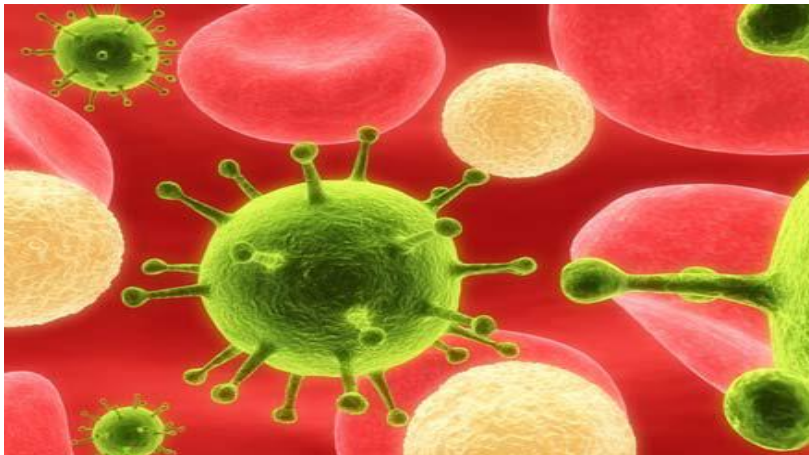




Kent County Council Infection Prevention and Control Policy

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Amendments	<p>October 2016 –paragraph 8a for Norovirus (Janice Grant)</p> <p>November 2016 – amended links to KNet</p> <p>May 2018 – updated to ensure GDPR Compliant. Removed need to request consent for sharing. Hannah Rumball.</p>

RELATED POLICIES/PROCEDURES/GUIDELINES

Related Documentation	
Prevention and control of Infection in Care homes – an information resource (18 th February 2013)	DH & Health Protection Agency
Prevention and control of infection in care homes summary for staff	DH & Health Protection Agency
Guidance on Infection control in schools and other child care settings(September 2014)	Public Health England
Food Hygiene Policy & Procedures	Families and Social Care (Adults)
Policy & Guidance for the selection and Use of PPE (Gloves) (May 2007)	Families and Social Care (Adults)
Moving & Handling Policy	Families and Social Care (Adults)
First Aid guidance	KCC http://knet/ourcouncil/Health,-Safety-and-Wellbeing/Pages/Health-and-Safety-A-Z.aspx
Blood Borne Viruses Guidance	
Disposing of Discarded Needles and Syringes	
Control of Substances Hazardous to Health (COSHH)	
Personal Protective Equipment Guidance	
Health & Social Care Act 2008 – Code of Practice for Prevention and Control of Infections and related guidance (July 2015)	Dept of Health
Good Practice on the Delivery of Social Services for People Living with and Those Affected by HIV and AIDS	Families and Social Care (Adults)
Toolkit for managing carbapenemase-producing Enterobacteriaceae in non-acute and community settings (June 2015)	Public health England

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Appendix 2.4 – Safety Checks and Cleaning/Decontamination Procedures for Equipment

Appendix 2.5 – Monthly Infection Prevention & Control Audits/Inspection

1. INTRODUCTION

KCC (Kent County Council) is required to assess, address, and minimise any risks to the health, safety and welfare of staff, service users, contractors and anyone else affected by our actions, which includes prevention of infection. The council also has a general public health obligation to prevent the spread of infectious diseases and conditions.

It is intended that this policy and guidance assist KCC with compliance with the Health & Social Care Act 2008 Code of Practice for the Prevention and Control of Infections and related guidance.

Infection is always present somewhere in the community or health care setting. The objective of infection control is to prevent its transmission to new hosts and new environments. This is done by the application of effective measures to control and prevent the spreads of infection.

Before medical science developed, the supernatural forces of good and evil were held accountable for illness. Disease was associated with the Devil or thought to be a punishment from the gods, while good health was believed to demonstrate approval of the good spirits or of God. However, some sort of infection control was being practised as long ago as 2000 BC. [Caddow1994]

2 SCOPE

This policy and guidelines are applicable to all KCC staff.

3 DOCUMENT SUMMARY

This document covers the main roles and responsibilities for all KCC staff to work safely prevent Infection and thereby reduce the risk of cross infection to themselves (endogenous) others (Exogenous) and environmental

This document outlines the system of monitoring and auditing.

Guidance and information is provided from DH & Health Protection Agency Prevention and control in care homes an information resource and the Guidance on Infection control in schools and nurseries.

It describes the role of the Kent Health Protection Unit (KHPU) and their essential involvement in the management, prevention and control of notifiable diseases. This document describes the structure of meetings and training requirements for staff.

4 PURPOSE

The purpose of this policy is to provide all KCC staff with the necessary control measures and direction to practice universal infection control precautions comply with the health and social care act 2008 and its code of practice to reduce infections and report any concerns they may have to their respective manager/so.

All KCC staff have a responsibility under their employment contracts and job descriptions, to follow guidance and act in a responsible manner to prevent and control Infections .This will include practice as well as documentation, recording and reporting.

5 ROLES AND RESPONSIBILITY

5.1 Managers are responsible for:

- Being proactive to ascertain the infection status of all Service Users prior to admission or being part of KCC case load as far as possible.
- Ensuring that all staff are aware of this policy and have received relevant induction/training and identifying ongoing training needs
- Identifying a nominated link nurse or team leader in their team using the recognised audit and inspection tools to identify and evaluate risk.
- Seeking support from the NHS Infection Prevention Control Team and /or KHPU as necessary.
- Ensuring the provision and storage of clean and suitable laundry and adequate arrangements are in place for the removal and washing of soiled and contaminated items according to current guidelines to reduce cross infection.
- Ensuring working action plans are in place together with nominated, designated staff to recognise and deal with maintenance safety documentation, replacement, cleaning and decontamination of equipment.
- Ensure that Equipment Stores are carrying out requirements in accordance with guidance.
- Ensuring safe and compliant disposal of clinical/hazardous waste
- Ensuring notification to Care Quality Commission (CQC) / HSE / KHPU / Infection Control Liaison Group / Senior Management Environmental Health of any notifiable diseases / or outbreaks occurring, as appropriate.
- Include infection prevention & control as a standing agenda item at team meetings
- To work in conjunction with the agreed experts on aspects related to infectious disease contact, needle/sharp injury exposure and follow-up etc.
- To undertake monitoring of their environment and practices in relation to infection prevention & control.
- To follow up any concerns raised by staff
- To raise any concerns with the Landlord and/or host organisation regarding use of public buildings.
- To raise any concerns with local infection prevention & control teams regarding work carried out in acute hospitals

5.2 KHPU are responsible for:

- giving advice about notifiable communicable disease issues.

- giving advice on how to manage outbreaks within KCC direct service provision, in conjunction with the appropriate Consultant Microbiologist and the Consultant in Communicable Disease Control at KHPU.

NB The advice of the KHPU must be followed and any difficulties with this should be referred to a Senior Manager/Head of Department.

5.3 Infection Control Link Nurse / Team Leader Champion;

Each establishment, unit or service will have an infection control link nurse or identified team leader to act as 'champion', who will have the following responsibilities:-

- To facilitate introduction and implementation of new and existing infection prevention and control policies and undertaking monitoring / audits.
- In conjunction with the Infection Control Liaison Group and manager to act as a resource person for staff concerning infection control related problems (e.g. source information, policy, care of equipment).
- To assist in the education of staff in the principles of infection control and provide induction to staff as necessary.
- To assist in the enforcement of hand hygiene principles.
- To control practices to prevent, reduce or control infections.
- To ensure accurate surveillance and records.
- To be knowledgeable and mindful regarding the purchase, introduction and use and maintenance of equipment and any changes in their area in relation to:
 - a) all staff being competent to use the equipment
 - b) following the manufactures instructions
 - c) single use equipment
 - d) care and maintenance
 - e) decontamination and storage
 - f) change of practices by staff
 - g) documentation of any required checks and decontamination
 - h) servicing
 - l) decontaminate any equipment before being serviced
- To work in conjunction with the agreed experts on aspects related to infectious disease contact, needle/sharp injury exposure and follow-up etc.
- To undertake monitoring of their environment and practices in relation to infection control.
- To follow up any concerns raised by staff
- To raise any concerns with the Landlord and/or host organisation regarding use of public buildings.
- To raise any concerns with local infection control teams regarding work carried out in acute hospitals.

5.4 Staff are responsible for:

- carrying out their duties in accordance with the training and advice provided to them.
- wearing appropriate Personal Protective Equipment.
- reporting any concerns on infection control to their line manager and recording in the Service User's file.
- reporting any concerns of contaminated equipment, which should be either deep cleaned or replaced.
- they are competent and accountable to deliver all Infection prevention and control procedures

6 MEETING STRUCTURE, MEMBERSHIP AND RELATIONSHIPS

- 6.1 KCC has an Infection Control Liaison Group which reviews and monitors all policies/procedures in relation to Infection Prevention & Control. They will also record and monitor all outbreaks of infection and audit action plans. These meetings are to discuss, update and report on infection prevention and control issues and will be recorded

An annual statement will be produced reflecting performance, which will be presented to the Care Standards Forum and Directorate management team.

- 6.2 The Infection Control Liaison Group meets 4 times a year and reports to the H&S Sub Group.

- 6.3 The Infection Control Liaison Group's main roles are:

6.3.1 to advise and support Managers.

6.3.2 to ensure that current legislation and guidance is incorporated into best practice in KCC services .

- 6.4 The Infection Control Liaison Group is chaired by a Senior Operational Manager.

- 6.5 The Infection Control Liaison Group Membership includes:

- Representative Establishment and Community Managers, H&S Adviser, KHPU, Trade Unions, KCHFT, CCG representatives & KCC PH Head of Quality & Infection Prevention & Control.

- 6.6 Infection Prevention & Control will be a standing item at all service and team meetings.

7 INFECTION PREVENTION & CONTROL PROCEDURE & GUIDELINES

- 7.1 The specific guidelines for reducing and managing infection are provided in the Prevention and Control of Infection in care homes-an information resource (18th February 2013) and for schools and other childcare settings –guidance on Infection control in schools and other childcare settings(September 2014)

- 7.2 All services must have access to the appropriate guidelines and documentation. Copies are available on KNET.

- 7.3 Each Manager will have an infection Prevention & control folder accessible to all staff. Staff will have access to a copy of the Prevention & Control In care homes Summary.

- 7.4. The folder will contain the Guidelines for Infection Prevention and Control in the Community. It will also contain the policy.

- 7.5. Each Manager should maintain the following:

7.7.1 reports on types of infections that may be encountered within the service.

7.7.2 hand washing procedures and supply of anti-bacterial hand gel, liquid soap and paper towels (for domiciliary services).

7.7.3 Standard Infection Control Precautions (see appendix B)

7.7.4 the location of The Infection Prevention & Control Folder.

7.7.5 record of monitoring and maintenance checks and actions

7.7.6 Routine audits including Environmental & Decontamination audits

8 RISK MANAGEMENT

- 8.1 It is not always possible to identify people who may be infectious to others; therefore Standard Infection Control Precautions must be complied with to prevent the Cross (spread) infection.
- 8.2 Standard Infection Control Precautions will be used at all times and includes good hand hygiene principles. Standard Infection Control Precautions are described in the guidelines and the summary for staff of the prevention and control of Infection in care homes
- 8.3 When undertaking a comprehensive needs assessment of service users, their potential sources and risk of cross infection e.g. broken skin needs to be considered as part of their physical health assessment.
- 8.4 Once the service user's infection status has been identified it must be recorded on their support plan. The support / action plan must be written in a way that provides sufficient information to people and services that need to know and identifies the actions that are taking place to minimise infection outbreaks.
- 8.5 Staff need to consider how the Service Users infection status is communicated, i.e. in a sensitive and legal way , to them and their carers / relatives. Any known infection should be recorded in the Service Users Record in accordance with General Data Protection Regulations (GDPR).
- 8.6 To reduce the risk of infection, staff involved in invasive procedures for example, wound management and the administration of intravenous or intra muscular injections, must follow evidence based guidelines. If unsure, they should seek advice from their manager, the KHPU or their community nursing teams.
- 8.7 Employees will be offered vaccinations against recognised diseases in accordance with the Blood Borne Viruses guidance and any further advice given by the KHPU in respect of seasonal or other diseases

8a Work in acute and community hospital settings

Staff and managers should also consider the following advice when visiting service users in the private and voluntary sector.

- (i) As part of the Case/Care Managers role they may be required to meet with service users/patients on the wards.

At all times precautions must be taken in adherence to the Infection Control requirements of the respective hospital. Generally this will entail good hand washing in accordance with Universal Precautions (see Appendix B).

Generally computer laptops/tablets may be taken on to the wards, however, it is recommended that these should be decontaminated on leaving each ward by wiping the key board and stylus pen with a disinfectant wipe.

- (ii) There will be occasions when wards will be 'closed' to admissions due to an outbreak of infection. Generally visitors and staff are discouraged from entering closed wards unless it is essential to do so. Further advice should be sought from the hospital infection control team/nurses in respect of taking

additional necessary precautions as required for those wishing to continue the service by entering a closed ward.

Information should be provided to those entering “closed” wards by the hospital teams as follows:

- The reason for closure
- Whether there is particular risk to certain individuals entering the ward, e.g. asthmatics
- Whether our service users are symptomatic or asymptomatic
- What control measures are in place and what additional Personal Protective Equipment is required. This may include plastic aprons, tabards and masks.
- What documents / equipment is allowed on to the closed ward

All visitors to a closed ward should always adhere to the instructions issued by the Infection Control Team/Nurses of the organisation.

An individual risk assessment should be undertaken based on the advice given by the hospital teams which will determine how the service may continue to be provided. Risk assessments may also be required for staff members. If a member of staff has had a risk assessment completed by their manager that recommends not entering a closed ward this should be documented in staff records.

Once service users / patients are asymptomatic the ward remains closed for a period of 72 hours. The hospital should inform Adult Social Care teams when all patients are clear of infection. We should use the 72 hour closure period to activate the discharge plan, aiming for discharge where appropriate, as soon as the ward is open.

KCC staff advice is provided in the Kent scheme as follows:

D. Infectious Diseases

If you have come into contact with an infectious disease that could present a public health risk, you must seek advice from a GP and not attend work if any symptoms are experienced. In these circumstances your absence will not be deducted from your entitlement to normal sick leave.

9 REPORTING AN INFECTION

- 9.1 Certain infections / diseases must be notified to the KHPU, the H&S Section and the Head of Service. These Notifiable (infectious diseases) including Tuberculosis (TB) are listed, as Appendix F KHPU will provide individual advice and guidance.
- 9.2 A discussion must take place with the KHPU who may provide an action plan which you must adhere to. This will describe what actions you are required to take to manage and prevent cross infection.
- 9.3 The KHPU will advise on any further reporting required. They can also provide copy of letters for onward communication within the service. Any documented reports will be copied to the Care Quality Commission (CQC) and the Senior Service Manager.

10 OUTBREAKS

10.1 Definition of an outbreak:

An outbreak can be defined as two or more cases of infection occurring around the same time, in residents and/or their carers or an increase in the number of cases normally observed.

Two or more related cases of the same infection, a sudden appearance of increasing incidence of one type of infection (Appendix A).

A sudden appearance of a number of cases with similar symptoms of infection, either in clients, resident's patients or staff. An **outbreak** is an incident in which two or more people, thought to have a common exposure, experience a similar illness or proven infection (at least one of them having been ill). (HPA Definition from intranet)

Once a possible outbreak has been recognised it must be immediately reported to the manager, GP and KHPU

11 TRAINING

11.1 Induction – all staff who join KCC will receive training on infection prevention & control.

This is intended to be in the following form:

- Workplace induction.
- Completion of relevant section of Common Induction Standards workbook/LDQ workbook.
- Attendance at one day training (or equivalent) on Infection Prevention & Control.
- Optional completion of ASSET distance learning workbook on Infection control.

11.2 Education and training relating to infection control will be afforded to all support workers via the Training Department. A one day Infection Control course will be available to new and existing staff.

11.3 There are 3 areas of training to meet the requirements of this policy.

Area 1 – Supervisors/Local Managers will attend a one day KCHFT “Link” course to meet the requirements of their role.

Area 2 – All new staff (including agency) working for the service will have training as part of their induction on the contents of this policy, universal infection control procedures and hand hygiene.

Area 3 – All staff that have contact with Service Users will have a mandatory yearly update provided by local management.

All staff will undertake update training as necessary.

12 MONITORING

Monitoring is necessary to ensure management systems are in place and to ensure support workers are complying with defined hygiene practices.

Each service should consider their precise duties and monitor practice standards accordingly. Example check lists are attached at Appendix A.

These check lists can be used to design a monitoring form to meet specific service needs.

13 POLICY REVIEW

Review of the policy and guidance should be carried out at 2 yearly intervals.

Date of next review: September 2017

APPENDIX A

Infection Prevention and Control Policy

Glossary of Terms and Abbreviations

ASSETT	-	Accreditation Syndicate for Education & Training
CQC	-	Care Quality Commission
GP	-	General Practitioner
H&S	-	Health and Safety
HSE	-	Health and Safety Executive
FSC	-	Families and Social Care
KHPU	-	Kent Health Protection Unit
LDQ	-	Learning Disability Qualification
CCG	-	Clinical Commissioning Group
TL	-	Team Leader

Appendix B Diseases NOTIFIABLE DISEASE to the KHPU

Issued by the Kent Health Protection Unit – April 2010

Schedule 1 Diseases (Diseases marked with an asterisk are new or have been modified)

Notifiable diseases
Acute encephalitis
Acute meningitis*
Acute poliomyelitis
Acute infectious hepatitis*
Anthrax
Botulism*
Brucellosis*
Cholera
Diphtheria
Enteric fever (typhoid or paratyphoid fever)
Food poisoning
Haemolytic uraemic syndrome (HUS)*
Infectious bloody diarrhoea*
Invasive group A streptococcal disease and scarlet fever*
Legionnaires' disease*
Leprosy
Malaria
Measles
Meningococcal septicaemia
Mumps
Plague
Rabies
Rubella
SARS*
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever

Part 2 KCC Specific Monitoring Tools

KCC Specific Monitoring tools are to be used with the KCC policy and agreed guidelines

Appendix 2.1 –Unit Closure and Deep Clean Guidelines

Appendix 2.2 Infection Control Audit Tool (for annual completion)

Appendix 2.3– Standard Infection Control Precautions – Hand Hygiene Notice

Appendix 2.4– Management of Needlestick ‘blood borne’ Virus Exposure

Appendix 2.5 – Safety Checks and Cleaning/Decontamination Procedures for Equipment

Appendix 2.6 – Monthly Infection Prevention & Control Audits/Inspection

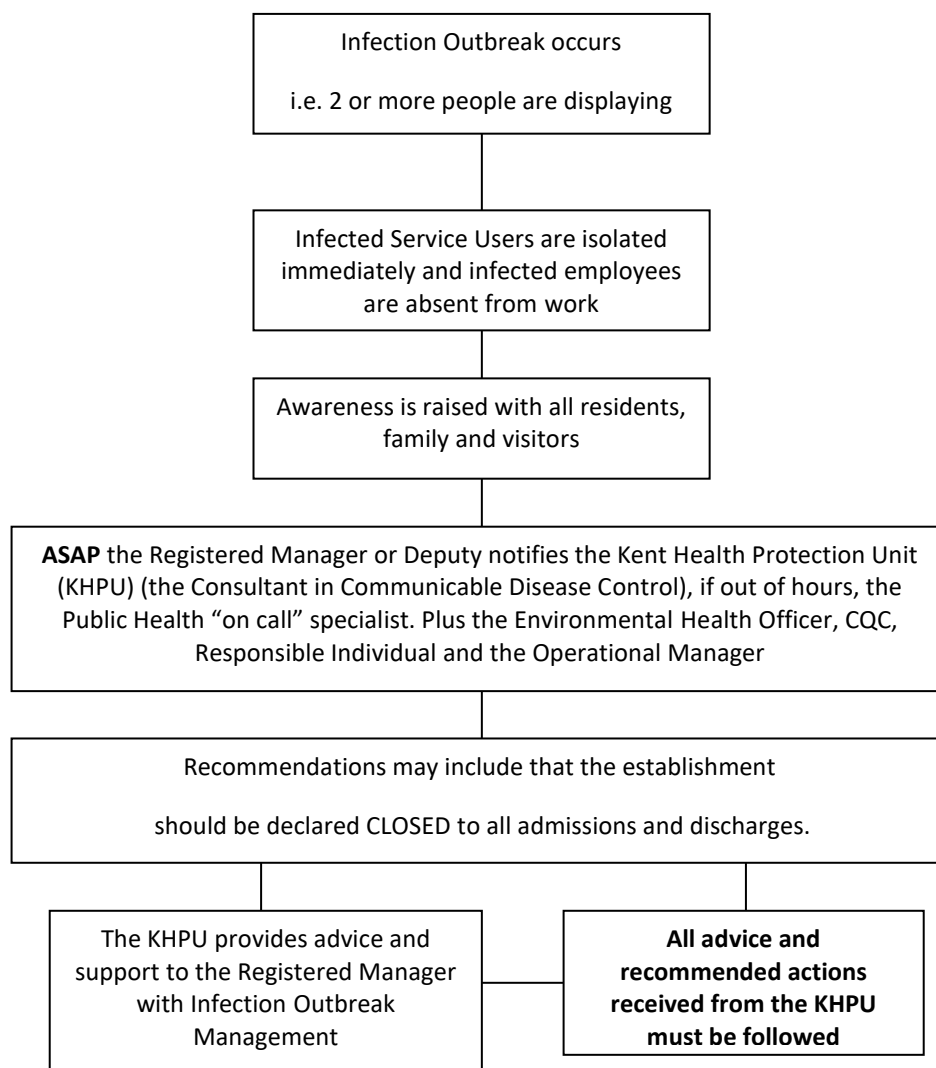
Appendix 2.1

Unit Closure and Deep Clean Guidelines

For, Example, Diarrhoea and Vomiting Outbreaks

For Residential / Respite Centres

(Refer to Guidelines at each stage of the process)



Recommendations may include:

- Ensuring adequate supply of vomit bowls, wipes, continence products
- Taking samples of faeces and sending away for analysis to identify the infection ASAP as agreed by the GP and local microbiology laboratories.
- Heighten awareness of Standard Infection Control Precautions
- Discouraging visitors to the home
- People who DO visit during this period including Health Staff, e.g. GPs and District Nurses, must be asked to wash their hands when they arrive in the building and on leaving the premises. Additionally alcohol gel can be provided for them on entry and exit.
- Ensuring an adequate supply of Personal Protective Equipment.
- Increasing the frequency of cleaning – depending on the scale of the outbreak and nature of infection. Agreed as part of the outbreak plan
- Suspending communal activities.

- Suspending rotation of staff.
- Reviewing the urgency of appointments /treatments for Service Users. Consider whether visits are essential or whether they can wait until the outbreak is resolved.
- Timely deep cleaning of the unit or home, as per guidelines.
- Ensure adequate staffing levels.
- Employ agency staff in non infected areas.

Deep Cleaning Requirements

- Reference should be made agreed deep cleaning guidelines.
- Deep cleaning should not commence until all the SU’s symptoms have resolved for a period of 48 hours (or with Clostridium difficile (C-diff), 72 hours, or as advised by the KHPU).
- It is recommended that Chlorine – releasing agent is used and that this is obtained in tablet form for safer storage and use. A hazard data sheet should be obtained and safe system of work adhered to, following the manufacturer’s guidance.

Useful Contact Numbers

(Please insert local contact numbers)

Kent Health Protection Unit	
Public Health on Call Specialist	
Environmental Health Department	
Care Quality Commission	
Responsible Individual	
Operational Manager	

Appendix 2.2
Kent County Council

INFECTION CONTROL AUDIT
FOR ESTABLISHMENT
BASED SERVICES

To be completed annually

Date.....

Name of Establishment.....

Type of Establishment.....

By Whom.....

Contact Details of Auditor.....

1 AIMS

The aims of this Audit tool are to:

1. Measure the Infection Prevention & Control practices, processes, policies and standards that are occurring in a particular health & social care setting.
2. Identify areas of achievement and highlight areas where improvements are required.
3. Monitor any change accurately and objectively.
4. Show where improvements in compliance have occurred, using these to help with staff motivation.
5. Continue improving the quality of the service provided.
6. Ensure that NICE guidance is being observed in clinical settings.

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Note

Reference scoring on audit tables: E = Expected A = Actual

1. Kitchen

Kitchens will be maintained to negate the risk of infection.

A. Floor	Yes	No	N/A	E. Score	A Score
Floors are covered				1	
Carpet free				1	
Floors are smooth and impervious				2	
Floors are free of dirt and grease				1	
Floors free of dirt between fixtures				1	
No items stored at floor level				1	
No evidence of pests				1	
<u>Comments.</u>					
B. Walls	Yes	No	N/A	E. Score	A. Score
Walls are free of stains				1	
Walls are free from flaking paint				1	
Walls are washable				1	
Tiled areas, smooth and impervious				2	
Tiles are visibly clean				1	
Fixtures/fittings to wall free of dust				1	
Ventilation systems/fans, dust free				1	
Ventilation systems/fans are in working order				1	
<u>Comments.</u>					
C. Ceiling	Yes	No	N/A	E. Score	A. Score
Ceiling is in good repair and free from flaking paint				2	
Ceiling is free of dirt				1	
Lighting is free of dirt				1	
<u>Comments.</u>					



<u>D. Windows</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Windows are clean and in good repair				2	
Windows are closed or fly screens in operation.				2	
Window ledges are dust free and not used for storage				2	
<u>Comments.</u>					
<u>E. Worktops/Surfaces</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Worktops clean and free from clutter				2	
Worktops, smooth and impervious				2	
<u>Comments.</u>					
<u>F. Fixed Objects</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
External surfaces are clean				2	
Internal surfaces and shelves are clean, dust/debris/adhesive tape free				2	
All drawers, clean dust/debris free				2	
<u>Comments.</u>					
<u>G. Non-Fixed Objects</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
External surface of cooker is free of food debris, dirt and adhesive tape				2	
Internal surfaces of cooker are free of food debris				1	
Cooker hood is free of dirt, grease and adhesive tape.				1	
External surface of fridge and freezer are free of dirt, grease and adhesive tape				4	
Internal surfaces of fridge and freezer are free of food debris				1	

Door seals are patent				1	
Door seals are free of dirt and grease				2	
Fridge is defrosted				1	
Fridge and Freezer thermometer are in use				2	

Fridge temperature between 0-8°C and Freezer less than 18 °C				1	
Freezers are clean and free from ice build up				1	
Temperature readings are performed daily and recorded				1	
Milk Purgles are clean, free from build up of ice, and a maintenance programme is in place				3	
Drugs, blood and specimens are not stored in the fridge				3	
Food in the fridge is wrapped labelled and dated				3	
External surface of the dishwasher is free of dirt, grease and adhesive tape				1	
Internal surface of the dishwasher is free of dirt and residue				2	
There is a maintenance contract for the dishwasher				1	
External surface of the microwave is free of dirt, grease and adhesive tape				1	
Internal surface of the microwave is free of food debris (including tray)				2	
The microwave has a turntable as necessary according to manufacturer's specification.				1	
The microwave has digital controls				1	
Maintenance contract for the microwave in place				1	
Instructions for 'Use' label on the front of door				1	
Toaster is free of food debris				1	
Sack holders free of dirt and grease				1	
Sack holders are foot operated				1	
Wall racks free of dirt and grease				2	
Trolleys are well maintained, and are free from food debris, dirt, grease and adhesive tape.				3	
<u>Comments.</u>					
H. Sinks	Yes	No	N/A	E. Score	A. Score
There is a separate, dedicated, hand wash sink				1	
Hand wash sink is clean, and free from lime scale				1	
The hand wash sink has wrist or elbow taps				1	

Liquid soap is available, the container is clean and wall mounted				3	
Paper towels are available, the container is clean and wall mounted				3	
There is a foot operated bin for waste towels in close proximity to hand wash sinks which are clean and fully operational				2	
Main sink is clean				1	
Disposable cloths used for washing crockery and cutlery				1	
Paper roll used for drying crockery and cutlery is in a container clean and wall mounted				3	
General purpose detergent and dishwasher products used				2	
<u>Comments.</u>					
I. Miscellaneous	Yes	No	N/A	E. Score	A. Score
Food is stored in pest proof containers				1	
All food products are within their expiry dates				1	
Correct colour coding of cloths				1	
Correct colour coding of chopping boards				1	
Aprons are available				1	
The kitchen is subject to a regular inspection from Environmental Health				1	
Cleaning materials used in the kitchen are identifiable and are stored separately to other cleaning equipment and away from food.				1	
There are no fabric tea towels or dish clothes in use				1	
There are no inappropriate items or equipment in the kitchen				1	
<u>Comments.</u>					
				E. Score	A. Score
Total Score for Kitchen					

[2. Clinical / Medication Area](#)

Clinical / Medication rooms will be maintained to negate the risk of infection

A. Floor.	Yes	No	N/A	E. Score	A. Score
Floors are covered				1	
Carpet free				1	
Floors are smooth and impervious				2	
Floors are free of dirt and grease				1	
Floors are free of dirt between fixtures				1	
No items stored at floor level				1	
No evidence of pests				1	
<u>Comments.</u>					
B. Walls	Yes	No	N/A	E. Score	A. Score
Walls are free of stains				1	
Walls are free from flaking paint				1	
Walls are washable				1	
Tiled areas, smooth & impervious				2	
Tiles are visibly clean & free of lime scale				2	
Fixtures/fitings to wall free of dust				1	
<u>Comments.</u>					
C. Ceiling	Yes	No	N/A	E. Score	A. Score
Ceiling is in good repair and free from flaking paint.				2	
Ceiling is free of dirt				1	
Lighting is free of dirt				1	
<u>Comments.</u>					



D. Windows	Yes	No	N/A	E. Score	A. Score
Windows are clean and in good repair				2	
Curtains/ blinds, clean and dust free				2	
Window ledges are dust free and not used for storage of clinical items				2	
<u>Comments.</u>					
E. Worktops/Surfaces	Yes	No	N/A	E. Score	A. Score
Worktops are clean and free of clutter				2	
Worktops are smooth and impervious				2	
Worktops are not used as a storage facility				1	
<u>Comments.</u>					
F. Handwashing	Yes	No	N/A	E. Score	A. Score
Sinks are clean				1	
Sinks are free of overflow aperture				1	
Has either wrist or elbow mixer taps				2	
Liquid soap, is in a clean container and wall mounted				3	
Hibiscrub / Hydrex is available in a clean container and wall mounted				3	
Alcohol hand gel is available				1	
Soft absorbent paper towels are available and in a clean container and wall mounted				3	
There are no re-usable cotton towels used to dry hands				1	
Nail brushes are not being used				1	
There is a foot operated bin for waste towels in close proximity to hand wash sinks which are clean and fully operational				2	
<u>Comments.</u>					



G. Drug Fridges	Yes	No	N/A	E. Score	A. Score
External surface is free of dirt				1	
Internal surface is free from dirt				1	
Fridge is defrosted				1	
Fridge thermometer is in use				1	
Temperature readings are 2-8° C				1	
All drugs are within expiry dates				1	
No inappropriate items are stored in the fridge				1	
Fridge is free of food & specimens				2	
<u>Comments.</u>					
H. Examination Couches	Yes	No	N/A	E. Score	A. Score
Surfaces are smooth & impervious				2	
Couch is clean/free of stains				1	
Disposable paper is used				1	
Pillow has a waterproof cover				1	
<u>Comments.</u>					
I. Equipment	Yes	No	N/A	E. Score	A. Score
External surfaces of trolleys are free of dirt and grease.				1	
Medicine pots stored inverted to dry				1	
Disposable thermometers covers are available				1	
Suction machine is clean				1	
Disposable / closed suction system is used				1	
Suction equipment is stored dry				1	
Suction catheters are sterile				1	
Items are not stored at floor level				1	
Stock rotation is in operation				1	

Sterile equipment is stored dry				1	
Sterile equipment packs are free of tears				1	
Storage shelves are smooth and impervious				2	
Storage shelves are free of dirt.				1	

Nebulisers/oxygen masks are clean and Single Use				2	
Nebuliser has a planned maintenance programme				1	
Only appropriate items are stored in the Clinical / Medication area				1	

Comments.

J. Sharps Disposal	Yes	No	N/A	E. Score	A. Score
Sharps disposal bins conform to BS7320				1	
Bins are free from protruding sharps				1	
Bins are less than three-quarters full				1	
Bins are assembled and sealed correctly for disposal				2	
Spare bins are available				1	
Bins are dated, labelled and wall mounted				3	
Bins are not stored at floor level				1	
Bins changed (1 month maximum)				1	
Sharps injury poster is on display				1	

Comments.

K. Universal Precautions	Yes	No	N/A	E. Score	A. Score
Disposable aprons are accessible and wall mounted				2	
Disposable gloves are accessible				1	
Blood/body fluid spillage kit/equipment is accessible				1	

Comments.

				E. Score	A. Score
Total Score for Clinical / Medication Area					

3. Service User Rooms / General Areas

	Yes	No	N/A	E. Score	A. Score
Beds are clean and dust free				2	
Mattresses are clean, dated and no evidence of body fluid contamination				3	
Curtains are clean and there is a programme in place for the regular decontamination of curtains and blinds				1	
Curtain rails are dust free				1	
Fans are clean				1	
Crash (Resus) trolley is clean, items in date, records of checks dated and signed				4	
Furniture is made of impermeable, washable material and in good condition, free from rips & tears				3	
Furniture that cannot be cleaned is condemned				1	
Pillows and Duvets are enclosed in a washable and impervious cover				2	
Carpets are clean, stain and odour free, and in good condition				2	
Soft toys for general use are visibly clean and have a planned cleaning schedule				1	
Activity equipment is visibly clean, and has a planned cleaning schedule				1	
Animals resident in the home had evidence that all appropriate worming and vaccinations are up-to-date and have a flea management programme				1	
Animal feeding areas, cages and bedding are changed and cleaned regularly				1	
Hand hygiene is actively encouraged after handling animals and this applies to all service users, staff and visitors				1	
Water coolers are mains supplied, visibly clean and on a planned maintenance programme				1	
Lighting pull cords are covered in plastic tubing				1	
Community Infection Control Manual accessible to all staff				1	
<u>Comments.</u>					
				E. Score	A. Score
Total Score for Service User Rooms / General Areas					

4. Sluice Area

Sluice facilities will be maintained to negate the risk of infection.

A. Floor	Yes	No	N/A	E. Score	A Score
Floors are covered				1	
Floors are smooth and impervious.				2	
Floors are free of dirt and grease.				1	
Floors are free of dirt between fixtures.				1	
No items stored at floor level.				1	
No evidence of pests.				1	
<u>Comments.</u>					
B. Walls	Yes	No	N/A	E. Score	A. Score
Walls are free of stains				1	
Walls are free from flaking paint.				1	
Walls are washable.				1	
Tiled areas, smooth & impervious.				2	
Tiles are visibly clean.				1	
Fixtures/fittings to wall are free of dust.				1	
<u>Comments.</u>					
C. Ceiling	Yes	No	N/A	E. Score	A. Score
Ceiling is in good repair and free from flaking paint.				2	
Ceiling is free of dirt				1	
Lighting is free of dirt				1	
<u>Comments.</u>					



<i>D. Windows</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Windows are clean and in good repair				2	
Windows are closed or fly screens in operation				2	
<u>Comments.</u>					
<i>E. Worktops/Surfaces</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Worktops clean and free from clutter				2	
Worktops are smooth and impervious				2	
Worktops are not used as a storage facility				1	
<u>Comments.</u>					
<i>F. Handwashing</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Sinks are clean and free from lime scale				1	
Has either wrist or elbow mixer taps				2	
Liquid soap, is in a clean container and wall mounted				3	
Paper towels are available and in a clean container and wall mounted				3	
Nail brushes are not being used				1	
Hand wash basins are dedicated for that purpose and are free from used equipment and inappropriate items				2	
<u>Comments.</u>					
<i>G. Shelves</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Smooth and impervious				1	
Free of dirt and grease				1	
Free of sterile supplies				1	

Free of disinfectants				1	
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Comments.

<u>H Equipment</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Bedpans and urinals are unsoiled				1	
Bedpans and urinals are stored dry				1	
Bedpans and urinals are racked				1	
Commodes are unsoiled				1	
Commodes are in good condition/fabric intact				1	
Slop hopper free of dirt and grease				1	
Slop hopper in working order				1	
<u>Comments.</u>					
<u>I. Bedpan washer/macerator</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Free of dirt and grease				1	
Heats to 80° C and holds for 1 min				2	
Maintenance contract available				1	
<u>Comments.</u>					
<u>J. Waste</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Bins are free of dirt and grease				1	
Bins are foot operated, lidded and in working order				3	
Correct colour coded bags				1	
<u>Comments.</u>					
<u>K. CSSD (Central Sterile Supplies Dept.)</u>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Correct disposal bags are used				1	
Disposal bags are intact				1	

Used CSSD is stored in the sluice				1	
Foot operated frames are used for disposal bags				1	

Comments.

<u>L. Cleaners Equipment</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>E. Score</u>	<u>A. Score</u>
Mops, clean and stored dry				2	
Buckets, clean and stored dry				2	
Cloths and aprons correctly colour coded				1	
No floor storage				1	
<u>Comments.</u>					
				E. Score	A. Score
Total Score for Sluice Area					

5. Toilets, Bathrooms and Showers

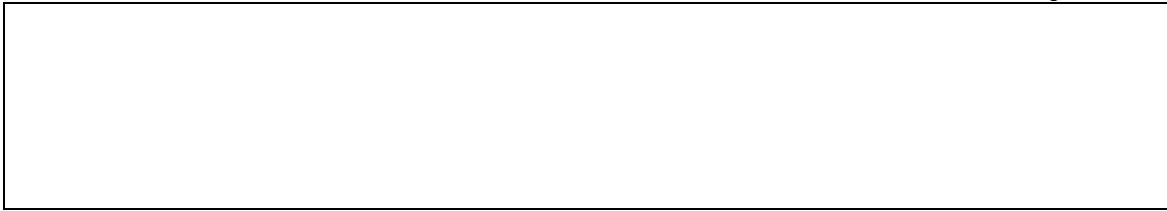
Sanitary facilities will be maintained to negate the risk of infection

<u>A. Floors</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>E. Score</u>	<u>A. Score</u>
Floors are covered				1	
Floors are smooth and impervious				2	
Floors are free of dirt and grease				1	
Floors are free of dirt between fixtures				1	
No items are stored at floor level				1	
No evidence of pests				1	
<u>Comments.</u>					
<u>B. Walls</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>E. Score</u>	<u>A. Score</u>
Walls are free of stains				1	
Walls are free of flaking paint				1	
Tiling is free of dirt and grease				1	
Tiled areas, smooth and impervious				2	

Fixtures/fittings to wall free of dust				1	
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Comments.

<i>C. Ceiling</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Ceiling is free of flaking paint				1	
Ceiling is free of dirt				1	
Lighting is free of dirt				1	
Lighting pull cords are covered in plastic tubing				1	
<u>Comments.</u>					
<i>D. Windows</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Windows are free of dirt and grease				1	
Window ledge is clean, dust free and not used for storage of clinical items				3	
Curtains or blinds are clean and dust free				2	
<u>Comments.</u>					
<i>E. Toilets</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Exterior of toilet is free of soiling				1	
Interior of toilet is free of soiling				1	
Interior of toilet is free of scaling				1	
Handwashing facilities are available				1	
Handwashing sinks are free of dirt				1	
Liquid soap, clean container and wall mounted				3	
Paper towels, clean container and wall mounted				3	
Sanibins or foot operated clinical waste bins are clean and in good working order				1	
Sanibins are replaced regularly with clean to prevent over filling				1	
'Now wash your hands' notices on display				1	
<u>Comments.</u>					



<i>F. Baths</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Baths are free of dirt and grease				1	
Rubber non-slip mats are unsoiled				1	
Rubber non-slip mats are stored dry				1	
Integrated Bath Sanitising systems are clean, in good working order and have a maintenance contract in place				2	
<u>Comments.</u>					
<i>G. Showers</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Shower curtains free of mildew and are clean				2	
Shower equipment is free of dirt, grease and limescale				2	
Shower is in working order				1	
<u>Comments.</u>					
<i>H. Sinks</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Sinks are free of dirt and grease				1	
Liquid soap, container clean and wall mounted, single use cartridge system				4	
Paper towels, container is clean and wall mounted				3	
Nailbrushes are not being reused				1	
<u>Comments.</u>					
<i>I. Hoist</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>	<i>E. Score</i>	<i>A. Score</i>
Hoists slings are unsoiled				1	
Hoist slings are numbered for single client use				1	

Hoist surfaces are free of dirt and unsoiled				1	
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Slide sheets are unsoiled and for single client use				1	
Laundering arrangements are in place for slings and slides and are effective				1	
Comments.					
J. Equipment	Yes	No	N/A	E. Score	A. Score
No equipment for communal use (e.g. soaps, toothbrushes, shavers, combs etc)				1	
Multidose pots not utilised (creams, ointments)				1	
Washbowls, clean and stored dry and inverted				3	
Comments.					
				E. Score	A. Score
Total Score for Toilets, Bathrooms and Showers					

6. Waste Disposal

Waste will be disposed of safely without risk of contamination or injury and within current guidelines.

A. Disposal	Yes	No	N/A	E. Score	A. Score
Correct colour coding in operation				1	
Clinical waste bins/bags are correctly labelled				1	
Clinical waste bags/bins are foot operated, lidded and in good working order				1	
All waste bins are visibly clean – externally and internally				1	
All plastic waste sacks are fully enclosed within bins to minimise the risk of injury				1	
Bags/bins are less than 3/4 full				1	
Clinical waste sacks are labelled and secured before disposal				1	

There is no emptying of clinical waste from one bag to another				1	
Glass aerosol boxes are not used for prescription only medicine bottles				1	
Designated waste storage areas are available and hazardous / offensive waste is segregated from other waste for transportation				1	
Waste storage areas are locked and inaccessible to the public				1	
Waste storage areas are clean, tidy and under cover from the elements				1	
Waste storage areas are pest proof				1	
Waste is segregated in storage areas				1	
The waste storage compound is kept clean and tidy				1	
There is no storage of inappropriate items in the waste compound				1	
Waste transported to a holding area in a safe manner				1	
There is no storage waste in corridors or in other inappropriate areas inside/outside the home whilst waste is waiting to be collected				1	
There is an appropriate waste disposal contract in place and the waste contractor is registered with a valid licence				1	
In Nursing Homes, there is a contract in place with a waste contractor for the disposal of medication				1	
There is clinical waste signage (posters) identifying waste segregation in all appropriate areas				1	
Staff have attended a training session which includes the correct and safe disposal of clinical waste				1	
Staff are aware of the waste segregation procedures (randomly question a member of staff)				1	
Comments.					
				<i>E. Score</i>	<i>A. Score</i>
Total Score for Waste Disposal					

[7. Laundry](#)

Laundry will be handled, bagged and stored correctly in order to negate the risk of infection.

A. Laundry	Yes	No	N/A	E. Score	A. Score
Unused					
Segregated storage area identified				1	
Storage area free of dirt				1	
Storage area dry				1	
Shelves smooth and impervious				2	
Used					
Correct colour coded bags used				1	
Used/infected linen is segregated				1	
Linen skips are less than 3/4 full				1	
Adequate linen skips available				1	
<u>Comments.</u>					
				E. Score	A. Score
Total Score for Laundry					

[8. Specimen Collection](#)

Specimens will be collected, stored, and transported safely and correctly.

	Yes	No	N/A	E. Score	A. Score
Specimens are stored in a designated fridge (for Nursing Homes only) prior to collection				1	
Specimen fridge is clean				1	
Specimen fridge is not used for drugs and food				1	
Specimens are collected in identifiable container				1	
Specimens are labelled correctly with request forms attached				1	
Specimens are sent in sealed plastic pouches				1	
<u>Comments.</u>					

				<i>E. Score</i>	<i>A. Score</i>
Total Score for Specimen Collection					

[9. Isolation Arrangements / Procedures](#)

Isolation facilities will reduce the risk of cross infection from air-borne infections.

	Yes	No	N/A	E. Score	A Score
Procedures are in place and communicated. (Have any outbreaks occurred and what evidence is present to indicate how this was managed)				2	
Isolation facilities are considered as a contingency (ask what measures would be taken or view copy of local procedure)				1	
<u>Comments.</u>					
				E. Score	A Score
Total Score for Isolation Arrangements / Procedures					

[10. Guidelines, Standards and Policies](#)

Guidelines, standards and policies are in place to ensure the Health and Safety of staff, service users & visitors.

	Yes	No	N/A	E. Score	A. Score
The Infection Control policy is easily accessible to all staff				1	
It is the most up to date version (date of version in use?)				1	
There are comprehensive policy and procedures for hand hygiene				1	
Hand hygiene is an integral part of Induction for all new staff				1	
Staff have received training in hand hygiene procedures. (Ask member of staff)				1	
Clinical staff nails are short, clean and free from nail extensions and varnish				1	
No wrist watches, stoned rings or other wrist jewellery are worn during clinical/ personal procedures				1	
Posters promoting hand hygiene are available and on display				1	

Hand hygiene is encouraged and alcohol hand rubs are made available for staff and visitors at appropriate places				1	
All liquid soap dispensers are single use, cartridge type				1	
Organisational structures are in place to ensure distribution, compliance and auditing of cleanliness				1	
Staff are aware of the procedure for notifying infectious diseases.				1	
There is evidence of a COSHH policy relating to biological hazards.				1	
There is a comprehensive policy & procedure for dealing with body fluid spillages				1	
Staff have received training in dealing with body fluid spillages (Ask a member of staff)				1	
Dedicated spillage kits are available for decontaminating and cleaning body fluid spillages				1	
Personal protective equipment is available				1	
Appropriate disinfectants are available for cleaning all body fluid spillages				1	
Sodium hypochlorite solution in the strength 1:10,000ppm (1%) or Sodium Dichloroisocyanurate is available				1	
Medical equipment that has been contaminated with body fluids is cleaned appropriately and a decontamination label/record is completed and kept				1	
Furniture that has been contaminated with body substances and cannot be cleaned is condemned				1	
Staff are aware of the policy for dealing with a needlestick injury.				1	
Staff who handle clinical waste have been offered their Hepatitis B vaccinations and it is documented.				2	
All notices throughout the building are laminated, free from dirt, debris, grease or adhesive tape				1	
Comments.					
				<i>E. Score</i>	<i>A. Score</i>
Total Score for Guidelines, Standards and Policies					

TOTAL SCORES

	Expected	Actual	%
1. Kitchen			
2. Clinical Area			
3. Service User Rooms / General Areas			
4. Sluice Area			
5. Toilets, Bathrooms & Showers			
6. Waste Disposal			
7. Laundry			
8. Specimen Collection			
9. Isolation Facilities			
10. Guidelines, Standards & Policies			
Total			

Grade	Colour	Percentage	Tick as appropriate
	Red	0-79	
	Amber	80-89	
	Green	90-100	

How to Score

1. Add together all the expected scores for each section minus any non-applicable scores.
2. Put this figure into the Expected column.

3. Add together the Actual number scores for each section.
4. Put this figure into the Actual column.
5. To work out the percentage for each section individually, take the actual score, divide it by the expected score then multiply it by one hundred.
i.e. Actual score = 34 Expected score = 40

$$34 \div 40 = 0.85 \times 100 = 85\%$$

6. For a final percentage do the same equation with the totals in the Expected and Actual columns.
7. Then tick the column in the grade box that is equal to the total percentage.

INFECTION CONTROL AUDIT - ACTIONS

Establishment		Date of Audit	
Name of Inspecting Manager		Managers Signature	

ISSUES IDENTIFIED / CARRIED OVER FROM PREVIOUS INSPECTION

Standard Infection Control
PRECAUTIONS – HAND HYGIENE



ALWAYS WASH YOUR HANDS

- **Before** and **after** using protective gloves (Gloves should always be worn when in contact with blood or other body fluids)
- After sneezing or blowing your nose
- After handling bed linen or laundry
- After using the toilet
- After providing physical care for a service user
- Before preparing or serving meals or drinks
- At any time when the hands are visibly soiled.

Note: Alcohol gel is only to be used **in support** of hand washing.

TAKE SIMPLE PROTECTIVE MEASURES

- Appropriate gloves and plastic apron must be used to prevent contamination from bodily fluids and blood stained products. (Refer to “old” KASS Glove Policy). Avoid contaminating yourself or your clothing with blood. Always wear gloves appropriate to the task and a plastic apron when delivering all personal care and when dealing with body fluids and dispose of as instructed below. Household rubber gloves should be used for general cleaning. Afterwards wash them and then remove.

ALWAYS COVER CUTS OR ABRASIONS ON YOUR SKIN

- Clean the wound with water and paper towels or tissues. Use clean waterproof plasters. Take every care to avoid damaging your skin with cuts or abrasions in the presence of blood.

CLEAR UP SPILLAGES OF BODY FLUIDS PROMPTLY

- Where blood is evident on hard surfaces cover with chlorine releasing granules [e.g. Titan Sanitizer powder or chlorclean] and leave for 3 minutes. Then clean up with paper towels and dispose of them as instructed below. All other spillages of body fluids and blood stained spillages on soft fabrics should be cleaned up with paper towels and the area washed thoroughly with detergent or shampoo solution. Refer to hazard data sheets and COSHH assessments.

TAKE CARE WITH CHLORINE BASED PRODUCTS

- These are corrosive and can damage fabrics. Always use at the strength directed and never use on skin. Never mix with anything other than water as they can liberate chlorine gas in contact with acids like toilet cleaners and urine.

If you have damaged skin and believe yourself to have been exposed to bodily fluids from a client at risk then immediately wash the cut or abrasion liberally with soap and water but without scrubbing. Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water. If the skin has been punctured, free bleeding should be encouraged but the wound should not be sucked.

Any incident must be reported immediately to the Line Manager and dealt with exactly as an accident. Where necessary, seek emergency advice from your GP or nearest accident and emergency centre.

PROPER HAND WASHING

Remember that effective hand washing is the single most fundamental means of preventing and controlling the spread of infection. In certain circumstances your local Infection Control Team may advise the use of alcohol based hand rub solution to follow a hand wash with soap and water.

Note: The use of alcohol gel is not on it's own sufficient to reduce infection. It is essential to use soap and water for hand washing.

Remember to use the following technique

with soap and water:

between fingers - around finger tips

around the wrist and thumbs (refer to

dark areas in diagram)both the front and back of palm

Then rinse soap off thoroughly and dry

your hands using disposable paper

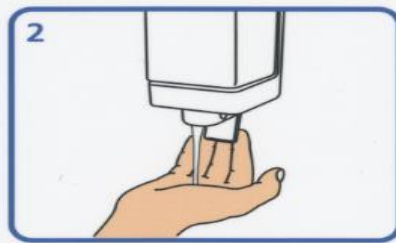
towels

This diagram shows the area that it is easy to miss





Wet hands with water



Apply enough soap to cover all hand surfaces



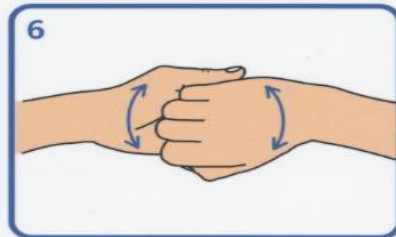
Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



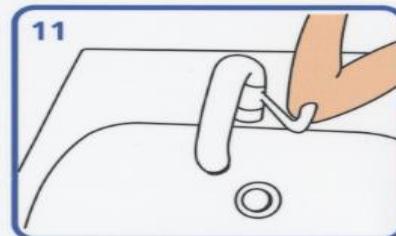
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



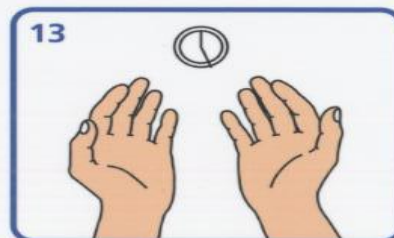
Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15-30 seconds

Safe Systems of Working: Establishment:		Exposure to Needlestick Injuries: EXAMPLE ONLY Date:	
Hazard	Safety Equipment Including PPE	Safe System of Working	
Needlestick found on the floor. Risk of injection	Sharps box Nitrile gloves	<ul style="list-style-type: none"> Warn others of the presence of the needlestick. Locate sharps box. Put on nitrile gloves to protect hands. Take the sharps box to the needle and carefully transfer the needle to the box Try to ascertain the owner of the needle Conduct an investigation to find out how the needle came to be on the floor in order to prevent a recurrence. 	
Service User has difficulty self injecting / getting top off needle. Risk of injection	Nitrile gloves Sharps box	<ul style="list-style-type: none"> Wear nitrile gloves. Ensure sharps box is available to dispose of needle. Hold the needle container firmly and remove the cap. Pass the needle to the Service User for them to self inject. NEVER RESHEATH A NEEDLE. The Service User will place the needle into the sharps box. Seek alternative supplier / advice from pharmacist to help prevent a recurrence and promote independence. District nurses / in-house nurses should be employed to inject if the Service User is unable to do this themselves 	

Needlestick injury. Exposure to blood borne virus / infection		See separate procedure at Appendix D2.

Appendix 2.4.2

ACTION TO BE TAKEN IN THE EVENT OF NEEDLESTICK INJURIES OR EXPOSURE TO BLOOD/BODY FLUIDS

All needlestick injuries or splashes with blood or body fluids must be taken seriously.

Immediate action:

- Encourage bleeding by gently squeezing the area of the injury and wash the site of the injury thoroughly with soap and water.
- Cover with a waterproof plaster.
- For mucous membranes, irrigate the contaminated area thoroughly with 0.9% saline or water.

Inform the person in charge immediately, who should determine the following:

- Is the source of the sharp (needle) known?
- If known, is the resident (donor) known to be a carrier of a blood borne virus?
- Is the donor known to be in a high-risk group (e.g. IV drug misuser, Hepatitis B carrier, HIV +ve)

If possible, request and obtain a blood sample from the donor, to test for blood-borne viruses (Hepatitis B, Hepatitis C and HIV). The request for a blood sample **must not** be undertaken by the recipient of the needlestick injury.

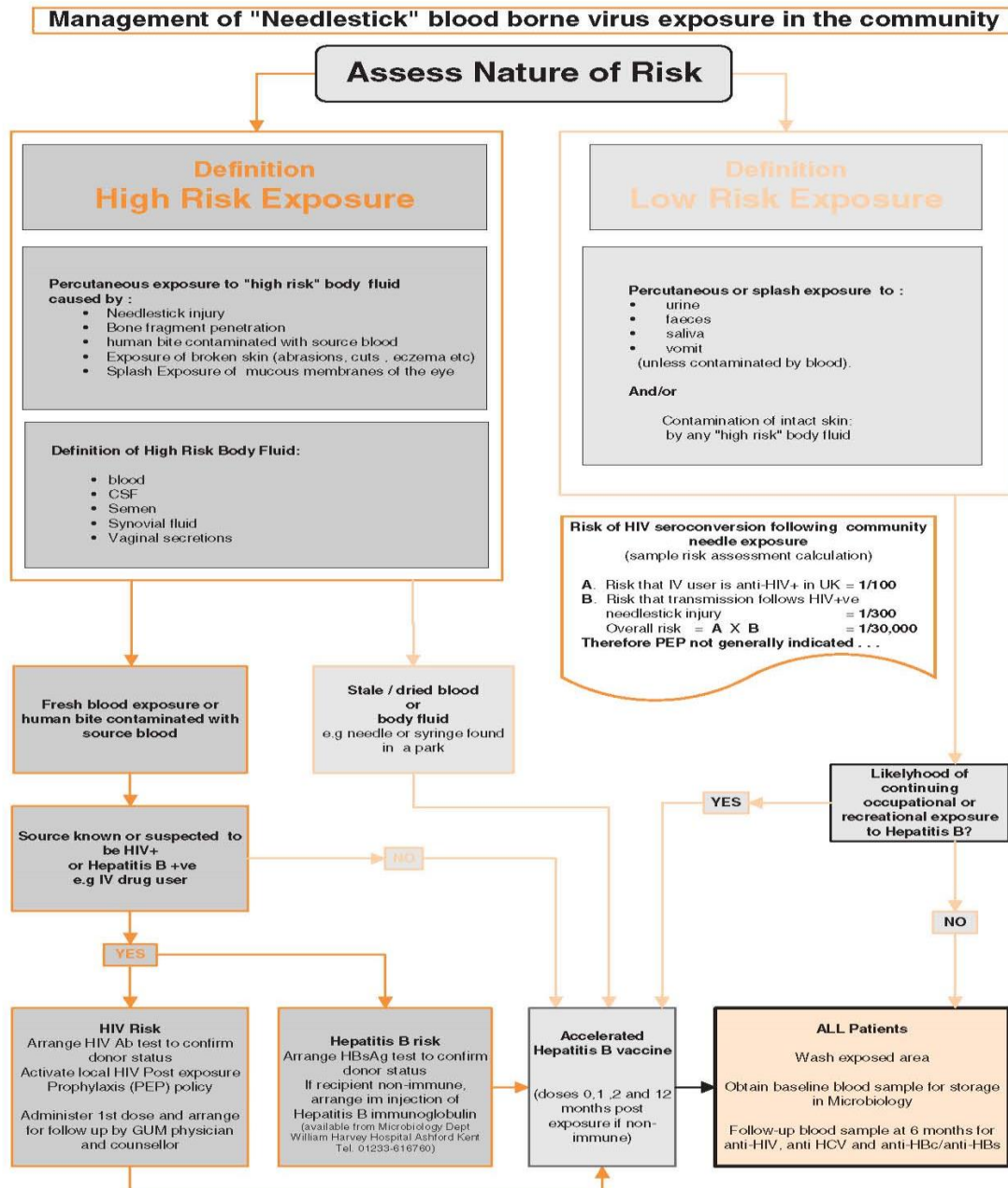
This test must only be performed, if the donor has given full consent. If donor refuses permission to have their blood tested, then their request/refusal must be respected.

The recipient should then see his/her general practitioner or attend the local Accident and Emergency department as soon as possible (same day)!

Needlestick recipients who are not immune to Hepatitis B will require a course of Hepatitis B vaccination.

If the donor is known or suspected to be Hepatitis B or HIV positive or the recipient is a known non-responder to Hepatitis B vaccine, contact the local Consultant Microbiologist within an hour of the injury for consideration of post-exposure prophylaxis. Refer to flow chart.

A follow-up blood sample should be obtained from the recipient at 6 months for anti-HIV, anti HCV and anti-HBc/anti-HBs.



Prepared by R Workman and J Nash 2003

APPENDIX 2.5

SAFETY CHECKS AND CLEANING PROCEDURES FOR EQUIPMENT

Risk Application of Item Minimum Standard

Low - In contact with healthy skin or not in contact with patient (e.g. furniture, mattresses, surfaces). Clean or single use.

Intermediate - In contact with mucous membranes or contaminated with virulent or readily transmissible organisms prior to use on immuno-compromised patients/clients must be sterilised, disinfect or single use.

High - In contact with a break in the skin or mucous membrane or for introduction into sterile body areas. Sterile or single use.

Unless exposed to infection, most of the equipment identified in the tables below will fall into the category of **LOW** risk and will require cleaning rather than decontamination.

Cleaning

Cleaning is an essential first step in any decontamination process. Cleaning is a process, which physically removes contamination but does not necessarily destroy micro-organisms.

Cleaning, using a freshly prepared solution of neutral detergent and hot water, is appropriate for items that have been in contact with a person's intact skin. The equipment should be thoroughly dried with paper towels.

Cleaning Facilities

Facilities required for cleaning include a designated deep sink, hot and cold running water, detergent and disposable cloths. Protective clothing, rubber gloves and plastic aprons should be worn. If there is the potential for splashing to occur, then eye protection should also be worn.

DECONTAMINATION

The aim of decontaminating equipment is to prevent potentially disease causing organisms reaching a susceptible host in sufficient numbers to cause infection.

Equipment used in clinical and care procedures can transmit infection to an individual. To prevent the spread of infection, items need to be thoroughly decontaminated after each use.

The risk of infection is governed by the procedure for which an item is to be used.

Therefore, a risk assessment should be carried out taking into account what the equipment is used for, and whether the item has been in contact with a person's skin or mucous membrane or entered a sterile part of the body

(Guidelines for Infection Prevention and Control in the Community, Kent Health Protection Unit October 2008)

DECONTAMINATION

All equipment is to be cleaned or decontaminated in accordance with the relevant manufacturer's instructions for an individual item. The cleaning procedures detailed in the following tables reflect but do not replace those instructions. If in any doubt, the manufacturer's instructions should be referred to for clarity. All equipment is to be decontaminated before disposal.

(With reference to 'East Kent Community Equipment Loan Service' documentation)

* Note: Any hot pressure washing is expected to be carried out by the Equipment Stores.

BATHING/SHOWERING EQUIPMENT

EQUIPMENT	SAFETY CHECKS	CLEANING PROCEDURE
BATHBOARDS	<ol style="list-style-type: none"> 1. Check adjustable brackets. 2. Check plastic covering for rips. 3. Check suction clips on Medici Boards and check plastic for grazing. 	<p>Remove adjustable brackets.</p> <p>Wash board and brackets in Magnaclean (or equivalent) solution. Wipe dry with paper towel. Refit brackets.</p>
BATH SEATS	<ol style="list-style-type: none"> 1. Check side support assembly for rust or damage. 2. Check plastic feet on side support assembly, renew if necessary. 3. Check plastic seat for cracks. 4. Check rubber suction pads on base of seat (Medici & Derby seats) 	<p>Wash seat in Magnaclean (or equivalent) solution.</p> <p>Wipe dry with paper towel.</p>
SHOWER STOOLS	<ol style="list-style-type: none"> 1. Check welds on frame for damage. 2. Check plastic feet or ferrules for wear. 3. Check seat fixing bolts. 4. Check plastic seat for cracks (toilet seat type only). 	<p>Remove adjustable legs.</p> <p>Hot pressure wash with Everbrite (or equivalent) solution.</p> <p>Wipe dry with paper towel.</p> <p>Re-fit adjustable legs.</p>
	<ol style="list-style-type: none"> 1. Check welds on frame for damage. 	<p>Hot pressure wash with</p>

MOBILE SHOWER CHAIRS	<ol style="list-style-type: none">2. Check screws attaching seat for tightness.3. Check bolts attaching back for tightness.4. Check that wheels are fitted securely to framework.5. Check operation of wheels, oil if necessary.6. Check efficiency of brake castors (if fitted).	Everbrite (or equivalent) solution. * Wipe dry with paper towel.
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BED EQUIPMENT and ACCESSORIES

EQUIPMENT	SAFETY CHECKS	CLEANING PROCEDURE
<p>BEDS</p> <p>Variable and Adjustable</p>	<ol style="list-style-type: none"> 1. Check all welds and frame, retaining lugs for damage. 2. Check back rest mechanism (where fitted). 3. Check bed pole retaining brackets. 4. Check that wheels are fitted tightly to framework. 5. Check operation of wheels, oil if necessary. 6. Check efficiency of brake castors. 7. Check telescopic mechanism (variable height beds only). 	<p>Hot pressure washed mattress platform with Everbrite (or equivalent) solution if required. *</p> <p>Clean all other surfaces with hot soapy water/ Magnaclean (or equivalent) solution.</p> <p>Wipe dry with paper towel.</p>
<p>ELECTRIC PROFILING BEDS</p>	<p>As above but in addition carry out Portable Appliance Test including full functionality test.</p>	<p>Wipe clean with damp cloth using hot soapy water with Presept (or equivalent) solution taking care to avoid electrical connections.</p> <p>Wipe dry with paper towel.</p>
<p>BACKRESTS</p>	<ol style="list-style-type: none"> 1. Check all joints on frame 2. Check canvas for splits or fraying 3. Check adjustment is secure 	<p>Wash with hot soapy water/ Magnaclean (or equivalent) solution.</p> <p>Wipe dry with paper towel.</p>
<p>BED LEAVER (Easyleaver and Liftwell)</p>	<ol style="list-style-type: none"> 1. Check base and tubing for damage and clips are secure. 2. Check straps and buckles. 	<p>Wash with hot soapy water/Magnaclean (or equivalent) solution</p> <p>Wipe dry with paper towel.</p>
<p>CANTILEVER TABLE</p>	<ol style="list-style-type: none"> 1. Check table top for splits. 2. Check tubular frame for damage. 3. Check frame retaining bolts and adjustment 	<p>Wash with hot soapy water/Magnaclean (or equivalent) solution</p> <p>Reassemble and Wipe</p>

	mechanism.	dry with paper towel.
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MOVING AND HANDLING

EQUIPMENT	SAFETY CHECKS	CLEANING PROCEDURE
HOISTS	<ol style="list-style-type: none"> 1. Check operation of ALL moving parts. 2. Check welds for damage. 3. If battery operated, check charger and operation of hand control. Place on charge. 4. Pass to ARJO engineer for service and Portable Appliance Testing. 	<p>Wipe clean with hot soapy water with Magnaclean (or equivalent) solution if necessary.</p> <p>Wipe dry with paper towel.</p>
ROTA STANDS	<ol style="list-style-type: none"> 1. Check operation of ALL moving parts. 2. Check welds for damage. 3. Check T-Bar secure (if fitted) 4. Check wheels are secure and operating freely. 	<p>Wipe clean with hot soapy water with Magnaclean (or equivalent) solution if necessary.</p> <p>Wipe dry with paper towel.</p>
SLINGS	<ol style="list-style-type: none"> 1. If label detail is unreadable, dispose of sling immediately cutting off loops to ensure item is unusable. <p>If label intact and readable:</p> <ol style="list-style-type: none"> 2. Check material for splits and wear, dispose of immediately if found to be faulty (as above). 3. Check straps for fraying, dispose of immediately if found to be faulty (as above). 4. If sling is serviceable and re-usable carry out cleaning procedure. 4. Pass Arjo slings to engineer for test and check. 	<p>IF ANY FAULT IS FOUND THE SLING IS TO BE DISPOSED OF IMMEDIATELY. IF IN ANY DOUBT CONSULT MANAGER.</p> <p>Launder in accordance with manufacturers instructions.</p> <p>Mark with Loan Store address details.</p> <p>LABEL AND MARK WITH SERIAL NO WHERE SHOWN</p> <p>Place in sealed bag with label readable.</p>
TRANSFER BOARDS	<p>Check wood for splinters.</p>	<p>DO NOT SOAK.</p> <p>Wipe clean with hot soapy water with Magnaclean (or equivalent) solution if necessary.</p> <p>Wipe dry with paper towel.</p>

TURNING AIDS	Check discs rotate correctly.	As transfer boards.

HOUSEHOLD EQUIPMENT

EQUIPMENT	SAFETY CHECKS	CLEANING PROCEDURE
CHAIRS	<ol style="list-style-type: none"> 1. Check all joints for tightness. 2. Check vinyl for rips or perforations. 3. Check operation of adjustable legs. 	<p>Wipe clean with hot soapy water and Magnaclean (or equivalent) solution if necessary.</p> <p>Dry with paper towel.</p>
FOOTSTOOLS	<ol style="list-style-type: none"> 1. Check bolts securing stool top to base for tightness. 2. Check vinyl covering for splits or perforations. 3. Check operation of adjustable legs. 	<p>Wipe clean with hot soapy water and Magnaclean (or equivalent) solution if necessary.</p> <p>Dry with paper towel.</p>
PERCHING STOOLS	<ol style="list-style-type: none"> 1. Check all welds for damage. 2. Check screws securing seat to frame for tightness. 3. Check operation of adjustable legs. 4. Check ferrules and replace if necessary. 	<p>Wipe clean with hot soapy water and Magnaclean (or equivalent) solution if necessary.</p> <p>Heavily soiled items are to be pressure washed.</p> <p>Dry with paper towel.</p>
TROLLEYS	<ol style="list-style-type: none"> 1. Check wooden frame for splinters or cracks. 2. Check joints for tightness. 3. Check that wheels are fitted securely to framework. 4. Check operation of wheels, oil if necessary. 5. Check condition of all welded joints (metal trolleys only). 	<p>Wipe clean with hot soapy water and Magnaclean (or equivalent) solution if necessary.</p> <p>Heavily soiled items are to be pressure washed.</p> <p>Wipe dry with paper towel.</p>

TOILETING EQUIPMENT

EQUIPMENT	SAFETY CHECKS	CLEANING PROCEDURE
BED PANS/ URINALS/ COMMODE POTS (ALL TYPES)	1. Check for cracks in plastic.	Place in automatic sterilization machine. Leave to dry in drying room wipe with paper towel.
RAISED TOILET SEATS	1. Remove fixing brackets. 2. Check condition of fixing. 3. Check for cracks in plastic.	Place in automatic sterilization machine, including wire basket. Leave to dry in drying room wipe with paper towel. Refit brackets.
TOILET FRAMES	1. Check all bolts on frame for tightness. 2. Check screws fixing armrests for tightness. 3. Check operation of adjustable legs. 4. Check ferrules and replace if necessary. 5. Remove adjustable legs for cleaning.	Hot pressure washed with Everbrite (or equivalent) solution. * Wipe dry with paper towel. Refit adjustable legs.
COMMODES	1. Check all welds for damage. 2. Check toilet seat retaining lugs are fitted and tight. 3. Check plastic feet caps and replace if necessary. 4. Check operation of adjustable legs (Adjustable models only). 5. Remove adjustable legs for cleaning.	As toilet frames. Wash padded seats and backs with hot soapy water and Presept (or equivalent) solution. Wipe dry with paper towel.
MOBILE / GLIDEABOUT COMMODES	1. Check all welds for damage. 2. Check screws fixing plastic seat to frame for tightness. 3. Check screws fixing canvas back for tightness. 4. Check condition of canvas back, replace if	As toilet frames. Wash padded seats and backs with hot soapy water and Presept (or equivalent) solution.

	necessary. 5. Check condition of padded armrest, replace if necessary.	Wipe dry with paper towel. Spray all joint abutments and castors with WD40
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SUGGESTED CLEANING AGENTS

Note: Always refer to hazard data sheets and COSHH assessments before using any chemicals.

Presept	0.5g	Used in solution form for disinfecting equipment.	3.5 tablets to 10 litres of water
Magnaclean	5 litre	Used neat or in solution form to disinfect/clean equipment.	1 part to 50 parts water or see container for details
Everbrite	1 litre size	Used in solution form in pressure wash machine.	Quantity regulated by machine.
Label Remover Ambersil or VC58	1 litre size	Sprayed directly on to surface to remove labels etc.	
Envirasoll	5 litre size	Used neat or in solution form to disinfect/clean equipment.	
Penetrating Oil WD40	300 ml size	Sprayed directly on to bolts/clips etc to free from seizure. Spray on joint abutments and castors.	
Neutral Liquid Detergent	5 litre size	Used for cleaning of equipment (with Presept).	20ml per 5 litres water.
Machine Spray Wash Detergent Suma Nova	5 litre size	Used in automatic sterilization machine.	Quantity regulated by sterilization machine.

Appendix 2.6

MONTHLY INFECTION PREVENTION CONTROL INSPECTION

NAME OF UNIT:-

This tool is designed to monitor infection control practices within the unit:-

- Hand washing
- Environmental Cleaning
- Waste Disposal
- Handling Clean Linen
- Handling Soiled Linen
- Universal Precautions
- Food Hygiene in the Unit

NAME OF AUDITORS:-

DATE OF AUDIT:-

SCORING SYSTEM =

0 = Acceptable

1 = Unacceptable

N/A = Not Applicable

SCORING PROCESS

Observed

Verbal Response

		COMPLIANCE	OBSERVED VERBAL RESPONSE	COMMENTS
		0 1 N/A		
1	HANDWASHING			
1.1	Hand wash available and placed near hand basins.			
1.2	Paper towels available near hand basins			
1.3	Hand wash is used between each client contact.			

1.4	Hands are washed under running water.			
1.5	Jewellery is not worn (except wedding ring)			

1.6	Area under wedding ring is washed.			
1.7	Staff fingernails are clean and short. No nail extensions or nail varnish.			
1.8	Hand washing techniques is reinforced at induction programme.			
1.9	The need to wash hands after the removal of gloves is recognised by staff.			

1.10	Used paper towels are disposed of appropriately.			
1.11	A procedure exists for staff to notify infection control concerns regarding personal hand problems such as skin breakdown, rashes etc.			

1.12	All staff aware of whom to report concerns relating to section 1.			
2	ENVIRONMENT CLEANING			
2.1	<p>There is documented procedures / schedules for all cleaning including</p> <ul style="list-style-type: none"> • BATHS,AFTER CLIENTS USE • COMMODE CHAIR AFTER USE • HOIST, SLINGS 			
2.2	<p>Surfaces and equipment are free from dust, spills and grime including:-</p> <ul style="list-style-type: none"> • HARD FLOORS • CARPET FLOORS 			

	<ul style="list-style-type: none">• CLIENTS BEDROOM FURNITURE• BATHROOMS• UNIT KITCHENS / BEVERAGE BAYS			
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2.3	<p>Equipment provided for sanitation and decontamination has been functioning effectively during the past four weeks and has been repaired if malfunctioning.</p> <ul style="list-style-type: none"> • TOILETS • STAFF HAND BASINS • DISHWASHERS • SLUICES 			
2.4	<p>Defect system in place with local procedures on reporting concerns relating to individual pieces of equipment</p> <p>All staff aware of whom to report concerns relating to section 2.</p>			

2.5	WASTE DISPOSAL There is a documented procedure to guide staff in waste disposal, including <ul style="list-style-type: none">• INFECTION WASTE• OFFENSIVE WASTE			
3				
3.1				

3.2	Details of waste disposal procedures are included in staff induction programme			
3.3	Foot operated / pedal bins are provided			
3.4	Waste bags are securely sealed when filled			
3.5	Sharps container is available and used for sharps only. <ul style="list-style-type: none">- There are no protruding sharps- The container is securely sealed when 2/3 full			

3.6	There is accessible procedure for the contamination and decontamination of biological spills e.g. blood.			
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3.7	Defect system in place with local procedures on reporting concerns relating to individual pieces of equipment			
3.8	All staff aware of whom to report concerns relating to section 3.			
4	HANDLING AND STORAGE OF CLEAN LINEN			
4.	Clean linen is transported to and stored in designated area in a manner that exposure to dust and moisture is prevented			
4.2	Clean linen is physically separated from soiled linen.			

4.3	Unnecessary supplies of clean linen are not taken to clients rooms and left on furniture.			
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4.4	Clean linen is not found in dining room area units or in kitchen areas.			
4.5	All staff aware of whom to report concerns relating to section 4.			
5	<p>HANDLING AND STORAGE OF SOILED LINEN/LAUNDRY.</p>			
5.1	<p>Are adequate soiled linen bins available?</p> <p>Is soiled laundry ever carried over 1.5 metres.</p>			

5.2	Are soiled bins closed off when full?			
5.3	Are gloves worn when handling soiled linen?			
5.4				

5.5	Is there a mechanism for the segregating and colour coding foul / ordinary/ infectious / woollen laundry.			
5.6	Is the mechanism for the segregating of different linen reinforced in staff induction programmes?			
5.7	Is soiled linen, which is capable of leakage, placed in bags with impervious liners? Do staff wash hands following soiled linen handling?			

5.8	All staff aware of whom to report concerns relating to section 5.			
5.9				

6	STANDARD INFECTION CONTROL PRECAUTIONS			
6.1	Are standard Infection Control Precautions available in the unit?			
6.2	Are standard Infection Control Precautions reinforced in staff induction programme?			
6.3	Are disposable gloves/aprons available In the unit?			
	Hands are washed after glove removal.			

6.4	Are specimens placed in leak proof transit bags for transport			
6.5	All staff aware of whom to report concerns relating to section 6.			
6.6				

7	FOOD HYGIENE IN THE UNIT			
7.1	Are hand washing facilities available in the kitchen areas			
7.2	Are disposable gloves available in the kitchen areas?			
7.3	Has the dishwasher functioned effectively over the past four weeks?			
7.4	Have staff completed food hygiene course.			

7.5	Are cold foods kept at temperatures not greater than 5 degrees Celsius?			
7.6	Are hot foods kept at temperatures not less than 65 degrees Celsius?			

7.7	Is there any food probe? - How is it cleaned			
7.8	How is food stored? Is there evidence of stock rotation?			
7.9	Is all plated food in the fridge covered with cling film and dated?			
7.10	Does hand washing occur prior to food preparation/serving?			

7.11	Is disposable or single use towelling used for cleaning?			
7.12	Is the toaster cleaned after each use?			

7.13	Is the microwave cleaned after each use?			
7.14	Is all cutlery / crockery free from water stains?			
7.15	Is the worktop cleaned prior and after preparing /serving meals?			
7.16	All staff aware of whom to report concerns relating to section 7.			

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SUMMARY OF RESULTS

AREA	RESULT	EXCELLENT	BETTER	GOOD	IMPROVEMENT NEEDED	ACTION By Who	ACTION By When
1. Hand washing							
2. Environmental cleaning							
3. Waste Disposal							
4. Handling of clean linen							
5. Handling of soiled linen							
6. Universal precautions							
7. Food hygiene in the unit							

AUDITORS REMARKS:-

SIGNATURE AUDITOR:-..... DATE.....

SIGNATURE UNIT MANAGER:-..... DATE.....

