from home to home.

Alcohol handrub

This is recommended for routine hand decontamination because it is:

- More effective
- Quicker and easier to use
- Better tolerated by the hands
- Can be provided at the point of care
- Can be used when liquid soap is not available in the home or if the home is too dirty to wash and dry hands with soap and water

Alcohol gel/rub will not remove dirt or organic material and is not effective against e.g. Norovirus. It is also flammable and must be correctly stored. It is permissible for Muslims to use such gels/rubs as alcohol-based hand gel contains synthetic alcohol, rather than natural alcohol (made from fermented fruit or grain, which is prohibited for Muslims).

If using alcohol gel/rub the following information applies:

- Normally, hands must be free from dirt and organic matter
- Avoid using excessive amounts, to minimise skin damage. Apply one shot of approx. 5ml or the gel
- Apply to all surfaces of the hands - rub hands together vigorously and systematically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for 10-15 seconds until the solution has evaporated

Handwashing technique

Hands should be washing in the following way:

- Expose the wrists and forearms. All parts of the hands must be included in the process
- Wet hands under running warm water before applying soap
- Apply soap
- Rub all parts of the hands vigorously, using the following technique
 - Wet your hands with water.

- Apply enough soap to cover your hands.
 - Rub your hands together.
- Use 1 hand to rub the back of the other hand and clean in between the fingers
- Rub your hands together and clean in between your fingers.
- Rub the back of your fingers against your palms.
- Rub your thumb using your other hand.
- Rinse under running water
- Handwashing should take 40-60 seconds and a useful tip to check you are washing your hands for the right amount of time is to sing “Happy Birthday” twice while you wash your hands following the steps above
- Water temperature is less important than the contact time and friction
- Dry hands thoroughly using a clean cloth/hand towel or kitchen roll: improper drying can re-contaminate hands that have been washed. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage

Use of gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands should not be washed or cleaned with alcohol hand rub. Hands should be washed before putting on gloves and after removal of gloves.

Skin damage

This may arise from poor hand washing technique and frequent use of hand hygiene agents. The best practice below will help to avoid skin damage:

- Staff should be made aware of the potentially damaging effects of hand hygiene products
- Staff should be reminded to do the following:
 - Avoid rubbing hands with paper towels – skin should be patted dry
 - Avoid using excessive amounts of handgel/rub
 - Use emollient cream regularly
 - Avoid putting on gloves while hands are still wet from washing or applying alcohol rub
- If irritation occurs, carers should inform the Office

3 BARE BELOW THE ELBOWS

1st Homecare follows the “bare below the elbows” practice to control and prevent the spread of infection. 1st Homecare staff must observe the following, which is part of the uniform policy:

- Unless a different practice applies at a branch, wear the 1st Homecare tunic which has short sleeves (otherwise wear a top with short sleeves). In colder weather carers may wear a top with long sleeves under the tunic but whilst carrying out care, and whilst washing hands, the sleeves must be rolled up or pulled back above the elbow and kept securely in place
- Nails must be short and clean – **no nail polish, acrylic, false nails or extensions**
- Wrist watches should **not** be worn and no jewellery should be worn around the wrist
- No rings with stones should be worn – one plain band is acceptable
- Bracelets may not be worn. Any Sikh staff wearing a Kara bracelet may be asked to ensure it is pushed up the arm and secured in place

4 EXPOSURE TO BODY FLUIDS

Any person may be a carrier of blood borne viruses and/or bacteria. Blood borne viruses (BBVs) are viruses that some people carry in their blood which may cause severe disease in some and few or no symptoms 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 C and D viruses, which can cause hepatitis, a disease of the liver
- HIV, which causes AIDS, affecting the immune system of the body. These can be found in body fluids other than blood too

As well as blood, care should be taken as faeces, urine and saliva, sputum, sweat, tears and vomit all carry a minimal risk of BBV infection

Clients and carers are both at risk of exposure to BBVs, from each other. Appropriate precautions must be taken, particularly with body fluids. Carers should always assume that blood and other body fluids are infected. Accident avoidance measures should include common sense precautions to avoid accidents and injuries. All accidents must be recorded in accordance with the Accidents, Incidents and Emergencies Policy.

Carers should wipe up any body fluid spillages immediately in the following manner:

- Wearing gloves and disposable apron, the carer should clear up the main bulk of the spillage using absorbent paper towels, and dispose of these into a plastic waste sack (or flushed down the toilet if small amounts)
- Then disinfect the affected area with an appropriate household disinfectant solution
- If the affected area is a carpeted area, permission should be obtained before using a disinfectant as it may damage carpets and other textiles; this should be explained to the client.
- If the client does not consent, carpets should suffer no damage if they are washed with hot soapy water, and this should be done. The client should then be advised that the carpet should be steam cleaned
- For spillages outside, sluice the area with hot water

- Hands should be thoroughly washed after taking gloves off

Care should be taken to avoid contamination with saliva. If saliva contamination occurs to eyes, a cut or an open wound, this should be washed liberally with water and the Office or On call manager informed immediately.

All clinical waste (except sharps) including incontinence packs, soiled dressing, bodily fluids and any material used to mop up bodily fluids, should be disposed of in the appropriate clinical waste bags immediately and not left lying in bathrooms/bedrooms. The used bags should be stored safely while awaiting collection.

5 PERSONAL PROTECTIVE EQUIPMENT – PPE

PPE includes gloves, aprons and masks if there is a high risk of airborne infections. Overshoes are unlikely to be required and increase the risk of slips and trips and falls. Gloves and aprons are given to carers as part of the induction process, and further items are available from the Office for carers to take as needed.

Gloves are not an alternative to good hand hygiene. Gloves must be worn for care tasks involving contact with non-intact skin, or mucous membranes, and all activities where exposure to blood, body fluids secretions or excretions is anticipated – such as personal care. Gloves should be worn when applying topical creams or medications which might be absorbed into the skin of the carer applying them.

Gloves must be removed by holding the cuff and peeling the glove over the hand, then folding the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves into the household waste.

Gloves should also be worn when handling chemicals as recommended by a Control of Substances Hazardous to Health (COSHH) assessment, for example when handling cleaning products which may cause irritation.

Hand hygiene in line with the section above in this Policy must be performed before putting on and after taking off PPE.

PPE may be stored in a client's home in a dry, clean area protected from dust – for example, in sealed containers in the person's home (with their permission and if safe to do so) or in sealed containers in carers' vehicles.

During to the COVID pandemic, see the COVID-19 Policy and follow all instructions from managers regarding the correct PPE to wear.

Eye protection such as goggles or visors may be required where there is a risk of blood or body fluids splashing into the worker's eyes. When wearing eye protection, it should not be touched whilst wearing it. Reusable eye protection must be decontaminated in accordance with manufacturer's instructions and stored safely.

Regular spectacles do not provide sufficient protection. Visors may offer greater comfort for those who wear spectacles.

6 SKIN AWARENESS AND INFECTIONS

All cuts and abrasions should be covered with a waterproof plaster as described above. Any carer with a skin infection must take advice from a doctor and report the infection to the Office.

If any client has a rash or unaccountable marks on their face or body, this should be notified to the Office or On call manager, and the client's GP, and a Report to Office submitted. **If any marks raise a suspicion of abuse, the Company's Safeguarding of Adults at Risk Policy MUST be followed.**

7 SHARPS

Carers may come across sharps during the course of carrying out care. Sharps include needles, sharp-edged instruments, broken glassware, and any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wound – this could include razors. Reference should be made to the Health and Safety Policy for further information regarding sharps injuries.

Management of clinical sharps

While 1st Homecare staff will not be using needles, staff may come across sharps in a client's home and so need to be aware of good practice in relation to sharps, including key points as follows:

- Clinical sharps should be stored safely out of reach of children
- They should be disposed of without being dismantled, into a sharps container that conforms to UN standard 3291 and British Standard 7320
- Containers should never be over-filled (above the fill line on the box, or more than $\frac{3}{4}$ full)
- Containers must be appropriately sealed in accordance with manufacturer's instructions once full
- Items should never be removed from sharps containers.
- Containers should be carried by the handle
- They should be kept off the floor and below shoulder height, out of direct sunlight.
- Any sharps injuries must be reported immediately to the Office or On call manager.

Further information on sharps is contained in the Health and Safety Policy and Procedure.

8 STAFF SICKNESS

Staff with diarrhoea and vomiting should not attend work but should ring in to report sick. They must **NOT** return to work until the condition has passed. If the condition persists, staff may not be permitted to return to work until medical clearance is given by a GP. Carers must always bear in mind that elderly clients are particularly vulnerable to infection and every action must be taken to minimise any risk of infection.

9 RESPIRATORY HYGIENE

Good respiratory hygiene reduces the transmission of respiratory infections. Being alert to people with respiratory symptoms is important as this may indicate infection.

Carers should ensure the following:

- Cover nose and mouth with single use tissues when sneezing, coughing, wiping and blowing noses - – if unavailable use the crook of the arm to catch a sneeze or a cough
- A supply of tissues is in reach, also in reach of the person being given care
- Dispose of all used tissues promptly into a waste bin
- Clean hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the eyes, nose and mouth
- Support clients who need help with respiratory hygiene where necessary

10 SOILED LINEN

Washing and rinsing soiled linen can reduce disease causing germs. Sheets and other linen can be washed together using detergent, and ideally dried in a hot air dryer to ensure harmful germs are killed. When handling soiled linen, staff should adhere to the following:

- Gloves and aprons should be used if care workers have to handle any laundry soiled with blood or body fluids
- Care should be taken to avoid soiled linen touching their skin or clothes
- Do not shake soiled linen. Remove faecal material into the toilet using toilet paper.
- Wash heavily soiled laundry separately and add laundry bleach to the wash water according to the manufacturer's instructions if material is bleach tolerant
- Clean laundry should be stored apart from soiled linens
- Hands should be washed thoroughly after gloves have been removed

Carers should ensure that their 1st Homecare tunic is kept clean by frequent washing or if a different uniform requirement is in place, ensure that clothes are changed every day and are clean. Appropriate use must be made of PPE.

11 GENERAL

This Policy replaces all previous versions. It may be amended at any time and staff shall be notified of the new Policy.

CHANGE HISTORY

Issue	Date	Description of Change and Reason
1	2012	First issue
2	February 2014	Second issue – minor changes
3	November 2014	Third issue - minor formatting changes and insertion of a review date
4	May 2016	Fourth issue - change of address, change of policy name
5	January 2017	Fifth issue – made applicable to both businesses, also added in additional material that was lacking
6	December 2018	Sixth issue – change of address for Oxford, rewording of first section including reference to requirement to provide safe care under fundamental standards, amendment to typos, inclusion of reference to keeping uniform (tunics) clean.
7	January 2020	Seventh issue – inclusion of KL office address, general check
8	July 2022	Eighth issue – inclusion of hand washing technique, and reference to COVID-19 Policy, also amendment to bare below the elbow section to reflect clothing requirements at different branches, and expansion of section on PPE.

DOCUMENT CONTROL

Name of document	Infection Control Policy
Status	Approved
Issue	8
Issue date	July 2022
Maintainer	1HC
Owner	1HC
File name	1HC Infection Control Policy
File location	1HC Policies/care
Review date	July 2023