Infection Control Policy and Procedure

Key Question	Key Line of Enquiry (KLOE)
SAFE	How well are people protected by the prevention and control of infection?
EFFECTIVE	How do people receive effective care, which is based on best practice, from staff who have knowledge and skills they need to carry out their roles and responsibilities?
WELL-LED	How does the service work in partnership with other agencies?

Scope

The following roles, Service Users and Stakeholders may be affected by this policy:

. All staff
. Registered Manager
. Infection Prevention Lead
. All service users
. Family
. External health professionals
. Local Authority
. NHS

Objectives

To ensure compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
. To have systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of Service Users and any risks that their environment and other users may pose them.
. To provide information about the approach to prevention of infection, staff role and responsibilities and whom people should contact with concerns about prevention and control of infection.
. To ensure prompt identification of people who have or are at risk of transmitting infection to other people, working closely with other health professionals as appropriate.
. To have systems to ensure that all care workers (including contractor and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
. To have and adhere to policies, designed for Service User’s care and our organisation that will help to prevent and control infections.

Infection Prevention Lead (IPL)

The IPL will, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2015):
. Be responsible for the organisation’s infection prevention (including cleanliness) management.

. Oversee local prevention of infection policies and their implementation.
. Report directly to the registered provider.
. Have the authority to challenge inappropriate practice.
. Have the authority to set and challenge standards of cleanliness.
. Assess the impact of all existing and new policies on infections and make recommendations for change.
. Be an integral member of the organisation's governance and safety teams and structures where they exist.
. Produce and annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request..

Policy

. Dementia Care TLC recognise that all staff are responsible for infection prevention and control and we are committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures.
. Dementia Care TLC is committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures and by providing staff with appropriate training and equipment.
. Dementia Care TLC will do this by providing staff with appropriate training and equipment. We will ensure all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE).
. Dementia Care TLC takes seriously our responsibilities in relation to blood borne viruses, safer use of sharps and safe disposal of waste. We will make sure that risks are identified and measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users and key stakeholders.
. The infection Prevention and Control Lead will support adherence to this policy, procedure and any associated guidance. This will ensure that Dementia Care TLC comply with the criteria in The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance.
. All staff are responsible for infection prevention and control. We are committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures and by providing staff with appropriate training and equipment. We will ensure all staff understand the importance of good hygiene and how to use PPE. We take seriously our responsibilities in relation to blood borne viruses, safer use of sharps and safe disposal of waste. We will make sure that risks are identified and measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users and key stakeholders.
. The infection prevention and control lead will support adherence to this policy, procedure and any associated guidance. They will comply with the criteria in The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance. Furthermore, Dementia Care TLC will:

  . Ensure there is evidence of appropriate action taken to prevent and manage infection
  . Undertake an audit programme to ensure that appropriate policies have been developed and implemented
  . Provide evidence that the annual statement from the Infection Prevention Lead has been reviewed and where indicated, acted upon
  . In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence should be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative

Procedure

Handwashing

Most healthcare associated infections are preventable through good hand hygiene - cleaning hands at the right times and in the right way. The aim of routine handwashing is to remove dirt and most transient micro-organisms (germs that can easily be removed by handwashing) found on the hands. All staff involved in the delivery of care and support should wash their hands:

. Before starting work
. Before eating, preparing or handling food
. Before and after giving any direct care to each Service User
. Before administering medications
. After any activity that contaminates the hands
. After using the toilet
. After sneezing/blowing the nose
. After cleaning activities
. Before going home
. And any other occasion when hands are thought to have been contaminated

Choice of Handwashing Agent

Handwashing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of decontamination. However, in a home setting this is not always available.

Liquid Soap

Handwashing with liquid soap and water removes dirt and organic material and should be used:
. Following direct hand contact with body fluids when gloves should have been worn
. When hands are visibly soiled with body fluids and other organic matter
. When caring for Service Users with undiagnosed diarrhoea and/or vomiting, Service Users with Clostridium Difficile or Norovirus and during outbreaks of these organisms
. After several consecutive applications of alcohol gel/rub

Alcohol Handrub

Is recommended for routine hand decontamination because it is:
. More effective
. Quicker and easier to use
. Better tolerated by the hands
. Can be provided at the point of care
. It can be used when liquid soap is not available in the home or if the home is too dirty to wash and dry hands with soap and water

However, alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. Hands must be decontaminated with alcohol gel/rub before invasive tasks such as dressings (wash hands first with soap and water if visibly soiled). Alcohol gel/rub is flammable and must be correctly stored.

Bar Soap

. Bacteria can grow on bar soap, especially if it is resting in water
. It should not be used if it is cracked or has dirt visible in the cracks
. If liquid soap is not available and bar soap is used, it should be stored in a drainable dish, but should be rinsed under running water before use. It should be allowed to dry after every use
. Bar soap should not be carried from home to home

Muslims and Alcohol Based Hand Gel

When formulating their uniforms and workwear policy, the DH sought advice from the "Muslim Spiritual Care Provision" in the NHS (MSCP) on alcohol-based gel. The MSCP advised that as alcohol based hand gel contains synthetic alcohol, it does not fall within the Muslim prohibition against natural alcohol (made from fermented fruit or grain). Alcohol-based gel is used widely in Islamic countries with health care settings. It is permissible for Muslims to use such gels.

Handwashing Technique

Using Liquid Soap

. Expose the wrists and forearms. All parts of the hands must be included in the process
. Wet hands under running warm water before applying soap
. Apply liquid soap in the recommended product volume
. Rub all parts of the hands vigorously, without applying more water, using the six-step technique
. Rinse under running water
. Handwashing should take 40-60 seconds and a useful tip to check you are washing your hands for the right amount of time is to sing "Happy Birthday" twice

Using Alcohol Gel/Rub

. Hands must be free from dirt and organic matter, if not, wash first
. Avoid using excessive amounts of alcohol gel/rub to minimise skin damage, apply one shot (approx. 5 ml) of alcohol hand rub
. The hand rub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systematically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

Use of Gloves

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

Water Temperature

Contact time and friction are more important than temperature of water, though for staff comfort, water should be warm.

Emollients

Although emollients (a preparation that softens the skin) are now standard ingredients in most liquid soaps and alcohol rubs (this is sometimes a substance called Lanolin), some members of staff continue to experience soreness or sensitisation and this should be discussed with the line manager.

Skin Damage

Skin damage may be associated with poor hand washing technique, but also the frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines. The best practice below will help to prevent skin damage:

. Staff to be aware of potentially damaging effects of hand hygiene products
. Avoid putting on gloves while hands are still wet from washing or applying alcohol rub
. Avoid rubbing hands with paper towels: skin should be patted dry
. Avoid over-use of gloves
. Use emollient hand cream regularly, e.g. after washing hands, before break, when going off duty and when off duty
. If irritation occurs, review compliance with hand decontamination technique and then inform you line manager
. Avoid communal "pots" of moisturiser as they can become a potential source of infection
. Individual tubes of hands creams may be used provided care is taken not to contaminate the nozzle

Hand Drying

Dry hands thoroughly. Improper drying can re-contaminate hands that have been washed. Correct drying can further reduce the risk of micro-organisms remaining on the hands after washing. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage. Where possible, disposable paper towels should be used to ensure hands are dried thoroughly.

Bare Below the Elbows

In November 2007 the Department of Health announced health providers should adopt a "Bare Below the Elbows" policy whilst providing or undertaking care procedures. Bare Below the Elbows is where the hands and arms up to the elbow/mid forearm are exposed and free from clothing/jewellery. To control and prevent the spread of infection, Dementia Care TLC will ensure staff understand the following best practice:

. Nails should be short and clean - no nail polish or extensions
. Wrist watches should not be worn. No other jewellery should be worn around the wrist
. Alert bracelets should be removed and attached around lanyard or pinned uniform
. No rings with stones should be worn - one plain band is acceptable

Cultural and Religious Beliefs

We understand the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. Dementia Care TLC recognises that some staff may not wish to expose their forearms and Dementia Care TLC will consider the following as part of our local uniform and workwear policy:

. Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity
. Uniforms can have three-quarter length sleeves
. Any full or three-quarter length sleeves must not be loose or dangling. They should be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity
. Any Sikh staff wearing a Kara bracelet may be asked to ensure it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette should be applied as a standard infection control precaution at all times. The measures include:

. Cover nose mouth with disposable single use tissues when sneezing, coughing, wiping and blowing nose
. Dispose of used tissues into a waste bin
. Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
. Keep contaminated hands away from the mucous membranes of the eyes and nose

Personal Protective Equipment (PPE)

. Staff should wear PPE if there is a risk of exposure to blood or body fluids
. PPE includes gloves, aprons and occasionally masks if there is a risk of airborne infections
. Overshoes are unlikely to be required in a home care setting, and staff should be aware that the use of overshoes increase the risk of slips, trips and falls
. Gloves must be removed by holding at the cuff and peeling the glove over the hand, then fold the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves into the household waste

Occupational Exposure Management - Including Needlestick (or "Sharps") Injuries

Needlestick (or"Sharps") injuries are one of the most common types of injury reported by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure, e.g. a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes: however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route.

What Does "Needlestick" or Sharp Injury Mean?

For the purposes of this Policy and Procedure the definition of a needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wound. This could include razors, sharp tissues, spicules of bone and teeth. Occupational exposure including needlestick (sharps) injury refers to the following injuries or exposures:

. Percutaneous injury (from needles, instruments, bone fragments, human bites which break the skin)
. Exposure of broken skin (abrasions, cuts, eczema, etc.)
. Exposure of mucous membranes including the eye, nose and mouth

Actions in the Event of an Occupational Exposure Including Needlestick or Similar Injury

First Aid- Perform first aid to the exposed area immediately as follows:

. **Skin/tissues -** should be gently encouraged to bleed
. Do not scrub or suck the area
. Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol
. Cover the area using waterproof dressing
. **Eyes and mouth -** should be rinsed/irrigated with copious amounts of water
. If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens
. Do not swallow the water which has been used for mouth rinsing

Management of Clinical Sharps - Good Practice

. Sharps should be stored safely out of reach of children
. Clinical Sharps are single use only
. Needles should not be re-sheathed
. Needles that are bent or broken before use should be disposed of
. Syringes and needles are not dismantled by hand and are disposed of as a single unit
. The user must discard sharps immediately after use directly into a sharps container
. The sharps container must conform to UN standard 3291 and British Standard 7320
. Approved sharps containers should be assembled correctly and should never be overfilled, i.e. above the manufacturer's fill line on the box/more than ¾ full
. These containers should be appropriately sealed in accordance with manufacturer's' instructions once full, and should be disposed of according to local clinical waste disposal policy
. Items should never be removed from sharps containers. The temporary closure mechanism on sharps containers should be used in between use for safety
. The label on the sharps containers must be completed when starting to use the container and again once sealed, to facilitate tracing if required
. If carrying the container, or when it is left unsupervised, close the aperture to prevent spillage or tampering
. Do not attempt to retrieve items from a sharps container
. Do not attempt to press down sharps to make more room
. Carry sharps container by the handle - do not hold them close to the body

. If sharps are spilled from a container, use a safe technique to retrieve them, e.g. a dustpan and brush and place carefully in the container
. Do not place sharps containers on the floor or above shoulder height and sharps containers should be placed out of direct sunlight
. All sharps injuries must be reported immediately to the Registered Manager and immediate treatment from GP/A&E sought
. Where Service Users are involved in the practice of injecting, e.g. insulin dependent diabetics, they must be taught how to dispose of sharps safely to avoid others sustaining injuries, including those providing care

Blood Borne Viruses (BBV)

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not. The main BBVs of concern are:
. Hepatitis B virus (HBV), hepatitis C virus and hepatitis D virus, which all cause hepatitis, a disease of the liver
. Human Immunodeficiency Virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body. These viruses can also be found in the body fluids other than blood, for example, semen, vaginal secretions and breast milk
. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood
. Care should still be taken as the presence of blood is not always obvious and Service Users may not have any symptoms of a BBV
. All staff at risk of exposure to BBVs should be vaccinated against Hepatitis B
. Staff are at risk of BBV as much as Service Users are at risk of contracting BBV from staff
. When on assignments cuts and abrasions should be covered with a waterproof dressing before providing care
. Staff with skin conditions should seek advice from their GP to minimise their risk of infection through open skin lesions
. The correct type of lancing device should be used for Service Users who need to use a blood glucose monitoring device. This is to prevent transmission of BBVs

Exposure Prone Procedures (EPP)

. Care and Clinical Staff may be at increased risk of exposure to blood borne viruses when performing EPPs
. EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service User’s open tissues are exposed to the blood of the worker. These include procedures where the worker's gloved hands come into contact with sharp instruments, needle tips, etc.
. However, other situations can present a risk such a prehospital trauma care and the care of Service Users where the risk of biting is regular and predictable or for example, through leaking wounds or broken skin
. If a worker is known to have or strongly suspects they may have a BBV, it does not necessarily mean a change of job role however the member of staff must inform the Registered Manager for their own and others safety
. Workers with BBVs may be directed to refrain from EPPs which could put others at risk and cause the worker further illness

Human Bites

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites, which break the skin, are more likely to become infected than dog or cat bites, so it is important that they are treated promptly.

If a bite does not break the skin:

. Clean with soap and water
. Record the incident in the Accident Book
. Review the risk assessment and identify if any changes are required to prevent incidents arising again

If the bite breaks the skin:

. Clean immediately with soap and water and cover with a dressing
. Record the incident in the Accident Book
. Seek Medical Advice by going to the local A&E department:
    . This will be to treat potential infection and for reassurance and information about HIV and Hepatitis B infection
. Review the risk assessment and identify if any changes are required to prevent incidents arising again

Animal Bites

. Most animal bites are less likely to become infected than human bites, but they should still be taken seriously
. In the UK, animal bites which do not break the skin should be washed with soap and water
. If a bite breaks the skin, wash with soap and water then seek medical advice about the possible need for treatment to prevent infection
. If someone becomes generally unwell or the bite looks infected they should seek medical attention
. The Accident Book should be completed and risk assessments reviewed

Body Fluid Spillages - Urine, Vomit, Faeces and Blood

. All spillages of body fluids (e.g. urine, vomit, faeces or blood) should be dealt with immediately
. Wear disposable non latex gloves and a disposable apron
. Absorb as much of the spillage as possible with absorbent paper towelling
. This can be disposed of into a plastic waste sack (or flushed down the toilet if small amounts)
. If indoors, clean the area with neutral detergent, e.g. washing up liquid and hot water, rinse and dry and ventilate the area
. For spillages outside, sluice the area with hot water
. Do not forget to thoroughly wash your hands after you have taken the gloves off
. It is recommended that carpets soft furnishings should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible dried
. Consent from a Service User is required when this occurs in someone's home and patch testing of the carpet or fabric should be undertaken

Outbreaks of Communicable Diseases

. Staff must be aware of the signs of infection, particularly in the elderly, e.g. fever, diarrhoea or vomiting, unexpected falls and confusion. They must also know to report these signs immediately to senior management when they occur. A number of infectious diseases may spread readily to other vulnerable people and/or members of staff or relatives and cause outbreaks
. Where staff contract a communicable disease, advice should be sought from their GP. The Registered Manager should seek occupational health advice and guidance to professionals
. For employees, which it is clear that the disease is either attributable or contributed to by the work activity and a Registered Medical Practitioner has confirmed that this is the case then a report must be submitted to the Health and Safety Executive (RIDDOR)
. Business continuity plans should be localised to ensure provision is made for outbreaks of communicable diseases, e.g. a pandemic

Skin Infections/Infestations

Staff who have close physical contact with Service Users should be informed if a Service User has a skin infection or infestation. If a Service User with a skin infection, or an active or partially treated infestation, requires admission to hospital the admitting hospital should be informed of the condition.

For general advice or guidance on the infection or infestation, Public Health England can be contacted.

If a member of staff reports they have acquired a skin infestation, they should seek advice and treatment from their GP before returning to work. In the case of infestations such as Scabies, once the first treatment has been completed the employee may return to full duties however itching may persist for several weeks. The employee's whole family and close contacts needs treatment at the same time. Any Service Users who have close contact with the employee should be observed for any signs or symptoms of infestation and contact made with their GP.

Soiled Linen

Washing and rinsing soiled linen can reduce disease causing germs. Linens used in the home setting can be laundered together using detergent, and dried in a hot air dryer to ensure killing of harmful germs. Linens soiled with large quantities of faeces or vomit will require pre-treating to remove the soiling. When handling soiled linen, care staff should adhere to the following best practice:

.Gloves and Aprons should be used if Care Staff have to handle any laundry soiled with blood or body fluids
. Care Staff should avoid soiled linen touching their skin or clothes
. Position the laundry basket nearby to reduce handling (keep off the floor and fabric covered furniture)
. Do not shake soiled linen; remove faecal material into the toilet
. Teach family or caregivers how to handle soiled laundry safely
. Wash heavily soiled laundry separately and add laundry bleach to wash water according to the manufacturer's instructions if material is bleach tolerant. Follow any COSHH instructions on the laundry bleach
. Store clean laundry apart from soiled linens
. Hand hygiene is required when activity is complete
. Remember to maintain the Service User's dignity at all times

Disposal of Waste

. Some waste from healthcare (also called clinical waste) may prove hazardous to those that come into contact with it and are subject to stringent controls
. Hypodermic needles and other hazardous healthcare wastes should never be disposed of in the toilet or sink
. In a Service User's home, where Service Users are treated in their home by a community nurse or a member of the NHS profession, any waste produced as a result is considered to be the healthcare professional's waste
. If the waste is nonhazardous, and as long as it is appropriately bagged and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with sanitary towels, nappies and incontinence pads (known collectively as sanpro waste) which are not considered to be hazardous when they originate from a healthy population
. If the waste is classified as hazardous, arrangements will be made by the Health professional to correctly dispose of the waste safely
. Where hypodermic needles are produced in the home, sharps bins should be used
. In the case of pharmaceuticals (medicines, etc.), the recommended means of disposal is to return them to a pharmacist. If this is not possible, again local authorities are obliged to collect the waste separately when asked to do so by the waste holder, but may make a charge to cover the cost of collection

. If Service Users treat themselves in their own home, any waste produced as a result is considered to be their own. Only where a particular risk has been identified (based on medical diagnosis) does such waste need to be treated as hazardous clinical waste

The Health and Social Care Act Code of Practice states that the risks from waste disposal should be properly controlled. In practice this involves:

. Assessing risk
. Developing appropriate policies
. Putting arrangements in place to manage risks
. Monitoring the way in which arrangements work
. Being aware of legislative changes

Staff Sickness

. Staff with diarrhoea and vomiting should not attend work but ring to report sick
. Should the condition persist it may be necessary not to return to work until medical clearance by a GP is given
. Staff should attend work until they are clear for 48 hours in order to prevent the spread of infection

Working with Other Providers - The Movement of Service Users Between Services

Dementia Care TLC will ensure that it provides suitable and sufficient information on a Service User's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a Service User's home, so that any risks to the Service User and others from infection may be minimised. When information is being shared consent from the Service User should be obtained. In cases where the Service User lacks capacity, consent should be sought from whoever has the power of attorney, or decisions made in the best interests of the Service User following the principles of the Mental Capacity Act.

Uniform and Workwear

Effective hygiene and preventing infection are absolutes in all care settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that staff wear should facilitate good practice and minimise any risk to Service Users. Uniforms and workwear should not impede effective hand hygiene, and should not unintentionally come into contact with Service Users during direct care activity.

. Staff should follow Dementia Care TLC's Uniform and Workwear Policy
. Staff should wear gloves and aprons when deemed appropriate, not "just in case"
. Staff should change as soon as possible if uniform or clothing becomes visibly soiled or contaminated
. Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
. Clean washing machines and tumble driers regularly, in accordance with manufacturer's instructions
. Staff should have at least enough uniforms available to change each day, this enables staff to start each day with a clean uniform
. Staff should wash heavily soiled uniforms separately

    . Separate washing will eliminate any possible cross-contamination from high levels of soiling, and enable uniform to be washed at the highest recommended temperature

Food Handling and Hygiene

All staff should adhere to Dementia Care TLC's food hygiene policy and ensure that all food prepared in Service User's homes for Service Users is prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005.

Any member of staff who becomes ill while handling food should report at once to his or her line manager or supervisor, or to the office.

Staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.

Sepsis

Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the body's immune system to go into overdrive, and if it's not treated quickly, it can lead to multiple organ failure and death. In many cases however, sepsis is avoidable and treatable and early identification is key to successfully treating sepsis.

. The key to preventing sepsis is to prevent an infection from occurring in the first place
. If an infection does set in, it must be treated as quickly and effectively as possible
. Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult
. The risk of getting an infection also drops with proper hand washing
. Infections can also be reduced by proper care of all wounds
. Staff should understand and recognise the signs of sepsis (see further reading)

Reporting

. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires Dementia Care TLC to report the outbreak of notifiable diseases to the HSE
. Notifiable diseases include:
    .Cholera
    . Dysentery
    . Food Poisoning
    . Hepaitis
    . Leptospirosis
    . Measles
    . Meningitis
    . Mumps
    . Rabies
    . Rubella
    . Smallpox
    . Tetanus
    . Tuberculosis
    . Typhoid fever
    . Typhus
    . Viral hemorrhagic fever
    . Whooping Cough
    . 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. In event of an incident, The Registered Manager is responsible for informing the HSE.

Communication

. Dementia Care TLC should ensure that all care workers (including contractors and volunteers) 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 job descriptions, inductions, training, supervision and team meetings

. Contractor working in Service User areas would need to be aware of any issues with regard to infection prevention and obtain "permission to work"
. Where staff undertake procedures, which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
. Dementia Care TLC will ensure their policy on the control of infection is shared with 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

Training

. Staff and volunteers should be made aware of this policy and should be trained appropriately to ensure they are suitably skilled and competent

Definitions
Needlestick or Sharp Injury

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

Sepsis

. Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs. In sepsis, a Service User's immune system goes into overdrive setting off a series of reactions including widespread inflammation. This can cause a significant decrease in blood pressure reducing the blood supply to vital organs and starving them of oxygen. Sepsis can lead to multiple organ failure and death especially if not recognised early and treated quickly. Care Staff who see someone regularly can spot the early signs of Sepsis by using the Sepsis Tool

Outbreak

. An outbreak can be defined as two or more cases of infection occurring around the same time, in Service User and/or their carers or an increase in the number of cases normally observed. The commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and on occasion by other routes, which may include food

Communicable Diseases

. Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal. Some diseases are passed on by direct or indirect contact with infected persons or with their excretions. Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e. they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include: diphtheria, scarlet fever, measles, mumps, whooping cough, influenza, and smallpox. Some infectious diseases can be spread only indirectly, usually through contaminated food or water, e.g. typhoid, cholera, dysentery. Still other infections are introduced into the body by animal or insect carriers, e.g. rabies, malaria, encephalitis

Pandemic

. An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people

Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

. RIDDOR requires employers and others to report deaths, certain types of injury, some occupational disease and dangerous occurrences that “arise out of or in connection with work”. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident

Key Facts - Professionals

Professionals providing this service should be aware of the following:

. Washing hands correctly is the single most effective way of controlling the spread of infection
. Wear PPE when there is likely exposure to body fluids
. Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles or glass wherever possible
. Ensure immunisations are up to date
. Dispose of waste correctly use the correct bins to dispose of waste, ensure the working areas kept clean, wash your hands afterwards and dispose of all contaminated waste safely
. Ensure staff have up to date training on infection control
. Ensure there is a nominated lead for infection

Key Facts - People affected by the service

People affected by this service should be aware of the following:

. Obtain advice from the GP on any available and recommended vaccinations
. Ensure you wash your hands, this will help prevent the transmission of infection