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# Acacium Group

# Infection Prevention Policy

**Policy Reference | CLIN 07**

**Version | 5.0**

<b>Policy Name</b>	Infection Prevention Policy
<b>Purpose of Document</b>	To give guidance on all aspects of infection control to avoid cross-contamination and promote health.
<b>Target Audience</b>	All Acacium Group workers
<b>Version</b>	V5.0
<b>Author</b>	Karen Matthews-Shard
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<b>Lead Director</b>	Karen Matthews-Shard
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<b>Risk and Resource Implications</b>	Resource: Training. Risk: Workers in the community. Temporary workers moving from one area to another increase the risk of spreading infection.
<b>Associated Strategies and SOPs</b>	CLIN 01 Risk Management Policy CLIN 14 Records Management Policy CLIN 22 General Care Policy CORP10 Policy on Policies CORP14 Complaints Policy CORP07 Equality, Diversity and Human Rights Policy ORG 03 Health and Safety Policy ORG 04 Incidents Reporting Policy ORG 06 Communication Policy SOP INF CONT 03 Hand Washing
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

<b>Legislation</b>	Legislation and Guidance pertinent to this policy can be found within Appendix B
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Document History			
Version	Date	Changes made/comments	By whom
Draft v 1	Jul 11	First draft	K. Matthews- Shard
Draft v 2	Sep 11	All changes made i.e. no semi colons, font continuity. Policy format as agreed. Inserted Document History sheet	K. Matthews- Shard
Final	Oct 11	Lucy, Claire and KMS changes included as appropriate	K. Matthews- Shard
Checked draft v 4	Jan 12	More changes requested by Lucy and included as appropriate. Back to Karen	K. Matthews- Shard
V 2.1	May 13	Annual review	KNF/KMS
V2.1	May 2014	Annual review	KNF/KMS
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V2.3	Jan 2017	Implementation of new policy template	KNF/SJ
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V2.4	April 2019	Implementation of new Policy template	CCR/KG
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V3.4	Apr 2021	Added CHS Brand	CC
V4	Apr 2023	Reviewed and updated	Clinical Advisory Group
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## 1. Policy Standards

- 1.1 No risk is more fundamental than the risk of infection. Therefore, Acacium Group places the prevention and control of Healthcare Associated Infections (HCAI) as a high priority across all parts of the organisation.
- 1.2 All Acacium Group workers will promote client safety by following the correct procedures when caring for people with diagnosed or potential infections, and by promoting practice that reduces/prevents the risk of infection, appropriately challenging poor practice.

## 2. Definitions

- 2.1 Definitions relevant to this Policy are set out in Table 1.

**Table 1: Definitions**

Definition	Responsibilities
<b>Director of Public Health</b>	A Director employed by the NHS and / local authority who has statutory responsibility for the health of the local population.
<b>National Institute for Health Protection</b>	New organisation to focus on rigorous science-led approach to public health protection  Institute will boost UK's ability to deal with and recover from COVID-19 and meet health challenges of the coming winter  The organisation will be formalised and be operating from spring 2021
<b>Health Protection Agency (HPA)</b>	An organisation given statutory responsibility for the management of infectious diseases, supporting the NHS and local authorities.
<b>Communicable diseases</b>	<i>The Public Health (Control of Disease) Act 1984, amended 2010, created a statutory requirement to report certain infectious diseases i.e. measles, mumps and tuberculosis (see Appendix D for full list). From Spring 2021 this will be reported to National Institute for Health Protection</i>
<b>Healthcare Acquired Infection (HCAI)</b>	An infection acquired whilst receiving clinical care in any setting.
<b>Standard precautions</b>	Standard precautions are processes with which to prevent the spread of infectious diseases and includes: <ul style="list-style-type: none"> <li>• hand decontamination</li> <li>• personal protective equipment (PPE)</li> <li>• sharps disposal</li> <li>• inoculation injury action</li> <li>• body fluid spill management</li> <li>• waste disposal</li> <li>• equipment decontamination.</li> </ul> Standard precautions are designed to reduce the risk of transmission of blood borne, and other potential pathogens, from both recognised and

	unrecognised sources. They are the basic level of infection prevention and control methods, which are used as a minimum, in the care of all patients (WHO, 2006). Standard precautions combine the previous recommendations for 'Universal Blood and Body Fluid Precautions'.
<b>Personal Protective Equipment (PPE)</b>	PPE is all equipment which is intended to be worn or held by a person at work and which protects him / her against one or more risks to his / her health or safety i.e. safety helmets, gloves, eye protection (HSE, 2005).
<b>Blood-borne virus</b>	Blood-borne viruses are carried in a person's bloodstream, such as hepatitis and HIV, which may be passed on to others thereby causing the potential of being infected by the virus.
<b>COVID-19 Coronavirus</b>	COVID-19 is a new illness that can affect your lungs and airways. It's caused by a type of coronavirus. Coronaviruses are a family of viruses that cause disease in animals. Seven, including the new virus, have made the jump to humans, but most just cause <u>cold-like symptoms</u> . Covid-19 is closely related to severe acute respiratory syndrome (Sars) which swept around the world in 2002 to 2003.

### 3. Roles & Responsibilities

3.1 The general overall organisational roles and responsibilities are set out in the policy document, CORP101 Policy on Policies for drafting, approval and review policies, and SOPs. Roles and responsibilities specific to this Policy are set out in Table 2: Roles and responsibilities with specific reference to this Policy.

**Table 2: Roles and responsibilities with specific reference to this Policy**

Job Title	Responsibilities
<b>Global Clinical Director/Group Chief Nurses</b>	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
<b>Line managers / appropriate others</b>	<ul style="list-style-type: none"> <li>facilitate and / or undertake regular audit of infection prevention and control practice</li> <li>inform the Clinical Director where infection prevention or control risks are identified.</li> </ul>
<b>Individual workers assigned to clinical care areas</b>	<ul style="list-style-type: none"> <li>comply with Acacium Group policy / procedures for the control and prevention of infection</li> <li>promote confidentiality, sharing information with partners on a need to know basis</li> <li>take part in training, including attending updates so skills are kept up to date</li> <li>access regular supervision and support in line with local procedures</li> <li>maintain accurate, comprehensive and legible records, with records being stored securely in line with local guidance (see Record Keeping Policy).</li> </ul>
<b>Acacium Group Compliance Team</b>	<ul style="list-style-type: none"> <li>ensure a work health assessment has been undertaken prior to placement and annually thereafter, via Health Business to ensure the proposed Acacium Group worker does not pose an infection risk to</li> </ul>

	<p>clients or colleagues when commencing work with the company i.e. tuberculosis screening or hepatitis vaccination</p> <ul style="list-style-type: none"> <li>review the health of workers after an illness via return to work/risk assessment to ensure readiness to return to work and suitability to return to previous work</li> </ul>
<b>Clinical Advisory Group</b>	<p>Review policies associated documents and training content for the Group. To support high clinical standards and quality improvement agendas in line with the Groups vision, strategic aims.</p>

## 4. Infection Prevention and Control Procedures

### 4.1 Equality and diversity

4.1.1 Under the Race Relations (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess, and consult, on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. In addition, the Equality Act October 2010 has replaced most the DDA Act demands a similar process of Equality Impact Assessment in relation to disability. An EIA must be completed by the author of this Policy using the checklist provided in Appendix A.

### 4.2 Minimising the risk of transmitting infection

4.2.1 Infection prevention and control is one of the most important tasks facing social and healthcare services. In order to minimise the risk of transmitting infection it is necessary to consider every client and worker as a potential carrier of an infection. In order to prevent infection and reduce the risk of transmission it is essential to use 'standard precautions' which include the following components:

- Hand decontamination
- personal protective equipment (PPE)
- sharps disposal
- Inoculation injury action
- Body fluid spill management
- Waste disposal
- Equipment decontamination.
- Appropriate use of single use/single person use items/consumables

4.2.2 As a large proportion of care is delivered in a client's own home, a pragmatic approach to infection prevention and control is required as there are obvious restrictions when working in a person's own home. The Acacium Group worker must:

- Wash/decontaminate their hands before commencing the provision of care
- Wash/decontaminate their hands when care has been completed
- Ensure the environment is as clean as possible.
- Use appropriate PPE where available and in line with local guidance

### 4.3 Assessment of risk

4.3.1 Assessment of risk and planning are integral to infection prevention and control. All clinically-based Acacium Group workers are expected to contribute to these processes. See also the Risk Assessment SOP.

### 4.4 The very young, the elderly and those immunocompromised

4.4.1 The principles set out table 4 also apply to this particular group of clients.



#### 4.5 Summary of infection prevention and control principles.

4.5.1 The following principles form the basis of these guidelines. They are adapted from the Department of Health (2004) guidance for clinical workers and should be followed at all times, in order to safeguard the health and safety of all clients and Acacium Group workers, as set out in 4.5.2.

#### 4.5.2 Summary of infection prevention and control principles.

It is essential that good working practices are applied at all times and these include:

- careful handling of all blood and body fluids from all clients, regardless of whether or not there is a risk of infection
- apply good basic hygiene practices with regular hand decontamination i.e. washing with soap and warm water and/or use of alcohol hand gel
- hand decontamination should be practised between contacts with all clients
- cover existing wounds or skin lesions with waterproof dressings
- wear appropriate protective clothing i.e. disposable gloves and plastic aprons must be worn when in contact with blood or body fluids
- protect the mucous membranes of the eyes, nose and mouth from blood splashes
- treat all blood or body fluids as potentially infectious
- clean and disinfect all blood spillages immediately with appropriate detergent available in the client's home
- do not re-sheathe or recap needles they must be placed directly into an approved sharps container preferably by the user
- hazardous or infectious waste must be disposed of according to the 'Waste Management' section in the Acacium Group Health and Safety Policy
- if the Acacium Group worker has the symptoms of gastroenteritis he / she must consult their GP and must not return to work until symptom free for 48 hours. Inform the Line Manager /appropriate other.
- Report any illness such as diarrhoea, vomiting, chicken pox, shingles or flu to the Line Manager/appropriate other.

#### 4.6 Standard precautions

4.6.1 Infection control is based on the use of practices and procedures that prevent, or reduce, the risk of infection being transmitted from a source of infection i.e. a person, contaminated body fluids, equipment, the environment etc, to a susceptible individual. There are specific requirements for each of the standard precautions and these include. Appendix F: Your 5 Moments for Hand Hygiene.

#### 4.7 Hand hygiene

4.7.1 Hand decontamination: Hands must be decontaminated in all of the following circumstances; please also refer to handwashing SOP:

- Immediately before every episode of direct patient / client contact or care, including aseptic procedures
- Immediately after every episode of direct patient / client contact or care
- Immediately after any exposure to bodily fluids
- Immediately after any other actively or contact with a patient / clients surrounding that could potentially result in hands becoming contaminated
- Immediately after removal of gloves.

4.7.2 Decontaminate hands with a hand-rub or liquid soap and water except in the following circumstances, when liquid soap and water must be used:

- When hands are visibly soiled or potentially contaminated with bodily fluids

- In clinical situations where there is potential for the spread of alcohol resistant organisms

4.7.3 Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:

- Being bare below the elbows when delivering direct patient / client care
- Removing wrist and hand jewellery with the exception of a plain wedding band
- Making sure that fingernails are short, clean and free from nail varnish
- No acrylic, gel or false nails are to be worn
- Covering cuts and abrasions with waterproof dressings

#### 4.8 Food safety and hygiene

4.8.1 The Food Safety Act 1990 (as amended regulations 2004) provides the framework for all food legislation in Britain. Guidance is provided on the application of food hygiene regulations in relation to domiciliary care, assisted living and care homes, and on registration and inspection requirements.

4.8.2 The term “hygiene regulations” means the Food Safety and Hygiene (England) Regulations 2013 and the equivalent food hygiene regulations 2006 in Wales, Northern Ireland and the European Union Regulations, which they enforce.

4.8.3 The hygiene regulations do not apply where there is a lack of continuity and organisation concerning such activities, and / or where the activities take place in circumstances considered “domestic” and “private”. The provision of food or food services within a domestic premises, other than for own private consumption may however be subject to the hygiene regulations.

#### 4.9 Care workers who provide meals:

4.9.1 If the client has a physical condition that prevents them from preparing food and they specifically instruct the care worker to prepare the dish in a specific way on their behalf. This situation could be considered “domestic preparation for private domestic consumption” and thereby not require food business registration.

4.9.2 People who work around open food while suffering from certain infections (mainly from bacteria and viruses) can contaminate the food or surfaces the food may come into contact with. This can spread infection to other people through the food:

- Diarrhoea and / or vomiting are the main symptoms of illnesses that can be transmitted through food
- Staff handling food or working in a food handling area must report these symptoms to management immediately.
- Managers must exclude staff with these symptoms from working with or around open food, normally for 48 hours from when symptoms stop naturally.

4.9.3 In addition, all staff who handle food and who work around open food must always:

- Wash and dry their hands before handling food, or surfaces likely to come into contact with food, especially after going to the toilet.

**This is because it is possible to be infected but not have symptoms.**

#### 4.10 Personal Protective Equipment (PPE)

4.10.1 Selection of protective equipment should be in line with current local guidance and must be based on an assessment of risk of transmission of micro-organisms to the patient / client, and

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the risk of contamination of the healthcare workers clothing and skin by patient / clients blood, bodily fluids, secretions or excretions.

#### 4.11 Gloves used for direct patient / client care:

- Must conform to current Government guidelines
- Should be appropriate for the task.

4.11.1 Gloves must be worn for invasive procedures, contact with sterile sites, and non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, bodily fluids, secretions or excretions, or to sharp or contaminated instruments.

4.11.2 Gloves must be worn as single-use items. They must be put on following appropriate hand hygiene immediately before an episode of patient / client contact or treatment and removed as soon as the activity is completed.

4.11.3 Ensure that gloves used for direct patient / client care that have been exposed to bodily fluids are disposed of correctly, in accordance with current national legislation or local policy.

4.11.4 An alternative to natural rubber latex gloves must be available for patient / clients, carers and healthcare workers who have a documented sensitivity to natural rubber latex.

4.11.5 Do not use polythene gloves for clinical intervention.

4.11.6 Wear a disposable plastic apron if there is a risk that clothing may be exposed to blood, bodily fluids, secretions or excrements.

4.11.7 When using disposable plastic aprons or gowns:

- Use them as single-use items, for one procedure or one episode of direct patient / client care
- Ensure they are disposed of correctly
- Face masks and eye protection must be worn when there is a risk of blood, bodily fluids, secretions or excretions splashing into the face and eyes or where government guidelines have recommended their use due specific outbreaks/pandemic infections.

#### 4.12 Sharps management

4.12.1 Sharps should not be passed directly from hand to hand and an appropriate tray or receptacle should be used and handling should be kept to a minimum. Used needles:

- Must not be bent or broken before disposal
- Must not be re-capped

4.12.2 Used sharps must be discarded immediately, by the person generating the sharps waste, into a sharps container to current standards.

#### 4.13 Sharp containers:

- Must be located in a safe position that avoids spillages, is at a height that allows the safe disposal of sharps, is away from public access areas and is out of reach of children
- Must not be used for any other purpose than the disposal of sharps
- Must not be filled above the fill line
- Must be disposed of when the fill line is reached
- Should be temporarily closed when not in use
- Should be disposed of every three months even if not full, by the licensed route in accordance with local policy.

- Should not be re-opened to review content

4.13.1 Use sharp safety devices if a risk assessment has indicated that they will provide safer systems of working for healthcare workers / carers / patients / clients / service users.

4.13.2 Train and assess all users in the correct use and disposal of sharps and sharps safety devices.

4.13.3 All needle stick injuries should be reported

#### 4.14 Blood and body fluid spillages:

- Clean up blood and body fluid spillages promptly
- At all times wear protective equipment i.e. gloves and apron
- For blood spillages use an appropriate detergent for body fluid. For spillages use a bleach product and dilute
- For urine spillages use hot soapy water. Bleach should not be used as the urine interacts with the bleach and causes harmful fumes

#### 4.15 Waste management

4.15.1 Healthcare waste must be segregated immediately by the person generating the waste into appropriate colour-coded storage or waste disposal bags, or containers defined as being compliant with current national legislation and local policies.

4.15.2 Healthcare waste must be labelled, stored, transported and disposed of in accordance with current national legislation, and local policies.

4.15.3 Educate patients / clients / carers about the correct handling, storage and disposal of healthcare waste.

4.15.4 Wear personal protective equipment when handling, and during the disposal of waste. All Acacium Group workers are responsible for the safe management and disposal of waste. Please refer to Acacium Group Health and Safety Policy for further details.

#### 4.16 Laundry care

4.16.1 In some packages of care, the client's family may be responsible for managing the laundry needs for the client. They may require guidance on laundering linen that has been soiled or is infected. If Acacium Group workers have to manage soiled or dirty linen, they must wear personal protective equipment. Acacium Group workers may advise the client's family if asked to do so, to wash all laundry at the correct temperatures, as per the instructions found on the linen.

#### 4.17 Decontamination of equipment

4.17.1 When care is delivered in a client's own home it is expected that equipment will be used for each client on an individual basis until it is no longer required. Where Acacium Group workers are required to use equipment between clients or where the equipment has been soiled or in the general cleanliness of the equipment, they should be cleaned according to the manufacturer's instructions or as detailed within the clients care plan. Cleaning may be with soap and water or an alcohol based solution.,.

#### 4.18 Blood Borne Viruses (BBV)

4.18.1 Prevention of blood borne viruses is achieved by following 'universal precautions'. The prevention of these infections depends upon effective health education aimed at the avoidance of contamination with blood and body secretions. The concept of universal precautions requires that everyone should be assumed to be infectious.

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4.18.2 The first duties of people at risk of exposure to infection is to ensure their own safety by vaccinations, by use of protective clothing i.e. latex gloves, gowns, eye protection etc. appropriate to the task, single use only. Dispose of waste safely. Safe work practices also include the avoidance of sharps whenever possible. The risk of injuries with contaminated needles is mainly associated with re-sheathing.

4.18.3 Action to take following possible contamination from a BBV. If contaminated with blood or other body fluids either through a needle stick injury, sharps injury or splashed with a fluid that is possibly contaminated, then take the following action as soon as possible:

- Wash splashes off the skin with soap and running water
- If the skin is broken, encourage the wound to bleed, do not suck the wound. Rinse thoroughly under running water, but do not scrub the wound while you're washing it.
- Wash out splashes in the eyes using tap water or an eye wash bottle, and the nose or mouth with plenty of tap water. Do not swallow the water
- Record the source of contamination
- Report the incident to the Line Manager / appropriate other.

4.18.4 Should this happen, contact the Line Manager / appropriate other immediately then attend Accident and Emergency urgently as prompt medical advice is important. The circumstances of the incident need to be assessed and consideration given to any medical treatment required. An incident form must be completed as a priority and reported via the incident reporting procedures. See the Incidents Reporting Policy and Needlestick SOP.

#### 4.19 Immunisation against BBV

4.19.1 Immunisation (vaccination) is available against hepatitis B virus but not for other BBVs, such as HIV. The need for a worker to be immunised should be determined by risk assessment. If required, the Line Manager / appropriate other will contact the Clinical Director.

#### 4.20 Communicable diseases

4.20.1 It is the responsibility of a registered medical practitioner, such as GPs, to report when a person has a communicable disease. This is usually reported straight to the Health Protection Agency (HPA) or the Environmental Health Department (EHD) at the local council. If a worker is unsure if the client has a communicable disease, they should follow the escalation procedure as detailed within the clients care plan or discuss with a more senior colleague/manager/NIC See Appendix D for a list of communicable diseases.

#### 4.21 Outbreaks of infectious diseases

4.21.1 At times when there are outbreaks of infectious diseases i.e. seasonal flu or other pandemics, such as SARS & COVID 19. Acacium Group will implement the business continuity plan. Whilst Acacium Group will endeavour to comply with commissioners' contract requirements, Acacium Group expects their commissioners to understand the need to reassess the care needs of their clients in order to prioritise caring for those most in need during a period where staffing levels are reduced.

4.21.2 Acacium Group will offer its workers as much protection from the infectious disease as possible. However, workers will need to understand that the protection provided can only be based on what protective measures are available during a time of shortage. Acacium Group workers will continue to be required to use standard precautions at all times, though the use of personal protective equipment may need to be reduced if supplies are in short supply i.e. aprons or gloves.

4.21.3 Acacium Group will work with local partners, such as the Director of Public Health and national partners, such as the DH, NHS Direct, HPA, as required in order to minimise the risks of transmission of infection as much as is practically possible.

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4.21.4 If an Acacium Group worker becomes infected with the infectious disease they must contact their Line Manager / appropriate other and must not come to work until they have been advised that they may return. Return to work will be in line with local and national guidelines

4.21.5 Acacium Group will proactively communicate with all their clients according to national and local requirements so that the clients understand the need for a reduction in services, and can identify other means of support, such as informal carers.

#### 4.22 **CoronaVirus/Covid-19**

4.22.1 Acacium Group workers are at risk of contracting Coronavirus within the Community setting and Secondary Care

4.22.2 To protect Acacium Group workers and service users it is important that they follow the most up to date Government Guidelines and follow the appropriate process

- Use the correct and appropriate PPE dependant on whether there has been a confirmed or suspected Coronavirus infection and dependant on whether Aerosol generating procedures are required see Appendix E - [file:///C:/Users/andrea.beaumont/Downloads/COVID-19 easy visual guide to PPE poster.pdf](file:///C:/Users/andrea.beaumont/Downloads/COVID-19%20easy%20visual%20guide%20to%20PPE%20poster.pdf)
- Community staff should follow the local hospital guidance when attending hospital with the Community Clients if the client has symptoms
- Community staff should contact 111/999/119 as part of the client contingency if the client has symptoms of a new cough, high temperature, breathing difficulties
- All staff should wash their hands with soap and water often and do this for at least 20 seconds. They should use hand sanitiser gel if soap and water are not available. Staff should cover their mouth and nose with a tissue or their sleeve (not their hands) when they cough or sneeze. Tissues should be put in the bin immediately and hands washed afterwards
- Clients cared for in the Community should be advised to remain at home unless medical treatment is required

#### 4.23 **Mpox**

4.23.1 Mpox is an illness caused by the mpox virus. It is a viral zoonotic infection, meaning that it can spread from animals to humans. It can also spread from humans to other humans and from the environment to humans.

4.23.2 Mpox can cause a range of signs and symptoms. While some people have less severe symptoms, others may develop more serious illness. The most common symptoms of mpox identified during the 2022 outbreak include fever, headache, muscle aches, back pain, low energy and swollen lymph nodes, followed or accompanied by the development of a rash which may last for two to three weeks. The rash can affect the face, palms of the hands, soles of the feet, groin, genital and/or anal regions. It may also be found in the mouth, throat, anus or vagina, or on the eyes:

- Acacium Group workers are at risk of contracting mpox or who have any signs or symptoms of the disease should seek medical advice and should not be in contact with the clients or patients. Where a client or patient is found to have any symptoms, the escalation process for the client/patient should be followed and medical advice sought

#### 4.24 **Healthcare Associated Infections (HCAI)**

4.24.1 Acacium Group workers are at risk of contracting norovirus, clostridium difficile and other healthcare associated infections.

4.24.2 To protect Acacium Group workers and service users it is important that the following process is followed when supplying agency workers to affected clinical areas:

- Clients are requested to inform Acacium Group of affected wards or units
- Community Clients are requested to inform Acacium Group of any affected households
- Acacium Group workers must be advised on shift allocation / placement that the ward or unit has norovirus / clostridium difficile / other hospital acquired infection present
- Acacium Group workers are entitled to refuse the shift if work commitments would cause cross infection
- Acacium Group workers can refuse to attend the shift on arrival if the client has not informed Acacium Group of the affected ward
- Acacium Group workers are advised that they will not be able to work elsewhere for 48hrs after working on an affected ward / unit
- Acacium Group acts on advice provided by our Independent Occupational Health Advisors.

#### 4.25 Record keeping

4.25.1 All records must be kept in accordance with national requirements, such as the Data Protection Act 2018, and in line with Acacium Group information policies, the Clinical Governance Policy and the Records Management policy.

4.25.2 For commissioned care packages, all records remain the property of the commissioner of the care package. The commissioner is responsible for the storage and retention of the records in line with the CQC NMS 2010.

### 5. Training

- 5.1 Acacium Group will enable staff to participate in training in infection prevention and control and where appropriate this will be included in local induction programmes. The training will be proportionate, and relevant, to the roles and responsibilities of each staff member.
- 5.2 Acacium Group workers must attend training to ensure that they are competent and have reached an agreed standard of proficiency in the management of infection prevention and control. This may also be included in the skills for health training.
- 5.3 The delivery of training is the responsibility of the line managers / appropriate others.
- 5.4 It is the responsibility of the Central Training Team to organise and publicise educational sessions, and to keep records of attendance.
- 5.5 All training provided is mapped to the requirements of individual training packages, the appraisal process, and noted in their PDPs.
- 5.6 Supervision and support - Acacium Group recognises the importance of providing supervision and support to all Acacium Group workers.
- 5.7 All staff should understand and be aware of the process for donning and doffing of PPE as part of the Infection prevention training.

### 6. Implementation Plan

- 6.1 For **consultation, ratification and dissemination** of this Policy, see the Policy on Policies for drafting, approval and review of policies, and SOPs.

6.2 This Policy will be implemented through:

- Communication of the Policy to all relevant workers
- Communication of the Policy to all stakeholders
- Raising awareness and understanding of the Policy and related processes throughout the organisation through committee meetings, Acacium Group workers' meetings, the Acacium Group 'Knowledge Room', the website and general communication
- Through Acacium Group induction programmes and related training.

### 6.3 Audit and monitoring

6.3.1 Processes for monitoring the effectiveness of the Policy include:

- Assessment of the number of MRSA and C Diff. cases acquired during the care provided by Acacium Group
- Monitoring of needle stick injuries
- Monitoring of Acacium Group worker uptake of hepatitis B vaccination and on going protection
- Management of any infectious diseases and the input from Acacium Group
- Monitoring of uptake of training
- Evidence of learning across the organisation
- Annual report to the Governance Committee
- Appraisal and Personal Development Plan (PDP).

## 7. Associated Policies / SOPs

### Policies

- CLIN 01 Risk Management Policy
- CLIN 14 Records Management Policy
- CLIN 22 General Care Policy
- ORG 04 Incidents Reporting Policy
- CORP10 Policy on Policies
- CORP14 Complaints Policy
- CORP07 Equality, Diversity and Human Rights Policy
- ORG 03 Health and Safety Policy
- ORG 06 Communication Policy

### SOPs

- SOP INF CONT 03 Hand Washing
- SOP INF CONT 10 Needlestick Injury - Acute Setting
- SOP INF CONT 11 Needlestick Injury - Community Setting
- SOP INF CONT 12 Needlestick Injury - Bank Setting

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## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing   one solution
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group

## Appendix B: Legislation

1. This Policy is based on the following legislation and national guidance, as set out below

Act, Policy & Guidance	Explanation
<b>The Health Act 2006 (revised 2009) includes the Code of Practice for the Prevention and Control of Healthcare Associated Infections (also known as the Hygiene Code)</b>	This Code of Practice was developed to ensure that the prevention of healthcare associated infections is embedded in the provision of all healthcare. This legislation now forms the basis of all standards, assessments, policy and guidance issued to healthcare organisations.
<b>Health and Social Care Act 2008: Code of Practice on the prevention and control of infections</b>	Governmental policy and legislation dictates the vital role healthcare providers have in infection prevention and control as part of its responsibility for patient / client safety. Defined the minimum duties that healthcare providers should have in place to minimise the incidence of healthcare associated infections (HCAIs). The legislation places a legal obligation on providers to ensure that clients are cared for in a clean environment where the risk of HCAI is kept to an absolute minimum. Organisations are required to ensure that infection prevention and control is in line with the risk management and governance frameworks, and to ensure that there is a managed environment, which minimises the risk of infection to all.
<b>The Personal Protective Equipment at Work Regulations 1992</b>	Sets requirements for employers to provide additional protective equipment where their workers come into contact with hazards that are potentially dangerous to an individual's health.
<b>Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999</b>	Under this Act and these Regulations, Acacium Group has a legal duty to protect the health of its workers and anyone else, for example the public, who may be affected by the work of Acacium Group.
<b>Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH)</b>	Under COSHH, Acacium Group has a legal duty to assess the risk of materials which are identified as hazards for its workers and others affected by the work of Acacium Group. When the risk is known, Acacium Group must take suitable precautions to protect the health of its workers who must also be given adequate information, instruction and training on any risks to health.
<p><b>'Infection control: Prevention of healthcare-associated infection in primary and community care.'</b></p> <p><b>National Institute for Health and Care Excellence (NICE, last updated February 2017)</b></p>	<p>This guidance makes recommendations on the standard principles for preventing healthcare associated infections, and on measures for preventing infections associated with three specific aspects of care:</p> <ul style="list-style-type: none"> <li>• the use of long-term urinary catheters</li> <li>• enteral feeding systems</li> <li>• central venous catheters.</li> </ul> <p>Each of these includes education of clients / carers / healthcare personnel.</p>

<b>Care Quality Commission. (CQC) 2009</b>	The government brought in a new regulation regarding cleanliness and infection control in April 2009, to ensure that clients, workers and others are protected from the known risks of acquiring an HCAI. This forms part of the CQC standards and monitoring system.
<b>The Health and Social Care Act 2008 – now 2012</b>	<p>The Health and Social Care Bill was introduced into Parliament on 15 November 2007. It contains significant measures to modernise and integrate health and social care. The Health and Social Care Act 2008 received royal assent on 22 July 2008.</p> <p>The Department of Health published an updated version of the Code of Practice regarding HCAs on 1 April 2010, under the Health and Social Care Act 2008. This is called the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance'.</p>
<b>Health and Social Care Act 2008 – last updated 24 July 2015</b>	The relevant part of this Act to the Policy was the introduction of the Care Quality Commission (CQC) which is an integrated regulator for health and adult social care, bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high quality services.
<b>Skills for Health</b>	Ensures that a sustainable healthcare workforce across the UK. Ensuring a specific standard and level of training and competencies are available to healthcare professionals to ensure an increase in quality of healthcare.
<b>Environmental Protection Act 1990</b>	The relevant section applies to the prohibition on unauthorised or harmful deposit, treatment or disposal etc. of waste.
<b>Environmental Protection Act Scotland 1990</b>	As above.
<b>Environmental Protection Act Northern Ireland 1990</b>	As above.
<b>Food Safety Act 1990</b>	The Food Safety Act 1990, is an Act of Parliament. It is the <u>statutory</u> obligation to treat food intended for human consumption in a controlled and managed way.
<b>The Department of Health and the Health Protection Agency, in consultation with the Chartered Institute of Environmental Health, has published guidance on updated health protection legislation covering the recently amended Public Health (Control of Disease) Act 1984 and new regulations made under it</b>	The Department of Health and the Health Protection Agency, in consultation with the Chartered Institute of Environmental Health, has published guidance on updated health protection legislation covering the recently amended Public Health (Control of Disease) Act 1984 and new regulations made under it. <i>From Spring 2021 this will be reported to National Institute for Health Protection</i>
<b>Public Health (Infectious Diseases) Regulations 1988</b>	Under this legislation, doctors in England and Wales have a statutory duty to notify a 'Proper Officer' of the local authority if they are aware that, or have cause to suspect, a patient / client is suffering from one of the notifiable diseases.

<b>The Public Health Agency (PHA) established in April 2009 as part of the reforms to Health and Social Care (HSC) in Northern Ireland</b>	PHA is a regional organisation for health protection and health and social wellbeing improvement. The PHA role includes addressing the causes and associated inequalities of preventable ill-health and lack of wellbeing.
<b>Health Protection Agency Scotland</b>	The role of the Health Protection Agency in Scotland was one of the issues included in 'Health Protection in Scotland', a consultation paper issued by the Scottish Executive (November 2002). The consultation was carried out as part of the Executive's drive to strengthen health protection functions in Scotland to ensure that we have in place arrangements which are capable of effectively monitoring, addressing and responding to a widening spectrum of environmental, biological, chemical and infectious threats. In particular, views were sought on six options for structural change, which took into account the establishment of the Health Protection Agency in England and Wales.
<b>Health Protection Agency UK</b>	The role was to provide an integrated approach to <b>protecting UK public health</b> through the provision of <b>support and advice</b> to the NHS, local authorities, emergency services, other arm's length bodies, the Department of Health and the devolved administrations. From this August 2020, National Institute for Health Protection will subsume parts of PHE (Public Health England), the Joint Biosecurity Centre and NHS Test and Trace  <i>From Spring 2021 all aspects of Health Protection Agency's role will be reported to National Institute for Health Protection.</i>
<b>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)</b>	Reporting of dangerous occurrences.
<b>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997</b>	Reporting of dangerous occurrences.
<b>Social Care and Social Work Improvement Scotland (SCSWIS) September 2011 (known as the Care Inspectorate)</b>	The independent regulator of social care and social work services across Scotland is SCSWIS. They regulate, inspect and support improvement of care, social work and child protection services for the benefit of the people who use them.
<b>'Essential standards of quality and safety' (Care Quality Commission, March 2010 - revised 2014)</b>	Regulator standards.
<b>Regulation and Quality Improvement Authority (RQIA) 2005, 2009</b>	'The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.' The reviews undertaken by the RQIA are based

	on the Department of Health's guidance 'Quality standards for health and social care', published in 2006. In 2009, the duties of the Mental Health Commission were also transferred to the RQIA.
<b>Health and Social Care Act 2008 – now 2012</b>	The relevant part of this Act to the Policy was the introduction of the Care Quality Commission (CQC) which is an integrated regulator for health and adult social care, bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high quality services.
<b>The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.</b>	Guidance from the Health and Safety Executive regarding safe sharps management in the clinical setting.
<b>Food Standards Act 1999</b>	The main purpose of the Act was to establish the Food Standards Agency, provide it with functions and powers, and to transfer to it certain functions in relation to food safety and standards under other acts.
<b>Food Standards Agency UK</b>	The Food Standards Agency has a statutory objective to protect public health and consumers' other interests in relation to food and drink.

## 2. Equality and diversity

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

## Appendix C: Diseases notifiable to Local Authority Offices

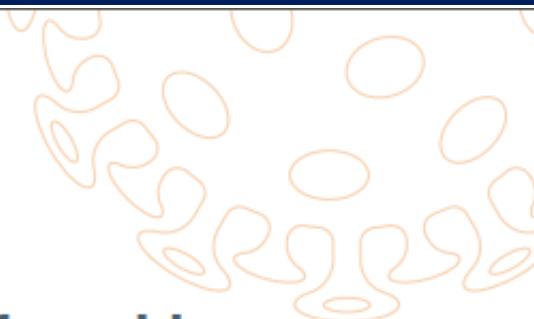
### Diseases notifiable to Local Authority Officers under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- A-acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Covid-19
- 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
- Mpox
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

## Appendix D: A Visual Guide to Safe PPE



Public Health  
England



# COVID-19 Safe ways of working

## A visual guide to safe PPE

### General contact with confirmed or suspected COVID-19 cases

Eye protection to be worn on risk assessment

Fluid resistant surgical mask

Disposable apron

Gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

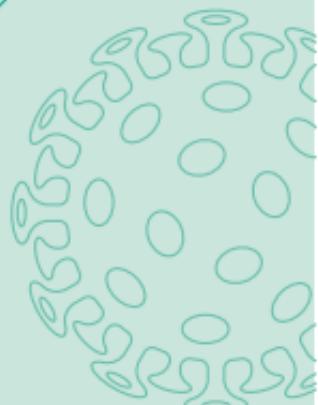
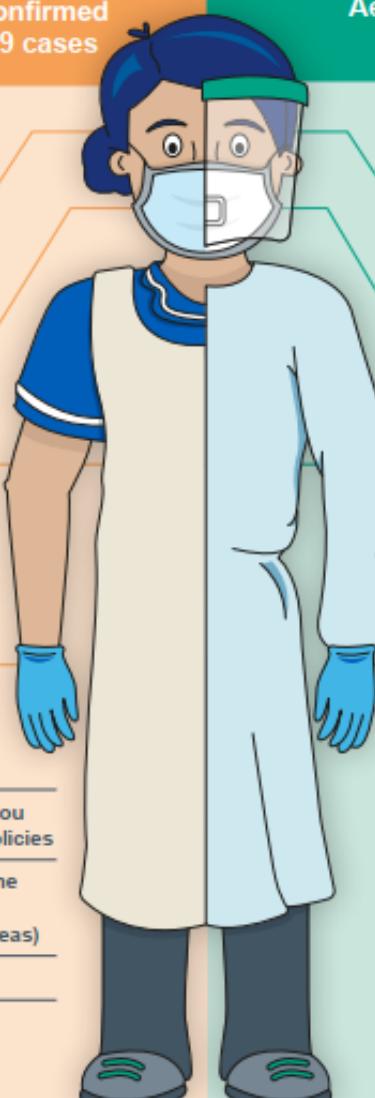
### Aerosol Generating Procedures

Eye protection eye shield, goggles or visor

FFP3 or FFP2 respirator

Long sleeved fluid repellent gown

Gloves



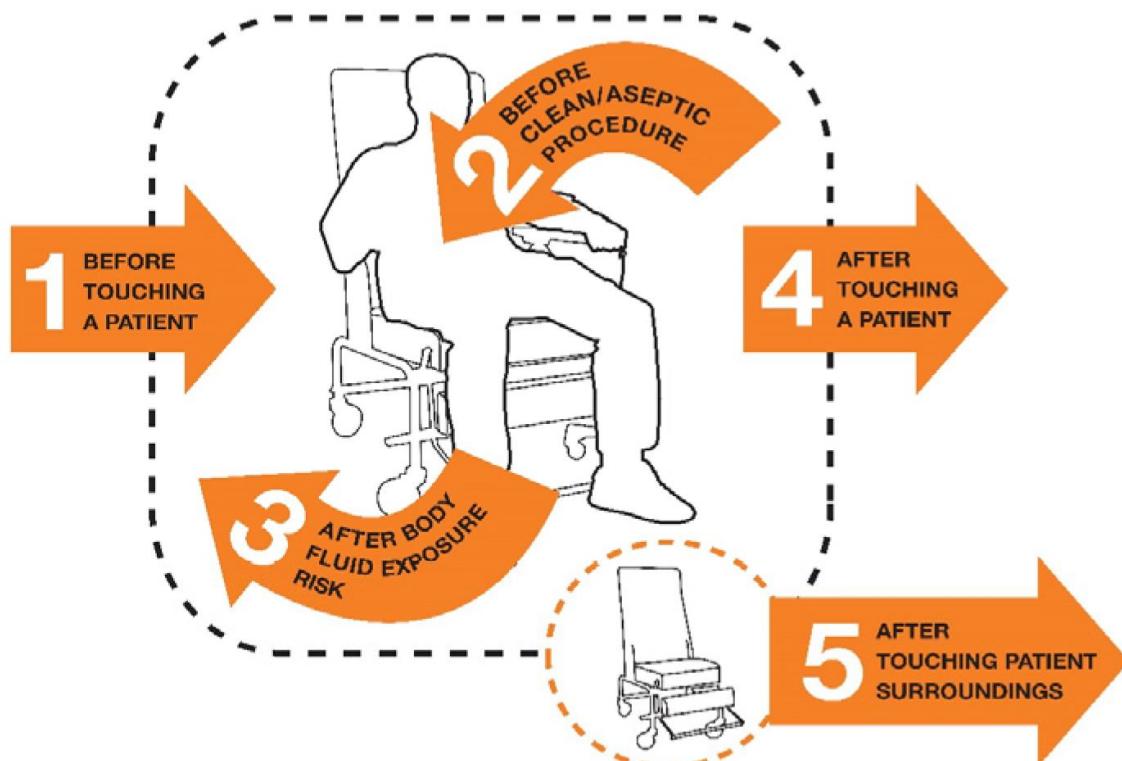
For more information on infection prevention and control of COVID-19 please visit:

[www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control](http://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

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## Appendix E: Your 5 Moments for Hand Hygiene

# Your 5 Moments for Hand Hygiene



<b>1</b> BEFORE TOUCHING A PATIENT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her. <b>WHY?</b> To protect the patient against harmful germs carried on your hands.
<b>2</b> BEFORE CLEAN/ASEPTIC PROCEDURE	<b>WHEN?</b> Clean your hands immediately before performing a clean/aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal). <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>4</b> AFTER TOUCHING A PATIENT	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>5</b> AFTER TOUCHING PATIENT SURROUNDINGS	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

**SAVE LIVES**  
Clean Your Hands

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