



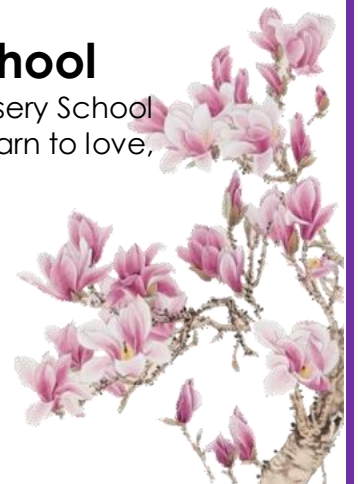
# Infection Control Policy Policy 2019-2020

Reviewed May 2020



## St Gerard's Catholic Primary School

"Guided by God, St Gerard's Catholic Primary and Nursery School is an inspiring and aspirational community where we learn to love, hope, dream and achieve."



Infection control is the implementation of universal measures to prevent the spread of infection and disease. Policies, procedures and techniques should be applied during working practices to protect staff, service users and communities.

These arrangements apply equally to all Council employees, including agency staff working in this council.

### **Intention**

This Council is committed to minimising the risk of infection to its employees. This will be achieved by ensuring that all employees are made aware of good standards of basic hygiene, universal precautions are used and employees are provided with the appropriate training and equipment.

### **Legislation**

St. Gerard's Catholic Primary & Nursery School has a duty to protect employees, prevent the spread of infection amongst other employees and prevent the spread of infection to and between our service users. Health and Safety at Work legislation requires employers to assess the risk to their employee's health and to put in place control measures. In relation to infection control it is the employer's responsibility to ensure that staff are protected from exposure to infectious hazards through the provision of safe systems of work. These include:

- Assessment of the hazards and how to reduce them
- Hand washing and adequate facilities
- Personal Protective Clothing
- Systems for the safe collection of sharps and their disposal
- Systems for the safe disposal of waste
- Decontamination of equipment (see Appendix 'C')

### **Who is at risk from infection**

The following occupations throughout the course of their work may be at risk of coming into contact with potentially infectious substances;

- Senior Leaders
- Teaching Staff (including Classroom Assistants)
- Office Staff
- Site Manager
- Lunchtime staff
- Cleaners
- Pupils
- Students
- Contractors
- Visitors
- Emergency Services

**This list is not exhaustive**

### **Action**

It is the manager's responsibility to conduct a risk assessment and put into place safe systems of work with regards to these potential hazards, i.e. blood, bodily fluids, animal waste, sharps injuries, etc. Each occupation should consult with their own safe systems of work in conjunction with these arrangements.

**The likelihood of infection from being passed from individuals or work activities, who is at risk and the level of risk posed by any potential infectious disease are best determined by the risk assessment procedure.**

The risk assessment process will enable managers to identify what the risk is from, who is at risk, when they are at risk and will further quantify the level of risk. It will help to determine the most appropriate controls, as far as is reasonably practicable and in some circumstances it may be appropriate to provide Infection Control training.

If a risk is identified through the risk assessment process, staff should be advised to be immunized for some infectious diseases, for example tetanus, Hepatitis B, etc. These will be administered by their respective GP and any subsequent costs reimbursed through Departmental budgets.

There are sometimes risks of infection passing from employees to service users and vice versa and from one employee to another, which is known as cross infection. Each particular service should have its own detailed arrangements on the prevention of cross infection, for example, decontamination of equipment.

### **Additional actions**

There maybe some circumstances when employees may be at a greater risk from an infectious disease than others. In this instance a Risk Assessment should be completed. For example;

- Pregnant staff – some infections (for example; chicken pox) can potentially affect pregnancy and the unborn child
- Employees with an increased susceptibility to infection due to a medical condition and/or treatment, for example; individuals who have a weakened immune system due to conditions such as HIV, cancer, chemotherapy, transplants or chronic infections, etc.

### **Prevention of the spread of infection**

Infection is spread when bacteria is transferred from one individual to another, for example if an individual fails to wash their hands following the use of the toilet, any bacteria on their hands will be transferred onto any surfaces ready to be passed onto the next individual.

### **Hand Washing**

To this day hand washing remains the foundation of good infection control. All Staff should ensure that their hands are thoroughly washed and dried. The following general guidelines for hand care should be followed;

- Cover all cuts/abrasions with a waterproof dressing that completely covers the wound
- Keep nails short.
- Jewelry should be kept to a minimum
- Ensure liquid soap and disposable paper towels are of good quality
- Use alcohol hand rub when soap is unavailable
- Hand cream can be applied to protect skin from drying
- Staff with skin conditions such as dermatitis should seek expert advice for treatment and management

### **When to wash your hands**

- Entering and leaving the building
- If they look dirty
- Before and following any activity that may soil your hands, e.g. after going to the toilet
- Before direct hands on contact with a service user
- After direct hands on contact with a service user
- If you are caring for more than one service user, wash your hands in-between
- After handling any body fluids or waste or soiled items
- After handling specimens (i.e. urine sample)
- Before preparing, handling or eating foodstuffs
- After removing gloves
- Before commencing work and leaving a work area
- Performing personal care (for example catheter care)

### **How to wash your hands**

- Roll up long sleeves
- Wet hands under warm running water
- Apply soap
- Rub hands using the 'six step technique' described in Appendix 'A'. Each step consists of five strokes forward and backward and should take approximately 15-30 seconds.
- Dry hands thoroughly

If decontaminating hands with an alcohol handrub, hands should be free from dirt and organic material. This is not a substitute for soap and water and should only be used when efficient hand washing facilities are not available.

- Ensure all surfaces of the hand are covered in the solution
- Rub hands together vigorously until the solution has evaporated and hands are dry
- Alcohol handrub should only be used a maximum of 3 times then hands must be washed

Hand washing facilities are checked several times per day.

### **Hand drying**

- Wet surfaces transfer micro organisms more effectively than dry ones
- Ensure your hands are dry using a dryer or paper towels as available
- Inadequately dried hands are susceptible to skin damage
- Regular use of a moisturizing hand cream will help prevent skin damage

## **Personal Protective Equipment**

- Personal protective equipment (PPE) must be provided where the risk assessment procedure determines it is appropriate
- Personal protective equipment can be used to protect both employee and service user from the risk of cross infection
- Personal protective equipment does not replace the need for safe systems of working or in some cases immunization
- All personal protective equipment must be appropriate, suitable for the task, fit for purpose and compatible with other PPE.
- If required, training must be provided in the application, use, inspection, cleaning and disposal of PPE
- PPE MUST comply with current standards e.g. EU 2016/425 and MUST have a Declaration of Conformity and EU Type Examination Certificate, Plus CE marking.

## **Disposable gloves**

Each service area should have sectional arrangements in place with regards to the appropriate type and use of gloves for the particular task.

- Disposable gloves should be worn whenever there is a possibility of contact with blood, body fluids, mucous membranes, non-intact skin or contaminated products
- Disposable gloves may act as an added protection but do not replace the need for effective hand hygiene
- Gloves are single use only, under no account should anyone attempt to wash and reuse gloves.
- Gloves should be changed between service users
- The same gloves must not be worn between 'clean' and 'dirty' procedures
- During removal, care should be taken to avoid handling contaminated glove surfaces with unprotected skin
- Gloves must be carefully discarded in an appropriate waste bin.
- Hands should be thoroughly washed and dried after removing gloves (see 'Hand Washing' in section 1 and Appendix A)

## **Disposable plastic aprons**

- Disposable plastic aprons should be worn whenever there is a risk of blood or body fluid contaminating clothing
- Disposable plastic aprons should be worn when it is known that a service user has an infectious disease
- During removal, care should be taken to avoid any handling of contaminated areas of the aprons surface with unprotected skin
- Disposable plastic aprons must be carefully discarded in an appropriate waste bin

## **Masks, visors and eye protection**

- These items of PPE should be used if there is a risk of blood, body fluid or contaminated products splashing into the face, eyes, mouth or nasal passage
- Disposable masks may also be appropriate PPE for preventing the spread of air borne infectious diseases. However these should be specific to the infection (for example FFP3 masks for the use of TB and influenza).
- Protective equipment must be correctly fitted in order to offer full protection
- Equipment should be handled as little as possible and if used for personal care changed between service users. Reusable PPE such as eye protection must be disinfected between uses.
- During removal, care should be taken to avoid handling contaminated surfaces of equipment with unprotected skin
- Disposable masks must be carefully discarded in an appropriate waste bin.

## **Cleaning Spillages**

### **All blood and bodily fluids should be regarded as infectious**

Before handling or cleaning blood, body fluids or any potentially contaminated products appropriate personal protective equipment must be worn. As a minimum disposable gloves and plastic apron should be worn

- Use spillage kit if available
- Cover the spillage with disposable absorbent paper towels to soak up the excess fluid promptly, dispose of the towels in the appropriate waste bin as per service policy
- Clean and rinse the area thoroughly using appropriate disinfecting products
- Dispose of all cleaning materials and disposable PPE in a plastic refuse bag and tie securely

- Each service area will have in place sectional arrangements for the disposal of waste according to their activities
- Laundry / clothing contaminated with blood or other body fluids should be handled with care using appropriate PPE. Washing should be done at the earliest opportunity. A biological washing detergent is recommended and the wash cycle should be as hot as the clothing will allow. It is recommended that no other articles are added to this wash, to allow full agitation, rinsing and dilution. Tumble drying and ironing will further assist the removal of micro organisms through thermal disinfection
- Maintaining a clean environment is crucial to prevent the spread of infection. Each establishment should have in place cleaning schedules, this will include the cleaning of equipment, furniture, floors, curtains, etc.

### **Decontamination of the Environment and Equipment**

Decontamination involves a combination of processes and includes cleaning, disinfection and sterilization, depending upon the intended use of the device.

Each service area should have policies in place for the purchase, cleaning, decontamination, maintenance and disposal of all equipment and should take into account infection prevention and control advice that is given by relevant experts or advisory bodies.

### **Cleaning**

Cleaning is defined as the physical removal of accumulated deposits by washing with a neutral detergent and with thorough drying to reduce the numbers of organisms and remove dirt, grease and organic matter

- Cleaning the environment and service user care environment is important
- Particular attention should be paid to horizontal areas and ledges where dust gathers
- A neutral detergent and hot water can be used for general cleaning and removal of dirt
- Cleaning cloths must be discarded after use
- Disinfectants and bleaches are not necessary
- Detergent based wipes are available and can be used if detergent and water are not available. Detergent wipes are particularly useful for cleaning small items of equipment such as stethoscopes and small work surfaces
- All equipment and medical devices must be stored in a clean and dry environment to eradicate the risk of cross contamination.
- Equipment must be maintained and cleaned regularly and whenever it becomes contaminated
- Each service area should have procedures in place detailing the frequency and standards of cleaning required and demonstrate the most appropriate method of decontamination
- Staff must ensure that they follow guidelines for best practice
- A record of cleaning must be kept

### **Disinfection**

- Is a process used to reduce the number of pathological micro-organisms to a level which is not harmful to health
- Microbes die rapidly on clean, dry surfaces. There is little advantage in the routine use of chemical disinfectants, which may kill harmless micro-organisms and allow those most likely to cause problems to flourish without opposition
- Disinfectants can have a harmful effect on the environment by damaging the surface of the equipment making it difficult to clean effectively. If there are spills or surfaces are dirty, removing the dirt by ordinary cleaning, as above will also remove the micro-organisms.
- Consult departmental guidelines on what disinfectants to use. Particular attention must be paid to correct dilutions and the manufacturer's instructions must be followed
- Hypochlorite and bleach should not be used to clean up urine spillages as chlorine gas will be produced
- Alcohol based wipes are available. Alcohol is a rapidly effective disinfectant that has the added advantage of leaving surfaces dry. Poor penetration means that surfaces must be clean before the application of alcohol.
- The use of alcohol products on thin plastic or rubber items should be avoided as the integrity of the material may be damaged. Check manufacturer's recommendations before cleaning with alcohol
- Disinfectants can be harmful to the people using them, especially if they are not handled correctly

### 10.3 Sterilization

A process used to render an object free from all living organisms

**Please refer to Appendix 'C'** for guidelines recommended for the decontamination and disinfection of medical devices, premises and the environment. These procedures are for low risk areas where sterilising is not required.

However, this is a highly specialized area of practice and Departments that are required to undertake sterilization of equipment should have procedures in place that conform to Medicines & Healthcare Regulatory Authority guidelines.

#### Managing 'sharps'

Sharps include needles, razors, nail clippers, scissors and any other sharp instrument which may prick, scratch or cut. This can also include bites and scratches from humans and animals.

Injuries from sharps are a major cause of exposure to blood borne viruses.

Those working with some service user groups and in certain work areas may be at a greater risk from sharp injuries and exposure to blood borne viruses and will therefore need to take extra caution.

#### Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

The Sharps Regulations build on the existing law and provide specific detail on requirements that must be taken by healthcare employers and their contractors. They follow the principles of the hierarchy of preventative control measures, set out in the Control of Substances Hazardous to Health Regulations (COSHH). However, they require that employers consider the following additional risk control measures:

- avoid the unnecessary use of sharps – regulation 5(1)(a). If this isn't possible:
- use safer sharps (incorporating protection mechanisms) – regulation 5(1)(b)
- prevent the recapping of needles – regulation 5(1)(c)
- place secure containers and instructions for safe disposal of medical sharps close to the work area – regulation 5(1)(d).

#### In order to reduce the risk of cross infection from sharps injuries

- Avoid handling sharps whenever possible
- If possible use safer equipment provided to remove sharps
- Great care and attention must be taken when the handling of sharps is unavoidable
- Personal protective equipment may be required where there is a risk from sharps
- Avoid directly passing sharps from person to person
- If it is necessary for you to handle syringes at any time, never attempt to re-sheath needles
- Dispose of syringes and needles in a sharps container, which conforms to British standard 7320
- Report any sharps injuries immediately and follow the procedure in Appendix 'B'

#### Managing sharps/puncture injuries

- If you suffer a puncture, scratch, bite or cut from a sharp or potentially contaminated blood or object;
- Do not suck the wound
- Encourage bleeding by applying pressure
- Wash area thoroughly under running water
- Dry area with disposable absorbent material
- Cover with waterproof dressing
- Report the incident immediately to your line manager
- Seek appropriate medical advice by attending the Accident and Emergency department and inform them that you have a sharps injury or an injury caused by a potentially contaminated item / product
- Complete an accident report form as per the Council's Accident/Incident/Near Miss Reporting arrangements

#### If you are splashed by blood or body fluids

If fluids are splashed into the mouth, do not swallow, rinse mouth immediately with cold water and repeat several times

- If fluids are splashed into the eyes irrigate immediately with cold running water
- Report the incident immediately to your line manager
- Seek appropriate advice from the NHS
- Complete an accident report form as per the Accident/Incident/Near Miss Reporting arrangements

### **How can we protect employees/service users from infectious diseases?**

As well as the use of universal measures, there may be instances whereby you are at risk of passing on an infection to others, this may be your colleagues or service users. Your area of work will have a safe system of work in place, for example there may be a need to have a Departmental Diarrhoea procedure, when you may be asked to refrain from work in case of infection.

If staff have symptoms of flu, diarrhoea and vomiting, sore throat or a rash with or without a high temperature, they should contact their manager before attending work. Further information and advice regarding specific infectious diseases can be found from the Health Protection Agency ([www.hpa.org.uk](http://www.hpa.org.uk)).

### **13.0 Checklist**

#### Employees – What you need to do

Be aware of the arrangements for Infection Control

Be aware of the risk assessments and controls that are in place for your job role

Follow the guidance for hand hygiene at all times

Attend any training provided for you

Following training, use any Personal Protective Equipment that has been provided for you

Follow the advice if you receive a 'sharps' injury whilst carrying out your duties

Report any accident using the appropriate form

#### Managers – What you need to do

Ensure risk assessments are completed for the job roles within your department and review these in light of any changes

Ensure employees are aware of the risk assessments and controls in place

Ensure employees are aware of and trained in the use of PPE

Ensure employees are aware of these arrangements

Ensure new employees are provided with training with regards to infection control

Ensure any accident/incident is investigated and reported to Health & Safety using the appropriate documents.

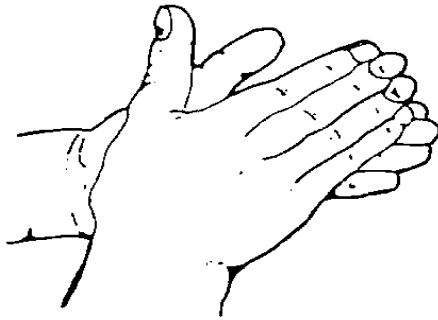
#### Health & Safety Team – What you need to do

Notify managers on the arrangements for Infection Control

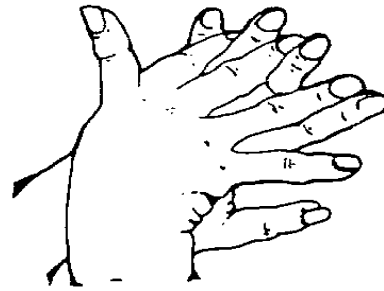
Advise managers on risk assessments and control measures that should be used

RIDDOR reports for any infection control associated absences/reportable infectious diseases as appropriate

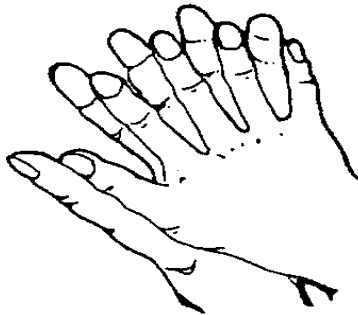
**APPENDIX 'A'**  
**Washing Hands**



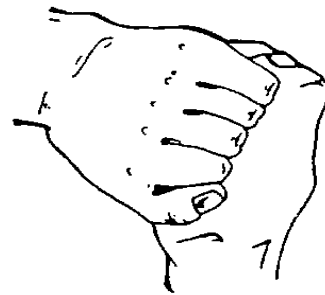
1. Palm to palm



2. Right palm over left dorsum and left palm over right dorsum



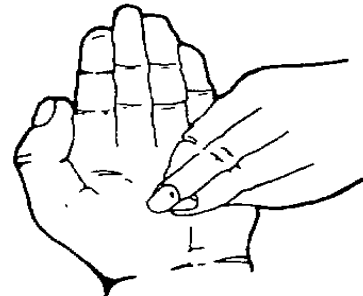
3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa



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



## **APPENDIX 'B'**

### **Managing Sharps Injury**

If you suffer a puncture, scratch, bite or cut from a sharp or potentially contaminated item;

- Do not suck the wound
- Encourage bleeding by applying pressure
- Wash area thoroughly under running water
- Dry area with disposable absorbent material
- Cover with waterproof dressing
- Report the incident immediately to you line manager
- Seek appropriate medical advice by attending the Accident and Emergency department and inform them that you have a sharps injury or an injury caused by a potentially contaminated item / product
- Complete an accident report form as per the Accident/Incident/Near Miss Reporting arrangements

## APPENDIX 'C'

### Cleaning Regimes

Guidelines recommended for the decontamination and disinfection of medical devices, premises and environment. These procedures are for low risk areas where sterilizing is not required

Item	How often	Method
<b>Buckets</b>	After use	Wash with hot water and detergent. Dry and store upside down.
Cloths / dusters	Daily	Single use cloths / dusters to be discarded after use.
Dish cloths	Daily	Use disposable or paper towels.
Mops	After use and weekly	All mop heads should be detachable. Wash in hot soapy water. Rinse and wring out. Invert the mop to dry thoroughly. Do not leave mop in bucket of water. Disposable mop head change daily.
Vacuum cleaners	As maker's Instructions	Vacuum cleaners should contain filters to avoid dust contamination of surfaces, change as per manufacturer's instructions. Wipe attachment tools with hot water and detergent.
<b>Basins and taps</b>	After use	Clean with hot water and detergent. Disinfectant if clinically indicated
Bins	Daily	Clean with hot water and detergent. Disinfectant if clinically indicated
Carpets	Vacuum daily	There should be a schedule for cleaning carpets at least six monthly. The type of floor covering should be chosen to enable it to be cleaned regularly. Spills of body substances should be removed using high performance bactericidal disinfectant with cloths/mops that are discarded after use.
Drains		Do not put disinfectant down drains.
Floors	Clean with hot water and detergent	Clean by mopping with hot water and detergent.
Furniture	In clinical areas daily; on-clinical weekly	Surfaces should be cleaned with hot water and detergent. Disinfectant if clinically indicated
Sluice	After use. Daily	Hot water and detergent

### Care of service user care equipment

Item	How often	Method
Bed frames	Weekly and between service users	Wash with hot water and detergent and dry.
Bowls	Between use	Clean with hot water and detergent. Rinse and store dry, inverted, and above floor level.
Chairs (Treatment) Couches	End of each session and if visibly dirty	The couch / chairs should have an intact water impermeable cover. Clean with hot water and detergent. Cover with blue paper roll and change between each service user
Crockery and Cutlery	After use	A dishwasher with a final rinse of 80°C is preferred. If washing by hand use very hot water, detergent and a disposable cloth. Change the water frequently, rinse and allow to dry in racks or use disposable paper towels.

Item	How often	Method
Dressing Trolley	After each service user use	Clean with hot soapy water or multipurpose detergent wipes then disinfect with 70% Isopropyl Alcohol wipes
Mattress/pillows	service users or when soiled	mattresses and pillows can be avoided by using a plastic cover. This should be cleaned with hot water and detergent and dried with a disposable paper towel. If the cover becomes damaged or porous the mattress or pillow must be disposed of.
Scissors (nonsterile) and Nail Clippers	service users or when soiled	used for some procedures (e.g. for cutting outer bandages) Must be cleaned regularly after use with detergent wipe or soap and water and disinfected with 70% Isopropyl Alcohol Wipes.
Scissors (sterile)	ONLY.	after use
Walking aids	service users or when soiled	hot water and detergent then dry.

Version Control	Date Released	Date Effective	Amendment
1	Jan 2012	Jan 2012	Document Created.
2		Jun-2013	Updated in accordance with The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
3		May-2017	Reviewed and no changes
4		May-2020	Section 3. Addition of Public Facing Staff, to encompass staff roles not included elsewhere. Section 8. Reference to EU 2016/425, Declaration of Conformity and EU Examination Certificate made as required to ensure PPE meets current standards.