**Infection Control & Personal Hygiene**

**Guidance**

These procedures primarily relate to working in people’s own homes, however the principles apply equally when working in hospital and other environments.

It is essential that the following procedures are fully adhered to in order to minimise the risk of infection:

**Effective Hand Washing**

Hand washing is the single most important method of preventing the spread of infection. ALL STAFF must ensure that their hands are thoroughly washed and dried:

1. Between seeing each and every service user/patient where direct contact is involved, no matter how minor the contact
2. After handling any bodily fluids or waste or soiled/potentially soiled clothing or other items
3. After using the toilet
4. Before handling foodstuffs
5. All cuts and abrasions should be covered with waterproof dressings at all times

**Use of hand rubs**

1. Alcohol hand rubs are a useful additional tool to combat the spread of organisms to and from hands
2. Hand rubs are not a substitute for good regular hand washing but provide additional protection when used correctly
3. Hands must be washed with soap and water after every 2-3 applications of a hand rub
4. Hand rubs must contain at least 70% alcohol to be effective
5. You must allow hands to dry thoroughly when using hand rubs

**Spillages (Body Fluids)**

The spillage of any body fluids or waste such as blood, faeces and urine should be cleaned up as quickly as possible and with caution. It is best to treat every spillage as potentially infectious. You should therefore:

1. Wear protective gloves and aprons
2. Cover the spillage with paper towels if available
3. Carefully wipe up the spillage with more paper towels
4. Depending on the nature and volume of the spillage, dispose of the waste by double wrapping and putting in a plastic waste sack, or flush unwrapped down the toilet
5. Use hot soapy water or, if available, an anti-bacterial solution to clean the remainder of the spillage
6. Dispose of soiled gloves and aprons appropriately
7. Wash hands thoroughly with hot soapy water

Temporary workers working in institutional settings (hospitals, nursing homes, etc.) should follow local procedures.

**What to do when there is a risk of contagion**

If a member of staff has contracted an infectious disease, or suspects that a service user has such an infection then this must be reported immediately to the office, as delay can put the member of staff and service users at risk.

1. You must report to PNL management any medical condition that could affect the safety of yourselves or others, bearing in mind the vulnerability of some service users
2. You must co-operate with PNL on the implementation of medical and occupational health provisions
3. It is important that management is notified immediately when anyone becomes ill with:
   - diarrhoea, sickness, vomiting or other stomach disorders
- any discharge from eyes, ears or nose, or a sore throat
- any septic skin condition such as sores, boils, septic cuts, and rashes
- any other infection

(Also see “Time-Keeping & Reporting Sick)

Such illness often causes a rapid increase in the number of germs present in the body. These may be spread throughout the body or localised as boils. In all instances, however, the germs can easily be transferred to the service user by contact or through food preparation. To minimise the chances of infections spreading in this way it is necessary for staff that are ill to be;

1. Kept away from work until such time as their GP pronounces them fit to return (ensuring that the GP is made aware of the nature of their work), and
2. Kept away from tasks which will involve them in direct contact with service users.

If you come into contact with anyone with the following infections, you may go to work UNLESS you too show symptoms associated with:

- Dysentery
- Chicken Pox
- Food Poisoning
- Infected Jaundice
- Pulmonary Tuberculosis
- Mumps
- Whooping Cough
- H1N1 (Swine Flu)

If you come into contact with clients or other people who have contracted any of the following diseases, you may not be required to go to work. In any event you should report immediately to the office who will, if appropriate, contact our Occupational Health advisor and advise you of any further action you should take:

- Typhoid
- Hepatitis A or B
- German Measles (Rubella)
- Meningitis
- Diphtheria
- HIV/AIDS

Hygiene

- You must look after personal hygiene at all times
- You must protect all open wounds with appropriate dressings
- You must report infections immediately
- Your general appearance and manner of dress must conform to the company's standards

Staff can seek occupational health (OH) guidance from PNL’s contracted OH services provider: Healthier Business (UK) Ltd. Telephone 0871 572 0947.

Also see “Dress Code”, below; Use of Personal Protective Equipment (PPE), below; Hand Decontamination for Home Care Staff, below.

**Hand Decontamination for Home Care Staff**

**Procedure**

- Keep nails short but not bitten – most microbes on the hands live under the nails (Larson 1989).
- Do not wear rings especially with engraved surfaces or stones; total bacterial count when rings are worn is higher than average (Larson 1985, Jacobson 1985).
DO NOT wear nail polish or artificial nails as people wearing these items often do not wash their hands vigorously enough to remove contaminants (Larson 1989).

Removal of wristwatches and bracelets and roll up long sleeves prior to handwashing (Gould 1994).

When to wash your hands

- Wash your hands when you arrive at every home
- Wash your hands before you leave every home
- Wash your hands after using the toilet
- Wash your hands before preparing food
- Wash your hands after dealing with any bodily fluid or soiled materials (even if wearing gloves).
  
  **Wearing gloves is not a substitute for hand-washing**

- Wash your hands after sneezing or blowing your nose

"Coughs and Sneezes Spread Diseases". The old saying remains true, even more so with concerns about illnesses like flu. When we cough or sneeze we have been taught from an early age to cover our nose and mouth however this contaminates our hands with the very organisms that cause illnesses.

There is plenty of advice about washing your hands more often – but how should you do it?

The following technique has been adapted from advice given to healthcare professionals to be more relevant to the home care setting. All of the information provided here is backed by research which clearly demonstrates the need to follow ALL the guidelines if you are going to protect yourself and others.

Principles

- Wet hands thoroughly using hot running water.
- Apply soap to all parts of your hands.
- Rub vigorously, palm-to-palm with fingers interlaced, for about 15 seconds.
- Place your right palm over the back of your left hand and then your left palm over the back of your right hand, rubbing all the time.
- Place your hands palm to palm rub together.
- Lock your fingers together in the palm of your hands and rub the backs of knuckles on your palm.
- Lock your thumbs together and rub in a rotating movement.
- Each step should consist of 5 strokes forward and 5 stokes backwards (Hand decontamination guidelines, INCA 2002).
- Rinse hands under running water, keeping fingers pointing upwards if possible.
- Dry hands thoroughly. Paper hand towels have been found to be more hygienic than used cloth towels or electric dryers (germs can live in the warm machinery).

Drying your hands in the home of a service user can pose problems

- Try to ensure that there is a clean towel for you to use.
- If possible and without causing offence, avoid using towels used by the service user.
- Do not be tempted to use tea towels intended for drying dishes.
- Ensure your hands are fully dry before continuing with your tasks or putting on gloves. Wet hands transfer more organisms than dry hands (Elliott 1989).

Use of hand rubs

- Alcohol hand rubs are a useful tool to combat the spread of organisms from hands. They must be at least 70% alcohol to be effective.
- Hand rubs are not a substitute for good regular hand washing but provide additional protection when used correctly.
- Hands must be washed with soap and water after every 2-3 applications of a hand rub.
- You must allow hands to dry thoroughly when using hand rubs.

Research shows that touching any part of a service user can transfer organisms from you to them and from them to you.
Use of Personal Protective Equipment (PPE)

PNL believes that the safety of staff and service users is paramount to the provision of high quality support. For this reason staff must use Personal Protective Equipment (e.g. disposable gloves) in the workplace. PNL should make these available where they are not provided by the client (the NHS trust or other healthcare provider). PNL requires all staff to follow this policy, which should be read in conjunction with the Dress Code.

It is each staff member’s responsibility to ensure an uninterrupted supply of PPE (in home care, it is preferable for a week’s supply of PPE to be available in the home at all times.) It is each staff member’s responsibility to ensure an adequate supply of PPE for themselves and their team members by notifying the appropriate person of stock requirements. If the local line manager refuses or fails to provide essential PPE staff must immediately inform PNL’s Clinical Nurse Manager.

Gloves

Gloves will be supplied to staff who carry out personal care. Take care to use the correct gloves – read the care plan to find out if the service user is allergic to any types of glove material.

Gloves come in various types and sizes, staff must establish which size of gloves fit them best as using gloves which are too small or too large will inhibit manual dexterity.

Gloves must be worn at all times when providing personal care including:

- Bathing, washing and shaving
- Toileting, continence assistance and personal cleansing
- Handling soiled garments, clothing and linen
- Touching dressings, plasters and wound management materials
- Dealing with exposed sores, cuts, rashes, etc.
- Applying creams, ointments and eye/ear drops
- Dealing with any bodily fluids or faecal material
- Handling catheters and bedpans
- Preparing food and drinks

If in doubt whether to wear gloves, wear them on that occasion and seek advice from the supervisor/manager.

Gloves must be changed and hands washed after carrying out tasks dealing with bodily fluids and excrement.

Gloves provided for personal care are not suitable for household cleansing tasks.

Aprons

Plastic aprons may be provided to protect members’ clothing. These should be used when there is close bodily contact, washing, showering and bathing. They should always be worn when emptying commodes or bedpans.

Face masks

Face masks are not routinely provided. Masks have limited use and require special training before staff may use them.

Masks may be provided if a known outbreak of an infection transferred by droplets (e.g. flu) is evident.

Other

Other types of PPE may be provided on an as-and-when basis. This may include long, sleeve-covering gloves, overshoes and complete disposable body suits. Staff will be trained in the use of these items as required.

Temporary workers in hospitals, hospices and nursing homes

Institutions in which temporary workers are placed will provide personal protective equipment according to their own policies. Any staff having concerns about the use or availability of PPE in institutions should report to PNL as soon as possible.