



Delivering Quality Healthcare

Policy Title:	Infection Control Policy: 37	Date implemented or date of last review:	08/05/2020
CQC KLOE Reference:	Safe	Date of next review	07/05/2021

1. PURPOSE

- 1.1. The purpose of this policy is to ensure that Staff strictly comply with the infection control policy set by KOPE-MEDICS LTD.
- 1.2. KOPE-MEDICS 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.
- 1.3. Advice will be sought from time to time from appropriately trained professionals working in infection control.
- 1.4. The arrangements described here must be followed always 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.

2. SCOPE

- 2.1. This policy applies to all KOPE-MEDICS staff and voluntary workers.

3. STAFF PERSONAL HYGIENE AND FITNESS FOR WORK

KOPE-MEDICS Ltd

Unit 41, St Olav's Court, City Business Centre, 25, Lower Road, London SE16 2 XB
T +44 2 03745 0470 E info@kope-medics.com W www.kope-medics.com



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- 3.1. As the work during assignments will involve staff being near clients they will have to keep themselves personally fresh, free from odours and practice good oral hygiene.
- 3.2. Any wounds or moist skin must be covered with a waterproof dressing prior to contact with a client.
- 3.3. Staff who are involved in food preparation must use blue catering plasters to cover wounds.

4. PROCEDURE

Routine Procedures for the control of infection Standard/Universal precautions

- 4.1. 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 always. These routine procedures are called standard/universal precautions.
- 4.2. Standard/Universal Precautions include:
 - 1.1.1. Handwashing and skin care;
 - 1.1.2. Use of protective clothing;
 - 1.1.3. Safe handling of sharps (including sharps injury management);
 - 1.1.4. Spillage management.
 - 1.1.5. All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them.
 - 1.1.6. A disposable apron and latex or vinyl gloves should always be worn when dealing with excreta, blood, and body fluids.
 - 1.1.7. 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.
 - 1.1.8. Each agency worker is accountable for his/her actions and must follow safe practices.

2. HANDWASHING AND SKIN CARE

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- 2.1. 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.
- 2.2. Hands must be washed:
 - 2.2.1. Before and after each work shift and work break. Remove jewellery if you can;
 - 2.2.2. Before and after physical contact with each client;
 - 2.2.3. After handling contaminated items such as dressings, bedpans, commodes, urinals, and urine drainage bags;
 - 2.2.4. Before putting on, and after removing protective clothing, including gloves;
 - 2.2.5. After using the toilet, blowing your nose, or covering sneeze;
 - 2.2.6. Whenever hands become visibly soiled;
 - 2.2.7. Before preparing or serving food;
 - 2.2.8. Before eating, drinking or handling food and before and after smoking.
 - 2.2.9. Keep your fingernails short, clean, and free from nail polish.
 - 2.2.10. Cover open wounds such as cuts, scratches, and grazes.

3. PROTECTIVE CLOTHING

- 3.1. 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

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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.

4. SPILLAGE MANAGEMENT

- 4.1. 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.

5. PETS

- 5.1. 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.
- 5.2. 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.

6. IF PETS BECOME ILL

- 6.1. Diagnosis and treatment by a vet should be sought without delay. All animals should have received relevant inoculations.

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- 6.2. Dogs and cats should be wormed regularly, as directed by a vet and be subject to a regular programme of flea prevention.
- 6.3. 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.
- 6.4. 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.

7. LITTER BOX CARE

- a) Never deal with a cat's litter box if you are pregnant. Always wear a protective apron and gloves when cleaning the litterbox. Always wash hands immediately after removing protective clothing.
- b) 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.
- c) 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 can stand for at least 5 minutes.

8. LAUNDERING OF UNIFORMS & INFECTION CONTROL

- 1.1. Staff are expected to launder their uniform or work attire daily, to control the spread of infection and to ensure decontamination following contact with contaminated products.
- 1.2. Uniforms should be washed at a temperature of 60 degree Celsius or above, separately from the normal everyday washing cycle.

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- 1.3. A clean uniform should be used daily. Shoes should be cleaned daily to avoid cross-contamination.

2. ASEPTIC TECHNIQUE

- 1.1. 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.
- 1.2. Poor aseptic technique can lead to contamination of sterile equipment e.g. intravenous cannula and urinary catheters.

2. SPILLAGE MANAGEMENT

- 1.1. 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.

2. CLINICAL WASTE

- 1.1. Clinical waste is divided into two categories:
 - 1.1.1. Waste that poses a risk of infection.
 - 1.1.2. Medicinal waste.
- 1.1. All clinical waste must be disposed of in the appropriate coloured bags:
 - 1.1.1. Radioactive waste - place radioactive "over stickers" on the yellow bag.
 - 1.1.2. Cytotoxic waste - place in purple / yellow receptacle for incineration.
 - 1.1.3. Infectious waste - place in yellow bag, label bag with source, tie bag securely at neck. Must be disposed of by incineration.
 - 1.1.4. Infectious waste - place in orange bag which may need treatment to render safe prior to disposal.
 - 1.1.5. All medicinal waste should be disposed of appropriately.

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2. DISPOSAL OF NON-CLINICAL WASTE

- 1.1. This includes incontinence and other waste produced from humans, sanitary waste, and nappies.
- 1.2. Domestic waste or non-clinical waste - place in black bag, label bag with source, tie bag securely at the neck.

2. MANAGEMENT OF SHARPS

- 1.1. 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.
- 1.2. Use of sharps should be avoided if possible. Wherever possible needles should not be re-sheathed, but discarded intact, directly into a sharps container.
- 1.3. If re-sheathing is necessary i.e. to change a needle, then a specific device must be used.
- 1.4. 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.

2. SHARPS CONTAINERS SHOULD COMPLY WITH EUROPEAN AND BRITISH STANDARDS (BS7320, 1990) I.E. THEY SHOULD:

- 1.1. Have a handle and an effective closure device.
- 1.2. Be resistant to penetration.
- 1.3. Not leak or break when dropped.
- 1.4. Be yellow and marked with the wording "Danger contaminated sharps only - destroy by incineration".

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- 1.5. Be marked to indicate when 75% full, and should never be filled above this mark.
- 1.6. Be securely closed and labelled with the date and origin before being sent for disposal.
- 1.7. Be correctly assembled especially at the corners.

2. SHARPS CONTAINERS SHOULD BE COLOUR CODED:

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

3. LINEN DISPOSAL

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

2. STAFF WITH COMMUNICABLE DISEASES

- 1.1. KOPE-MEDICS recognises that staff with communicable diseases may still be capable of fulfilling care tasks. The overriding principle to be considered is the

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safety and wellbeing of the client, even where the level of risk is thought to be low.

- 1.2. You should apply this principle when deciding whether to make yourself available for work and at all times during assignments, as well as 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.
- 1.3. 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 Manager immediately as certain clients may be put at considerable risk if you attend them with an infection.
- 1.4. 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.

2. CLIENTS WITH COMMUNICABLE DISEASES

- 1.1. KOPE-MEDICS 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.
- 1.2. Clients have a right to be protected from preventable infection and staff have a duty to safeguard the well-being of their Clients. Owing to the nature of the work staff undertake in assignments, good basic hygiene practices should be followed at all times.
- 1.3. Management will brief staff on known conditions relating to the client, to enable them to provide appropriate care.

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