# Snap Care Policies & Procedures

## Infection Prevention and Control Policy

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The Code of Practice

For the prevention and control of healthcare associated infections. Compliance will be judged against the following criteria.

| Compliance Criteria | What we need to Demonstrate |
|---|---|
| 1 | Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of clients and any risks that their environment and other users may pose to them. |
| 2 | Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. |
| 3 | Ensure appropriate antimicrobial use to optimise client outcomes and to reduce the risk of adverse events and antimicrobial resistance. |
| 4 | Provide suitable accurate information on infections to clients, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion. We should provide information about their approach to prevention of infection, staff roles and responsibilities, and whom people should contact concerns about prevention and control of infection. |
| 5 | Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.<br>In an adult social care service, General Practitioners will provide the necessary initial advice when a client develops an infection. |
| 6 | Systems to ensure that all support workers are aware of and discharge their responsibilities in the process of preventing and controlling infection. |
| 7 | Provide or secure adequate isolation / facilities. |
| 8 | Secure adequate access to laboratory support via the GP/District Nurse. |
| 9 | Have and adhere to appropriate policies and protocols for the prevention and control of HCAI, liaise with health care professionals. |
| 10 | Ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI. |

Please note that the code is not mandatory but the law states that it must be considered by the CQC when inspectors make decisions about registration Our organisation will have regard to the code when considering how they will meet the regulations. This policy will lay out our approach to the criterion relevant to our organisation.

CQC Fundamental Standards Compliance

This organisation must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) in order to maintain its registration with the Care Quality Commission (CQC). The regulations include Fundamental Standards below which care must not fall.

Our organisation understands that, regarding infection control, the following regulations apply:

a) Regulation 12: Safe Care and Treatment, includes a requirement for service providers to assess the risk of, and prevent, detect, and control the spread of infections, including those that are healthcare associated.

b) Regulation 15: Premises and Equipment, includes a requirement for premises and equipment to be "clean" and for providers to maintain standards of hygiene appropriate for the purposes for which they are being used.

c) Regulation 18: Staffing, includes a requirement for staff employed in the provision of a regulated activity to receive appropriate support and training as necessary to ensure safe practice.

Our organisation understands that having effective infection control policies and procedures in place is an important element in the five Key Lines of Enquiry which is used during CQC inspections to determine a quality rating for the service.

Additional Legislation

The service must also adhere to the following infection prevention and control related legislation:

a) The Health and Safety at Work, etc Act 1974 and the Public Health Infectious Diseases Regulations 1988 which place a duty on the service to prevent the spread of infection.

b) The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) which places a duty on the service 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 places a duty on the service to ensure that potentially infectious materials are identified as hazards and dealt with accordingly.

d) The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

e) The Public Health Infectious Diseases Regulations 1988 place a duty on employers to adopt safe practices to prevent the spread of infection (especially blood-borne infection).

f) The Coronavirus Act 2020

g) The Public Health (Control of Diseases) Act 1984

h) The Food Safety Act 1990

i) The Management of Health and Safety at Work (Amendment) Regulations 2006

j) The Health Protection (Notification) Regulations 2010

k) The Food Safety and Hygiene (England) Regulations 2013

The Prevention and Control of Infection

The prevention and control of infection is an important part of an effective risk management strategy aimed at improving the quality of clients' care as well as the health of staff.

Communicable diseases refer to a range of diseases that can be spread from one person to another. Diseases are described as "healthcare-associated infections" where they are contracted as a result of care or treatment.

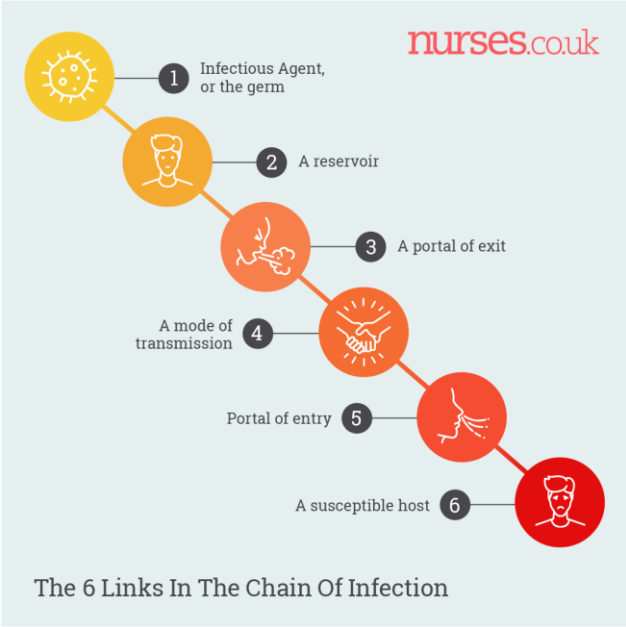
Communicable diseases are the responsibility of Public Health England and are managed by local, experienced professionals in communicable disease control.

The service aims to ensure that:

a) Clients, their families, and staff are as safe as possible from acquiring infections from any source.
b) All care staff are aware of and put into practice the basic principles of infection control.

Adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of clients and staff. Good, basic hygiene is the most powerful weapon against infection, particularly with respect to cleaning and handwashing.

Our organisation works in collaboration with all local infection control agencies to maintain the highest standards of infection control at all times and ensure that, as far as is reasonably practicable, clients and staff are protected from the spread of infection at all times.



The 6 Links In The Chain Of Infection

To understand how infections spread, it's useful to think of it as a chain of events. There are six links in the chain of infection, which are an infectious agent (or the germ) a reservoir, a portal of exit, a mode of transmission, portal of entry, and then the final link is a susceptible host. In order for an infection to occur the six links need to occur in order for an infection to take hold.

Consequently, Standard Infection Control Precautions (SICP's) will be used in every setting we are delivering care, where practicably possible and will be applied by our staff and our organisation to reduce the risk of spreading infections, to essentially break the chain of infection.

There are 10 SICP's and form part of a bundle of measures, when utilised correctly will minimise the spread of infectious organisms and reduce healthcare acquired infection by breaking the chain of infection at various points in the chain.

SICPs underpin routine safe practice and break the chain of infection which protects clients, visitors and staff. There is often no way of knowing who is infected, so by applying standard infection control precautions to all people at all times, best practice becomes second nature, and the risk of infection is minimised.

For SICPs to be effective, high levels of compliance must be achieved by all staff involved in clients' care. Experience shows that achieving high levels of appropriate SICP's compliance, can be difficult therefore a continuous commitment is required. With regular training and supervisions mandated. We will lay out our approach to SICP's within this policy.

The 10 Standard Infection Control Precautions (SICP's):

1. Client assessment for infection risk

It is a requirement of the *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* to provide suitable, accurate information on infections to client, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.

Prior to a client's transfer to and/or from another health and social care provider, an assessment for infection risk must be undertaken. This ensures both the appropriate placement of the client and that appropriate precautions are taken. This applies to all admissions, transfers and discharges to all health and social care facilities including:

- Admissions to hospital
- Transfers from our organisations to another care organisation

Staff with responsibility for arranging a client's transfer should complete the Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form, for the client to be transferred, whether they have a confirmed, suspected or no known infection. When transferring a client who has had diarrhoea of any cause in the past seven days, staff should ensure they include the infection risk, history of type of stool and frequency of bowel movements during the past week. The history should be given in any verbal communication to the ambulance personnel and the receiving unit, to ensure that isolation facilities are identified. The completed IHSCIC Transfer Form should be supplied to the receiving provider and a copy filed in the client's notes.

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From other health and social care providers

- When clients are transferred from another health and social care provider, the transfer documentation must be checked for suspected or confirmed infection risks.
- The client's current condition should be assessed prior to or on arrival to ensure appropriate isolation for infection risk minimisation and the appropriate infection prevention and control measures are in place.
- For further guidance on specific infections, advice can be sought from your local Community Infection Prevention and Control or Public Health England Team.

To other health and social care providers

If the client is in the 'suspected or confirmed infection risk' group, the healthcare professional completing the IHSCIC Transfer Form is responsible for advanced communication, e.g. by telephone, to the transport service at the time of booking and the receiving health or social care provider prior to the transfer, to enable them to make appropriate arrangements. Ensure that any leaking wounds are covered with an appropriate occlusive dressing.

2. Hand hygiene

Hand hygiene is the single most important way to prevent the spread of infection. Good hand hygiene should be undertaken by all staff, clients and visitors. Our organisation accepts that the majority of cross-infection in a care environment is caused by unwashed or poorly washed hands which provide an effective mode of transmission for microorganisms. It follows the basic principle that regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Staff who fail to adequately wash and dry their hands before and after contact with each client may transfer microorganisms from one client to another and may expose themselves, clients, and the public to infection.

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

b) All staff must therefore ensure that their hands are thoroughly washed for at least 20 seconds with warm water and liquid soap and thoroughly dried:

   i. Between seeing each and every client where direct contact is involved, no matter how minor the contact.
   ii. After handling any body fluids or waste or soiled items.
   iii. After handling specimens.
   iv. After using the toilet.
   v. Before handling foodstuffs.
   vi. Before and after any care or clinical activity.

c) Hands should be washed thoroughly. Liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels whenever possible.

d) All cuts or abrasions, particularly on the hands, should always covered with waterproof dressings.

e) Ordinary soap is effective for routine use in removing dirt and reducing levels of transient microorganisms on the skin to acceptably safe levels.

f) The use of antiseptic or antimicrobial preparations is recommended if clients are known to have an infectious disease or are colonised with antibiotic-resistant bacteria, such as Methicillin-resistant Staphylococcus Aureus (MRSA).

g) Antiseptic hand washing solutions at least 70% alcohol may also be used in situations where effective handwashing is not possible.

h) The use of alcoholic products for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement handwashing where extra decontamination is required or to provide an alternative means of hand decontamination in

situations where standard facilities are unavailable or unacceptable (for example, between clients or in unsanitary conditions).

i) To be effective hands should be thoroughly washed before the use of an alcoholic rub and again after the procedure or client contact has ended (please see the hand hygiene section on page 5.

3. Respiratory and cough hygiene

Respiratory and cough hygiene can help reduce the risk of spreading respiratory (related to breathing) infections, protecting those in contact with the infected person, e.g. clients, family and staff. Staff should adopt good respiratory and cough hygiene practices themselves and promote them to clients. To reduce the risk of spreading respiratory infections when coughing, sneezing, wiping, or blowing the nose, staff and clients should:

- Have access to and use disposable tissues
- Dispose of used tissues into a waste bin or bag immediately after use

- Clean hands with either:
  - Liquid soap and warm running water
  - Moist (non-alcohol) skin wipes, e.g. baby wipes, followed by alcohol hand rub

For further details please refer to the 'Hand hygiene' section on page 5 of this policy.

Staff may need to help clients to ensure that:

- Disposable tissues are available and within their reach
- There is a waste bin or bag within easy reach for them to dispose of used tissues
- They are able to or are assisted to clean their hands.

Don't:

- Use cloth handkerchiefs
- Touch the eyes nose and mouth until hands have been cleaned after contact with respiratory secretions or items contaminated with them, e.g., tissues, surfaces
- Use skin wipes if suitable hand-washing facilities are available
- Contaminate surfaces and pockets with used tissues.

If no disposable tissue is available, cough or sneeze into your elbow or upper arm, not your hand or into the air. Although this won't stop all the respiratory secretions spreading it can reduce the distance they travel.

4. Personal protective equipment (PPE)

The benefit of wearing personal protective equipment (PPE) is that it helps protect both clients and staff from infection. You should be provided with appropriate PPE suitable for the task and the type of PPE worn should be based on the:

- Risk of micro-organisms spreading to clients and staff
- Risk of soiling of your uniform/workwear
- Risk of blood and/or body fluids contaminating your skin, nose, mouth or eyes

All PPE should be disposed of as soon as the activity is completed. Always wash your hands after disposing of PPE.

Gloves

The main reasons for wearing gloves:

a) To protect hands from contamination with blood, body fluids and micro- organisms
b) To reduce the risk of micro-organisms spreading to both clients and staff
c) Gloves are not a substitute for handwashing. Hands must be washed, or alcohol hand rub applied to hands immediately before putting on and after removing each pair of gloves.

Gloves must:

a) Be appropriate for the task - use disposable clinical gloves when providing personal care and domestic (rubber) gloves for cleaning.
b) Be changed if a perforation or puncture is suspected
c) Be changed between each different task with a client
d) Be worn as single use items
e) Not be washed, nor cleaned with alcohol hand rub and reused
f) Be disposed of after each procedure or care activity

The reuse of gloves is not recommended for the following reasons:

a) Glove integrity can be damaged if in contact with substances such as isopropanol, ethanol, oils and disinfectants
b) Many gloves will develop micro-punctures very quickly and will no longer perform their barrier function
c) There is a risk of spread of infection
d) Washing of gloved hands or using an alcohol hand rub on gloves is considered unsafe practice

Nitrile gloves
Nitrile gloves are a synthetic alternative to latex gloves. These would be worn if the client/staff member has an allergy to latex.

Vinyl gloves
Vinyl gloves are not recommended for contact with blood- and blood-stained body fluids. These are looser fitting, less durable for procedures involving twisting and are more likely to tear and develop holes. They are not associated with skin irritation. Vinyl gloves should only be worn when there is no risk of exposure to blood- or blood-stained body fluids, and if tasks are short and non-manipulative.

Polythene gloves
Polythene gloves are not recommended for care activities.

Domestic gloves
Domestic gloves are suitable for household cleaning. Due to their rubber content, they are not suitable for use when a client or staff member has a sensitivity to latex (see Latex gloves above). In

such cases, nitrile gloves can be worn, although the user should be aware that nitrile gloves are not as durable (strong) as domestic gloves

The following table provides a list of procedures and glove choice as a guide.

| Glove selection guide | Sterile | | Non-sterile | | | |
|---|---|---|---|---|---|---|
| **Procedure and type of contact** Ticks indicate which glove to use for the procedures listed and if they should be sterile or non-sterile. Please note that this is not an exhaustive list. | Latex | Nitrile | Latex | Nitrile | Vinyl | Domestic |
| Aseptic technique | ✓ | ✓ | | | | |
| Blood/blood stained body fluids | | | ✓ | ✓ | | |
| Body fluids, e.g. urine, faeces | | | ✓ | ✓ | ✓ | |
| Decontamination of equipment | | | ✓ | ✓ | ✓ | |
| Domestic tasks | | | | | | ✓ |
| Sorting soiled laundry | | | ✓ | ✓ | ✓ | |
| Urine drainage bag emptying | | | ✓ | ✓ | ✓ | |

Aprons
Disposable aprons are resistant to fluids and protect the areas at highest risk of contamination on the front of the body.
A disposable apron is single use. It should be worn whenever body fluids or other source of contamination is likely to soil the front of the uniform or workwear, especially when:

- Dealing with urine and faeces
- Decontaminating equipment or the environment
- Undertaking a procedure on a client with a known or suspected infection
  A disposable apron should be removed and disposed of after each task. Never wear an apron for a dirty task and then move onto a clean task without changing it. Hand hygiene should be performed after removing the apron.
  There is no need to wear disposable gloves or apron when **unloading** washing machines, dishwashers, tumble dryers or when ironing.

Facial & Eye Protection
If there is a risk of splashing of blood and/or body fluids to the face, safety spectacles or a visor should be worn to protect the eyes and face. Eye and face protection should not be impeded by accessories, e.g., false eyelashes, facial piercings.

Eye protection
Safety glasses are not routinely required, unless there is a risk of body fluids getting into the eyes, e.g., a client spitting.

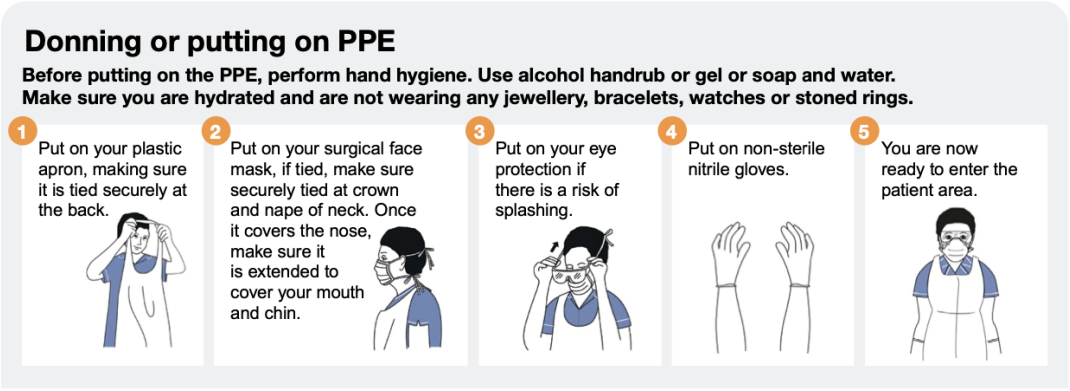
Masks
Face masks are not routinely required (outside of epidemic or pandemic conditions) and will be made available, when necessary, e.g., in the event of Pandemic flu or Covd-19
Masks should:

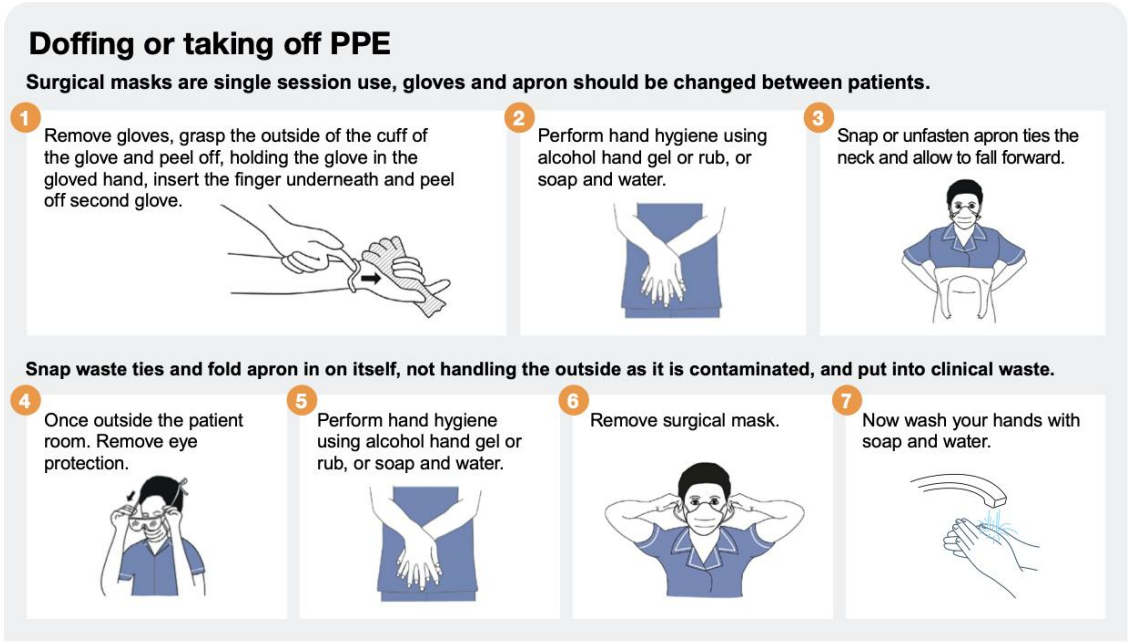
- Cover both the nose and mouth and not be allowed to dangle around the neck after use
- Not be touched once put on
- Be changed when they become moist
- Be worn once and disposed of when removed. Hand hygiene must be performed after disposal

Donning & Doffing PPE

# Guide to donning and doffing PPE: Droplet Precautions

## for health and social care settings




Please refer to the government COVID-19 guidance collection:

www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

5. Safe management of equipment

All staff should know and understand the importance of clean equipment:

a) Clean equipment reduces the risk of spreading infection.
b) Most micro-organisms, such as bacteria, viruses, and fungi, are found in dust and dirt.
c) Some micro-organisms are harder to kill and, therefore, enhanced cleaning with disinfectants is required (see Section 5 Disinfection).
d) Hands regularly come into contact with equipment surfaces. If hands are not washed, they will transfer any micro-organisms present. This risk is always present but will increase if cleaning is neglected.
e) Items to be cleaned and disinfected should be in a good state of repair to ensure effective cleaning and disinfection.

Equipment used in care includes aids to daily living, e.g., wheelchairs, walking frames, commodes, raised toilet seats, shower chairs, pressure relieving mattresses and cushions.

6. Safe management of environment

All staff should know and understand the importance of thorough cleaning:

a) A clean environment reduces the risk of spreading infection.
b) Most micro-organisms, such as bacteria, viruses, and fungi, are found in dust and dirt. The number of micro-organisms in the environment can be reduced by routine cleaning and vacuuming.
c) Some micro-organisms are harder to kill and, therefore, enhanced cleaning with disinfectants is required (see 'Disinfection' below).
d) Hands regularly come into contact with surfaces. If hands are not washed, they will transfer any micro-organisms present. This risk is always present but will increase if cleaning is neglected.
e) Items to be cleaned and disinfected should be in a good state of repair to ensure effective cleaning and disinfection.

Cleaning is **essential** before disinfection is carried out. A disinfectant solution is not effective if there is dirt or visible soiling, e.g., urine, faeces, blood.

| | |
|---|---|
| **Cleaning** | Is a process that removes dust, dirt including soiling, body fluids and large numbers of micro-organisms. |
| **Disinfection** | Is a process that further reduces the number of micro- organisms to a level at which they are not harmful. It is only effective if the surface is thoroughly cleaned with a detergent solution first. Disinfectant should be used when dealing with blood/body fluid spillages or when a client has a known or suspected infection.<br>When using disinfectants, manufacturer's instructions must be followed in order to achieve safe practice. |

What you need for cleaning the environment:

- Disposable apron.
- Separate colour coded cloths for cleaning kitchens, toilets/bathrooms and general areas
- Disposable gloves for cleaning toilets, commodes, raised toilet seats and urinal bottles.
- Detergent - warm water and a general-purpose detergent, e.g. washing up liquid, is suitable for cleaning most surfaces.
- Disinfectant - when disinfection is required, sodium hypochlorite solution (bleach) at the following dilutions shown in the table below should be used.

**Note: Sodium hypochlorite solution (bleach), should not be used on soft furnishings, untreated wood, and carpets as it will cause 'whitening/bleaching'. Therefore, only detergent, and warm water should be used on such surfaces.**

To ensure efficacy, bleach solutions must be made up to the manufacturer's instructions, i.e., measure the product and water accurately, no guesses.
Discard bleach solutions 24 hours after making up.

| **Disinfection Dilution Guide** |
|---|
| **Environment contaminated with blood / blood-stained body fluid** |
| **Sodium hypochlorite solution (bleach) 10,000 parts per million (ppm) available chlorine.**<br>Dilution of 1 in 10, e.g. 10 ml of sodium hypochlorite solution (bleach) in 100 ml of water or 100 ml in 1 litre of water. |
| **Environment contaminated with body fluid (not blood/blood stained), or when the client has a known infection.** |
| **Sodium hypochlorite solution (bleach) 1,000 ppm available chlorine**<br>Dilution of 1 in 100, e.g. 10 ml of sodium hypochlorite solution (bleach) in 1 litre of water. |

Best practice for cleaning

- Staff should wash their hands before putting on and after removing gloves.
- Cushions, e.g., seat, pressure relieving, wheelchair, should be cleaned regularly and have removable covers to allow inspection of the inside surface of the cover and the cushion.
- Underneath surfaces, e.g., chairs, tables, should be cleaned and inspected regularly.
- Wash, rinse and leave mops and cloths to air dry after each use. Do not leave mops or cloths soaking overnight.

| **Best Practice for Cleaning** | |
|---|---|
| **1. Work from clean to dirty areas** | Start cleaning in the cleanest areas and finish in the dirtier areas, e.g., when cleaning the bathroom, leave the toilet until last and use a separate cloth. |
| **2. Work from high to low areas** | This helps to prevent cross-infection as it stops contamination of clean areas from dirty areas. |
| **3. Leave all surfaces clean and dry** | It is important to leave cleaned surfaces as dry as possible. This helps to prevent mould and bacterial growth. |
| **4. Change cleaning solutions and cloths often** | One of the main causes of contamination is the use of one cloth for all cleaning. Change your cleaning solution and cloth when it looks dirty so that you are removing dust and dirt and are not just moving it from one area to another. Separate cloths should be used for cleaning bathrooms and toilets. These cloths should **not** be used to clean other areas, e.g. kitchen. |
| **5. Wash your hands often** | Dirty hands and dirty gloves soil clean surfaces. Wash your reusable domestic gloves after use and then wash your hands. |

7. Safe management of blood and body fluids

All spillages of blood and body fluids must be dealt with promptly.

**Dealing with blood/blood stained body fluid spillages**
Items contaminated with blood or any body fluids stained with blood should be disinfected promptly and then the affected area cleaned to reduce the risk of infection spreading (see table below).

Best practice is to use a chlorine-based product such as sodium hypochlorite solution (bleach), following the manufacturer's instructions on the bottle where available, or prepare as below.

| **Action for blood and/or blood-stained body fluid spillages**<br>***Dilution of 10,000 parts per million (ppm) available chlorine*** |
|---|
| *Preparation of a sodium hypochlorite solution (bleach) solution: dilution of 1 in 10, e.g. 10 ml of sodium hypochlorite solution (bleach) in 100 ml of water.* |
| 1. Wear disposable gloves and apron. |
| 2. Ventilate the area, e.g. open windows/doors, as fumes will be released from the chlorine. |
| 3. Cover the spill with paper towels, e.g. kitchen roll. |
| 4. Pour the sodium hypochlorite solution (bleach) solution on top of the paper towels and leave for the required contact time of 5 to 10 minutes. |
| 5. Clear away paper towels/spillage, dispose of by putting in a plastic bag. |
| 6. With a disposable cloth, clean the area using detergent and warm water, then leave to dry or dry with paper towels. |
| 7. Dispose of cloth and paper towels in the plastic bag. |
| 8. Remove gloves and apron and dispose of in the plastic bag. Tie/seal the bag and place in the waste bin. |
| 9. Wash, rinse and dry hands thoroughly to prevent the transmission of infection. |

Dealing with body fluid spillages (not blood/blood stained)

Clean up body fluids, such as urine, faeces and vomit, promptly. The affected area should be cleaned and then disinfected (to reduce the risk of infection spreading. Best practice is to use a chlorine-based product such as sodium hypochlorite solution (bleach), following the manufacturer's instructions on the bottle where available.

| **Action for body fluid spillages**<br>***Dilution of 1,000 parts per million (ppm) available chlorine*** |
|---|
| *Preparation of a sodium hypochlorite solution (bleach) solution: dilution of 1 in 100, e.g. 10 ml of sodium hypochlorite solution (bleach) in 1 litre of water.* |
| 1. Wear disposable gloves and apron. |
| 2. Ventilate the area, e.g. open windows/doors, as fumes will be released from the chlorine. |
| 3. Soak up any excess liquid or clean up any solid material using paper towels, e.g. kitchen roll. |
| 4. Clear away paper towels/spillage, dispose of by putting in a plastic bag. |
| 5. With a disposable cloth, clean the area with detergent and warm water followed by the sodium hypochlorite solution (bleach) solution, then leave to dry or dry with paper towels. |

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|---|
| 6. Dispose of cloth and paper towels in the plastic bag. |
| 7. Remove gloves and apron and dispose of in the plastic bag. Tie/seal the bag and place in the waste bin. |
| 8. Wash, rinse and dry hands thoroughly to prevent the transmission of infection. |

**Note: Do not use a chlorine-based disinfectant solution directly on urine as toxic fumes will be released.**

8. Safe management of linen

Care should be taken when handling linen to reduce the risk of spreading infection.
Used laundry, e.g. linen (sheets, bedding, towels), client's clothing and staff uniforms or workwear, can become soiled with blood, faeces, other body fluids and micro-organisms, such as bacteria, viruses and fungi. Therefore, when handling used laundry, it is essential that care is taken to prevent the spread of infection.
All used laundry should be washed appropriately ensuring the correct temperature is achieved to destroy micro-organisms. Micro-organisms that remain after washing are usually destroyed by tumble drying and ironing.

All used linen should be handled with care and attention paid to the potential spread of infection. Clients and staff must not be put at risk during the handling, disposal and transportation of used linen.

a) Staff should ensure cuts and grazes are covered with a waterproof plaster when handling all linen.
b) A disposable apron should be worn when bed making, handling used linen and clothing. In addition, disposable gloves should also be worn when handling visibly soiled or infected linen and clothing.
c) Linen should be removed from a client's bed with care and placed in the laundry basket, not placed on the floor. Care should be taken to prevent unnecessary shaking of linen as this will increase the number of micro-organisms in the air.
d) After handling used linen and removing gloves, hands must be washed thoroughly with liquid soap and warm running water, and dried using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable.
e) To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen and clothing by hand. Soiled items should be washed on a pre-wash cycle.
f) Used linen and clothing should be laundered on the highest temperature possible for the item or as recommended by the manufacturer.
g) If the washing machine and drier are in the kitchen, do not sort laundry and prepare food at the same time.

Uniforms and workwear

a) Always use personal protective equipment to prevent contamination of uniforms and workwear.

b) Wear a clean uniform or workwear daily, and if they become visibly soiled, change as soon as possible.
c) Uniforms and workwear should be laundered separately from other clothing on a hot wash cycle (60oC) or at the highest temperature that the fabric will tolerate.
d) Garments should be dried thoroughly. Tumble drying or ironing will further reduce the small number of micro-organisms that may be present after washing.
e) Long hair should be tied back when at work.
f) Footwear must be well maintained, visibly clean, non-slip and support and cover the entire foot to avoid contamination with blood or body fluids or potential injury from sharps.
g) Cover uniforms completely when travelling to and from work, collecting children, food shopping or undertaking other activities in public.

Handling of clean linen

a) Hands must be clean when handling clean linen.
b) There is no need to wear disposable gloves or apron when unloading washing machines, tumble dryers or when ironing.

9. Safe Management of Waste

All staff are responsible for the safe management and disposal of waste.
Waste is potentially hazardous and, if not disposed of correctly, can result in injury or infection. All staff are responsible for the safe management and disposal of waste. Where any doubt exists, advice should be sought from the local environment agency office or local authority.

Further information can be found in the *Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste.*

Waste streams
Examples of the waste streams that can occur in any healthcare setting:

Recycling - Information on the items that can be recycled can be obtained from the client's local authority. Items that are recyclable which have been contaminated with food/drink/ liquids, etc., e.g. bottles, cans, should be rinsed before being placed in the recycling bin

Household waste
General domestic waste should be disposed of in the household waste stream. It should be put into a plastic bag and, if available, placed into the household waste wheelie bin.

Offensive/hygiene waste
Some waste generated in healthcare falls under the category of offensive/hygiene waste. This is waste such as incontinence pads and other waste produced from human hygiene, e.g. sanitary waste, stoma bags, etc., which is non- infectious and which does not require specialist treatment or disposal, but which may cause offence to those coming into contact with it.

Whether this type of waste can go into the normal household waste stream will depend upon the specific circumstances of each case. It will depend on issues such as:

- A risk assessment.
- Whether a care professional is in attendance or not, as different legislation would come into play (e.g. if the client is self-caring and not requiring the assistance of care workers then offensive/hygiene waste may be suitable for the domestic waste stream, bearing in mind that

only quantities less than 7 kg (approximately one bag) may be placed in the domestic waste stream.)

Further advice on the classification and disposal of offensive/hygiene waste can be sought from the client's local environment agency or local authority.

Infectious waste
Waste is classified as infectious waste where the client is known or suspected to have an infection.

Where an infection is not known or suspected, but a potential risk of infection exists. If a risk assessment identifies waste as infectious, it should be placed into an orange infectious waste bag and collected as arranged with the local authority. Further advice on the classification and disposal of infectious waste can be sought from the client's local environment agency or local authority.

Sharps
Whoever uses the sharp is responsible for its disposal, e.g. the client if self-injecting, or the care staff if they used the sharp on the client. Sharps should be disposed of immediately after use into an appropriate sharps container, e.g. yellow lidded sharps container for sharps contaminated with medicines, such as insulin needle/syringes, orange lidded sharps container for sharps not contaminated with medicines, such as lancets for checking blood sugar levels. The sharps container should be disposed of as per local arrangement, e.g. returned to the GP surgery or pharmacy. They should not be disposed of in bin bags/wheelie bins.

Sharps are items that could cause cuts or puncture wounds and include needles and sharp instruments. It is the responsibility of the user to dispose of sharps safely into a sharp's container. Sharps which are handled inappropriately or not disposed of correctly are dangerous.

Medicines
Unwanted or date expired medicines should not be placed in the household waste or disposed of down the toilet or sink. Local arrangements for the disposal of unwanted/date expired medicines should be followed, e.g. return to the local pharmacy for destruction.

Handling waste

- When handling waste, appropriate personal protective equipment (PPE) should be worn.
- Waste should be correctly segregated (see Waste streams).
- All waste bags should be no more than 2/3 full. This allows enough space for the bag to be tied using a suitable plastic zip tie or secure knot.
- When handling tied waste bags, only hold the bag by the neck and keep at arm's length to reduce the risk of contaminating your uniform/workwear or injury in case a sharp item has been inappropriately disposed of in the bag.
- If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag.
- Infectious waste should be stored safely away from the public whilst awaiting collection.

10. Safe management of sharps and inoculation injuries

Health and Safety

Health and social care employers, their contractors and employees have legal obligations under the *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations)*. All employers are required to ensure that risks from sharps injuries are adequately assessed, and appropriate control measures are in place. Where it is practicable to do so, employers must substitute traditional unprotected sharps with a 'safer sharp' (medical sharps that incorporate features or a mechanism to prevent or minimise the risk of accidental injury).

Good practice in the safe management of sharps

Needle management

- Avoid unnecessary use of sharps.
- For certain procedures, needle free equipment is available and must be used, e.g. collecting a urine sample from a catheter.
- Request assistance when using sharps with a reluctant or confused client.
- Do not carry sharps in the hand. Sharps containers should be available at the point of use, i.e. where the sharp is used.
- Do not pass sharps from hand to hand and keep handling to a minimum.
- Do not recap, bend or break needles before disposal.
- Dispose of needle and syringes as one unit into a sharps container.
- Always carry sharps containers away from the body, ensuring the temporary closure mechanism is closed.
- All staff should be educated in the safe use and disposal of sharps and the action to take in the event of an injury.
- Sharps containers must be situated in a safe and secure place to avoid harm to, or misuse by others.
- Sharps should be placed into the sharps container by the person using them.

Sharps should be placed into the correct colour coded sharps container:

- Purple Lid–sharps contaminated with cytostatic or cytotoxic medicines, e.g. medicines used for cancer treatments and chemotherapy
- Orange Lid–sharps not contaminated with medicines, e.g., sharps used for blood tests
- Yellow Lid–sharps contaminated with medicines, e.g. Used insulin cartridges and insulin needles
- Sharps containers must be correctly assembled, with the lid securely fastened to the base and dated, signed and location recorded when assembled.
- Sharps containers must not be used for any other purpose than the disposal of sharps.
- Never press down the contents to make more room or attempt to retrieve an item from the sharp's container.
- After disposing of a sharp into the sharp's container, the opening should be moved into the temporary closure 'closed' position.
- Sharps containers must not be filled above the 'fill line' as this could result in sharps protruding through the aperture.
- The opening must be 'locked' prior to disposal.
- Sharps containers must be disposed of when the fill line has been reached or when the container has been in use for three months even if not full.
- Sharps containers must be dated and signed when locked and disposed of

Prevention of inoculation incidents

An inoculation incident is where the blood/blood-stained body fluid of one person could gain entry into another person's body, such as:

a) A sharps/needlestick injury with a used needle
b) Spillage of blood or body fluid onto damaged skin, e.g. graze, cut, rash, burn
c) Splash of blood- or blood-stained body fluid into the eye, mouth or nose
d) Human bite causing skin to be broken

Many accidental exposures to blood and body fluids are, therefore, not classed as inoculation incidents, e.g. splashes onto intact skin, sharps injury from an unused sharp. In these circumstances, washing the contaminated area thoroughly with liquid soap and warm running water is all that is required. Exposure to vomit, faeces and urine (unless visibly blood stained) are also not considered as inoculation injuries. Compliance with the above guidance on good practice in the safe management of sharps should reduce the risk of a contaminated sharps injury.

In addition:

- All staff should protect their skin, as skin is an effective barrier to micro- organisms, e.g. bacteria, virus and fungi. Any cuts or abrasions should be covered with impermeable (waterproof) dressings to provide a barrier
- Disposable gloves must be worn when there is a risk of exposure to blood or body fluids
- Disposable apron must be worn when there is a risk of blood or body splashing.

IPC Leadership & Governance

Infection Control Roles and Responsibilities

a) Snap Care is the infection control lead for the organisation and will produce an IPC annual statement and audit.

b) Snap Care is responsible for infection control staff training.

c) Staff are required to make infection control a key priority and to act at all times in a way that is compatible with safe, modern, and effective infection control practice.

d) Managers and supervisors are responsible for ensuring that staff working in the homes of clients have sufficient training, access to sufficient handwashing facilities (or alcohol gel 70% and about and supplies of appropriate Personal Protective Equipment to ensure that they can implement effective infection control procedures and techniques.

e) Any staff who do not feel they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform their line manager or supervisor.

Infection Control Training

All staff will be trained in basic infection prevention and control measures in line with this policy and best practice guidance. Training for new staff members will take place as part of their staff induction followed with annual refresher update sessions.

Staff with specific infection control responsibilities are provided with the relevant training for their role, duties, and levels of responsibility.

Notifiable Disease Reporting

RIDDOR requires an organisation to report the outbreak of notifiable diseases to the HSE. Notifiable diseases include cholera, food poisoning, smallpox, typhus, dysentery, measles, meningitis, mumps, rabies, rubella, tetanus, typhoid fever, viral haemorrhagic fever, hepatitis, whooping cough, leptospirosis, tuberculosis, and 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.

1. In the event of an incident, Sally Britton, Managing Director at Snap Care, is responsible for informing the HSE.

2. RIDDOR forms are kept here: Office Hub of both branch locations.

3. 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 by the Registered Manager.

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| This policy applies to the following people in our organisation | All employed staff members:<br>• Senior team<br>• Care workers<br>• Admin staff |
| Policy Written by | Sally Britton, Managing Director |
| Date Policy written | 26 February 2025 |
| Due for Review | 26 February 2026 |
| Who has or can give authority to change policy | Sally Britton, Manging Director |
| Where is this policy kept | On the company's shared drive. |

| Date | Reviewer | Version | Date for Next Review |
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