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01 INTRODUCTION

For many common infections and infectious diseases, early recognition and prompt action can reduce the spread of disease, the severity of the illness and the number of people affected.

The use of infection control policies and procedures aims to minimise the spread of infection. It is important that clear information on standards of infection control and prevention in our services is available so that people can make informed choices and because it promotes confidence in the support being provided.

The organisation expects all staff to adhere to the Infection Control policy and guidance to ensure a high standard of care is applied to protect staff, the people we support staff and visitors from unnecessary exposure to infection. The Infection control policies and procedures are made available, evidence based and reviewed and updated regularly.

Compliance: This policy complies with all relevant regulations and other legislation as detailed in the *Compliance with Regulations & Legislation Statement*.

02 POLICY STATEMENT

The organisation believes that adherence to the guidelines on infection prevention and control is of the utmost importance in safeguarding the people we support, staff and the local community. The purpose of this document therefore is to assure employees; the people we support and their families and all external organisations that safe systems of working are in place to assist in minimising the risk of infection.

The organisation has a nominated Infection Prevention and Control Lead who takes responsibility for this area within the organisation.

The organisation has a corporate audit tool that will be used wholly or in part, as appropriate, in each of its services

Public Health England and Wales are organisations dedicated to protecting people's health and reducing the impact of infectious diseases, chemical hazards, poisons and radiation hazards. They bring together the expertise of health and scientific professionals working in public health, communicable disease, emergency planning, infection control, laboratories, poisons, chemical and radiation hazards. The organization will abide by their advice and guidance on infection control issues.

03 ORGANISATION AND MANAGEMENT RESPONSIBILITIES

The organisation has a responsibility under Health and Safety legislation to maintain a safe environment for the people we support, staff and visitors. The Health and Safety Department, in consultation with health service advisory bodies, will provide advice and issue updated information as appropriate.

Specific Responsibilities and Arrangements

Board of Directors

The Board of Directors have ultimate responsibility for ensuring that the Company meets its statutory obligations and that effective arrangements for the management of health and safety are put in place and are therefore responsible for setting and approving policy direction in relation to infection control

Group Chief Executive Officer

The Chief Executive has overall responsibility for ensuring that the Company meets its statutory obligations and that effective arrangements for the management of health and safety are put in place.

Managing Directors of specific services

The Managing Directors have executive responsibility to manage Health and Safety including compliance with Health and Safety at Work Act, etc. 1974 and other relevant legislation, best practice guidance and Company policies to meet legal and organisational requirements.

Regional Directors/Heads of Service/Operations Managers

Regional Directors/Heads of Service/Operations Managers are responsible for the ensuring the provision of arrangements in relation to infection control and ensuring that the company's policy is implemented for

their respective services, for providing support and advice to their respective managers and monitoring implementation of this policy within their respective areas.

Group Health and Safety Manager

The Health and Safety Manager is responsible for advising on appropriate measures to meet legal and organisational requirements as required

Registered Managers / Head Teachers / Principals / Office Managers

Are responsible for the implementation of this policy within the premises for which they are responsible by

- Ensuring staff are aware of and adhere to the provisions of this policy and associated advice/guidance
- Ensuring staff receive relevant infection control training
- Driving a culture of cleanliness and hand hygiene.
- Ensuring there is adequate equipment and substances for staff to safely clean and where required decontaminate equipment
- Ensuring there are adequate supplies of disposable PPE
- Ensuring that PPE is worn in accordance with current guidance
- Ensuring any equipment decontamination is performed in line with manufacturers' guidance/instructions
- Reporting outbreaks of infection in line with this policy

All staff

Are responsible for:

- Ensuring they have received appropriate infection control training in the last twelve months
- Never knowingly place a person we support, member of staff or visitor at risk from an infection.
- Working to the infection control standards set out in the organisation's infection control guidelines and policies,
- Wearing PPE provided
- Challenging poor infection control practice and seek support from Managers as required
- Reporting any adverse incidents in accordance with organisations policy
- Reporting any suspected infection outbreaks to the Service/Operations Manager or Head Teacher

04 THE CHAIN OF INFECTION

Micro-organisms

There are many types of micro-organisms; some will cause infection but others won't. Many micro-organisms can live on or in parts of the body such as the skin, mouth or intestines and are known as normal flora. Some of these can move to other parts of the body and cause illness such as bowel flora entering the bladder.

Normal skin flora is known as resident and is there all the time. It rarely causes infection except possibly when invasive procedures are carried out. Resident skin flora is difficult to remove by normal hand washing techniques.

Other micro-organisms are acquired or deposited on the skin from staff, residents or inanimate objects in the environment. They do not live permanently on the skin and can be removed or destroyed by thorough and frequent hand hygiene.

Reservoirs

Reservoirs for micro-organisms may be people, the environment or equipment. The human body is the biggest and best reservoir and the most common source of infection. A person with salmonella, tuberculosis or hepatitis B is a reservoir of infection because the germs can be passed on in body fluids.

Contaminated food can act as a reservoir of infection. A common example of this is Salmonella which can be passed to individuals when food is not thoroughly cooked and then eaten.

The environment can be contaminated by micro-organisms shed by people. Inadequately maintained or incorrectly decontaminated equipment can be a reservoir such as shared commodes that can cause diarrhea.

Point of entry

Micro-organisms need a point of entry into the body. In the case of Salmonella this is via the mouth, with Tuberculosis it can be the nose and mouth and then into the lungs and for Hepatitis it is through the bloodstream and is then transported to the liver. Organisms capable of causing urinary infection may enter during poor catheter care.

Point of exit

Micro-organisms also need an exit point. Salmonella bacteria for example are excreted through faeces. Tuberculosis uses the same entry and exit.

Method of spread or mode of transmission

Mode of transmission varies with different organisms. Hands play a big part in the spreading of infection. Micro-organisms may be present in body secretions and excretions. If hands come into contact with these the germs they can be carried from person to person or surfaces unless properly decontaminated. Some micro-organisms may be spread through the air. The viruses responsible for colds and flu are found in saliva and sputum. Coughing and sneezing near another person may pass on these viruses in the droplets or aerosol produced. Sometimes micro-organisms can pass from one part of the body to another or from an outside source into the body.

Modes of transmission include:

- Aerosol
- Droplet
- Faecal-oral
- Direct contact (person to person)
- Indirect contact (food, water, fomites (inanimate objects), the environment)

- Blood and body fluids
- Insects and parasites

Susceptible host

For infection to occur once organisms have reached their targets the person must be at risk of infection. Infection is caused when organisms evade a person's immunity defense mechanisms. This will vary from person to person.

05 PREVENTION AND CONTROL OF INFECTION

Standard procedures for Infection Control

Hand washing

Handwashing is the most important measure in reducing cross-infection. Studies show this is not always done effectively. The areas commonly missed are the wrist creases, thumbs, fingertips, under the fingernails and under jewellery – only wedding rings should be worn and these removed when washing. Employees should be trained in the use of liquid soap and alcohol hand rub for hand decontamination. Alcohol rubs must be used at the point of care. . They are not suitable for use on hands that are contaminated with organic matter or during outbreaks of diarrhea caused by *Clostridium difficile*. Hand hygiene facilities such as hand wash basin, hot and cold water and a supply of paper towels must be available and easily accessible.

Products for cleansing – Liquid soap should be used for routine hand washing, (bacteria grow on soap bars).

Use hand cream in tubes, not tubs, to prevent hands becoming chapped and sore.

Handwashing Procedure

Washing your hands properly should take about as long as singing "Happy Birthday" twice (around 20 seconds), using the following steps from the World Health Organisation:

1. Wet your hands with water (warm or cold).
2. Apply enough soap to cover all over your hands. (You can use alcohol-based handrub if you don't have immediate access to soap and water).
3. Rub hands palm to palm.
4. Rub the back of your left hand with your right palm with interlaced fingers. Repeat with the other hand.
5. Rub your palms together with fingers interlaced.
6. Rub the backs of your fingers against your palms with fingers interlocked.
7. Clasp your left thumb with your right hand and rub in rotation. Repeat with your left hand and right thumb.
8. Rub the tips of your fingers in the other palm in a circular motion, going backwards and forwards. Repeat with the other hand.
9. Rinse hands with water (warm or cold).
10. Dry thoroughly, ideally with a disposable towel.
11. Use the disposable towel to turn off the tap.

Diagrams covering hand washing procedure can be located on SharePoint in the Infection Control suite of documents.

Hands should be washed

- Before and after each work shift or work break
- Before and after physical care with each service user
- After handling contaminated items such as dressings, bed pans, urinals and urine drainage bags
- Before putting on, and before and after removing, protective clothing
- After contact with blood and other body fluids.
- After removing & disposing of protective gloves.
- After handling bed linen or laundry.
- After using toilet, blowing the nose, covering a sneeze
- Whenever the hands are visibly soiled
- Before eating, drinking or handling food.
- before and after smoking
- Before and after preparing or serving food and drinks.
- Before entering the kitchen.

PPE

Gloves only need to be worn when dealing with blood and body fluids or non-intact skin. For prevention of cross-infection gloves should be single use, they should be removed carefully and discarded for incineration. Wash hands.

Non powdered vinyl gloves should be used for standard infection control procedures and a nitrile (latex free alternative) for aseptic procedures or when there is blood stained bodily fluids. Keep your nails short and take good care of your hands. Report any allergic reactions to your Manager.

If wearing a disposable apron, remove this and dispose of it first.

Disposable gloves can also be used for general cleaning.

For further details see section below - PPE

Keep Cuts Covered

Always Cover Cuts or Abrasions on your Skin

Clean the wound with paper towels or tissues. Use clean waterproof plasters (blue if you're a food handler). Take care to avoid damaging the skin with cuts or abrasions in the presence of blood.

If you have any damaged skin and believe yourself to have been exposed to bodily fluids from a service user at risk, immediately wash the cut or abrasion liberally with soap and water but without scrubbing. Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water. If the skin has been punctured e.g. needle stick, bite or scratch, free bleeding should be encouraged but do not suck the wound. Apply First Aid and report the incident to your Manager and proceed as with any accident. Seek medical advice.

Precautions when caring for the people we support

Caring for the people we support may involve physical contact that can lead to the risk of infection to either person. Reduce the risk by the precautions listed above 'Wash your hands'.

06 PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is intended to protect both staff and the people we support from the risk of cross infection.

Protective clothing must:

- Be readily available and easily accessible
- Be appropriate for the task/procedure being undertaken
- Fit appropriately
- Be compatible with any other item of protective equipment being worn simultaneously
- Be disposable where possible, if not disposable it must be decontaminated and maintained as necessary

Selection of appropriate protective clothing should take into account the following factors:

- The nature of the task
- The risk of contamination
- The barrier efficacy of the protective clothing

All staff using PPE should receive information/instruction/training in its use.

PPE should be put on in the following order:

- Apron
- mask/respirator
- eye protection (where required)
- gloves

PPE should be removed in an order that minimises the risk of self-contamination:

- Gloves
- Apron
- Eye protection
- Masks/Respiratory protection

Gloves

- Latex free alternative gloves should be worn when there is a risk of exposure to body fluids, secretions/ excretions, broken skin or mucous membranes.
- Sterile gloves are required for invasive procedures or contact with sterile sites.
- Gloves must be put on immediately before an episode of care and removed as soon as the activity is completed
- Hands must be decontaminated immediately following removal of gloves
- Gloves must be single use items

Aprons

- Disposable plastic aprons must be worn to reduce the risk of clothing being exposed to blood, body fluids, secretions or excretions.
- Disposable aprons should also be worn where contact with contaminated items such as bed linen is likely.
- Plastic aprons must be worn as single use items
- If gloves are worn, aprons must be removed after gloves.
- If caring for a person supported in standard isolation, the apron must be removed and discarded inside the side room.

Remove apron immediately after use avoiding contact with the most contaminated areas. The outer contaminated side of the apron/gown should be turned inwards, rolled into a ball and then discarded in the appropriate waste stream.

Eye protection, masks and face protection

- Facemasks and eye protection should be worn as advised by Public Health, where there is a risk of a splashing of fluids or debris from a contagious infection into the face or eyes.
- Hands must be decontaminated immediately following the removal of any PPE

07 BODILY FLUIDS

Many communicable diseases are infectious when incubating and there are no signs or symptoms. Every member of staff should maintain effective safe methods of infection control, particularly when handling body substances.

Body fluids are:-

- blood,
- sputum,
- urine,
- faeces,
- wound drainage and other moist body materials

Precautionary measures staff should take to protect themselves:-

- Each situation should be assessed to determine precautions needed, i.e. staff member's individual skills and medical/vaccination history, the facilities available and the likelihood of direct contact with body fluids will form the basis of the assessment.
- Control the number of people exposed to body fluids.
- Cover wounds or skin lesions with waterproof dressing.
- A disposable apron and gloves should always be worn when dealing with blood, body fluids.

Spillages

Spillages should be cleaned up as quickly as possible. Procedures for cleaning and disposal of waste, as stated in this policy, should be adhered to.

A disposable plastic apron, disposable latex free or vinyl gloves should be worn when dealing with body fluid spillages. Eye protection should also be worn if there is a danger of splashes.

Spillages of Blood and Body Fluids such as menstrual fluid, semen and any wound drainage fluid as well as other blood stained fluids should be made safe before removal. This can be done by totally covering the spillage with a sanitizing solution that is generally used within the premises. Bleach – hypochlorite - on application bleach products must contain minimum 1000ppm available chlorine, leave for two minutes then clean with disposable wipes and discard in a yellow bag with black stripes.

With large spillages that cannot be dealt with as above should be covered with absorbent paper towels or suitable alternatives and allow fluid to soak in. Place the towels in a yellow bag with a black stripe. Disinfect the surface with a sanitizing solution. After removal of spillage and disinfection, wash the contaminated area thoroughly with a solution of hot water and general purpose detergent.

Other body fluids such as pus, sputum, faeces and vomit should be treated as above. Urine spillage can be removed with disposable towels or incontinence pad if of a large volume, then wash with general purpose detergent and hot water.

08 REPORTING AND CONTROL OF AN OUTBREAK ON INFECTION

An outbreak of infection is defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place

Prompt notification and reporting of infectious diseases to HPT's is essential for the monitoring of infection and allows the investigation and control of its spread.

- Firstly request GP for diagnosis. If an outbreak of infectious disease is suspected inform HPT's, they will advise on any immediate action to be taken. Ensure current contact numbers are recorded and easily accessible.
- Record details of disease accurately and fully in the individuals plan of care. Risk assessments and safe systems of work must be documented in accordance with COSHH 2002. (See the organisations Resource portal/SharePoint for examples).
- Send any specimens required to the local laboratory. Specimens should be collected in laboratory approved containers and transported in a sealed bag (provided by GP service).
- Isolation of the people we support – Health Protection Teams will advise on necessary steps.
- The most common types of outbreaks are due to viral respiratory infections and gastro-enteritis. Viruses which cause these spread by airborne droplets and isolation of infected residents will help to prevent further cases. Single rooms are provided for the people we support and it would be advisable for an individual whether adult or child with infectious diarrhea to have sole use of toilet facilities where this is possible.
- In the case of food borne outbreaks the local EHO will question residents about food eaten and food handlers about food hygiene and may check procedures and equipment.
- In addition to the above, contact the health and safety department at Outcomes First Group and complete electronic form in the organisation's accident/incident reporting system.

09 EDUCATION AND TRAINING

The organisation provides training in basic infection control methods and identification of risk within a service.

Each service provides on-site induction and should continue training and updating in infection control. It is recommended that updates are given on an annual basis.

It is important that all employees, including agency staff and volunteers, are aware of their responsibilities in the control of infection and are familiar with infection control policies. The nominated person should receive training annually.

An environmental Audit will be used to identify competency levels and act as a guide to any training needs that may be required.

10 OCCUPATIONAL HEALTH

Health Screening

Each new member of staff must complete a health questionnaire.

Vaccination/Immunisation

The person-in-charge of a service shall advise staff of risks of infection and inform them of vaccinations that are available and how these may be obtained. (Refer to Department of Health advice).

A record must be kept on site. Date when advice is given and provide the signature of the person giving advice as well as the employee. Ask employee to state in writing if they do not wish to be vaccinated and to sign the statement.

Risk assessment for individuals should be documented as necessary in compliance with COSHH Regulations for biological agents (see the organisations Resource portal/SharePoint)

Adults with chronic medical conditions and occupational risk will be offered immunisation as recommended by the Public Health England/Wales and Department of Health. The employer is responsible for the cost of vaccinations related to risk in the workplace, such as Hepatitis B.

The complete routine immunisation programme for children and adults can be found on Public Health England's website - <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

11 CLEANING AND DECONTAMINATION

There are germs all around us in the environment and in our bodies. Most of these are completely harmless and may be important to maintain good health. It is important that the "good germs" are not killed by excessive and inappropriate use of disinfectants.

Decontamination can be achieved by a number of methods, which fall into the following categories:

Cleaning

Cleaning physically removes contamination but does not necessarily destroy micro-organisms. It removes micro-organisms and the organic matter on which they thrive. Cleaning must be done prior to effective disinfection and sterilization. This will be the most common choice of decontamination method within the care home setting.

Disinfection

Disinfection reduces the number of micro-organisms but may not affect certain viruses and bacterial spores.

Sterilization

Sterilization renders an object free from all micro-organisms.

Choice of Methods

The choice of decontamination method depends on the risk of infection to the service user coming into contact with equipment and or medical devices. These items can be categorized into three risk groups

- **High risk**
Items are those used to penetrate the skin or mucous membrane; or enter the vascular system or sterile spaces. They need to be sterilized if re-usable but single use items are preferable
- **Intermediate risk**
Items are those which come into contact with intact mucous membranes or may be contaminated with particularly virulent or readily transmittable organisms. Such items require cleaning and then disinfection or sterilization
- **Low risk**
Items are those which come into contact with intact skin or do not have contact with the service user. They require cleaning.

Automated or mechanical processes for cleaning must be used in preference to manual processes. Washing machines disinfect by thermal disinfection within the wash cycle as opposed to chemicals such as bleach.

Disinfectants

Disinfectants can be harmful to people. Control of Substances Hazardous to Health Regulations 2002 (as amended) ensures that employees are safeguarded at work. Disinfectants should only be used when absolutely necessary.

Chemical disinfectants should only be used when it is necessary to destroy all potentially harmful germs when sterilization is not required or it is impossible to disinfect by heat.

Disinfectants should not be used routinely as cleaning agents or deodorants. Disinfectants must not be used for the storage of equipment such as mops.

Organic debris e.g. faeces or secretions may inactivate some disinfectants. Items must be cleaned first.

- Disinfectants must be at the recommended solution.
- Disinfectants must be stored and discarded in accordance with the manufacturer's instructions.
- COSHH regulations must be adhered to.

Single use equipment should be chosen in preference to reusable instruments. **Any device designated as single use must never be re-used under any circumstances.**

Under the Consumer Protection Act 1987 a person can be held liable if a single use item is re-used against manufacturers' recommendations.

General Cleaning

All residential homes should have cleaning schedules for all areas, which state what equipment should be used. Different areas should have different equipment, and this should be colour coded for ease of identification. The national colour coding for cleaning materials is given below.

- **RED** High risk areas, e.g. bathrooms, showers, toilets, basins and bathroom floors
- **YELLOW** Medium risk areas, e.g. bedrooms when someone has an infection and is cared for in their own room (isolated).
- **BLUE** General areas, including lounges, offices, corridors and bedrooms
- **GREEN** Kitchens and food storage areas only; never used elsewhere

Cleaning/disinfecting of individual items

Individual items should be cleaned as per the table in separate document – Cleaning /decontamination of items.

12 LAUNDRY

Requirements:

- There should be a designated laundry area used only for that purpose.
- An industrial washing machine with required cycles and accurate temperature gauge should be used where relevant
- All machines should be installed professionally. A cover placed over the drain and there should be a regular maintenance program with records kept of checks.
- A dryer which ensures thorough drying of linen. (filters to be cleaned of debris following each use)
- Hand washing facilities.

Linen should be removed from the service user's bed with care and placed directly into an appropriate bag/container. Do not sort linen in a service user area. Always wash hands after handling.

Soiled personal linen should be placed in a fabric bag or wash basket. In larger homes soiled bedding and towels should be placed in a designated fabric bag. Industrial washing machines have a sluicing cycle. In homes without industrial machines sluice or pre-soak soiled linen prior to appropriate wash cycle.

All items should be laundered at the recommended temperatures for the material. This will be detailed on the garment label.

Known, or suspected, infected/infested linen should be placed in a red water-soluble bag, and then placed in a fabric bag. Red bags can be obtained through the usual purchasing system.

Germs or soiled and fouled linen are most unlikely to cause infection in healthy workers if care is taken. The following will ensure that risk to staff is minimal:-

- Wear disposable aprons and vinyl gloves when dealing with used laundry.
- Any cuts or sores on the hands must be covered with a waterproof plaster.
- Ensure adequate hand washing facilities are available.
- Protective clothing should be removed and hands washed before returning to other duties.
- Ensure staff is trained and guidelines are available setting out cleaning procedures for staff, equipment and laundry area.
- Smoking and eating is not allowed in the laundry area.

There should be a separate area for drying, ironing and storage of clean linen away from used linen to prevent clean linen from being contaminated. Clean linen should be stored in a dry area above floor level. It must not be stored in bathrooms or sluices.

13 WASTE MANAGEMENT

Legislation covering the disposal of waste is covered by the HSAWA 1974, COSHH 2002 (as amended) and Environmental Protection Act 1990, Controlled Waste (England and Wales) Regulations 2012, The Waste (England & Wales) Regulations 2011 (as amended 2012) and the Revised EU Waste Framework Directive. 2008

Responsibility for identifying infectious material lies with a healthcare professional where infection is suspected and following diagnosis by the G.P./Health Protection Nurse/Infection Control Nurse/ Environmental Health Officer.

Managers are responsible for identifying risk in their service. They must ensure that all staff are aware of the risk and that there are safe systems and arrangements for their service. They must deliver appropriate training, check knowledge and observe the competency of the staff team. Suitable and sufficient equipment must be available for safe practice in managing waste and spillages.

The risk of infection is from biological hazards under COSHH. (See example in SharePoint/portal)

All staff has a responsibility to be familiar with their local policy for waste management. Assist in reducing waste and the improvement of safe working practices. Staff are responsible for their own hygiene and must use protective equipment correctly. They must inform the line manager as soon as possible of any dangerous occurrences arising from waste management.

Community Support Services staff are responsible for removal of infectious waste from dressings etc.in services which they visit.

To determine their classification, all healthcare waste items must be clinically and specifically assessed by the producer, at the time of production. There are 2 types of healthcare waste: Hazardous and non-hazardous.

Hazardous Waste	Non-hazardous waste
Infectious waste (e.g. anatomical waste and sharps	Offensive/hygiene waste (e.g. incontinence and other human hygiene, sanitary waste and nappies
Cytotoxic and cytostatic medicines	Non cytotoxic and cytostatic medicines
Health chemicals and hazardous properties	Domestic Waste
Batteries	Packaging waste
Xray Photochemicals	Recyclable materials
Radioactive waste	Food waste

Clinical Waste can be divided into the following two categories:

1. Waste that poses a risk of infection
2. Medicinal waste

Infectious waste is defined as "substances containing viable micro-organisms or their toxins which are known or reliably believed to cause infection in man or other living organisms"

All waste must be classified as infectious if it has not been assessed and segregated.

Medicinal waste includes expired, unused, split and contaminated pharmaceutical products, drugs and vaccines that need to be disposed of appropriately. It also includes discarded items contaminated from the use of pharmaceuticals such as bottles, packets with residue, masks, connecting tubes, syringe bodies and drug vials.

Control drugs should be referred to the appropriately authorised personnel for disposal and destruction.

Non clinical waste is defined as;

Offensive/hygiene waste
Domestic waste.

Offensive/hygiene waste is a term to describe non-infectious and non-hazardous waste and therefore does not need specialist treatment or disposal but may cause offence to those in contact with it. (Details as above))

Colour coded bags/receptacles are used to identify the different categories of waste as follows:

- Black bags for domestic waste
- Yellow striped bags for offensive waste.

All bags must be sealed securely. Do not overfill. If a bag splits place it into another bag of the same colour. Hold bags by the neck.

Waste storage areas should be sited away from food preparation, service user and general storage areas.

Waste should be kept in separate bins colour coded for hazardous and non-hazardous waste. It should be collected regularly so that there is not a build-up and overflow of bags.

All waste bins should be foot operated.

Easily accessible washing facilities, protective coating/equipment and materials for dealing with spillages should be provided

14 SHARPS INJURIES AND BITES

The risk to care workers of Hepatitis B, Hepatitis C and HIV infection is proportionate to the prevalence of the infection in the population supported, the infectious status of the person we support, which may or may not be known, and the risk of significant occupational exposure occurring during the procedures undertaken. In healthcare settings occupational blood borne virus transmission most commonly occurs following sharps and puncture wounds

The Sharps Directive 2010/32/EU was implemented in UK in May 2013 through The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Prevention of exposure is a priority in the EU Directive. **Re-sheathing of needles is now banned.**

The Sharps Regulations follow the principles of the hierarchy of preventative control measures, set out in the Control of Substances Hazardous to Health Regulations (COSHH). However, they require that employers consider additional risk control measures and avoid the unnecessary use of sharps. Needle-free equipment is available for certain procedures and should be used, where it is reasonably practicable to do so.

The HSE information leaflet number 7 - Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees) states "Staff who have direct contact with a service user's blood or blood stained fluids and are assessed to be at risk should be immunized against Hepatitis B". There are no current vaccines for Hepatitis C or HIV.

Staff who fail to dispose of sharps, which they have used safely, and so cause a hazard, are in breach of HSAWA and could be liable to prosecution.

Sharps are: -

- needles,
- scalpel blades,
- stitch cutters,
- cannula,
- Disposable razors etc. which may be contaminated with body substances, especially blood. There is a risk of accidental injury if not handled properly.

Sharps should be disposed of in containers which conform to British Standard BS7320.

- Assemble container as per manufacturer's recommendation.
- Ensure that base and lid of container are securely fitted.
- Label container with date brought into use.
- Never leave sharps lying around.
- Never walk around with unguarded sharps.

- Never put syringes with needles in your pocket.
- Ask for assistance if a client is uncooperative when using sharps.
- Take sharps box to area where sharp is used.

It is the responsibility of the person using the sharp to ensure its safe disposal.

- Leave needles attached to syringes and never re-sheath needles.
- Use only correct disposal container and drop sharp into aperture from 2 inches above.
- Keep in a safe place out of reach of unauthorised people and away from extreme temperatures.
- Do not overfill containers.
- Do not attempt to retrieve anything from box.
- Seal containers as per manufacturer's instructions when $\frac{3}{4}$ full or at weekly intervals.
- Carry sharps boxes by the handles.
- Do **NOT** place in yellow bags for disposal

Inoculation Injuries

If someone else's blood or body substances get into your blood or tissue this is an inoculation injury. Mostly these injuries are caused by contaminated sharps or contamination of open wounds. Splashes into the eyes or mouth can occasionally transmit infection and should be managed as an inoculation injury. The majority of the injuries can be avoided by good working practices.

The main concern with inoculation injuries is risk of blood borne infections. There may also be a risk of tetanus.

If injured:

- **Make it bleed** – Gently squeeze and encourage wound to bleed.
- **Wash the area** – with soap and warm running water, then swab with alcohol, e.g. medi swab, alco wipes or use Alcohol gel.
- **Irrigate with water** splashes to eyes or mouth. Do not swallow rinsing water.
- **Report the accident** to person-in-charge, complete accident report and seek medical advice.
- Attend G.P. surgery when possible, if out of hours contact the Accident and Emergency
- Department at the local hospital.

Bites

Some people worry about risk of Hepatitis B or HIV infection from human bites, but human mouths contain a wide range of other germs which cause infection. A bite from a human is more likely to become infected than a bite from a cat or a dog and may need antibiotic treatment.

If bitten, clean thoroughly with soap under running water and seek medical advice.

15 FOOD HYGIENE

Documents relating to the Food Safety Management System can be found on the organisations Resource portal/SharePoint.

Accidental poisoning through eating contaminated food is caused by germs or the toxins produced by them.

Food can be contaminated in different ways.

In raw meat and poultry food poisoning germs often live harmlessly in an animals gut and during slaughter the whole carcass becomes contaminated. It should be assumed that ALL raw meat and poultry is contaminated with germs.

Seafood and fish can be contaminated in the fishing grounds by raw human sewage.

The germs *Staphylococcus Aureus* can live harmlessly on our skin or in the nose. Through poor hygiene practices they get into foods such as dairy products and cold meats, then multiply and cause a form of food poisoning.

Persons suffering from food poisoning are at an increased risk of spreading disease either directly or indirectly via food. It is therefore recommended that those with symptoms of diarrhea and vomiting should inform their supervisor immediately and stay off work until the symptoms have stopped for 48 hours.

Food handlers on returning to work must pay strict attention to personal hygiene. In some circumstances especially when work involves handling unwrapped foods to be eaten raw or without further cooking staff may be required to be excluded until bacteriologically clear.

16 PESTS

These include:-

- Insects – ants, flies, cockroaches, fleas
- Rodents – rats and mice
- Birds – from pigeons to sparrows
- Feral cats and foxes

Kitchens and food stores provide ideal conditions for pests. They eat food and contaminate and spoil more. Rodents also damage woodwork and electric cables.

Control Measures:-

- Stop pests getting in – well-fitting doors, correct drains, fly screens or bird netting.
- Look out for evidence of presence – droppings, nests, chew marks on woodwork/cables, insect egg cases, damaged food containers, webbing caused by moths or the presence of the live insects themselves.
- Discard any foodstuffs or the articles affected by pests, including milk from bottles which have tops pecked by birds.
- Clean up any spillages and decayed food immediately. Carry out regular inspections and rotate any stock. Use containers with well-fitting lids. Store food off the ground.
- Do not put leftovers out for birds as it will encourage pests. Consider the use of a properly installed electric flying insect killer. Use a waste disposal unit where possible.
- Liaise with environmental health or reputable commercial pest Control Company as needed.

17 PETS

Pets may often enhance the quality of life in residential homes. There can also be a risk of infection from pets as immunity may be reduced by age, illness, medication or pregnancy. Good general hygiene, hand washing and following the advice given below will reduce the risk

A knowledgeable member of staff should be given responsibility for pets.

A written policy should identify:-

- The type of animals which are acceptable i.e. only mature, house trained pets.
- Their control and permitted behaviour on the premises.
- Routes of entry and passage through the premises.
- Areas where the pet is not allowed.
- Any insurance liability of owners and handlers.

Animals should be groomed regularly and checked for any illness. A vets opinion must be sought if signs of illness. Regular inoculations must be given as appropriate. Dogs should be wormed every 6 months. Pets and their environment should be controlled for fleas.

- Pets should not lick residents or be allowed to jump on them in a manner which can cause accidents.
- Claws should be kept trimmed. If a resident is scratched, clean with an anti-septic and check their tetanus status.
- After residents have touched pets they must wash their hands well.
- Pets should have their own feeding equipment which should be washed separately and the feeding area kept clean. Do not feed pets in a kitchen or food preparation area.
- Pet food containers, once opened, should be kept away from residents' food.
- Food not eaten in 20 minutes should be removed and covered, then the area cleaned to prevent attracting pests.

Litter boxes should be cleaned by someone healthy and not pregnant. Protective aprons and gloves should be worn when cleaning. A disposable liner should be fitted for easy cleaning and the box should be cleaned daily. Litter should be sealed in a plastic bag. The litter box should not be sited near food preparation, storage or eating areas. The litter box should be disinfected weekly by filling with boiling water and leaving to stand for at least 5 minutes to kill toxoplasmosis, eggs and other germs.

Vets have identified some animals likely to carry diseases that can spread to humans.

Stray Animals	Sick Animals/Birds
Wild Animals / Birds	Animals with diarrhoea
Tropical Fish may carry TB	Exotic Animals
Caged Birds may carry psittacosis	Domestic pets that hunt and eat wild animals

18 MONITORING AND REVIEW

Each service is monitored for prevention and control of infection regularly as the service dictates through a health and safety check list. An annual audit will be carried out by a competent person that will form part of an annual report by the manager. This is an environmental check. The audit is divided so that the appropriate sections can be selected for each service.

All staff must be updated annually by the nominated competent person in the service.

All outbreaks of infection must be reported to the Health and Safety Department. There is an electronic form for this purpose incorporated into the accident/incident reporting system.

This policy will be reviewed at least every two years or as guidance and legislation is updated.