
AGE UK BEXLEY POLICY/PROCEDURE

Infection control procedures

1. Introduction

- 1.1 These procedures and accompanying policy and guidance set out Age UK Bexley's infection control in respect of clients, staff and volunteers who use Age UK Bexley's Day Centres and Foot Care services.
- 1.2 Volunteers referred to in these policy documents are there to enhance an existing service. They should never replace a staff member and are not insured to perform tasks normally carried out by staff.

2. RESPONSIBILITIES

- 2.1 It is the responsibility of staff to ensure they work to the hygiene and infection control policy, procedure and guidance at all times.
- 2.2 Managers need to ensure the hygiene and infection control policy, procedure and guidance are adhered to throughout the services named. This includes ensuring that guidelines are issued at induction and that updated training is given.
- 2.3 Managers should ensure that those care workers who, in the course of their work, may come into contact with blood and body fluids are protected against hepatitis B by having the vaccine.
- 2.4 Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) ([RIDDOR](#)), if a staff member or volunteer contracts a notifiable disease through occupational exposure, or has an accident at work, the manager is responsible for reporting this to the Health and Safety Executive (HSE).

3. CARE PLANNING AND RISK ASSESSMENT

- 3.1 When risk assessing a service, care planning staff are required to take into account risks from infectious diseases such as MRSA and blood borne diseases / infection and take all necessary precautions.
- 3.2 Hygiene of the home should be taken into consideration as a routine part of the risk assessment for the Domiciliary Foot Care Service. If the home is assessed to pose unacceptable risks to the health and safety of staff, then the action required to reduce these risks to an acceptable level should be taken prior to the service commencing. Liaison may be required with a named Care Manager or Social Worker, but this must be done in consultation with the Care Services Manager.

3.3 Waste items such as incontinence pads from 'a healthy population' is not considered to be hazardous and therefore can be disposed of in ordinary household waste, although it should be bagged separately and not put in to dustbins loose. Use an Inco master if available. Foot care waste should be bagged and put into ordinary household waste bins.

3.4 In the exceptional event that hand-washing facilities are not available then an alcohol based sanitizer can be used. However, this is not a satisfactory permanent substitute for hand washing.

3.4 Equipment such as the hoist, cricket, wheelchairs and vinyl chairs should be disinfected at the end of each day. Chairs pads should be washed at 60 d regularly.

4. STERILISER (CLINIC FOOT CARE)

4.1 The procedures for the actual process of sterilising are in the foot care manual. However, staff **must** ensure that there is a print out of the sterilising cycle every time they use the steriliser, ensuring that the correct temperature has been reached. Staff should make sure that the date is written on the print out when finished.

5. PERSONAL PROTECTIVE EQUIPMENT (PPE)

5.1 Staff are required to wear the necessary protective clothing when providing care. It is the responsibility of managers to ensure that adequate PPE is provided for staff.

5.2 Disposable gloves (non-latex, such as vinyl or nitril) and aprons need to be available to staff who are:

- at risk of coming into contact with body fluids
- providing personal care
- carrying out cleaning tasks.

PPE should be provided free of charge to the worker.

5.3 Care workers should be trained in the use of PPE, and made aware that it is their responsibility to use the equipment provided.

5.4 Staff and volunteers should be instructed not wear open footwear at work due to the risk of injury and potential exposure to body fluids.

6. STAFF AND VOLUNTEER SICKNESS

6.1 Staff or volunteers who have an infection that could be transmitted to others (for example a cold) should refrain from coming into contact with clients. Those who have diarrhoea and sickness should refrain from work until they have been clear of symptoms for 48 hours.

6.2 According to current national recommendations, front line workers should be encouraged to receive influenza vaccinations. The recommended time to have the vaccine is in October or November, but later in the year is still useful as the flu season can last from October to May. The Care Services Manager will be able to provide further information.

6.3 If staff or volunteers are diagnosed with an infectious disease they should notify their line manager or a member of the management team. If staff suspect a client has an infectious disease they should inform their line manager, who may wish to investigate the situation as some infections may require further safety precautions to be introduced.

6.4 Care staff should consider being vaccinated against [hepatitis B](#) as necessary. This is not mandatory as this may contravene their human rights: managers may only advise on the benefits of immunisation and the risks of not having them.

6.5 If the candidate states that they have already been vaccinated, documentary evidence needs to be obtained, including evidence of dates and the degree of immunity gained. If an occupational health service or GP is used, this may be passed directly to them for confirmation

7. PERSONAL HYGIENE

7.1 Care workers should be advised to keep their nails short and clean and nail varnish should not be worn. Bacteria can be found under long nails and nail varnish may chip off.

7.2 Care workers should keep jewellery worn to the minimum.

- Rings, necklaces, earrings or watches that may snag on clothing, gloves or skin should not be worn as they may cause injury and increase the risk of cross infection.

8. REPORTING

8.1 RIDDOR obliges Age UK Bexley to report the outbreak of notifiable diseases in employees due to occupational exposure and accidents to the Health and Safety Executive (HSE). Notifiable diseases include: cholera, food poisoning, smallpox, typhus, dysentery, measles, meningitis, mumps, rabies, rubella, tetanus, typhoid fever, viral haemorrhagic fever, hepatitis, whooping cough, leptospirosis, tuberculosis and yellow fever.

8.2 The manager is required to keep records of any such outbreak or incident, specifying dates and times, and to report the details.

8.3 In the event of a reportable incident, the manager is responsible for informing the [Incident Contact Centre](#) (ICC) and is required to submit an incident form to Age UK Bexley's insurers.

The ICC can be contacted:

- By telephone (number 0845 300 99 23) within office hours (Monday to Friday 8:30am to 5:00pm)
- Online at www.hse.gov.uk/riddor/

RIDDOR forms should be kept in the office in case the incident or accident occurs outside office hours.

8.4 In the event of the suspected outbreak of an infectious disease, the local consultant in communicable disease control, local environmental health department or communicable disease team will need to be contacted immediately.

Written by: Anne Bygrave March 2011

Reviewed: 30/05/18

Reviewed August 2016