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<b>THIS POLICY IS FOR:</b>	Staff including Agency Workers (temporary workers), Commissioners and Service Users

## INFECTION CONTROL

### WARNING:

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# INFECTION CONTROL POLICY

## 1. PURPOSE

- 1.1 To describe the arrangements in place at Nursing Direct to protect both staff including Agency Workers and Service Users from infection, and the means through which Nursing Direct will operate safe and effective care practices.
- 1.2 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).
- 1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:
  - The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
  - Public Health (Control of Disease) Act 1984 (as amended)
  - The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance
  - The Care Act 2014
  - Control of Substances Hazardous to Health Regulations 2002
  - The Hazardous Waste (England and Wales) Regulations 2005
  - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
  - Health and Safety at Work etc. Act 1974
  - Management of Health and Safety at Work Regulations 1999
  - Mental Capacity Act 2005
  - The Health and Safety (Miscellaneous Amendments) Regulations 2002
  - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
  - Health and Care Act 2022

## 2. SCOPE

- 2.1 The following roles may be affected by this policy:
  - All staff including Agency Workers
  - Registered Manager
  - Infection Prevention Lead
- 2.2 The following Service Users may be affected by this policy:
  - Service Users
- 2.3 The following stakeholders may be affected by this policy:
  - Family
  - Advocates
  - External health professionals
  - Local Authority
  - Commissioners including ICB / NHS

## 3. OBJECTIVES

- 3.1 To set out the framework for reducing the risk of infection and maintaining effective infection control.
- 3.2 To describe how Nursing Direct will ensure that all staff including Agency Workers understand their roles and responsibilities for maintaining effective infection control.
- 3.3 To ensure that service user needs and choices are assessed, and care, treatment and support delivered is in line with current legislation, standards, and evidence-based guidance to achieve effective outcomes.
- 3.4 To ensure the compliance of all services at Nursing Direct with relevant legislation and best practice guidance.

## 4. POLICY

- 4.1 Infections are common and are caused by microorganisms such as bacteria, viruses, fungi, and parasites, which are more commonly known as germs. Germs can be found everywhere; most do not cause infection and the risks surrounding infection remain low. In some cases, however, an infection can be caused.

Infections in Service Users at Nursing Direct can be serious, and in some cases, life threatening. They can also make existing medical conditions worse.

- 4.2 The Registered Manager and the Nominated Individual of Nursing Direct have overall management responsibility for this policy and procedure to ensure:

4.2.1 Safe working practices required for infection prevention and control

4.2.2 Nursing Direct recognises its responsibilities and clearly communicates the safe working practices required for infection prevention and control to all staff including Agency Workers. Nursing Direct is committed to minimising the risk of infection to all staff including Agency Workers and Service Users by ensuring good standards of basic hygiene and applying universal infection control procedures.

4.3 Nursing Direct achieves this through a robust risk assessment process, the implementation of effective controls and the provision of appropriate training and equipment to all staff including Agency Workers. It will ensure that all Agency Workers understand the importance of good hand hygiene and how to use personal protective equipment (PPE).

#### 4.4 Infection Prevention Lead (IPL)

An Infection Prevention Lead will be identified within Nursing Direct. The IPL, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2022) and the Infection prevention and control resource for adult social care (2022), will be responsible for ensuring that service user's at risk of infection have had a staff including Agency Worker assessment and risks have been reviewed by the staff including Agency Worker to ensure that any identified risks are being mitigated. The IPL will be the main point of contact for any infection control queries or concerns.

## 5. PROCEDURE

### 5.1 Chain of Infection

For all staff including Agency Workers to be effective in infection prevention and control (IPC) they need to understand how infections spread. The Chain of Infection contains six links to show how infection spreads:

- **Pathogen** is the microorganism or germ that causes disease – Norovirus, MRSA, Influenza
- **Reservoir** is where pathogens live and replicate – A person, the environment, equipment, food/drink.
- **Portal of exit (way out the body)** is how pathogens leave the reservoir – Faeces, urine, blood, vomit, sneeze.
- **A means of transmission** is how pathogens are spread from one person or place to another – Contact – hands, equipment, droplets, airborne.
- **Portal of entry** is how pathogens enter the body – Inhalation, mucus membranes (eyes, nose, mouth), or via a wound.
- **Susceptible host** is the person who is at risk – Age, lack of immunity, underlying health conditions.

Breaking the chain prevents the infection spreading; this can be done at each point:

- Pathogen – Completing antibiotics stops pathogens becoming resistant.
- Reservoir – Cleaning and decontamination reduces the number of pathogens. Isolation or distancing when someone is infectious stops the pathogen finding a new host.
- Portal of exit – Covering the nose and mouth when sneezing reduces spread.
- Means of transmission – Hand hygiene removes pathogens.
- Portal of entry – Ensure wounds are covered, wearing face masks.
- Susceptible host – Vaccination

### 5.2 Standard Infections Control Procedures (SIPCs)

These should be used by all staff including Agency Workers at Nursing Direct at all times, whether there is a known infection or not. Implementing these measures will reduce the risk of infections spreading.

There are 10 IPC measures according to the National Infection Control Manual (NIPCM) 2023; they are:

- Service User placement/assessment for infection risk
- Hand hygiene
- Respiratory and cough hygiene
- Personal Protective Equipment (PPE)
- Safe management of care equipment
- Safe management of the care environment
- Safe management of laundry
- Safe management of blood and body fluid spills
- Safe disposal of waste (including sharps)
- Management of exposure

### 5.3 Service User Assessment

When required, Service Users will be assessed prior to service commencement for infection risk, and this will be re-assessed on service commencement and throughout their engagement with Nursing Direct to ensure appropriate infection prevention and control measures are in place.

A suitably qualified, knowledgeable, and experienced all staff including Agency Workers will ensure that risk assessments are carried out for all services and activities at Nursing Direct in order to protect Service Users from the harm of acquiring an infection.

This involves a simple review of what could cause harm to Service Users in Nursing Direct, including the risk of infection, so that judgements can be made for adequate protection to be in place to reduce the risk. Consideration should also be given to how susceptible Service Users are and any risks that the environment and other people may pose to them.

All staff including Agency Workers can refer to the Risk Assessment Policy and Procedure at Nursing Direct for standards required of risk assessment and the appropriate documentation. All relevant staff including Agency Workers are responsible for having an awareness of the risk assessment and the actions necessary to reduce the risk of infection.

On discharge of a Service User to another service, all staff including Agency Workers will ensure that any confirmed or suspected infection is communicated and documented to the provider and transport service.

Some Service Users are at higher risk of infections:

- Service Users with impaired immune defence
- Service Users with wounds or an invasive device such as a catheter or PEG (All staff including Agency Workers should refer to the Enteral Feeds and PEG Support Policy and Procedure or the Catheter Care Policy and Procedure to reduce risk)
- Service Users not vaccinated against respiratory illness.
- Service Users not able to follow IPC precautions

#### 5.4 Hand Washing

Effective hand hygiene is crucial in preventing healthcare-associated infections. Routine hand washing for all staff including Agency Workers involved in care delivery is essential, with increased frequency during outbreaks like COVID-19.

Handwashing is mandatory:

- Before starting work
- Before eating, preparing, or handling food
- Before and after direct care to each Service User
- Before administering medications
- After activities contaminating hands or when visibly soiled
- After using the toilet, sneezing, or blowing the nose
- After cleaning activities
- Before providing clinical care (e.g., catheter care, dressing wounds)
- Before donning and doffing PPE, having breaks, and handling used laundry
- Before and after having a break
- After handling used laundry e.g. stripping beds, dirty clothing
- After emptying commodes, urine bottles, catheter bags
- Any other occasions when hands are thought to have been contaminated

#### 5.5 Choice of Hand Hygiene Product

Effective hand hygiene is crucial, but in a Service User's home, ideal facilities may be lacking. All staff including Agency Workers should choose products wisely, as alcohol gel/rub is ineffective against certain pathogens, requiring the use of liquid soap and water for optimal cleansing.

##### Liquid Soap

Liquid soap and water should be used before and after direct contact with Service Users, following direct hand contact with body fluids when gloves are worn, when hands are visibly dirty or soiled, when caring for Service Users with specific infections or during outbreaks, and after several consecutive applications of alcohol gel/rub.

##### Alcohol Hand Rub

Alcohol hand rub is preferred for routine hand decontamination due to its effectiveness, speed, ease of use, hand tolerance, availability at the point of care, and suitability when liquid soap is unavailable. Note: Alcohol gel/rub is flammable and requires proper storage.

##### Muslims and Alcohol-Based Hand Gel

Muslims can use alcohol-based hand gel as it contains synthetic alcohol and does not violate the Muslim prohibition against natural alcohol, in accordance with the 'Muslim Spiritual Care Provision' in the NHS (MSCP) advice.

##### Bar Soap

Bar soap must not be used by all staff including Agency Workers at Nursing Direct as they can harbour pathogens.

##### Service Users

- Skin wipes can be used for Service Users unable to access handwashing facilities.
- Soap and warm running water or non-alcohol skin wipes should be used if the Service User's hands are visibly soiled or dirty, or they have confirmed or suspected viral gastroenteritis or *C. difficile*

#### 5.6 Bare Below the Elbows Guidance

Bare below the elbows is an infection prevention strategy intended to reduce transmission of pathogens that may occur due to contact of the Service User with contaminated clothing of all staff including Agency Workers at Nursing Direct.

'Bare below the elbows' is:

- Exposing forearms by wearing short-sleeved clothing or rolling sleeves up to the elbows. If disposable over-sleeves are worn for religious reasons, these must be removed and disposed of before performing hand hygiene, then replaced with a new pair.
- Removing wrist and hand jewellery. Rings with jewels, stones, ridges, or grooves should not be worn as these may harbour bacteria and also prevent good hand hygiene. A plain band ring may be worn but ensure the area under the ring is included when hands are washed or alcohol handrub applied. A religious bangle can be worn but should be moved up the forearm during hand hygiene and secured during Service User care activities.
- Not having dermal piercings on the arms or wrists
- Keeping nails clean and short (fingertip length), as long fingernails will allow a build-up of dirt and bacteria under the nails and impede effective handwashing.
- Keeping nails free from nail polish/gel as flakes of polish/gel may contaminate a wound and broken edges can harbour microorganisms.

- Keeping nails free from acrylic/artificial nails, nail art/accessories, as these can harbour microorganisms, become chipped, or detached.

Hands can only be decontaminated effectively by ensuring that the correct technique is used which encompasses the wrists. It is therefore imperative that all staff including Agency Workers comply with 'Bare Below the Elbows' in order to facilitate this.

**Dress Code:**

- The dress code whilst working in a Service User's home may include sleeves that are full length or three-quarter length sleeves when all staff including Agency Workers are not engaged in direct Service User care activity. However, these sleeves must not be loose or dangling and must be securely rolled or pulled back during handwashing and direct Service User care activity. All staff including Agency Workers are advised to consult the Appearance Policy and Procedure for further guidance.

**5.7 Hand-Washing Technique Using Liquid Soap**

- To properly wash hands, expose wrists and forearms, ensuring all hand and forearm parts are included. If forearms need cleaning, do so before the hands. Wet hands under warm, running water and apply liquid soap in the recommended volume. Follow the six-step technique, vigorously rubbing all hand parts, between fingers, backs of fingers, thumbs, and fingertips. Rinse under running water for 40-60 seconds, using 'Happy Birthday' twice as a timer. Dry thoroughly with disposable paper towels, disposing of them in bins with foot-operated pedals without touching the bin with hands.

**Using Alcohol Gel/Rub**

- Ensure hands are clean from dirt and organic matter before using alcohol gel/rub. Apply a moderate amount (approx. 5 ml), ensuring thorough coverage on all surfaces, including wrists, fingers, backs of hands, palms, thumbs, and finger webs. Vigorously rub hands together for ten to fifteen seconds until the solution evaporates. (Refer to 'How to Handwash' in the Forms section - Source: World Health Organisation)

**5.8 Skin Damage**

To prevent skin damage, All staff including Agency Workers should be aware of potential effects of hand hygiene products, avoid wearing gloves with wet hands, pat hands dry instead of rubbing with paper towels, use gloves moderately, apply emollient hand cream regularly (after washing hands, before breaks, when going off duty, and during off duty), review compliance with hand decontamination if irritation occurs, avoid communal moisturizer pots to prevent infection, and use individual tubes cautiously to avoid contamination. Any ongoing soreness or sensitivity is to be discussed with your GP or another health professional.

**5.9 Respiratory Hygiene and Cough Etiquette**

Respiratory hygiene and cough etiquette are standard infection control precautions. This involves covering the nose and mouth with disposable tissues when sneezing or coughing, disposing of used tissues in a waste bin, washing hands thoroughly, and coughing or sneezing into the elbow when no tissue is available. Avoid contaminating surfaces and pockets with used tissues and assist Service Users with respiratory hygiene as needed.

**5.10 Personal Protective Equipment (PPE)**

All staff including Agency Workers should refer to the Personal Protective Equipment (PPE) Policy and Procedure at Nursing Direct.

**5.11 Safe Management of Care Equipment**

Proper decontamination of care equipment is essential to prevent the transfer of pathogens between Service Users. All staff including Agency Workers are responsible for ensuring that they understand and follow the manufacturer's instructions for decontaminating equipment after each use.

Decontamination processes include cleaning, which physically removes contamination; disinfection, which reduces the number of visible pathogens; and sterilization, which removes all pathogens. All staff including Agency Workers should refer to the Management of Medical Devices Policy and Procedure at Nursing Direct.

**5.12 Laundry - Safe management of soiled linen**

Properly washing and rinsing soiled linen is crucial to minimize disease-causing germs, following the Service User's Care Plan. Linens can be laundered collectively with detergent and dried in a hot air dryer to eliminate harmful germs, with additional pre-treatment for heavily soiled linens contaminated with faeces or vomit.

All staff including Agency Workers handling soiled linen must adhere to best practices, using gloves and aprons for laundry soiled with blood or body fluids, especially for Service Users with COVID-19. They should prevent direct contact with soiled linen, keep laundry baskets nearby, refrain from shaking soiled linen, and dispose of faecal material in the toilet.

Heavily soiled laundry, if bleach-tolerant and available, should be washed separately. Clean laundry must be stored separately from soiled linens, laundered promptly to reduce infection risk. Hand hygiene is essential, maintaining the Service User's dignity is crucial, and disposal of heavily soiled items requires Service User consent.

**5.14 Management of Blood Spills**

All staff including Agency Workers should refer to the Blood and Body Fluid Spillages Policy and Procedure at Nursing Direct.

**5.15 Safe Disposal of Waste (including sharps)**

All staff including Agency Workers should refer to the Sharps and Needlestick Policy and Procedure at Nursing Direct.

### 5.16 **Exposure Prone Procedures (EPPs)**

- EPPs, or Exposure Prone Procedures, involve a higher risk of worker injury if the Service User's open tissues are exposed to the worker's blood, particularly during procedures with sharp instruments or needle tips. Other risks may arise from trauma, Service User biting, leaking wounds, or broken skin. If a worker has or suspects a blood-borne virus, they must notify the management team for further guidance on working practices.

### 5.17 **Management of Exposure Blood-Borne Viruses (BBVs)**

BBVs, or blood-borne viruses, are transmitted through direct contact with infected blood or certain body fluids. Notable BBVs include HIV, HBV, and HCV.

Occupational exposure involves injuries from needles, instruments, bone fragments, or bites breaking the skin, as well as exposure of broken skin or mucous membranes to blood or high-risk body fluids. To prevent exposure, all staff including Agency Workers should follow standard infection control precautions, use safety sharps, and get vaccinated against Hepatitis B.

To reduce transmission risk, all staff including Agency Workers with potential exposure to BBVs must be vaccinated, cover cuts with waterproof dressing, seek advice for skin conditions, protect eyes, mouth, and nose from splashes, avoid direct skin contact with blood, wear appropriate PPE, maintain hand hygiene, and promptly clean contaminated surfaces. Never sharing razors or toothbrushes is crucial. Additional guidance is available in the Blood and Body Fluid Spillages Policy and Procedure at Nursing Direct.

#### **Exposure to Blood and Bodily Fluids:**

In cases of exposure to the eyes or mouth, rinse/irrigate copiously with water, use available eye/mouth washout kits, and if wearing contact lenses, rinse with water, remove lenses, then irrigate again. Report and document the incident, followed by an urgent risk assessment for potential BBV transmission.

For affected skin/tissue, encourage bleeding, avoid sucking, wash/irrigate with warm running water and non-antimicrobial soap. If running water is unavailable, use a pre-packed solution like sterile water or saline. Report and document the incident and conduct an urgent risk assessment for potential BBV transmission.

#### **Human Bites**

Human mouths carry various potentially transmissible organisms, including those transmitted through bites, though human bites are infrequent and primarily occur in specific Service User groups. Despite their rarity, prompt treatment is crucial due to an increased risk of infection.

For Service Users prone to biting, a risk assessment and clear guidelines must be established. If a bite does not break the skin, clean with soap and water, complete an accident/incident form, and review the risk assessment for necessary adjustments.

In cases where a bite breaks the skin, clean the area with soap or antiseptic, avoid getting it in the wound, remove any foreign objects, gently induce bleeding to reduce infection risk, apply a dressing to control bleeding, and contact NHS 111. If the wound is severe, large, or will not stop bleeding, seek medical attention at A&E.

Further guidance is available in the 'National Infection Prevention and Control manual for England - appendices: Appendix 10: Best practice

### 5.18 **Vaccination**

Please refer to the Agency Workers Vaccination and Immunisation Policy and Procedure and the Service User Vaccination and Immunisation Policy and Procedure at Nursing Direct.

### 5.19 **Signs and Symptoms of Infections**

It is important that all staff including Agency Workers can identify Service Users who have an infection and what has caused it. This enables them to access the most appropriate support for the Service User and also minimise the spread of the infection to others including all staff including Agency Workers.

All staff including Agency Workers should monitor for signs of infection, including raised temperature, skin flushing, and changes in behaviour or increased confusion. Gastrointestinal infections may present with stomach pain, nausea, vomiting, loss of appetite, and frequent bowel movements. Respiratory tract infections may exhibit a sore throat, cough, headache, production of green or yellow sputum, and shortness of breath. Urinary tract infections may manifest as pain in the lower abdomen, pain or burning during urination, cloudy or foul-smelling urine, and increased urination. Skin/soft tissue infections may show redness, warmth, itching, pain, tenderness, pus, blisters, and swelling.

### 5.20 **Transmission Based Precautions (TBPs)**

Transmission based precautions (TBPs) are additional precautions to standard infection control precautions, used to prevent transmission, of specific infectious agents. These precautions are based on the route of transmission of the infectious agent.

Nursing Direct must ensure that all staff including Agency Workers use their clinical judgement or seek advice from the local infection prevention and control team (IPCT), as to what additional precautions are required based on the suspected/known infectious agent, severity of illness, transmission route, and setting.

- Contact precautions are used to prevent direct or indirect infections, commonly for gastroenteritis, Norovirus, and blood-borne viruses. Droplet precautions prevent short-distance spread via respiratory droplets, seen in cold, flu, and COVID-19. Airborne precautions prevent aerosol transmission without close contact, relevant for chickenpox, measles, and COVID-19.

All staff including Agency Workers should consult the 'National Infection Prevention and Control Manual for England – appendices: Appendix 5b' for PPE guidance and refer to the PPE Policy at Nursing Direct. For specific precautions, isolation, and respiratory requirements, 'National Infection Prevention and Control Manual for England – appendices: Appendix 11a' provides detailed information.

#### 5.21 **Deceased Service Users**

It is assumed that when the Service User was alive, before providing an episode of care, all staff including Agency Workers will have risk assessed the task and applied the appropriate standard infection control precautions, e.g., hand hygiene, personal protective equipment (PPE), safe management of waste. The same principle should apply after the Service User's death.

#### 5.22 **Use of Portable Fans**

While staff including Agency Workers cannot dictate Service Users' choices in their own home, they should note that portable fans used in clinical settings have been associated with cross-infections in health and social care environments. It is not advisable to use portable fans during infection outbreaks or when a Service User is known or suspected to have an infectious agent.

#### 5.23 **Sickness**

- All staff including Agency Workers should refrain from working if there is a risk of transmitting an infection. If staff including Agency Workers suspect respiratory symptoms, they must follow sickness and reporting guidelines for staff including Agency Workers. Those with diarrhoea and vomiting should not come to work but should report sick by phone. All staff including Agency Workers should only return to work after being clear for 48 hours to prevent infection spread, following the guidelines in the Sickness Absence Policy at Nursing Direct

#### 5.24 **Communication**

- Nursing Direct will ensure that all staff including Agency Workers are aware of, and discharge their responsibilities in, the process of preventing and controlling infection. This could be done through, but is not limited to, All staff including Agency Workers Handbook, company policies, induction, training, supervision, and team meetings.
- Where all staff including Agency Workers undertake procedures which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently.
- Nursing Direct will ensure that its policy on the control of infection is available to Service Users and other stakeholders.
- Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers, and advocates. This is in keeping with Regulation 20, Duty of Candour.

#### 5.25 **Annual Statement**

The Registered Manager for Nursing Direct will be responsible for the completion of an annual statement of infection, when required only.

#### 5.26 **Reporting**

##### **UK Health Security Agency**

- Nursing Direct should be aware that medical professionals are duty bound to report certain diseases and can refer to the new Government agency, the UK Health Security Agency – <https://www.gov.uk/government/organisations/uk-health-security-agency>

##### **RIDDOR**

- Nursing Direct is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards, and can refer to <https://www.hse.gov.uk/riddor/occupational-diseases.htm>

##### **The Care Quality Commission (CQC)**

- Nursing Direct will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements.

Records of reporting must be kept, specifying dates and times.

#### 5.27 **Infection Prevention and Control Champions**

Nursing Direct will arrange infection control champions who will be able to provide advice and support in infection prevention and control to staff including Agency Workers. Nursing Direct will ensure that Infection Control Champions in the service will undertake additional training relevant for this role.

#### 5.28 **Training**

Infection control training is a mandatory requirement for all staff including Agency Workers and must be updated annually. All training will be recorded on the training matrix.

#### 5.29 **Audit and Review**

Ongoing, regular observation in practice will take place within the Service Users home in the form of spot checks during the care review and used to monitor for compliance with this policy as well as assessing knowledge in practice.

## **6. DEFINITIONS**

### **6.1 All staff including Agency Workers**

#### **6.1.1 Staff**

Denotes the employees of Nursing Direct Healthcare Limited.

### 6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

### 6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

### 6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

### 6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

### 6.5 Clostridium Difficile (C. Diff)

An infection of the large intestine caused by the bacteria Clostridium difficile.

### 6.6 Needlestick or Sharp Injury

A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, and any other item that may be contaminated with blood or body fluids that may cause laceration or puncture wounds, such as razors, sharp tissues, spicules of bone and teeth.

### 6.7 Outbreak

An outbreak can be defined as two or more cases of infection occurring around the same time, in a Service User and/or their Agency Workers, within a 14-day period, or an increase in the number of cases normally observed. The most common outbreaks are due to viral respiratory infections and gastroenteritis.

### 6.8 Norovirus

Also referred to as the winter vomiting disease, the most common cause of gastroenteritis

### 6.9 Viral Gastroenteritis

An intestinal infection marked by watery diarrhoea, abdominal cramps, nausea, or vomiting


### 6.10 PEG

Percutaneous Endoscopic Gastrostomy is a tube passed into a Service User's stomach for feeding

## OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- Infection control audits are undertaken as part of the ongoing quality monitoring process to identify and drive forward any improvements required.
- Care records evidence that all staff including Agency Workers have made referrals to external health care professionals when needed.
- Changing needs are identified promptly and All staff including Agency Workers ensure that these needs are met through the involvement of other agencies.
- All staff including Agency Workers wear PPE appropriately and are aware of the importance of good hand hygiene.
- There is an identified Infection Prevention Control Champion.

<b>COMPLETED DATE:</b>	07.01.2025
<b>SIGN OFF DATE:</b>	10.04.2026
<b>REVIEW DATE:</b>	10.04.2027
<b>SIGNED:</b>	 Marc Stiff – Group Managing Director