INFECTION CONTROL POLICY

Policy Statement:

1.1 McSence Group recognises it has an obligation, under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulations 2002 (as amended), and associated legislation.

McSence Care is part of McSence Communication Ltd and this Policy and Procedure document relates to the care at home service operated by McSence Care.

1.2 This policy and procedure has been developed in order to:

- Ensure the safe management of infection control within our service
- Outline safe systems and procedures regarding the safe control of infections
- Outline the importance of assessment and reviews
- Manage the risks in relation to providing a supportive service to clients against controlling infections

2.0 Scope:

2.1 The purpose of this policy is to explain the principles of infection prevention and control and to define the responsibility and accountability of each member of staff in ensuring that those principles are adhered to, so that we can be assured that our prevention and control measures are robust and appropriate.

2.2 For many common infections and infectious diseases, early recognition and prompt action can reduce the spread of disease, the severity of the illness and the number of people infected. McSence Care expects all staff to adhere to this Infection Control Policy and associated Procedures and Guidelines at all times, to ensure high standards of care are applied to protect clients, staff, family carers and visitors from unnecessary exposure to infection.

2.2 It must be assumed that all blood and body fluids are infectious and infection control procedures must be adopted at all times.

3.0 Responsibilities:

3.1 Each Manager is responsible for ensuring the Infection Control Policy and Procedures are readily available and communicated to staff and that staff adhere to the policy and procedures in their day-to-day work practice.

3.2 The Service Manager is responsible for ensuring risk assessments have been completed and that measures are in place to minimise the level of risk, and that these are monitored and evaluated within their area of responsibility.

3.3 Each member of staff is responsible for ensuring that they understand the requirements of the Policy and Procedure and use them in their day-to-day work, thus ensuring that they do not place at risk the wellbeing of themselves or others by their acts or omissions.

3.4 McSence Care does not expect staff to expose themselves to unnecessary risk of infection. It does, however, recognise that in some situations staff may make an immediate response to emergencies that will not always allow for full compliance with these guidelines.

4.0 Risk Assessment:

4.1 The Service Managers and/or the Coordinators must carry out a general risk assessment during the personal planning process on the possible exposure to blood and body fluids and the risk of the substance containing harmful organisms in order to implement infection control precautions to prevent transmission of these organisms and minimise the spread of infection (see separate Risk Assessment Policy).

5.0 Prevention of the Spread of Infection:

5.1 It is not always possible to identify people who may spread infection to others, therefore precautions to prevent spread of infection must be followed at **all** times. These routine procedures are called standard precautions and are outlined In the Infection Control Procedures.

5.2 All blood and body fluids are potentially infectious, and precautions are necessary to prevent exposure to them. Each member of staff is accountable for his/her actions and must follow safe practices.

5.3 Immunisation is an additional way of avoiding infection amongst staff. However, immunisation is not available against all infections and it is not guaranteed 100% effective.

5.4 It is an individual's own responsibility to maintain his/her immunity against these diseases.
McSence Care will support all staff working with clients where it is appropriate for them to obtain immunisation against Hepatitis 'B', which must be identified in the risk assessment for such clients.

6.0 C Difficile and MRSA:

Older people are particularly susceptible to infection, especially if they have pre-existing health conditions and require antibiotic treatment or a stay in hospital. The two infections of most concern in McSence Care service are C. Difficile and MRSA.

6.1 A Clostridium difficile infection is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics. Older people are most at risk from infection, especially those who are frail or have medical conditions. People over the age of 65 account for three-quarters of all cases. The symptoms of a C. difficile infection can range from mild to severe and include:

- Diarrhoea
- A high temperature (fever) of above 38ºC
- Painful abdominal cramps

6.2 Spores of the C. difficile bacteria can be passed out of the human body in faeces and can survive for many weeks, and sometimes months, on objects and surfaces. If you touch a contaminated object or surface and then touch your nose or mouth, you can ingest the bacteria. The C. difficile bacteria do not usually cause any problems in healthy people. However, some antibiotics can interfere with the natural balance of normal bacteria in the gut that protects against C. difficile infection. When this happens, C. difficile bacteria can multiply and produce toxins that cause symptoms such as diarrhoea. The condition usually responds well to treatment, with symptoms improving in two to three days and clearing up completely within 7 to 10 days. Severe cases of C. difficile infection can be fatal, especially when they occur in people who are already very ill.

6.3 C. difficile bacteria spread very easily. Despite this, C. difficile infections can usually be prevented by practising good hygiene, such as washing hands regularly and cleaning surfaces using products containing a chlorine-releasing agent. If you are visiting a client in hospital with C. difficile, you can reduce the risk of spreading infection by washing your hands before and after entering the bed space. Alcohol hand gel is not effective against C. difficile spores, so the use of soap and water is essential.

6.4 MRSA is 'methicillin-resistant Staphylococcus aureus', a type of staph bacteria that is resistant to several antibiotics. In the general community, MRSA can cause skin and other infections. In a healthcare setting, such as a hospital or nursing home, MRSA can cause severe problems such as bloodstream infections, pneumonia, and surgical site infections. The infection appears as a bump or infected area on the skin that might be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

6.5 Anyone can get MRSA through direct contact with an infected wound or by sharing personal items, such as towels or razors, that have touched infected skin. MRSA infection risk can be increased when a person is in certain activities or places that involve crowding, skin-to-skin contact, and shared equipment or supplies. Studies show that about one in three people carry staph in their nose, usually without any illness. MRSA can survive in dust for many days. The personal hygiene steps you can take to reduce your risk of MRSA infection:

- Maintain good hand hygiene
- Keep cuts, scrapes, and wounds clean and covered until healed.

7.0 Hepatitis 'B':

7.1 McSence Care will bear the costs of immunisation for each member of staff in areas where Risk Assessments have identified that there is any risk of Hepatitis 'B' to staff.

7.2 Every manager, team leader or supervisor should be aware of this procedure and ensure that all existing staff, where such a risk has been identified, are provided with two copies of a standard letter outlining our commitment to their safety (see Appendix 1). Two choices are available to the individual:

- To ignore the warning and sign that he/she refuses to be immunised
- To arrange for immunisation and attach proof of it to the standard letter, along with a signature at the requisite point

The Service Manager and the individual employee should sign both copies, with one copy being kept and inserted into the individual's Personnel File.

7.3 Managers, team leaders and supervisors where such a risk has been identified, should also undertake to ensure:

7.3.1 That all staff appointed thereafter are made aware of the recommendation.

7.3.2 That written evidence of the offer to each subsequent staff member, together with proof of immunisation, will require to be maintained at service level and in each individual's personnel file, as described above.

7.3.3 Individuals should make their own arrangements for immunisation via their G.P. Payment for costs incurred will be reimbursed.

Staff must be advised that some individuals do not achieve full immunity; they should therefore ensure their own safety by following the Infection Control Procedures.

8.0 Control of an Outbreak of Infection:

8.1 In the event of an outbreak of infection, the procedure for dealing with this must be implemented.

8.2 Coronavirus (COVID-19): latest information and advice for the public on the outbreak of coronavirus, including the current situation in the UK and information about the virus and its symptoms.
https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public

9.0 Medication and Drugs:

9.1 Certain medicines are 'hazardous' and may cause significant risk if there is direct occupational exposure in their intact state. Therefore a 'no touch' approach to administering medication should be adopted.

9.2 Hazardous drugs – including cytotoxic drugs used for chemotherapy, some hormones, and antiviral drugs – can cause adverse health effects to the person administering the drugs if they are inadvertently exposed. Other drugs and medicines can be dangerous if misused, or accidently taken (see Medication Policy and Procedures).

10.0 Training:

10.1 All staff that will be working in situations where they are at risk from dealing with blood and body fluids will have effective induction and continuing training in the control of infection. This will include mandatory induction training in the use of standard precautions, their control of infection responsibilities and the contents of the Infection Control Policy and Procedures. Training records will be kept for all members of staff.

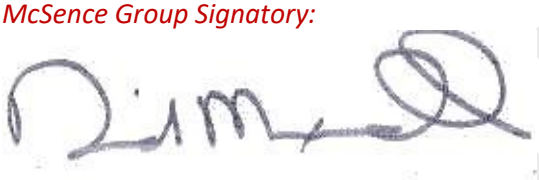
10.2 All staff will be trained in effective hand washing and hygiene.

11.0 Review:

11.1 Our Health and Safety Management system will be reviewed to ensure its suitability, adequacy, and effectiveness on an annual basis. This review will address the possible need for changes to this policy, objectives, and other elements of the management system in the light of audit results, changing circumstances and the commitment to continual improvement.

11.2 Staff will be made aware of policy reviews as they occur via team meetings and internal email communications.

McSence Group Signatory:



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Policy Amendments & Revisions: *This policy will be reviewed annually and, if necessary, revised in the light of legislative or organisational changes Improvements will be made by learning from experience and the use of an established annual review. Should any amendments, revisions, or updates be made to this policy it is the responsibility of the Company Senior Management Team (SMT) to see that all relevant employees receive notice and training if necessary.*

INFECTION CONTROL PROCEDURES

1.0 Introduction:

1.1 It is not always possible to identify people who may spread infection to others; therefore, precautions to prevent spread of infection **must be followed at all times** when care is provided.

1.2 McSence Care does not expect staff to expose themselves to unnecessary risk of infection. However, in some situations staff may make an immediate response to emergencies that will not always allow for full compliance with these guidelines.

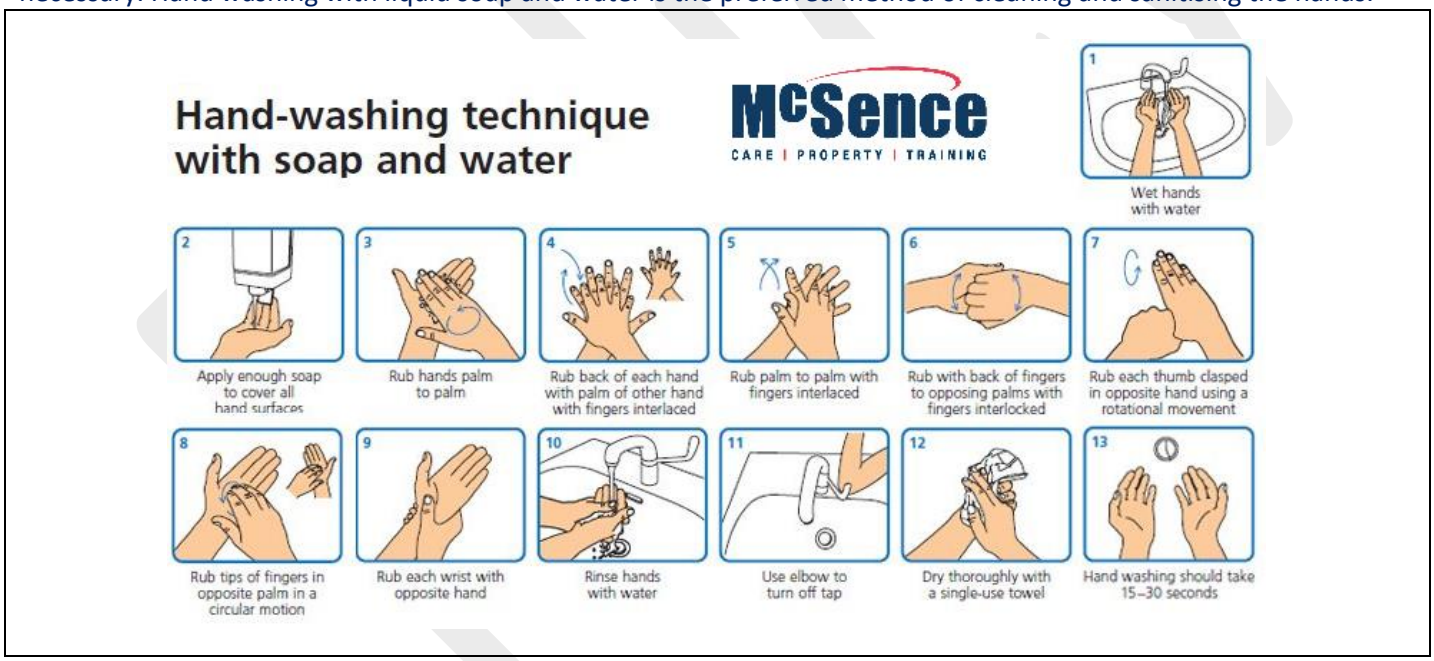
2.0 Standard Infection Control Precautions:

2.1 Standard precautions are basic infection prevention and control principles that should underpin safe practice, in order to reduce the risk of infection to clients and staff. These standard precautions must be used routinely to prevent forward transmission of micro-organisms to clients and other staff.

2.2 The following routine procedures are provided as guidelines to prevent the spread of infection.

2.3 Hand Hygiene

2.3.1 Staff should follow good basic hygiene practices at all times, including thorough hand washing whenever necessary. Hand washing with liquid soap and water is the preferred method of cleaning and sanitising the hands.



2.3.2 Hand washing is the single most important measure in reducing cross-infection, but studies have shown it is rarely carried out in a satisfactory manner. The areas of the hands that are often missed are the wrist creases, thumbs, fingertips and under fingernails and jewellery, which should for this reason be kept to a minimum and removed while washing. Make sure that the sink does not have other items in it (e.g., cups). You should also take off jackets/coats, and make sure the wrists and forearms are exposed before washing. Adequate hand drying plays a critical step in the hand hygiene procedure by removing any remaining residual moisture that may facilitate transmission of micro-organisms. Hands that are not dried properly can become dry and cracked, leading to an increased risk of harbouring micro-organisms.

2.3.3 During the personal planning process, clients' hand washing facilities will be inspected. If no liquid soap is provided, and the client does not want to provide it, then staff will be provided with liquid soap.

2.3.4 Alcohol hand-rub/gel

- The preferred method of cleaning and sanitising hands is soap and water and not alcohol hand-rub / gel because such gels are not effective against Clostridium Difficile and some viruses (e.g., Norovirus)
- Alcohol gels may be used in place of soap and water if hands are visibly clean and there are no suitable hand washing facilities are available
- After five consecutive uses of the gel/hand rub the hands must be washed with soap and water to remove the protein build up on the skin (hands feel sticky).

2.3.5 Hands must be washed immediately if contaminated with blood and/or body fluids using soap and water and then dried thoroughly.

2.3.6 Hands must also be washed

- Before and after each work shift or work break
- Before and after physical contact with each client
- After handling contaminated items such as incontinence pads, sanitary towels, urine bags
- Before putting on and before and after removing protective clothing e.g., gloves and aprons
- After using the toilet, blowing the nose, covering a sneeze
- Whenever hands become visibly soiled
- Before drinking or handling food and before and after smoking
- After handling rubbish

2.3.7 Hand washing procedure

- Wet the hands up to the wrists
- Apply the cleanser/soap
- Smooth it evenly all over the hands, including the thumbs, between fingers, and lather well, rubbing vigorously: a good lather is required for adequate hand hygiene
- Hands should be washed for at least 15 seconds
- Rinse off every trace or lather under running water
- Dry thoroughly, taking special care between the fingers, using either paper towels (as many as necessary) or a clean hand towel used only for drying hands
- Dispose of paper towels in an appropriate waste bin without re-contaminating your hands e.g., by using the pedal.

2.3.8 Soap is to be provided in disposable containers and should never be re-used or re-filled. Liquid soap (preferably un-perfumed) should be used for all routine hand washing. Bacteria can grow in a bar of soap, which can become a source of infection. Use of products, which cause rashes, cracking, or soreness of the hands should be stopped immediately and alternative skin cleansers tried.

2.3.9 Soap and water hand hygiene must always be used when caring for people with suspected or confirmed Clostridium Difficile or diarrhoea of unknown origin.

2.3.10 All staff should ensure that wounds or moist skin conditions are covered with a waterproof dressing (without visible air holes). These should be available in the workplace. Those involved in food preparation must use blue dressings.

2.3.11 Personal care and dealing with clinical waste must be avoided when moist lesions are present on the hands.

2.3.12 It is recommended that nailbrushes are not used to perform hand hygiene as scrubbing can break the skin, leading to an increased risk of harbouring microorganisms or dispersing skin scales.

2.3.13 It has been shown that contamination of jewellery, particularly rings with stones and/or intricate detail, can occur. Most staff providing care are advised to remove jewellery at the start of the working day. It is acceptable to wear plain wedding bands however these must be moved or removed when hand hygiene is being performed in order to reach the bacteria which can collect underneath them.

2.3.14 It is recognised that work-related skin problems can be very common and that there is a particular risk when there is frequent exposure to soaps and cleaners and 'wet work' (work involving wet hands or frequent handwashing). In order to reduce the risk of work-related contact dermatitis caused by regular handwashing staff should:

- During handwashing, thoroughly rinse off residual soap / hand cleanser
- Ensure hands are thoroughly dry
- Use moisturiser regularly, especially after finishing work, ensuring all parts of the hands are covered
- Check skin for early signs and report concerns to line manager. Early detection can help prevent more serious dermatitis from developing

2.4 Coughing and sneezing:

2.4.1 Respiratory hygiene and cough etiquette should be applied as a standard infection control precaution at all times

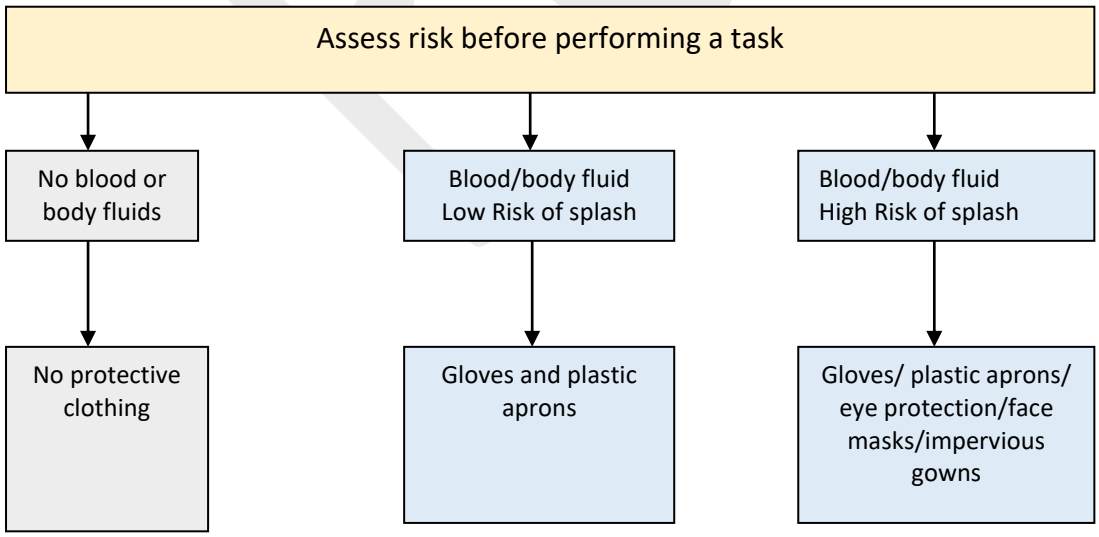
2.4.2 The control measures include:

- Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping, and blowing noses.
- Dispose of used tissues into a waste bin.
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose

3.0 Personal Protective Equipment (PPE) & Risk Assessment:

3.1 The use of Personal Protective Equipment (PPE) in preventing cross infection is extremely important. PPE is additional to normal clothing to protect people from the potential risks of cross infection. PPE is used to prevent the transfer of micro-organisms to or from clients, staff or their clothing and equipment. The benefit of wearing PPE is two-fold, offering protection to both clients and staff providing care.

3.2 The type of PPE worn is based on the assessed risk of the task to be undertaken.



3.3 The following PPE is available for staff from the At Home Coordinator or Administrator in the office where a risk of infection exists. Staff are responsible for ensuring they have adequate supplies of:

- Disposable gloves
- Disposable aprons
- Goggles/face visors (where identified in the Individual Risk Assessment)
- Masks (where identified in the Individual Risk Assessment)

3.3.1 Gloves

Gloves are not impervious but reduce penetration of blood and body fluids on to the hands. Gloves should be worn whenever there might be contact with blood and body fluids, mucous membranes, or non-intact skin.

Gloves are available in a variety of materials. Risk assessment should ensure that the physical characteristics and barrier properties of the gloves supplied by the organisation are acceptable and provide protection against the risks encountered (e.g., microbiological, chemical, cytotoxic).

Gloves must be well fitting to avoid interference with dexterity, friction, excessive sweating and finger and hand muscle fatigue. Therefore, the supply and choice of the correct size and material of glove, e.g., small, medium, large, and latex free, in various sizes, is important.

Gloves should not be washed or sanitised with alcohol gel. Gloves are not a replacement for good hand hygiene.

Gloves must be worn as single use items. They are put on immediately before an episode of contact with clients and removed as soon as the activity is completed. Gloves are changed between different episodes of care for the same client. The same PPE should never be worn for a different client or procedure.

Torn, punctured or otherwise damaged gloves should not be used and should be removed immediately (safety permitting) if this occurs during care activities requiring the use of gloves.

Gloves must be disposed of after each care activity for which they were worn in order to prevent the transmission of micro-organisms to other sites in that individual or to other persons.

3.3.2 Aprons

The wearing of a plastic apron prevents the spread of micro-organisms from one person to another, protects clothing and skin contamination. These should be worn whenever there is a risk of contaminating clothing with blood and body fluids and when a person has a known infection, for example, during personal care. They must be worn when in close contact with the patient, materials or equipment are anticipated, and when there is a risk that clothing may be contaminated with pathogenic micro-organisms or blood, body fluids, secretions, or excretions.

Disposable plastic aprons are cheap, impermeable to micro-organisms, easy to wear, protect clothing from contamination and are single use. Hands should be washed with soap and water after removal of apron.

4.0 Removal of Personal Protective Equipment:

4.1 PPE must be removed in an order that minimises the potential for cross-contamination. On completion of a task, gloves, apron, and eye goggles should be removed (in that order).

4.2 Removal of Gloves

- Grasp the outside of the glove with the opposite gloved hand and peel off
- Hold the removed glove in gloved hand
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist
- Peel the second glove off over the first glove and discard

4.3 Removal of disposable apron

- Unfasten or break ties
- Pull apron away from the neck and shoulders, touching the inside of the apron only
- Turn the apron inside out, fold or roll into a bundle and discard
- Aprons should be discarded, and hands washed between dealing with different clients and before any other activity

5.0 Management of Blood and Body Fluids:

5.1 A disposable apron and gloves should always be worn when dealing with excreta, blood and body fluids, as contaminated clothing can spread infection. If used correctly, protective clothing can prevent such spread and protect the wearer from infection.

5.2 Aprons should be discarded, and hands washed between dealing with different clients and before any other activity.

5.3 For the prevention of cross-infection, gloves should be single use and well fitting. Wash hands thoroughly before putting on gloves. When removing, wash with gloves on in soap and water, remove carefully to avoid puncture and discard. Wash hands.

6.0 Spillages:

6.1 Urine, faecal and vomit spillages

It is not routinely necessary to use a disinfectant on urine or faecal spillages unless there are visible signs of blood. Where an individual risk assessment is in place for clients which specifies its use, staff will use:

- A disinfectant such as a chlorine releasing agent, e.g., Titan Sanitiser
- Mop up spillage with absorbent paper towels
- Wash area with general purpose detergent and warm water
- Dry

6.2 Spillages of any blood or body fluid substance must be dealt with promptly.

6.3 A disposable plastic apron and disposable gloves should be worn when dealing with all body fluid spillages.

NB: Chlorine releasing agents can result in toxic levels of chlorine being released when applied to urine, therefore ensure adequate ventilation.

6.4 Blood Spillages

Spillages of blood should be rendered safe before removal.

- Cover spillage with disposable paper towels soaked in disinfectant, e.g., solution of Titan Sanitiser or sprinkle directly onto spillage
- Leave for two minutes

- Mop up spillage with absorbent paper towels
- Wash area with general purpose detergent and warm water
- Dry.
- All materials used to clean up spillages, including protective clothing, should be disposed of immediately after use

NB: The guidance for blood spillages applies to hard surfaces. Carpets should be treated as urine/faecal spillage, as chlorine-releasing agents may remove the colour from the carpet.

7.0 Waste:

In a client's home, waste must be disposed of through the domestic waste route. Some waste produced however requires special handling and disposal e.g., sharps, and waste generated from people who have or may have an infection.

7.1 The responsibility for the day-to-day management of personal waste from clients and contaminated PPE rests with the person working in the home, who must adopt safe working practices. Waste bins inside the house should never be overfilled and all waste bins should be cleaned regularly with detergent. When collecting waste for disposal, disposable gloves and apron should be worn.

7.2 Waste should be disposed of as soon as possible, double bagged, and left in the lidded bin outside the home used for the disposal of domestic waste.

7.3 The bin should not be accessible to scavenging animals or children.

8.0 Safe management of linen:

Linen includes bed linen, pillows, towels, curtains, and people's personal clothing. Used linen (previously known as soiled linen) harbours large number of micro-organisms.

All used linen should be rolled or folded into a bundle and must be washed as soon as possible. Used linen should never be shaken, soaked, or rinsed. Used linen should be placed directly in the washing machine without sorting. If this is not possible it should be placed in a bag and tied closed although
arrangements must be made for washing as soon as possible.

If you have to sort the linen, wear disposable gloves, and wash your hands with soap and warm water after removal of your gloves. If the used linen is contaminated with urine, faeces, or vomit, put on disposable gloves and apron and using paper towels /kitchen roll remove any solid matter and dispose of either in the toilet or inside a leak proof bag placed in the outside waste bin.

Micro-organisms are destroyed by heat and detergent and by the dilution effect of the water, preferably in the washing machine. Use as hot a programme as the linen allows. Further organisms are killed by tumble drying and ironing.

You should remove apron and gloves you have worn when handling soiled linen and wash your hands before handling the clean linen. If you wear a uniform, you should change them every day and wash them using normal washing detergent at the hottest temperature specified on the garment.

Remember:

- Do not mix clean and used linen
- Do not shake, steep or rinse soiled linen by hand
- Wear PPE for handling linen that is soiled
- Perform hand hygiene after all handling of used linen

9.0 Control of an Outbreak of Infection:

9.1 An outbreak may be defined as more cases than would generally be expected of the same infection in the service. As soon as an outbreak of infectious disease is suspected within the service, the Service Manager should contact the Consultant in Public Health Medicine[1]. The CPHM will decide whether there is a true outbreak and will advise the person in charge of any immediate actions necessary to control the outbreak. This advice is likely to include:

- Records should be kept of all cases. A special survey of cases and other clients may be necessary
- Appropriate specimens to be sent to the local laboratory and a record kept
- Isolation of clients–the client's G.P. will advise on the necessary steps
- Consideration should be given to staff movement at the time of an outbreak

In the case of a food borne outbreak, the local Environmental Health Officer may interview clients about the food they consumed and relevant food handlers about aspects of food hygiene and may check procedures and equipment. Staff affected by symptoms, particularly food handlers, should not work until at least 48 hours after diarrhoea and vomiting have ceased; in certain circumstances, affected staff may be asked to submit stool specimens and be excluded from work until these are clear of infection.

9.2 An outbreak of infection is likely to have resource implications for the service. These may include a need for extra staff and increased use of disposable items or laundry necessary for the care of infected individuals and the control of further spread.

9.3 Coronavirus (COVID-19): latest information and advice for the public on the outbreak of coronavirus, including the current situation in the UK and information about the virus and its symptoms.
https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public

10.0 Diarrhoea and Vomiting:

10.1 Diarrhoea with the people we support does not always have an infectious origin. However, all causes should be taken seriously and assumed to be infectious until advised otherwise.

10.2 The client's G.P. should be notified. If infection is suspected, the GP may arrange for specimens of faeces to be sent to the laboratory.

10.3 If more than two cases occur within two days that are suspected, or known to be infectious, the CPHM should be notified, see section 9 above.

10.4 Clients who are vomiting should occupy their own room if possible and not share the room with another person in the house, as long as symptoms persist. Most acute diarrhoeal infection is caused by viruses and is short lived. These viruses are airborne and can be spread rapidly in any area. It is therefore important that clients who are infected should be isolated.

10.5 However, in bacterial infections, the diarrhoea can be persistent, and it may not always be necessary to keep the client isolated until it resolves fully. Management should be planned on a careful assessment of the client, taking into consideration continence, personal hygiene, overall health facilities available and vulnerability of other individuals. The G.P. can advise.

10.6 Clients should, if possible, have sole use of a designated toilet as long as symptoms persist.

[1]Under the Public Health etc (Scotland) Act 2008, the consultant has responsibility for the control of infectious disease within the community. Infections are notified by medical practitioners

10.7 If food borne infection is suspected, the Environmental Health Officer and the CPHM should be contacted and samples of food and of faeces and/or vomit retained for investigation.

10.8 Consideration should be given to the safety of unpaid carers and visitors to clients with infections, particularly elderly and very young visitors.

10.9 Staff with diarrhoea or vomiting should be off work and should see their G.P. and seek and follow medical advice as to when it is safe to return.

11.0 Hepatitis 'B' – 'C' and 'HIV':

11.1 In the event of potential for the contraction of Hepatitis 'B' – 'C' and 'HIV', contact should be made with the CPHM. If a possible risk of contracting Hepatitis 'B' – 'C' and 'HIV' is identified, all staff in the service should be provided with a copy of the letter attached at Appendix 1. It will be the Service Manager's responsibility for ensuring that this happens.

11.2 Similar discussions should take place with clients, who should also receive letters advising them of the issue and the options they have in regard to immunisation.

12.0 Sharps injury (including needle-stick injury):

12.1 Hepatitis B, Hepatitis C and HIV can be transmitted by percutaneous injury e.g., where the skin is cut or penetrated by needles or other sharp objects e.g., a 'sharps' injury. Therefore, Needle-stick/sharps injuries and contamination incidents must be managed correctly. Transmission of these Blood Borne Viruses (BBV) occurs from blood, visibly bloodstained body fluids, peritoneal, pleural, and amniotic fluids. There is an increased risk from sharps injuries if it is a hollow bore needle, a deep injury, if there is visible blood on the sharp, if the sharp has been in an artery or vein or the source patient has late-stage HIV/AIDS.

12.2 Prevention of sharps injuries is extremely important. Preventive measures include the following:

Do not re-sheath sharps after use Do not pass sharps from hand to hand Whoever uses the sharp must dispose of it themselves	Dispose of sharps in a sharps bin Do not overfill sharps bins Do not dispose of sharps inappropriately e.g., in waste bags

12.3 Sharps Injury First Aid.

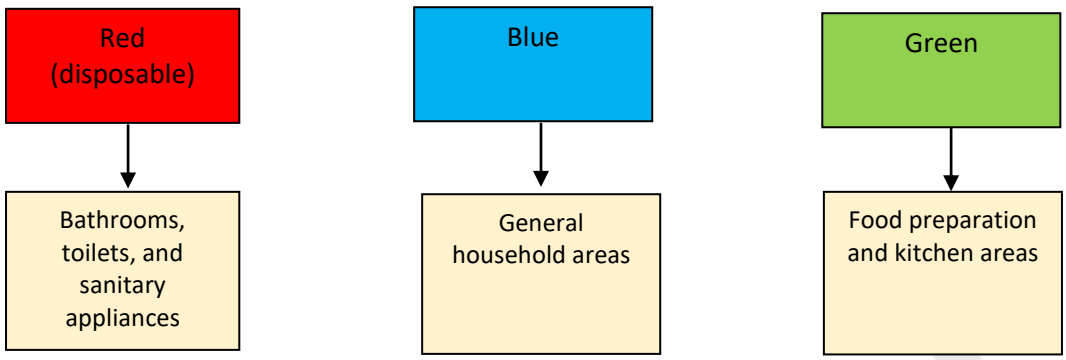
- Allow the puncture site to bleed (do not suck or squeeze)
- Wash wound or exposed area with soap and water
- Attend accident and emergency for further advice and treatment

13.0 Cleaning and Disinfection:

13.1 Particular attention should be given to cleaning objects that are frequently handled such as taps, door handles and toilet or bath rails.

13.2 The typical incubation period is 24 hours for newly infected individuals. Cleaning should not usually commence until at least 72 hours post onset and 72 hours since uncontrolled vomiting or diarrhoea.

13.3 It is recommended that cleaning equipment is colour coded where appropriate. The golden rule: work from the cleanest area toward the dirtiest area. This greatly reduces the risk of cross contamination.



14.0 Pets:

14.1 Pets can often enhance the quality of life for our clients. However, there are worries that a member of staff or a client may catch an infection from a pet, especially if the client's immunity is reduced through age or illness. Sensible precautions such as hand washing after contact with pets in the home can reduce this risk to an acceptable level.

14.2 Where pets are present in client's homes, staff should refrain from close contact, or if this is unavoidable, hands should be washed after every contact with the pet. When in the home, any reports of ill health by the client should be taken seriously and referred to the Service Manager for advice.

15.0 Pests:

15.1 Where we have the responsibility to manage in client's homes or are in control of premises the following guidance applies.

15.2 Kitchens and food stores provide ideal conditions for pests. Not only do they eat the food but also, they contaminate and spoil a lot more; and rodents damage the fabric of buildings from the woodwork to electric cables. Control measures should include the following:

- stop pests getting in with well-fitting doors, covered drains, fly screens or bird netting
- look out for evidence of the presence of pests – droppings, nests, chew-marks on wood or cables in the case of rodents; or, for insects, droppings, egg cases, vomit marks, damaged food containers, webbing caused by moths or the presence of the live insects themselves
- make the premises less welcoming to pests – clean up any spillages and decaying food immediately
- carry out regular inspection and rotate any stock
- where possible use rodent-proof containers with well-fitting lids
- store food off the ground
- do not put leftovers out for birds because it will encourage pests; use plastic wheelie bins for all waste, as these can be easily cleaned

15.3 Where modifications require to be made to client's homes where pests are a matter of concern and need to be brought under control, the member of staff should notify the Service Manager.

Appendix 1:
Date: Insert Date
Letter to: Insert Staff Member's Name
Address: Insert Staff Member's Address
Dear, Insert Staff Member's Name

RISK OF HEPATITIS:

McSence Care has undertaken a Risk Assessment, which shows that a possible risk of contracting Hepatitis 'B' is evident in your work.

The Department of Health recommends immunisation against this risk and McSence Care supports this and undertakes to bear any costs incurred in respect of this immunisation.

You as an individual have a choice in this matter, but it is important that records be kept which show that you made an informed decision. Therefore, I would be obliged if you could sign and date this letter:

a. At Item 1, should you decide to take no action in respect of this risk.

b. At Item 2, should you decide to arrange for your G.P. to organise immunisation for you. In addition to your signature and date, proof of immunisation must be obtained in order for you to be reimbursed for the fee and to ensure that a record is kept.

Item 1:

Having been informed that a possible risk of contracting Hepatitis 'B' exists in my workplace, I have nevertheless made the decision to take no action.

I will sign both copies of this letter as a record of my decision.

Signed: …… Date: ……
Staff Member

Signed: …… Date: ……
Service Manager

Item 2:
Having been informed that a possible risk of contracting Hepatitis 'B' exists in my workplace, I have arranged to be immunised against this.

Once I have been immunised, I will be reimbursed for any costs incurred by producing documentary evidence from my GP. This evidence will then be copied and attached to each of two letters.

Signed: …….. Date: …….
Staff Member

Signed: …… Date: …….
Service Manager

This letter will be kept as proof that you have been informed of the risk of contracting Hepatitis 'B' in your workplace. It will remain in your Personnel File in the office.

I am sure you will appreciate that McSence Care has the Health & Safety of staff and clients alike as a core commitment.

Should you require any further information, please do not hesitate to contact me.

I thank you for your help in this matter.

Yours sincerely

Service Manager