

Deafblind Scotland Infection Control Policy

What do we mean by Infection control?

Deafblind Scotland fully recognises and accepts its responsibility to promote and maintain a safe working environment and to protect the health, safety and welfare of Clients and staff. The control of **infectious communicable diseases** is an important aspect of this overriding duty, and although DbS does not provide nursing care some risks remain, and 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 and the Agency follows the general guidance provided by the Code of Practice for health and adult social care on the prevention and control of infections published by the Department of Health.

Infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene.

A Healthcare Associated Infection (HAI) is an infection that may affect people when they are receiving healthcare. People mainly catch these infections in hospitals, but they can also get them in care homes, doctors' surgeries, health centres and even at home if they are being cared for there. In this policy you will find general information on Healthcare Associated Infection (HAI) such as MRSA and Clostridium difficile (C diff), as well as information and advice about Hand Hygiene. Infection prevention and control is about improving and protecting the health of everyone, through the prevention, identification, and management of HAI. See Appendix (1)

<http://www.hps.scot.nhs.uk/haic/>

The above web link provides support and advice to staff and others on how to prevent the spread of infection through good infection control practice.

Staff can help to control and prevent the spread of infection by following these simple rules:

- Try not to visit relatives or friends in hospital if you or someone you live with is unwell.
- Wash and dry your hands before you visit a hospital, particularly after going to the toilet. NHS sites provides alcohol hand gels at the entrance to all wards for use by staff, patients and visitors.
- Always ask staff for advice before you bring food or drink into hospital for a patient.
- Don't sit on patients' beds and don't bring too many visitors at once. Never touch dressings, drips or other equipment around the bed.
- If you think NHS premises are not as clean as they should be, let the nurse in charge on the ward know. If you think a healthcare worker has forgotten to wash their hands, remind them about this.
- Have a good routine of personal hygiene and cleanliness at home, especially when someone in the household is sick or has been in hospital.

- Only take antibiotics if they have been prescribed to you by a doctor, and complete the full course of treatment.

Hand Hygiene

The most common way germs are spread is by people's hands. Germs are often harmless but they can cause illnesses such as colds and tummy bugs, as well as more serious illnesses such as E.Coli and flu. Hand contact is also the most common way for infections such as MRSA and C diff to spread.

Hand washing is the single most important thing you can do to help to reduce the spread of infections. Washing your hands properly with soap and warm water can help protect you, your family, children and others.

You should make regular and thorough hand washing part of your and your family's daily routine, especially:

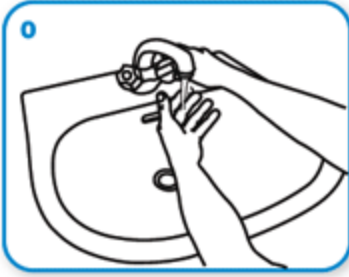
- Before eating or handling food
- After using the toilet
- After blowing your nose, coughing or sneezing
- After touching animals or animal waste
- After handling rubbish
- After changing a nappy
- After handling animals
- Before and after touching a sick or injured person
- Before and after visiting a hospital ward (remember alcohol-based hand rubs are also provided)

Clean hands protect against infection

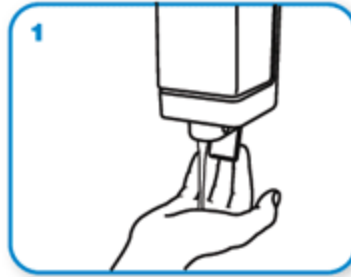
- Clean your hands regularly.
- Wash your hands with soap and water, and dry them thoroughly.
- Use alcohol-based handrub if you don't have immediate access to soap and water.

How do I wash my hands properly?

Washing your hands properly takes about as long as singing "Happy Birthday" twice, using the images below.



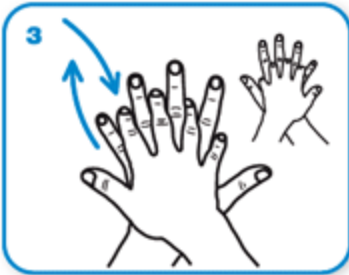
Wet hands with water



apply enough soap to cover all hand surfaces.



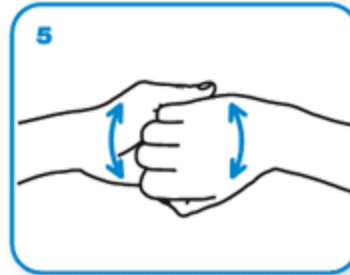
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



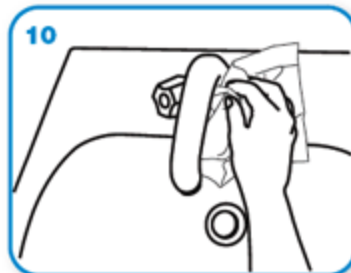
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Clostridium difficile (CDI)

Clostridium difficile (C diff) is a germ that lives naturally in the bowel of around 3% of adults and normally causes no problems in healthy people. C diff can cause infections when the use of antibiotics upsets the balance of good and bad bacteria in the gut, allowing C diff bacteria to multiply and cause symptoms such as diarrhoea and fever.

As C diff infections are usually caused by antibiotics, most cases happen in a healthcare environment such as a hospital. Elderly people and people who have certain medical procedures to the bowel are most likely to get C diff infections.

The symptoms of C diff infection include mild to severe diarrhoea, fever and stomach pains. In many cases the infection is mild and will only last a few days but in some cases the symptoms may be more serious and last several weeks.

C diff infections are extremely contagious and are spread very easily so it is extremely important that staff, patients and visitors regularly wash their hands thoroughly with soap and water.

If a patient in hospital tests positive for C diff they may be isolated in a side room or given their own toilet or commode to prevent the infection spreading. Doctors may decide to stop their antibiotics or change them to another type.

Procedure

Infection Control

- a) **Safe Working Practices** which are geared to ensuring that no employee arrives at the service user carrying any unknown Infectious Disease, or if a disease is present, that safe working practices are designed, implemented and monitored so as to minimise the risk of the disease spreading;
- b) The general principle that all employees and service users are **encouraged to report** any instance of fever, feeling unwell etc, so that a proper medical diagnosis can be made as quickly as possible, and where necessary, appropriate containment measures are put in place without delay;
- c) The principle is that any employee who becomes infected with an Infectious Disease, such as Swine Flu, for example, is **isolated** from other staff for as long as is necessary and does not take part in care activities during this time;
- d) Any Service User confirmed as having an Infectious Disease to a degree that containment and isolation is required, service provision will be reviewed for the protection of both the Service User and members of Staff. Advice will be sought from appropriately trained professionals working in Infection Control.

- e) The implementation of **appropriate standard and universal precautions**, such as effective and regular handwashing, use of personal protective equipment etc. so as to minimise the possibility of infections being spread;
- f) The **education and training** of service users, staff etc on Infection Control and prevention measures so as to create a safe environment for everyone.

Immunisation

Staff are advised to seek medical advice on the appropriate level of immunisation for their role. Recommendations may be made in terms of updates to immunisations such as:

- Annual flu vaccination;
- Specific flu vaccination, such as swine flu;
- Hepatitis B vaccination for those care workers who may come into contact with blood or body fluids;
- BCG for those care workers who may be exposed to Clients with tuberculosis;
- Varicella vaccine, which is recommended for care workers who do not know whether they have a previous history of chicken pox or herpes zoster.

Personal Protective Equipment - PPE

- Gloves
- Aprons

Why use these?

Gloves

- To reduce the number of micro-organisms getting on the skin of the carer during certain situations where there may be high numbers present, e.g. incontinence, wound discharge, blood spills
- To reduce the chance of micro-organisms getting onto other patients or surfaces from the carer's hands
- To protect the carer's hands from chemicals, medications and cleaning fluids

Aprons

For use when your clothing is likely to have contact with body fluids and discharges.

- To protect clothing from becoming soiled with body fluids
- To reduce the number of micro-organisms getting on to clothing, particularly from the waist to knees area, when giving care

- To reduce chance of transfer of micro-organisms to other people and to staff hands from contact with clothing
- dealing with incontinence
- giving personal care
- cleaning equipment
- cleaning up spills

What gloves to use

Thin polythene disposable gloves - for food preparation and food handling, Never to be used for personal care, split easily and leak, slip off hands easily.

Single use non sterile vinyl gloves - When person is latex sensitive, contact with spilt body fluids likely (not as protective as latex with blood contact), changing pads, wiping bottoms, etc. dressing dirty wounds, leg ulcers, etc. when carer's skin is damaged

Single use powder free latex gloves - When dexterity is important, manipulation or lengthy procedure likely, contact with blood is likely.

Nitrile gloves - use as for latex gloves when person is latex sensitive, better than vinyl when manipulation or dexterity important more protective than vinyl for blood contact

Eye/face protection

When carrying out procedures where spray or aerosols may be created

The storage of PPE should be in a place that is easy for people to collect it and put it on. If a service user is isolated and relatives and friends are required to use PPE to prevent the spread of infection then PPE should be supplied in an obvious way to tell people they are required to use it, such as outside the person's room.

- Plastic gloves and aprons can present a significant choking and/or suffocation risk to certain vulnerable groups. They can also be placed in drainage pipes and toilets and cause damage or flooding problems. Is the personal protective equipment stored in a place where members of these vulnerable groups are unable to access it without supervision?

Applying, removing and disposing of PPE

PPE will only protect you and others if you know how to put it on and take it off correctly and dispose of it safely. The following gives you some general guidance, but specific PPE items vary.

Disposable gloves

Putting on

- select correct glove size and type.
- perform hand hygiene.
- pull to cover wrists.

Taking off

- grasp the outside of the glove with the opposite gloved hand and peel off.
- hold the removed glove in the gloved hand.
- slot your finger under the lip of the remaining glove and peel it off, taking care not to touch the contaminated outer surface.
- dispose of the gloves in the waste bin.
- perform hand hygiene.

Disposable aprons

Aprons must always be changed after you finish care activities.

Putting on

Pull the apron over your head and fasten at the back of your waist.

Taking off

- unfasten (or break) the ties.
- pull the apron away from your neck and shoulders, lifting it over your head and taking care to touch the inside only, not the contaminated outer side.
- fold or roll the apron into a bundle with the inner side outermost.
- dispose of the apron in the waste bin.
- perform hand hygiene.

For further guidance visit the training resource below for the disposal of specific clinical and other waste streams.

<http://rcnhca.org.uk/health-safety-and-security/infection-prevention-and-control/personal-protective-equipment/>

Appendix (1)

	<u>Infection diseases.</u>	<u>Impact</u>	<u>Preventative/reactive measures</u>
1.	Inability to deliver contracted services due to sickness as a result of pandemics such as Coronavirus. Of a level between 20-50%.	Vulnerable adults could be left without access to vital supports	<p>Where a guide/communicator is unable to fulfil an assignment the office will attempt to cover this assignment with another guide/communicator, until the assignment is covered. Where this is unsuccessful, DbS may invoke the policy of utilising office staff as guide/communicators. All staff undergo training in Communication and Guiding Skills to equip them with the knowledge and practical skills in working with deafblind people.</p> <p>Where a Service User was confirmed as having an Infectious Disease or was symptomatic if testing is unavailable where containment and isolation is required, service provision will be reviewed and steps taken to ensure the protection of both the Service User and members of Staff. NHS guidance would be applied including use of PPE and periods of self isolation supported. Advice will be sought from appropriately trained professionals working in Infection Control. Service would only be withdrawn for the safety of staff and other service users if service user was deemed to be safely in the care of appropriate and adequate formal or informal carers or was being taken into a hospital setting. This situation would be kept under regular review and every effort would be made to ensure those with most complex communication needs continued to have communication support as long as was considered safe or reasonable.</p> <p>In the event of a pandemic occurring reducing staff availability by 20% - 50%. DbS will undertake measures of ensuring services to our most vulnerable adults are prioritised. Thereafter, all Service Users immediate support needs will be prioritised to meeting essential needs for daily living, for example, shopping, housing repairs, medical appointments and medication. Service would be provided in-line with social distancing and self-isolation Government Guidance. Service staff will not</p>

			<p>support service users to breach this. In the case where this occurs and the health and safety of an individual is of concern then this will be deemed a reportable incident. The service user will be advised that this may be the case.</p> <p>DbS has procedures in place which allow authorised staff to access all IT systems and database including care management system remotely.</p> <p>DbS has agreed processes where calls will be diverted off site as necessary if required to ensure service continuity.</p> <p>A limited daily phone and email line will be made available to service users who are in self isolation to enable social and emotional support is available to give service users reassurance.</p> <p>Frontline staff will have access to line managers and thereafter senior managers at all times during working outs for support and advice.</p> <p>All staff must report sickness absence in a timely manner no later than one hour before service delivery time to support reallocation of work.</p>
2.	Service Delivery during holiday periods	Vulnerable adults could be left without access to vital supports	<p>On public holidays when there is an abridged service, priority is given to:</p> <p>Those deafblind people who are most vulnerable, living alone; medical appointments; Other emergencies which may occur.</p> <p>When the office is closed and there is a problem with the service, or in the event of the guide/communicator not having arrived, the service-user has an out of hours number to contact. For other emergencies the service-user should contact out of hours social work or the emergency services.</p> <p>DbS holiday year runs from January – December, staff are required to follow Terms & Conditions for requesting annual</p>

			<p>leave and ensure holidays are spread evenly throughout the year. Monitoring processes are in place to ensure no influx of holidays at a particular time. Further measures include reduced activities during peak holiday periods and where necessary DbS may invoke the policy of utilising office staff as guide/communicators.</p> <p>If necessary, and in line with parameters of employment law, DbS would uphold their right to cancel annual leave in exceptional circumstances such as a pandemic.</p> <p>.</p>
3.	Infectious diseases	Potential of cross contamination and risk of illness to vulnerable/sick or elderly adults and the workforce.	<p>In the event of an outbreak of an infectious disease DbS will take full advice from appropriate Health sources and follow all NHS guidance and where advised deliver an abridged service focusing on most vulnerable until matters improve accordingly.</p> <p>All members of Staff will be updated with advice and guidance from appropriate Health sources including Health Protection Scotland and reissued with DbS Infection Disease Policy. Daily contact will be maintained with all frontline staff who are lone working and as above access provided to a line managers and senior manager thereafter at all times during working hours.</p>
	Winter Flu Planning	Impact	Preventative/reactive measures
1.	Potential outbreak of Winter Flu Viruses at Training Centre amongst employees/guide communicators.	Reputational impact/service closure. So far as is reasonably practicable under the Health and Safety at Work Act 1974 ensuring a safe working environment for all employees in line with Scottish	Employees are fully updated with relevant Policy & Procedures/operational Risk Assessments in line with Government Guidelines in accordance with infectious diseases. Levels/measures in place to help eliminate outbreak of Winter Flu. Limited opening of centre by skeleton staff and Office based employees default to working from home to minimise cross contamination of infection between staff. Employees encouraged to obtain Flu Vaccination to maximise uptake of

		<p>Government restrictions and guidance and legal obligations.</p> <p>Potential cross contamination between employees/members/ service users.</p> <p>Operation and business risk increases.</p>	<p>Scottish Governments flu vaccination programme for workers in Social Care environments.</p> <p>Suitable levels of stock and supply of Personal Protective equipment available at all times. All employees to use PPE appropriately and comply with relevant guidelines.</p> <p>Minimise employee movement between service users and implement use of staff bubbles to ensure minimal disruption to services provided.</p> <p>Ensure employees do not undertake work if experiencing symptoms of a more serious infection such as a high temperature and obtain Covid 19 testing if appropriate.</p> <p>Ensure that employees who are required to self isolate or experience winter full symptoms are not financially penalised.</p>
2.	Potential Outbreak of Winter Flu viruses. Service User/membership	<p>Inability to deliver contracted services due to sickness.</p> <p>Vulnerable adults left without access to vital support.</p> <p>Potential of cross contamination.</p>	<p>Full information and advice in accessible formats from appropriate Health and Government Sources following up to date guidance.</p> <p>Comply with regulatory bodies ie Care Inspectorate and Scottish Social Services Council (SSSC) on dealing and reporting any incidents as required.</p> <p>Suitable levels of stock and supply of Personal Protective equipment available at all times. All employees use PPE appropriately and comply with relevant guidance.</p> <p>Employees encouraged to obtain Flu Vaccination to maximise uptake of Scottish Governments flu vaccination programme for workers in Social Care environments.</p> <p>Minimise employee movement between service users and implement use of staff bubbles to ensure minimal disruption to services provided.</p>

		Reputational impact/service closure.	Ensure employees do not undertake work if experiencing symptoms of a more serious infection such as a high temperature and obtain Covid 19 testing if appropriate.
3.	Potential Outbreak – Winter Flu Charity Shop	<p>Reputational impact. So far as is reasonably practicable under the Health and Safety at Work Act 1974 ensuring a safe working environment for all employees/volunteers in line with COVID-19 and legal obligations.</p> <p>Potential cross contamination between employees/members of the public/volunteers specifically extremely vulnerable/shielding group.</p> <p>Operational and business risk increases.</p>	<p>Employees/volunteers are fully updated with relevant Policy & Procedures/operational Risk Assessments in line with Government Guidelines, in accordance with Covid-19 and infectious diseases. Levels/measures in place to help with elimination/engineering controls and administration controls whereby limiting the hazard/virus and the impact of an outbreak within the Charity Shop.</p> <p>Involvement of 3rd party charity retail association in line with Revolve – Zero Waste Scotland to support implementation of Infection Prevention and control measures.</p> <p>Employees and volunteers who are eligible are encourage to obtain Flu Vaccination to maximise uptake of vaccine.</p>
	Brexit Planning	Impact	Preventative/reactive measures
1.	Brexit Planning	<p>Supplies of PPE</p> <p>Supply chain disruption of essential medication, food supplies, sensory</p>	<ul style="list-style-type: none"> • Maintain inventory of PPE supplies and weekly review of stocks • Order supplies well in advance • Ensure contingency stock of PPE is maintained

		impairment equipment and sundries (hearing aid batteries)	<ul style="list-style-type: none">• Utilise PPE Hubs for additional stock if required• DbS maintain vigilance to new information regarding issues with supply chains• Alert deafblind members of any issues identified regarding vital supplies• Support deafblind members to source supplies as necessary
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