



**APRIL COMPLETE CARE SOLUTIONS LTD  
(The “Company”)**

**Infection Control Policy including COVID 19**

**April Complete Care Solutions Ltd**

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## **Introduction:**

*(N.B. This policy should be read and implemented in conjunction with the organisation's Health and Safety policy.)*

Infection control is the name given to a wide range of policies and procedures and techniques intended to prevent the spread of infectious diseases. All people working within or receiving a service are at risk of spreading infection, especially if they come into contact with blood or bodily fluids, like urine, faeces, vomit or sputum. Such substances may well contain infections that can spread if adequate precautions are not taken.

### Coronavirus (COVID-19) infection

COVID-19 is an infectious disease caused by a newly discovered coronavirus first identified in 2019. Whilst most people infected will experience mild to moderate respiratory illness and recover without needing specialist treatment, there are people at higher risk of developing a serious illness. This includes older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer.

Although age and underlying health conditions are the greatest risk factors, the evidence suggests that other groups are also more likely to become seriously ill. This includes men, people from Black, Asian and minority ethnic (BAME) backgrounds, those living in more deprived areas, those born outside the UK or Ireland, and those living in a care home.

## **Policy Statement:**

The Consortium recognises the potential implications of uncontrolled infections and believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both Individuals and staff.

The Consortium will adhere to all infection control legislation including:

- Health & Safety at Work Act (1974)
- Public Health Infectious Diseases Regulations (1998)
- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (2013)
- Control of Substances Hazardous to Health Regulations (2002)
- Environmental protection Act (1990)
- Food Safety Act (1990)
- The Health Protection (Coronavirus) Regulations 2020,

**Aim:**

To reduce the incidence of infection to Individuals, staff, and the local community. Preventing the spread of infection will help to reduce:

- Staff and Individual discomfort.
- Worsening of an Individual's condition.
- Avoidable admissions to hospital.
- Costly interventions.
- Staff sick leave.

**Responsibilities:****All staff:**

Are required to take individual responsibility to reduce the spread of infection by:

- Abiding by the guidance within the policy and any training or instructions received.
- At all times, observing high standards of hygiene to protect themselves and their Individuals from the unnecessary spread of infection.
- Reporting infectious diseases, in accordance with RIDDOR

**Managers:**

Are responsible for the implementation of the policy by:

- Ensuring staff have sufficient training and knowledge to implement safe working practices.
- Ensuring that assessment of the level of risk relating to specific infections is conducted and measures put in place to minimise the level of risk.
- Ensure that protective equipment and appropriate facilities are available to staff to implement the guidance in this policy.
- Monitor the implementation of the policy and RIDDOR reports

**Occupational health**

The Manager will consult with an occupational health service to gain further advice on managing specific cases of infection.

## **Guidance for Staff: Universal infection control procedures**

As it is not always possible to identify those who are likely to spread infection, due to the confidentiality rights of individuals, support staff should always follow safe working practices, known as universal infection control precautions. These include the following:

- Hand washing – Hand washing is the single most important measure in reducing cross infection. Thorough hand washing must be carried out correctly and regularly including:
  - On arrival and before leaving an Individual's home
  - Between direct contact with each and every Individual, after handling any body fluids, waste or soiled items.
  - After handling specimens
  - After using the toilet
  - Before handling foodstuffs.
  - (see appendix for approved hand washing technique)
- Exposed cuts and abrasions, especially on hands and fingers must be covered with waterproof dressings
- Utmost care must be taken to prevent puncture wounds, cuts and abrasions from needles and other sharp instruments. If a 'sharps' accident occurs, it should be treated immediately by encouraging bleeding for approximately 2 minutes and washing well with soap and water and covered with a dressing. The accident should be reported. A G.P. or occupational health service should be contacted for advice as soon as possible.
- If the skin becomes contaminated by any body fluid, it should be washed immediately with soap and water. If eyes or mouth are contaminated, they should be treated immediately by irrigating with copious amounts of water.
- Appropriate protective clothing e.g. gloves, aprons, should be worn when there is a possibility of direct contact with any body fluid, contaminated surfaces and equipment. These must be disposed of appropriately and promptly and never worn outside the home.
- Staff should treat every spillage of body fluid or body waste as quickly as possible; they should wear protective gloves and aprons and use disposable wipes wherever possible.
- Linen that is foul or infected should be stored in a separate bag, laundered as quickly as possible, following instruction carefully on disinfection procedures.
- Appropriate clothing that can be easily laundered should be worn when there is a risk of cross infection. Hair should be clean and if long, tied back, particularly if dealing with open wounds or handling food. Nails should be kept short and clean. Minimum jewellery should be worn, particularly on the hands.

## **Waste management**

Cleanliness and waste material: An essential process in the control of infection is cleanliness in the workplace.

- Workplaces and inherent furniture and fittings must be kept sufficiently clean.
- Waste materials should not, so far as is reasonably practicable, accumulate in work places, except in suitable receptacles.

## **Clinical Waste:**

Different types of waste present different hazards and the Controlled Waste Regulations 1992 define clinical waste as follows:

Any waste consisting wholly or partly of:

- Human or animal tissue
- Blood or other body fluids
- Excretions
- Drugs or other pharmaceutical products
- Swabs or dressings
- Syringes, needles or other sharp instruments Sharps must be disposed of in an approved 'sharps' containers that comply with UN 3921 and BS 7320 Standards. Sharps bins should not be overfilled or items forced into them which unless rendered safe may prove hazardous to any person coming into contact with it. In order to carry out a risk assessment, clinical waste is categorised into five groups.

Local procedures must be established to deal with the segregation, handling, packaging, labelling, storage and transportation of the waste off the premises.

## **Staff protection**

All support staff are advised to have inoculation for Hepatitis B, flu on appointment. COVID 19 vaccinations and boosters

Staff are also encouraged to take up with other vaccinations e.g. tetanus, tuberculosis, flu & pneumonia

## **Travel**

All staff supporting Individuals to travel abroad are advised to have the recommended inoculations for the country in which they are travelling.

## **First aid**

See first aid policy

## **Pets**

Many Individuals will have their own pets. Although pets can cause diseases, with sensible precautions risk of infection can be reduced and avoided. These include:

- Pets to be immunised and checked regularly for illness or infections.
- Hand Washing before and after handling pets.
- Keep bedding clean.
- Treatment for Worms and Fleas.
- DO NOT let the animals lick faces.
- Keep feeding utensils separate to humans.
- Cuts, scratches, bites, treat promptly. Tetanus booster if required.
- Pet Food to be kept for 24 hours stored separately to ensure no risk of infections.
- Litter trays cleaned daily and disposed of in accordance with local guidance, stored in a suitable area. Pregnant women to avoid litter tray cleaning.

## **Food hygiene**

### **This should be read along our Food Hygiene/Safety Policy**

Food and drink are potential sources of infection. To ensure the prevention of contamination, it is essential that:

- Personal hygiene is scrupulous, and that Food Safety guidelines and training are implemented at all times in accordance with the standards required by the Food Safety Act (1990), Food Hygiene regulations (1995).
- Any member of staff who becomes ill while handling food should report this at once to their manager, contact their GP and only return to work of food handling duties when their GP states that they are safe to do so.
- Thorough hand washing, clean protective clothing and a clean environment are essential.
- No-one should work in a kitchen with uncovered cuts, infectious disease, skin infection or infestation
- Areas used for food preparation and storage should be kept scrupulously clean

## **Isolation of Individuals**

A rational approach using risk assessment must be employed, including guidance on when isolation is required, for how long and what procedures are involved. Infections where isolation is usually required include chickenpox, shingles and Norwalk virus.

## **Managing outbreaks of infection**

Procedures for the management of outbreaks require advice from and the input of the local environmental health department or public health service. Staff would access this via the Manager.

## **GUIDANCE TO COVID 19 INFECTION CONTROL PROCEDURS**

Coronavirus is a type of virus. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

The Health Protection (Coronavirus) Regulations 2020, has been put in place to reduce the risk of further human-to-human transmission in this country by keeping individuals in isolation where public health professionals believe there is a reasonable risk an individual may have the virus.

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 meters or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

The virus has been found in stool samples of people confirmed as suffering from COVID-19. Whilst this is not thought to be the main transmission route, all secretions (excluding sweat) and excretions (such as diarrhea) from those suffering or suspected to be suffering from COVID-19 should be managed as being possibly infectious.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 meters) or could be inhaled into the lungs.
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)

The best way to prevent infection is to avoid being exposed to the virus.

Many adults, including those living and working in care homes, have received both doses of the vaccine and, in light of the new variant Omicron, a booster programme is underway for all adults.

However, as the vaccine is not 100 per cent effective and it isn't yet known how much it stops COVID-19 from spreading nor how long it will protect people for, it remains vital that everyone continues to follow the measures outlined in this guide.

It is the Registered Managers responsibility to encourage staff to receive both vaccine and booster injections. Staff are to be given time to attend appointments when required.

Staff are responsible for attending appointments – issuing data to registered manager so this can be stored on internal matrix. Potential new applicants are required to confirm if they have received COVID 19 vaccinations and boosters within their application form. existing staff can confirm on completion of annual health declaration form.

*The legal requirement to self-isolate positive cases and unvaccinated contacts ended on 28 March 2022. The Self-Isolation Support payment scheme ended on 30 June 2022. The COVID-19 statutory sick pay enhancement scheme ended on 31 August 2022.*



Social care staff who test positive are very likely to have COVID-19 and can pass on the infection so they are advised to:

- stay at home and avoid contact with other people if they can
- notify their manager
- take a lateral flow test on day 5 and 6 after they tested positive and:
  - when they have two consecutive negative lateral flow tests 24 hours apart they can return to work
  - If they test positive on either day 5 or 6, they should continue to stay away from work until they have 2 negative tests taken 24 hours apart or up until day 10. They are also strongly advised to stay at home and avoid contact with others whilst they continue to test positive

The likelihood of a positive LFT in the absence of symptoms after 10 days is very low. However, if their LFT result is positive on the 10th day, they should continue to test and only return to work when a single negative LFT is achieved. Full guidance can be found at: [COVID-19 testing for health and social care workers](#)

Any member of staff considered to be a close contact of someone who tests positive is no longer required to self-isolate. They will instead be asked to take daily lateral flow tests and can continue to work as long as the results are negative.

#### Personal protective equipment TO BE WORN

*The current [COVID-19 IPC Guidance](#) provides disease specific IPC measures to prevent transmission of SARS-CoV-2 in health and care settings in Wales. This guidance should be read in conjunction with the [National Infection Prevention and Control Manual Wales](#). This describes the application of Standard Infection Prevention and Control Precautions (SICPs) and Transmission Based Precautions (TBPs).*

*Details on the PPE recommended for providing direct care in COVID-19 confirmed or suspected cases can be found at: [Infection Prevention and Control Measures for SARS-CoV-2 \(COVID-19\) in Health and Care Settings - Wales](#)*

*In summary, single use gloves, aprons and single use FRSM Type 11R mask should also be worn when providing direct, personal care to people with suspected or confirmed COVID-19.*

*<https://www.gov.wales/social-care-approach-respiratory-viruses-autumn-and-winter-2022-2023.html>*

Staff should continue to wear single use gloves and aprons when providing direct, personal/ intimate care where there is anticipated blood/body fluid exposure.

Care workers should use 4 point personal protective equipment (PPE) for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids, 3 point PPE if supporting with nutrition/hydration and the administration of Medication. staff are required to maintain social distancing where possible

New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags. Staff to follow government guidelines

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin.

## **Cleaning**

If care workers undertake cleaning duties, then they should use usual household products, such as detergents and bleach as these will be very effective at getting rid of the virus on surfaces. Frequently touched surfaces should be cleaned regularly.

Personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids), and disposable cleaning cloths can be stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within your own room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

## **Laundry**

If care workers support the individual with laundry, then they should not shake dirty laundry. This minimises the possibility of dispersing virus through the air. Wash items as appropriate, in accordance with the manufacturer's instructions. Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the individual does not have a washing machine, wait a further 72 hours after the 7-day isolation period has ended; the laundry can then be taken to a public laundromat.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

## **Rubbish disposal, including tissues**

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag, and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the result is available. If the individual tests negative, this can be put in the normal waste.

Should the individual test positive, you will be instructed what to do with the waste.

## **Certifying absence from work**

By law, medical evidence is not required for the first 7 days of sickness. After 7 days, it is for the employer to determine what evidence they require, if any, from the employee. Statutory sick pay will be paid from day 1 of diagnosis. The Government has recently announced that staff showing symptoms/need to isolate (via track and trace) will receive full sick pay April will follow new issuing guidelines implemented

The employee will be advised to isolate themselves and not to work in contact with other people by NHS 111 or PHE if they are a carrier of, or have been in contact with, an infectious or contagious disease, such as COVID-19.

We will use discretion around the need for medical evidence for a period of absence where an employee is advised to self-isolate due to suspected COVID-19, in accordance with the public health advice being issued by the government.

Do not go to a GP surgery, community pharmacy or hospital. Call 111, stay indoors and avoid close contact with other people.

The risk to the general public is moderate. If you have arrived back to the UK from abroad staff and Individuals should follow specific government guidelines when returning from abroad

Further information is available

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>

## Training

All staff will be required to read this policy and discuss its implementation with their manager during induction.

Staff must complete infection control training and adhere to government issued guidelines in relations to COVID 19. any staff member not adhering to guidelines and internal policies and procedures will consequently face disciplinary

## Categories of Clinical Waste

The Health & Safety Commission (HSC) in 1992 categorised Clinical Waste.

### GROUP A

- Soiled surgical dressings, swabs, and all other contaminated waste from treatment areas.
- Material other than liners from cases of infectious disease.
- All human tissue (whether infected or not), animal carcasses, tissues from laboratories, swabs and dressings.

### GROUP B

- Discarded syringes, needles, cartridges, broken glass, and any other sharp instruments.

### GROUP C

- Laboratory Waste.

### GROUP D

- Certain Pharmaceutical and Chemical Waste.

### GROUP E

- Used disposable bed pan liners, urine containers, incontinence pads and D forma bags.

COLOUR OF BAG	TYPE OF WASTE
Black	Normal household waste: not to be used to store or transport clinical waste.
Yellow	All waste destined for incineration. Specialised collection service.
Yellow with Black Band	Waste (e.g., Nursing Home waste). Disposed of by incineration or deep landfill. Specialised collection service.
purple	Waste for autocleaning treatment before ultimate disposal. Specialised collection service.

Yellow bags are not to be filled more than 5kg and should be stored in locked/lockable, impenetrable containers.

