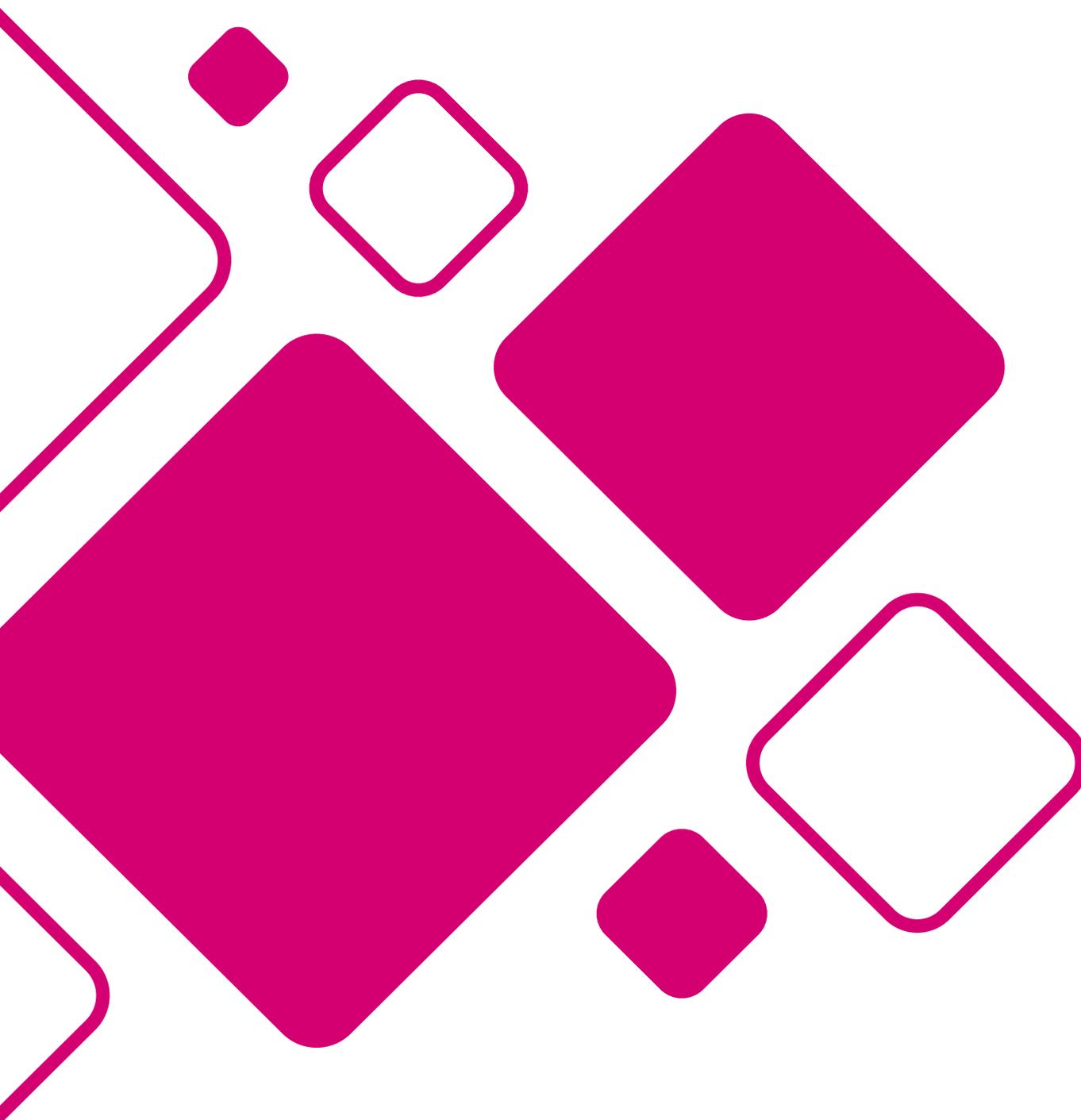


NursingDirect

POLICY NUMBER: **17**

POLICY TITLE: **INFECTION CONTROL**

WHO MUST ABIDE BY THIS POLICY? **ALL TEMPORARY WORKERS**



INFECTION CONTROL

THE PURPOSE OF THIS POLICY

To ensure that Temporary Workers strictly comply with the infection control policy set by Nursing Direct.

INFECTION CONTROL

Nursing Direct recognises its duty to promote a safe working environment for domiciliary care workers and clients. The control of infectious diseases is an important aspect of this overriding duty. Care, especially intimate care, involves risks of infection which need to be managed in a safe and organised manner. Advice will be sought from time to time from appropriately trained professionals working in infection control. The arrangements described here must be followed at all times and any queries regarding any aspect of safe care and practice should be discussed without delay with the health and safety manager in the first instance.

AGENCY WORKERS' PERSONAL HYGIENE AND FITNESS FOR WORK

As the work during assignments will involve agency workers being in close proximity to Clients and patients, agency workers will keep themselves personally fresh, free from odours and practice good oral hygiene.

- Any wounds or moist skin must be covered with a waterproof dressing prior to contact with a service user
- Agency workers who are involved in food preparation must use blue catering plasters to cover wounds

PROCEDURE

Routine Procedures for the control of infection Standard/Universal precautions

It is not always possible to identify people who may spread infection to others, at any one time, and therefore precautions to prevent the spread of infection must be followed at all times. These routine procedures are called standard/universal precautions.

Standard/Universal Precautions include:

- Handwashing and skin care;
- Use of protective clothing;
- Safe handling of sharps (including sharps injury management);
- Spillage management. All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them. A disposable apron and latex or vinyl gloves should always be worn when dealing with excreta, blood and body fluids. Everyone involved in providing care in the community should know and apply the standard principles of hand decontamination, the use of protective clothing, the safe disposal of sharps and body fluid spillages. Each agency worker is accountable for his/her actions and must follow safe practices.

HANDWASHING AND SKIN CARE

Handwashing is generally recognised as the single most effective method of controlling infection, and as such is the first defence against the spread of infection.

Hands must be washed:

- Before and after each work shift and work break. Remove jewellery if you can;
- Before and after physical contact with each client;
- After handling contaminated items such as dressings, bedpans, commodes, urinals and urine drainage bags;
- Before putting on, and after removing protective clothing, including gloves;
- After using the toilet, blowing your nose or covering a sneeze;
- Whenever hands become visibly soiled;
- Before preparing or serving food;
- Before eating, drinking or handling food and before and after smoking.

Keep your fingernails short, clean and free from nail polish. Cover open wounds such as cuts, scratches and grazes

PROTECTIVE CLOTHING

Protective clothing provides a barrier against the spread of infectious disease. Selection of protective equipment must be based on an assessment of the risk, as some situations and occurrences will present a greater risk than others.

What to wear and when: Risk Assessment

No exposure to blood/body fluids anticipated

Exposure to blood/body fluid expected, but low risk of splashing.

Exposure to blood/body fluids anticipated – high risk of splashing to face.

Personal Protective Equipment

No protective clothing is anticipated

Wear gloves and a plastic apron – dispose of both after each episode of use.

Wear gloves, plastic apron and eye/mouth/nose protection – dispose of all after each episode of use.

SPILLAGE MANAGEMENT

Spillages will inevitably occur from time to time, and it is essential that each occurrence is dealt with appropriately, and, where necessary, cleaning fluids and applications are used.

PETS

Pets can often enhance the quality of life for elderly people. However, many types of animal often kept as pets can be the source of human infection, including exotic species such as reptiles, fish or birds. Sensible precautions can reduce any infection risk to an acceptable level. All animals should be regularly groomed and checked for signs of infection, flea infestation, or other illness. If pets become ill, diagnosis and treatment by a vet should be sought without delay. All animals should have received relevant inoculations. Dogs and cats should be wormed regularly, as directed by a vet and be subject to a regular programme of flea prevention. Hands should be washed following any contact with animals, their bedding or litter. Pets should not be fed in the kitchen or other food preparation areas and their dishes and utensils should be washed separately from other household articles. Once opened, pet food containers should be kept separate from food for human consumption. Pet food not consumed in one hour should be taken away or covered to prevent attracting pests.

LITTER BOX CARE

Never deal with a cat's litter box if you are pregnant. Always wear a protective apron and gloves when cleaning the litter box. Always wash hands immediately after removing protective clothing. If possible, fit a disposable liner to the box for easy cleaning. Soiled litter should be changed daily. Litter should be sealed in a plastic bag and disposed of in household waste. The litter box should not be sited near food preparation, storage or eating areas. The litter box should be disinfected whenever the litter is changed by being filled with boiling water which is allowed to stand for at least 5 minutes.

LAUNDERING OF UNIFORMS & INFECTION CONTROL

Agency workers are expected to launder their uniform or work attire daily, in order to control the spread of infection and to ensure decontamination following contact with contaminated products. Uniforms should be washed at a temperature of 60 degree Celsius or above, separately from the normal everyday washing cycle. A clean uniform should be used daily. Shoes should be cleaned daily to avoid cross-contamination.

ASEPTIC TECHNIQUE

Aseptic technique is the method used to prevent contamination of wounds and other susceptible sites by organisms that could cause infection. This can be achieved by ensuring that only sterile

equipment and fluids are used during invasive procedures. Poor aseptic technique can lead to contamination of sterile equipment e.g. intravenous cannulae and urinary catheters

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CLINICAL WASTE

Clinical waste is divided into two categories:

- Waste that poses a risk of infection.
- Medicinal waste.

All clinical waste must be disposed of in the appropriate coloured bags:

- Radioactive waste - place radioactive "over stickers" on the yellow bag.
- Cytotoxic waste - place in purple / yellow receptacle for incineration.
- Infectious waste - place in yellow bag, label bag with source, tie bag securely at neck. Must be disposed of by incineration.
- Infectious waste - place in orange bag which may need treatment to render safe prior to disposal.
- All medicinal waste should be disposed of appropriately.

DISPOSAL OF NON-CLINICAL WASTE

This includes incontinence and other waste produced from humans, sanitary waste and nappies.

- Domestic waste or non-clinical waste - place in black bag, label bag with source, tie bag securely at the neck.

MANAGEMENT OF SHARPS

- Sharps injuries (e.g. from needles, scalpels and broken glass) and contamination incidents (e.g. blood splashes to mucous membranes and eyes, and contamination of broken skin) are important risks of transmission of blood borne pathogens.
- Use of sharps should be avoided if possible. Wherever possible needles should not be re-sheathed, but discarded intact, directly into a sharps container.
- If re-sheathing is necessary i.e. to change a needle, then a specific device must be used.
- Sharps must never be carried or passed in the hand, but should be placed on a tray and disposed of directly into a sharps container. Ideally the sharps container should be at the point of use.

Sharps containers should comply with European and British Standards (BS7320, 1990) i.e. they should:

- Have a handle and an effective closure device.
- Be resistant to penetration.
- Not leak or break when dropped.
- Be yellow and marked with the wording "Danger-contaminated sharps only - destroy by incineration".
- Be marked to indicate when 75% full, and should never be filled above this mark.
- Be securely closed and labelled with the date and origin before being sent for disposal.
- Be correctly assembled especially at the corners.

Sharps containers should be colour coded:

- Yellow - infectious for incineration.
- Orange - infectious for treatment to render safe prior to disposal.
- Purple - cytotoxic for incineration at licensed facility.
- Yellow / black - offensive or hygiene waste for land fill site.
- Black - domestic waste for landfill.

Linen Disposal

- Soiled / infected linen - place in a water soluble bag and then in a red bag. Store in a designated area.
- Used non-soiled linen-place in clear plastic bag.
- Communicable Diseases
- Infectious/Communicable Diseases could include, amongst others, the following:
 - MRSA (Methicillin Resistant Staphylococcus Aureus).
 - C Diff (Clostridium difficile).
 - HIV and AIDS.
 - Hepatitis.

AGENCY WORKERS WITH COMMUNICABLE DISEASES

The Company recognises that Agency workers with communicable diseases may still be capable of fulfilling nursing or care tasks. The overriding principle to be considered is the safety and well being of the patient/client/service user, even where the level of risk is thought to be low. This principle should be applied by you when deciding whether to make yourself available for work and at all times during assignments, as well as by branch staff considering your suitability for specific assignments. In all assignments, it is your individual responsibility to take adequate precautions to protect your client from communicable diseases. If you are suffering from an illness, especially: diarrhoea and/or vomiting; ear, nose or throat infection; or any skin problem; you must inform your branch immediately as certain clients/service users may be put at considerable risk if you attend them with an infection.

If you are involved in an incident of exposure to a communicable disease whilst at work, contact your Manager immediately in order that the Occupational Health Advisor can be informed.

CLIENTS WITH COMMUNICABLE DISEASES

The Company recognises the right of all Clients to receive appropriate care, regardless of their condition, or circumstances, which give rise to their need for care. Clients are expected to disclose any communicable diseases to which there is a risk of exposure and to give consent, where appropriate, for GP's, District Nurses and other health professionals to disclose and discuss such information. Clients have a right to be protected from preventable infection and Agency workers have a duty to safeguard the well-being of their Clients.

Owing to the nature of the work Agency workers undertake in assignments, good basic hygiene practices should be followed at all times. Staff will brief Agency workers on known conditions relating to the Client, to enable them to provide appropriate care, but it should be stressed that best practice (and in the case of establishments i.e. nursing homes, hospitals etc, the relevant local policy and procedure) for infection control should be followed in all cases, not just those where a specific risk is known.