

# Infection Prevention and Control Policy

## **Scope of Policy**

Infection control is the name given to a wide range of procedures and techniques intended to prevent the spread of infectious diseases, including COVID-19, amongst colleagues, customers and members of the public, particularly during times of pandemic.

All colleagues working at Platform Housing Group (the Group) are at risk of infection or of spreading infection and risk coming into contact with substances which may well contain pathogens that can be spread if colleagues do not take adequate precautions.

## **Applicability**

This policy applies to those colleagues of the Group identified as being at risk.

### **1. Policy Statement**

- 1.1 We believe that adherence to regulatory guidelines on infection control is of paramount importance in ensuring the safety of both colleagues and customers, particularly during times of increased infections and pandemic. We also believe that good basic hygiene is the most powerful weapon against preventing colleagues from passing on infection or getting infected themselves.

### **2. Aims and Objectives**

- 2.1 To instil the basic principles needed for infection control to prevent the spread of infection, protecting the health of colleagues, customers, contractors and the general public.

### **3. Responsibilities**

- 3.1 We want to ensure all colleagues are as safe as reasonably practicable from acquiring infections through work-based activities. This requires all colleagues to be aware of and put into operation basic principles of infection control.
- 3.2 We will adhere to infection control legislation:
  - Health and Safety at Work etc. Act 1974 and The Public Health (Infectious Diseases) Regulations 1998 places a duty on the Group to prevent the spread of infection.
  - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) places a duty on the Group to report outbreaks of certain diseases as well as accidents such as needle stick accidents.
  - Control of Substances Hazardous to Health Regulations 2002 (COSHH) places a duty on the Group to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly.

- Environmental Protection Act 1990 makes it the responsibility of the relevant local authority to dispose of clinical waste safely.
- Food Safety Act 1990 ensures that all food prepared in our specialist housing venues for customers is prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990 and Food Hygiene (England) Regulations 2006.

#### **4. Procedure for all Colleagues**

- 4.1 All managers must regularly discuss infection control with colleagues. To ensure awareness of this policy, the control measures the Group expects its colleagues to adhere to and that anyone could be carriers of, or have active, infections.

Any colleagues experiencing infectious conditions, or testing positive for COVID-19, should discuss their specific situation with their line manager, and where necessary HR, before entering or being on Group or customer's premises.

The majority of cross-contamination is caused by poorly disinfected hands which provides an effective infection transfer route.

All colleagues must observe basic hygiene measures and behaviours (see bullet points below) to protect themselves and others from cross contamination.

- 4.2 We believe that regular, effective hand disinfection, when done correctly, is an effective way to prevent the spread of communicable diseases.

- 4.3 All colleagues should ensure they disinfect their hands at the following times:

- Between seeing each and every customer where direct contact is involved, no matter how minor the contact.
- After handling any bodily fluids or waste or soiled items.
- After handling specimens.
- After using the toilet.
- Before handling foodstuffs.
- After smoking.
- Before and after any care or clinical activity.
- Before and after handling medications.
- Wash your hands after coughing or sneezing and use single use tissues, disposing the tissue immediately.

- 4.4 All colleagues should adhere to the following behaviours as further measures to help prevent the spread of infections:

- Use a tissue or cough or sneeze into the crook of the arm, not hand, and turn away from other people and disinfect hands afterwards.

- Do not touch eyes, nose or mouth (viruses can transfer from your hands and into the body).
- Cover all cuts and abrasions, particularly on the hands, with an air and watertight dressing.
- Use antiseptic or antimicrobial preparations if colleagues are known to have an infectious disease or are infected with antibiotic-resistant bacteria, such as Methicillin Resistant Staphylococcus Aureus (MRSA).
- When working from communal office spaces wipe down desks and any office equipment prior to and after use, with the anti-bacterial and anti-viral wipes provided.
- Antiseptic disinfection solutions may also be used in situations where effective hand washing is not possible.
- The use of alcoholic products for disinfecting hands, is not intended to replace washing hands with soap and warm water, but rather to supplement hand washing where extra disinfection is required or to provide an alternative means of hand disinfection in situations where standard facilities are unavailable or inconvenient.

## **5. Housing Tenancy Workers and Falls Responders**

- 5.1 Under normal working situations Housing Tenancy Workers and Falls Responders are not expected to make beds, sort laundry, give personal care or handle dressings.

In emergency situations - or as part of giving first aid, when they should be wearing personal protective equipment (PPE) i.e., disposable gloves and apron – colleagues may come into contact with bodily fluids, including blood or potentially infected personal items. On these occasions colleagues are advised to wash and disinfect hands after contact.

- 5.2 Where the customer alerts the Housing Tenancy Workers and Falls Responders to having an active infection, it must be recorded in the risk assessment, as there is a potential for cross infection to others. Risk management controls must include hand washing/disinfection and the use of single use disposable gloves where appropriate.
- 5.3 Further measures may be needed to reduce cross infection in housing schemes for older people with communal facilities. For example, to limit the spread of diarrhoea and vomiting, affected customers may require support services to assist with personal hygiene and laundry. They may be advised to avoid communal dining rooms, use of tea kitchens etc.
- 5.4 Housing Tenancy Workers and Falls Responders may require Scheme Assistants and/or Cleaners to carry out extra cleaning duties, such as antibacterial cleaning of door handles, chair backs or other hand points.

## 6. The Use of Protective Clothing

6.1 Adequate and suitable personal protective equipment (PPE) and clothing should be provided by the Group. These will include:

- Face coverings/masks
- Single use disposable gloves
- Aprons
- Safety glasses/goggles

All colleagues who are at risk of coming into direct contact with body fluids should use disposable gloves and disposable aprons.

Sterile gloves are provided for clinical procedures such as applying dressings. These should be always worn during customer contact and should be changed between customers. On no account should colleagues attempt to wash and reuse the gloves. Non-sterile gloves are provided for non-clinical procedures.

The responsibility for ordering and ensuring supplies of gloves and aprons are readily available and accessible lies with the line manager.

Where a customer requests, colleagues should wear suitable protective face coverings and single use protective gloves, to prevent the spread of infection.

Where colleagues consider themselves exempt from wearing a protective face covering, they should discuss this with their line manager, who should record this on HRIS (iTrent) and ask that the colleague wears a yellow "Mask Exempt" lanyard.

Reasons why a colleague could be exempt from wearing a face mask include (but not limited to) the following:

- Colleagues who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability.
- Colleagues for whom putting on, wearing or removing a face covering will cause severe distress.
- Colleagues speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate.
- To avoid the risk of harm or injury to yourself or others.

## 7. Disposal of Sharps (e.g., used needles) and Hazardous Waste

7.1 Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.

- Sharps should never be disposed of in ordinary or clinical waste bags.
- Colleagues should never re-sheath needles.

- Sharps disposal containers should never be overfilled.
- Colleagues should never attempt to force sharps waste into an over-filled disposal container.
- Used, filled disposal containers should be sealed and stored securely until collected for incineration according to the Group's arrangements.

7.2 In the event of an injury with a potentially contaminated needle, colleagues should:

- Wash the area immediately and encourage bleeding if the skin is broken.
- Report the injury to their line manager immediately and ensure the SHE reporting system is completed.
- Make an urgent appointment to see a GP or, if none are available, go to Accident and Emergency.
- Hazardous waste should be disposed of in the appropriate sealed plastic sacks as required by local authority arrangements operating in the area concerned. Any waste awaiting collection should be stored safely. Such waste is classified as hazardous under the Hazardous Waste Regulations and should only be removed by an authorised collector. Hazardous waste should never be placed in household rubbish.

## **8. Food Hygiene**

8.1 All colleagues preparing food should follow the food hygiene standards to ensure all food is prepared, cooked, stored and presented in accordance the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2006.

8.2 Where food poisoning is suspected the matter should be reported to the line manager, Local Environmental Health Officer and to the Group Health and Safety Officer who will offer further advice.

## **9. Methicillin Resistant Staphylococcus Aureus (MRSA)**

9.1 Methicillin Resistant Staphylococcus Aureus (MRSA) is an organism which people may carry in their noses and on their skin. It may cause problems to patients in hospital especially on surgical wards and intensive care units where it may cause infection in a surgical wound. There are however many strains of MRSA and these vary in the degree of ease at which they spread and/or cause infection.

9.2 MRSA is most commonly spread by direct contact between people e.g., by the organism sticking to the hands and clothing of personnel and then being passed to the next person they touch.

9.3 On receiving information that a customer has contracted MRSA, the following basic hygiene requirements are necessary:

- If a colleague has an immune suppressed condition, they should seek guidance from the Occupational Health Doctor and keep their line manager informed.
- Any colleague who has open wounds, cuts, grazing, scratches etc., should cover the wound with an air and watertight dressing.
- Colleagues with aggressive eczema or other skin conditions which leave the skin open to infection must wear protective gloves if contact with laundry and bedding is anticipated.
- An anti-bacterial hand gel or anti-bacterial hand wipes can be used to thoroughly cleanse hands after contact in a customer's home, especially if good hand washing facilities are not available.
- Falls Responders should clean all equipment used to assist fallers with antibacterial wipes before use with another customer. Handling belts and slide sheets should be washed in accordance with the manufacturers washing instructions. Refer to Falls Response Patient Guidelines Procedure.

## **10. Communal Laundry Facilities**

10.1 Customers with MRSA should not be restricted in the use of communal laundry facilities. Normal washing with detergent is sufficient to cleanse linen. However, basic precautions should be applied. Laundry must be placed directly into washers – not sorted within the laundry area to avoid contact with surfaces. Where carers or relatives are undertaking washing on behalf of relatives, they should wear a disposable apron to protect their own clothing and thoroughly wash/disinfect their hands after contact with linen.

10.2 Where linen inadvertently comes into contact with surfaces, these areas must be cleaned down thoroughly.

10.3 Use of driers may continue after completion of the washing cycle.

## **11. HIV, AIDS and Other Blood Borne Diseases**

11.1 Because of the wide range of infectious diseases which exist, good basic hygiene practice is always important. However, greater care is required when in contact with blood or other body fluids, whether through normal work duties or through accidental contact. To prevent and minimise the risk of infection, guidelines are necessary in four main areas:

- Prevention of contamination of a person, clothing or equipment by good basic hygiene.
- Prevention of puncture wounds, cuts and abrasions and the protection of existing wounds or skin conditions.
- Control of contamination in the workplace by disinfection and containment.
- Safe disposal of waste which is or may be contaminated.

- 11.2 These guidelines should be always put into practice and not just used where it is known that a person has HIV infection or another blood borne viruses and diseases such as hepatitis. The guidelines are sufficient to prevent infection by all sorts of viruses (HIV is not a notifiable disease and a customer is not obliged to disclose their diagnosis).
- 11.3 A first aider can acquire or transmit a number of infections, some possibly serious, and in the majority of cases as the result of exposure to the patient's blood or bodily fluids.

When dealing with accidents, remember the following basic principles:

- Try not to come into contact with blood. It is very bad practice to put your uncovered and possibly dirty hand into someone's wound. If you need to staunch the flow, use clean material rather than your hand if the proper equipment is not readily available.
- If you get blood on you, wash immediately with ordinary soap and warm water for a minimum of 20 seconds, or disinfect with antibacterial solution.

## **12. Further Advice**

- 12.1 Further advice on viral outbreaks of can be obtained from the Group Health, Safety and Environment Team.
- 12.2 Further advice can be obtained at [National Institute for Health and Care Excellence](#) for guidance on how to prevent infection.

## **13. Equality and Diversity**

- 13.1 We are committed to fairness and equality for all regardless of their colour, race, ethnicity, nationality, gender, sexual orientation, marital status, disability, age, religion or belief, family circumstances or offending history, as referred to in our relevant Group policies. Our aim is to ensure that our policies and procedures do not create an unfair disadvantage for anyone, either directly or indirectly.
- 13.2 An equality impact assessment has been undertaken in respect of this policy and which identified no negative impacts on any person/group with a protected characteristic as a result of this policy.

## **14. Monitoring and Review**

- 14.1 The next policy review is scheduled for September 2027 and then every two years thereafter.
- 14.2 Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.



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