

Infection Control Policy

Introduction

Synergy Medical recognises its duty to promote a safe working environment for Temporary 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 Client manager or Synergy Medical in the first instance.

Temporary workers' Personal Hygiene and Fitness for Work

As the work during assignments will involve Temporary workers being in close proximity to Clients and patients, Temporary 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.

Temporary 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.

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Each Temporary 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 Personal Protective Equipment
- No exposure to blood/body fluids anticipated
- No protective clothing is anticipated
- Exposure to blood/body fluid expected, but low risk of splashing
- Wear gloves and a plastic apron dispose of both after each episode of use
- Exposure to blood/body fluids anticipated high risk of splashing to face
- Wear gloves, plastic apron and eye/mouth/nose protection dispose of all after each episode of use

Disposal of Protective Clothing

Where there is no known specific risk of infection, protective clothing may be placed into normal domestic waste. Where a specific risk of infection is known, arrangements will be made by the Client for safe disposal of protective clothing. This will normally involve using special containers and which are emptied periodically by people trained and equipped to do so.

Spillage Management

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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.

Laundering of Uniforms & Infection Control

Temporary 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.

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.

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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.

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Temporary workers with Communicable Diseases

The Company recognises that Temporary 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 patient 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 patients 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

Synergy Medical recognises the right of all patients 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.

Patients have a right to be protected from preventable infection and Temporary workers have a duty to safeguard the well-being of their patients.

Owing to the nature of the work Temporary workers undertake in assignments, good basic hygiene practices should be followed at all times.

Staff will brief Temporary workers on known conditions relating to the patient, 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