

Policy title:	Infection Prevention and Control Policy – Northern Ireland
Outcome:	TXM Healthcare Ltd endeavours to promote the safety and protection of our staff, nurses, clients, and their patients, as well as public by the application of a structured, compliant, and sensible approach to infection control and prevention
Target Audience:	All TXM members meaning TXM Healthcare staff, whether employed full-time or part-time, paid, or unpaid, granted practising privileges, volunteers, students, and external contractors. This may also be provided to clients, service users, and members of the public.
Authorised by:	Ciaran Maynes - Registered Manager TXM Healthcare Ltd
Approved by:	Ciaran Maynes - Registered Manager TXM Healthcare Ltd
Date issued:	22 August 2023
Next review date:	22 August 2024 (Or before if there is a change in practice or circumstances)

Policy Statement

As a provider of staff to the nursing sector, it is TXM Healthcare's policy to ensure the safety and protection of our staff, nurses, clients, and their patients, as well as the public by application of a structured, compliant, and sensible approach to infection control and prevention, handling, recording, and reporting of infectious diseases in the workplace.

We recognise that it has an ethical and legal obligation to implement a strict code of practice in relation to infection control and the prevention and control of infectious diseases to protect the welfare of patients on client premises in the care of our nurses on client premises.

Our approach to infection control and the prevention and control of infectious diseases is compliant with common sense, industry best practices, client policies & procedures, and legislation including:

- Public Health (Control of Diseases) Act 1984.
- Prevention & Control of Infectious Diseases Act 1988.
- Public Health (Infectious Diseases) Regulations 1988.
- The National Infection Prevention & Control Manual.

It is also in alignment with the Public Health Agency's Northern Ireland Regional Infection Prevention & Control Manual.

Scope Of the Policy

Where the client has their own policy relating to infection control and the prevention and control of infectious diseases, agency workers will be expected to follow the instruction, advice, and guidance held therein. We will ensure that such policy documents (if available) are provided to agency workers prior to the commencement of each new assignment.

In the unlikely event that the client does not have such a policy in place, we will require nurses to adhere to the advice and guidelines contained within this policy as a minimum standard. In such cases, this policy applies to all staff and agency workers who are exposed to patients and the information, advice, and guidance held herein will be made available to all such individuals prior to the commencement of a job/assignment.

It will only be possible for us to comply with these obligations if our employees, contractors, and agency workers understand that they have a duty to care for third parties, and a responsibility to read, understand and implement the advice and guidance held within this policy.

Employees are reminded that once in possession of this information, failure to comply with the advice and guidance held herein may be dealt with under the terms of our disciplinary procedure. Breach of this policy by agency workers may lead to the termination of their assignment with immediate effect.

Responsibilities

It is the responsibility of the Registered Manager to ensure that the information, advice, and guidance held within this policy is communicated to all staff and agency workers; and to ensure that these individuals are aware of and accept their responsibilities and the potential consequences for failure to adhere to the guidelines held within it.

As an agency worker, you should not declare yourself fit to work if you are suffering from vomiting, diarrhoea, a rash, or any of the symptoms of Covid-19. You should also inform us and the client if you become injured or diagnosed with any medical condition that affects your ability to work or poses any risk to yourself or others around you.

Nurses must also let us know if they are pregnant. If they are concerned that the assignment involves unnecessary risks to their health or fitness or that of their unborn child, they should contact us immediately.

Nurses are also required to familiarise themselves with the infection control and waste management facilities in the areas where they are working and to follow the guidelines provided.

Policy Principles

The policy covers the procedures to be adopted in the following areas:

- Personal hygiene and hand washing.

- Respiratory & cough hygiene.
- Handling spills of blood, urine, faeces, vomit, or nasal discharge.
- Sterilisation, cleaning, and waste disposal.
- Use of protective clothing and PPE.
- Safe management of equipment, the environment, and linen.
- Food safety & hygiene.
- Communicable conditions & infectious diseases.
- Immunisation.
- Incubation, infection, and exclusion periods.
- Influenza, swine flu, and coronavirus.
- Recording and reporting of incidents.

Preventative & Control Procedures

Personal Hygiene & Handwashing

Before executing hand hygiene, you must:

- Expose forearms.
- Remove all hand/wrist jewellery - one plain, metal, finger ring is permitted but should be removed (or moved up the finger to expose the skin underneath) during hand hygiene.
- Ensure fingernails are clean and short and avoid wearing artificial nails or nail products.
- Cover all cuts or abrasions with a waterproof dressing.
- Do not use bar soap or nail brushes.

Alcohol-based hand rubs must be available as close to the point of care as possible. Where this is not practical, personal hand-rub dispensers should be used:

- Before touching a patient.
- Before undertaking clean/aseptic procedures.
- After the risk of exposure to body fluid(s).
- After touching a patient.
- After touching a patient's immediate surroundings.

Hands should be washed with non-antimicrobial liquid soap and water:

- If they are visibly soiled or dirty.
- If you are caring for a patient with a suspected or known gastrointestinal infection, such as norovirus or a spore-forming organism like *C difficile*.
- Before and after preparing, handling, or eating food.
- After using the toilet.
- After touching animals and pets.
- After contact with bodily fluids such as blood, urine, faeces, vomit, or nasal discharge.
- Before and after the use of surgical or protective gloves.

The technique for hand hygiene is the same as using soap or hand sanitiser. The following steps should be followed with at least 15 seconds of washing for each step. Rinse hands well and dry thoroughly with a paper towel. Taps should be turned off with elbows or paper towels which should then be disposed of in a foot pedal-operated bin (do not touch the bin with your hands). The steps for washing hands are:

- Step 1 – palms.
- Step 2 – back of both hands.
- Step 3 – between fingers.
- Step 4 – thumbs and webs.
- Step 5 – knuckle grip.
- Step 6 – fingertips.
- Step 7 – wrists.

Respiratory Hygiene

To help prevent the spread of infection via respiratory means, you should:

- Cover your nose and mouth with a disposable tissue when sneezing, coughing, wiping, or blowing the nose.
- Dispose of all used tissues immediately into a waste bin.
- Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by them.

- Avoid using wipes for hand hygiene in any setting unless there is no running water available. In such cases, hand wipes followed by an alcohol-based hand rub should be used, and hands washed at the first available opportunity.
- Keep contaminated hands away from the eyes nose and mouth and do not touch your face.
- Wear PPE provided as appropriate in alignment with the risk assessment undertaken for the area you are working (e.g., mask, visor, goggles, etc).

Cleaning Of Blood, Urine, Faeces, Vomit, Or Nasal Discharge Spills

All such spills should be cleared up promptly and all surfaces disinfected immediately by trained staff. Protective gloves must always be worn when cleaning up such spills (or in the event of exposure to bodily fluids) and disposed of in the correct manner after each such use. The spillage area should be cordoned off to prevent patients from accessing the contaminated area until cleaning has been completed.

Sterilisation, Cleaning, Sharps, And Waste Disposal

All premises, surfaces, equipment, and feeding accessories must be disinfected and cleaned thoroughly after use and at the end of each visit to a patient. Instructions for the effective use of sterilisation equipment must be followed and where appropriate, training will be given in the use of such equipment.

Categories of waste include the following:

- Clinical waste: this is produced as a direct result of healthcare activities, for example, soiled dressings, and sharps.
- Special (or hazardous) waste: this arises from the delivery of healthcare in both clinical and non-clinical settings. Special waste includes a range of controlled wastes, defined by legislation, which contain dangerous or hazardous substances, such as chemicals and pharmaceuticals.
- Domestic waste: must be segregated at source into dry recyclates (glass, paper and plastics, metals, cardboard) and residual waste (any other domestic waste that cannot be recycled).

Always dispose of waste immediately and as close to the point of use as possible. It should be disposed of into the correct segregated colour-coded UN 3291-approved waste bag (these are orange/yellow for healthcare waste and black/clear/opaque for domestic waste). Solid containers (sharps boxes) should be used for sharps.

Sharps boxes must:

- Have a dedicated handle.
- Have a temporary closure mechanism, which must be employed when the box is not in use.
- Be disposed of when the manufacturer's fill line is reached.
- Be labelled with the point of origin and date of closure.

Procedures for safe disposal of contaminated waste must be followed including as a minimum:

- Double bagging of articles contaminated with bodily waste.
- Placing waste into the relevant containers for disposal.
- Keeping waste bins out of reach of children (if applicable).
- Emptying waste disposal containers on a daily basis.
- Where possible contaminated waste should be disposed of in an outside bin.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and agency workers in the healthcare sector in relation to arrangements for the safe use and disposal of sharps, provision of information and training to employees, and investigations and actions required in response to work-related sharps injuries.

Sharp's handling must be assessed, kept to a minimum, and eliminated, if possible, with the use of approved safety devices. Manufacturers' instructions for safe use and disposal must be followed and needles must not be re-sheathed.

Significant occupational exposure includes:

- A percutaneous injury, such as injuries from needles, instruments, bone fragments, or bites that break the skin.
- Exposure of broken skin (abrasions, cuts, eczema, etc).
- Exposure of mucous membranes, including the eye, from the splashing of blood or other high-risk body fluids such as cerebrospinal, peritoneal, synovial, or amniotic fluids, semen, vaginal secretions, and breast milk.

There is a risk of transmission of a blood-borne virus from significant occupational exposure, and you must understand the actions they should take when a significant occupational exposure incident takes place.

Use Of Protective Clothing & Equipment

Personal protective equipment, clothing, aprons, gloves, etc will be provided free of charge. You are required to follow the guidelines of the client organisation in terms of the use of such clothing or equipment. Hands should be washed prior to putting on

and after removing protective gloves. Gloves must be changed between uses/each patient. In the event of skin lesions or breaks in exposed skin, waterproof dressings must be used.

Personal protective equipment (PPE) includes gloves, aprons, gowns, and eye or face protection. All PPE should be:

- Located close to the point of use.
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to).
- Single-use only items, unless specified by the manufacturer.
- Disposed of after use into the correct waste stream - that is, healthcare waste or domestic waste.

Gloves must be:

- Worn when exposure to blood and/or other body fluids is anticipated/likely.
- Changed immediately after each patient and/or following the completion of a procedure or task.
- Changed if a perforation or puncture is suspected.
- Appropriate for use, fit for purpose, and well-fitting to avoid excessive sweating and interference with dexterity.

Aprons must be:

- Worn to protect uniform or clothes when contamination is anticipated/likely.
- Changed between patients and/or after completing a procedure or task.
- Removed carefully without touching the outer surface and rolled into a ball before disposal into the relevant waste receptacle.

Full-body gowns/fluid-repellent overalls must be:

- Worn when there is a risk of extensive splashing of blood and/or other body fluids, such as in the operating theatre.
- Changed between patients and immediately after completion of a procedure or task.

Eye/face protection (including full-face visors) must be worn if blood and/or body fluid contamination to the eyes/face is anticipated or likely (for example, in members of the surgical team) and always during aerosol-generating procedures (AGPs - medical and patient care activities that can result in the release of airborne particles). AGPs create a risk of airborne transmission of infections that are usually only spread by droplet transmission. Fluid-resistant surgical face masks must be:

- Worn if splashing or spraying of blood, body fluids, secretions, or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely.
- Worn to protect patients from the operator as a source of infection, for example when performing an epidural or inserting a central vascular catheter.
- Well-fitting and fit for purpose, that is fully covering the mouth and nose. Manufacturer's instructions must be adhered to for effective fit/protection.

Safe Management of Equipment, The Environment & Linen

Care equipment can be:

- Single use: used once on a single patient and then discarded. Such equipment must never be reused, even on the same patient. The packaging carries a symbol depicting "2" in a circle, with a diagonal line running through it from the top left to the bottom right. Needles and syringes are single-use devices; they should never be used for more than one patient or reused to draw up additional medication. Medications should never be administered from a single-dose vial or intravenous bag to multiple patients.
- Single-patient use: can be reused on the same patient. Oxygen masks are single patient use and should be used, stored, and decontaminated according to manufacturers' instructions.
- Reusable invasive: must be decontaminated after use and includes items such as surgical instruments.
- Reusable non-invasive: often referred to as communal equipment, this can be reused on more than one patient as long as it has been decontaminated between each use. Items include commodes and patient transfer trolleys.

The care environment must be:

- Visibly clean and free from non-essential items and equipment to facilitate effective cleaning.
- Well maintained and in good repair.
- Routinely cleaned in accordance with national cleaning specifications.

A fresh general-purpose neutral detergent/warm water solution is recommended for routine cleaning. Routine disinfection of the environment is not recommended but 1,000ppm available chlorine should be used routinely on sanitary fittings.

Clean linen should be stored in a clean, designated area, preferably an enclosed cupboard. If a cupboard is not available, the trolley used for storage must be designated for this purpose and completely covered with an impervious covering that is able to withstand decontamination.

For used linen (“soiled linen” in England, Wales, and Northern Ireland), staff must ensure a laundry receptacle is available as close as possible to the point of use for immediate linen deposit. Staff must avoid:

- Rinsing, shaking, or sorting linen on removal from beds/trolleys.
- Placing used linen on the floor or any other surface, such as a locker/tabletop.
- Re-handling used linen, once bagged.
- Overfilling laundry receptacles.
- Placing inappropriate items, such as used equipment/needles, in the laundry receptacle. Used linen must be tagged with the date and hospital ward or care area, then stored in a designated, safe, lockable area until it can be collected.

Infectious linen includes that which has been used by a patient who is known, or suspected, to be infectious, and/or linen contaminated with blood and/or other body fluids such as faeces. Infectious linen should be processed in the following sequence:

- Place directly into a water-soluble/alginate bag and secure.
- Place into a plastic bag, for example, a clear bag and secure it.
- Fill in a tag specifying the date and the hospital ward or care area and attach it to the bag/receptacle.
- Place in a laundry receptacle.
- Store in a designated, safe, lockable area while awaiting uplift.

Any items that are heavily soiled and unlikely to be fit for reuse should be bagged as infectious linen and returned to the laundry department for disposal.

Safe Laundering of Uniforms

It is well reported that micro-organisms can survive on inanimate surfaces, including textiles for extended periods, and as such the following rules should be followed for laundering uniforms at home:

- A minimum temperature of 60 degrees centigrade should be used in a wash cycle of at least 10 minutes.
- Uniforms should be stored (pre-wash) safely and washed separately from other items after every shift.
- A detergent should be used.
- Uniforms should be tumble dried whenever possible.

Food Safety & Hygiene

You must follow the client’s policy and procedures in relation to food safety, handling, and hygiene. As a minimum, the following should be checked regularly to minimise the risk of food poisoning:

- Food must be kept at an appropriate temperature with different foods kept in separate sealed containers.
- Refrigerators and freezers kept at the recommended temperatures.
- Surfaces to be kept clean and disinfected.
- Disposable towels to be used to wipe down surfaces (rather than reusable cloths).
- Cleaners and disinfectants that are safe for food surfaces are to be used at all times.
- Sell-by dates to be checked on all foodstuffs and out-of-date food disposed of immediately.

Communicable Conditions and Infectious Diseases

The following are considered to be communicable or infectious conditions. Staff and agency workers must be aware of potential symptoms in order to spot an outbreak early and follow procedures to minimise the risk of transfer or infection to other people, particularly the patients in their care.

- Chicken Pox.
- CJD.
- Conjunctivitis.
- Covid-19.
- Diphtheria.
- Food Poisoning.
- Hepatitis A.
- Hepatitis B.
- Hepatitis C.
- Impetigo.
- Influenza.
- Lice.
- Measles.
- Meningitis C.

- Mumps.
- Pertussis (Whooping Cough).
- Polio.
- Rubella (German Measles).
- Scarlet Fever.
- Sickness & Diarrhoea.
- Tetanus.
- Tuberculosis.
- Varicella.

Occupational Health & Immunisation

Agency Workers will undergo comprehensive occupational health screening and have a current health clearance/immunisations and test results in accordance with the latest Department of Health guidelines before we can send them out on any assignments. We are required to update these health assessments on an annual basis unless you have spent a period of 3 months or more outside of the United Kingdom, in which case we will need to update the health assessment before deploying you as Fit to Work.

The immunisation and test results required for Occupational Health Clearance are:

- Varicella: Tests showing a positive result (immunity). Negative or Equivocal results require re-vaccination and retesting. Written confirmation of having had chicken pox or shingles is also acceptable. Self-certification is acceptable.
- Tuberculosis: Occupational Health or GP certificate of a positive scar or a positive skin test result.
- Rubella: Certificate of vaccination or a blood test result showing a positive result (immunity) or *TWO* doses of MMR, Please note: > 15 UI/ml: Immune, 10 – 14 UI/ml: Low-Level Immunity, and < 10 UI/ml: Non- Immunity.
- Measles & Mumps: Evidence of *TWO* doses of MMR, or a positive result (immunity) for measles, mumps & rubella. Negative or equivocal requires re-vaccination and re-testing.
- Hepatitis B: A recent pathology report showing titre levels of > 100IU/l. If the result is <100IU/l then a Hepatitis B Booster is required.

The following three are **ONLY** required if you need an Exposure Prone Procedure (EPP) Certificate:

- Hepatitis B Surface Antigen: Evidence of a negative result.
- Hepatitis C: Proof of non-infectivity (negative) with a recent UK pathology report.
- HIV: Evidence showing antibody negative.

Incubation, Infection, And Exclusion Periods

Based on information from the Health Protection Agency, we will adhere to the following recommended exclusion periods:

Disease/Illness	Recommended Exclusion Period
Chicken Pox	5 days from the onset of rash
Impetigo	Until lesions are crusted or healed
Measles	5 days from the onset of rash
Meningitis	Until recovered
Mumps	5 days from the onset of swollen glands
Rubella (German Measles)	5 days from the onset of rash
Scarlet Fever	5 days after commencing antibiotics
Sickness & Diarrhoea	48 hours from the last episode
Whooping Cough	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment

Influenza/Swine Flu

In the event that you experience symptoms that are consistent with COVID-19, Swine Flu, or influenza-like illness (ILI) while at work, you should report this immediately to us and should then be sent home and not return to work until the symptoms have cleared. We will then be responsible for reporting the outbreak to the appropriate authorities.

If you experience symptoms while not at work, you should:

- Inform us immediately.
- Stay at home – self-isolate.
- Not go back to work until you are fully recovered.

COVID-19

If you experience symptoms of Covid-19 (persistent cough, raised temperature, or loss/change in sense of taste or smell) you must follow the prevailing guidelines in Northern Ireland (<https://www.nidirect.gov.uk/campaigns/coronavirus-covid-19>). In addition:

- If you are at work, you must report your symptoms to your Line Manager and go home immediately.
- Arrange a test.

- If you are at home, you should stay there and self-isolate for the required period.
- You must not go back to work until you are fully recovered in alignment with the prevailing timescale/circumstances.
- Contact the National Pandemic Flu Line for advice and an initial assessment of the symptoms.
- Inform us immediately.

If you live with someone who has symptoms you must stay at home and self-isolate in alignment with the guidelines in the link above.

If you receive a negative test for Covid-19 you can stop self-isolating if:

- Everyone you live with who has symptoms of Covid-19 has tested negative – you need to keep self-isolating if someone in your household tests positive or develops symptoms of Covid-19 and has not been tested.
- You feel well enough and have not had a raised temperature for more than 48 hours.
- You are not in close contact with a confirmed case.

If you develop new or worsening symptoms, you should self-isolate and can arrange to be re-tested.

Recording And Reporting of Incidents of Communicable/Infectious Diseases

As soon as any symptoms of a communicable disease are identified, it is essential that you report such symptoms to us and your line manager and record it according to the client organisation's policy.

Policy Implementation, Monitoring & Checking

Implementation and training of this policy amongst staff and Agency Workers will be led and monitored by the Registered Manager who will have overall responsibility for the:

- Communication of guidance and instruction in relation to infection control and the prevention and control of infectious diseases.
- For the development of best practice guidelines relating to new legislation, regulation, and Government advice and guidance relating to new epidemics/pandemics.
- Carrying out regular audits to ensure that all staff and Agency Workers have signed a document to confirm their receipt and understanding of this policy and agreement to implement all guidance held within it.

Review

This policy will be reviewed regularly and may be altered from time to time in light of legislative/best practice changes, epidemic/pandemic, or other prevailing circumstances.

Policy Ownership

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