

Infection Prevention Control Policy and Procedure

Infection Prevention and Control Policy and Procedure

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Signed:	Samantha Norgate

Introduction

Infection prevention and control within a supported setting forms part of Banquo Limited's overall governance and risk management strategy.

Therefore, this policy seeks to outline the strategies, precautions and management techniques that Banquo Limited will undertake in order to imbed effective infection prevention and control into the service's culture. This will ensure the safety of service users, care staff and any other relevant parties engaging with the organisation.

Policy Statement

Banquo Limited recognises that effective infection prevention and control is the responsibility of all care staff in particular those who come into contact with service users.

However, the Registered Manager/Infection Control Lead holds overall responsibility for Infection Prevention & Control within the Organisation. They will ensure full compliance with The Health & Social Care Act, 2008 code of practice and the National Infection Prevention and Control Manual for England. Banquo Limited will also endeavor to comply with all the mandatory requirements as well as Best Practice infection prevention and control guidelines.

Banquo Limited is committed to controlling and reducing the risk of infection to our service users and this policy will be reviewed annually or sooner if any change in the law dictates.

Scope

This policy applies to all staff working for Banquo Limited. They will be supported by the Infection Control Lead (the Registered Manager- Samantha Norgate) who will oversee their compliance and maintain responsibility for keeping this policy in line with the law and best practice.

Objectives

The purpose of this policy is to:

- Ensure that systems are in place to manage and monitor the prevention and control of infection.
- Assess infection control risks to service users, including any risks that the environment, staff members or service users may pose.
- Assess the susceptibility to infection of service users and staff members to infection.
- Identify service users at risk of developing an infection or transmitting an infection to others.
- Act in a timely manner and ensure service users and staff receive the appropriate care in order to treat or prevent infection.

Arrangements

Banquo Limited recognises that service users have a right to be protected from preventable infections and that staff have a duty to safeguard the wellbeing of service users and members of the public. Prevention is the primary strategy to reduce the risk of healthcare associated infections. Banquo Limited complies with The Health and Social Care Act 2008 and other professional health bodies and will manage infection prevention and control issues via the Infection Prevention and Control lead who reports directly to the Director. The Infection Control lead will lead on infection prevention and control issues in collaboration with other members, committees and external healthcare providers. However, it is the responsibility of all care staff of Banquo Limited to assist in the effective management of infection prevention and control. Where appropriate assistance will be sought from other bodies such as the National Institute for Clinical Excellence and Public Health England.

Infection Prevention And Control (IPC) Lead

The IPC Lead for Banquo Limited is **Samantha Norgate** (The Registered Manager).

The duties of the IPC Lead are:

- To be responsible for the organisation's IPC (including cleanliness), as well as management and structure and the establishment of relevant groups.
- To oversee this IPC policy and its implementation.
- To report directly to Banquo Limited.
- To promote respectful challenge of inappropriate practice amongst all staff and have the authority to set and challenge standards of cleanliness.
- To assess the impact of all existing and new policies on infections and make recommendations for change.
- To be an integral member of the organisation's governance and safety structure.
- To produce an annual statement with regard to compliance with practice on IPC (including cleanliness).

Infection Risk Assessment

Banquo Limited will regularly risk assess our service users and staff members and their risk of catching or spreading an infection and provide them with the information required to ensure their safety.

An assessment of a service user's risk of infection will be carried out before they start using the service and will be reviewed regularly for as long as they use the service.

The assessment will contribute to planning and will determine whether any extra IPC precautions are required offering service to service user, such as whether staff need to wear additional personal protective equipment (PPE). The assessment will include all factors which place the person at a higher risk of catching or spreading infection and may include:

Symptoms:

- History of current diarrhoea or vomiting.
- Unexplained rash.
- Fever or temperature.
- Respiratory symptoms, such as coughing or sneezing.

Contact:

- Previous infection with a multi-drug resistant pathogen (where known).
- Recent travel outside the UK where there are known risks of infection.
- Contact with people with a known infection.

Person Risk Factors:

- Vaccination status which will assist assessment of their susceptibility to infection. and allow protective actions to be taken when necessary.
- Wounds or breaks in the skin.
- Invasive devices such as urinary catheters.
- Conditions or medicines that weaken the immune system.
- Environmental risk factors, such as poor ventilation in the care setting.

Standard Infection Control Precautions (SICPs)

To ensure safety, standard infection control precautions (SICPs) will be used by all staff for all people whether infection is known to be present or not. SICPs are the basic IPC measures necessary to reduce the risk of spreading pathogens.

These basic IPC measures are:

- Hand hygiene.
- Respiratory and cough hygiene.
- PPE.
- Safe management of the environment.
- Waste management.

Hand Hygiene

Hand hygiene is the single most important way to prevent the spread of infection. Good hand hygiene should be undertaken by all staff and service users.

In order to comply with The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, staff should encourage the involvement of service users and the public in infection prevention and control.

- Service users should be encouraged to wash their hands after using the toilet and before eating and drinking. If a service user is unable to access hand washing facilities, alcohol handrub or skin wipes can be used, unless their hands are visibly soiled or dirty, or they have suspected or confirmed viral gastroenteritis or Clostridium difficile. In these cases, alcohol handrub should not be used and only non-alcohol skin wipes, e.g. baby wipes, used.
- If a service user has an infection: They should use a separate towel to dry their hands, and this should not be used by other people. The towel should be washed daily. Before leaving the service user's home, visitors should wash their hands with liquid soap and warm running water, drying them thoroughly using paper towels. The use of kitchen roll is acceptable, fabric towels should only be used on an individual person basis and laundered daily
- Hand hygiene information leaflets should be available if requested- <https://www.infectionpreventioncontrol.co.uk/resources/hand-hygiene-policy-for-domiciliary-care-staff/>

Hand hygiene is the single most important practice to reduce the risk of infection transmission.

Effective hand washing should consist of washing:

- Palm to palm.
- Right hand over left dorsum and left palm over right dorsum.
- Palm to palm fingers interlaced.
- Backs of fingers to opposing palms with fingers interlocked.
- Rotational rubbing of right thumb clasped in left palm and vice versa.

Care staff are instructed to wash their hands using this method.

The hand hygiene regime includes hand washing with liquid soap and water, thorough drying and the use of alcohol based products (e.g. gels or foams). Bar soaps should not be used for infection control purposes if hands are visibly soiled or contaminated (e.g. with respiratory secretions), they should be washed with soap and water and dried. Alcohol rub should only be used when hands are free from dirt or organic matter.

Alcohol hand rubs can be used as an alternative between service users as long as hands are not visibly soiled. It should be remembered that alcohol hand rubs are only used as a supplement to good hand washing and not as a replacement.

Drying should be carried out using disposable paper towels and these disposed of using a pedal operated bin. Contact with the bin lid by the hands should be avoided to prevent recontamination.

Hand Hygiene Process

It is recommended that routine hand hygiene is performed according to the World Health Organization technique in the following circumstances:

- Before touching a service user,
- Before a clean or aseptic procedure,
- After body fluid exposure,
- After touching a service user,
- After touching a service user's surroundings,
- Before starting work,
- Before eating, preparing or handling food,
- Before and after administering treatment or interventions of any kind,
- Before and after physical contact with service users and/or their surroundings,
- After any activity that contaminates the hands,
- After using the toilet,
- After sneezing/blowing the nose,
- After cleaning activities,
- Before going home,
- After all other occasions when hands are thought to have been subject to contamination of any kind,
- After changing nappies/incontinence pads,
- After handling/clearing up after clinical waste,
- After handling animals,
- After smoking.

Hand Hygiene Products

Liquid soap and water are as effective as antibacterial handwashing preparations for decontaminating hands and removing most microorganisms. Liquid soap should therefore be used:

- Before and after physical contact with a service user.
- Following direct contact with body fluids when gloves should have been worn.
- When hands are visibly dirty or soiled.
- After several consecutive applications of alcohol gel.

Alcohol handrubs are not effective in removing physical dirt or soiling and should, therefore, only be used on visibly clean skin.

Alcohol handrubs are effective in destroying most micro-organisms. To be most effective, the hand-rub should contain 60–80% alcohol. Alcohol hand rubs are not effective against *Clostridium difficile* (*C. difficile*) and viral gastroenteritis, e.g. Norovirus.

Individual Actions For Reducing Risk:

- Follow the 5 moments for hand hygiene.
- Become familiar with HSE policy on hand hygiene and follow it.
- Use the appropriate product for your situation.
- Follow HSE policy on cuts and abrasions, fingernails, nail polish and jewellery.
- Use hand-care products provided by Banquo Limited.
- Lead by example and champion hand hygiene in your setting.
- Attend hand hygiene education sessions to refresh your knowledge and skills.

Skin Care

Staff are at risk of skin damage from both poor hand hygiene techniques and overuse of hand hygiene products. To ensure skin integrity is maintained they should do the following:

- Wet hands under warm running water before applying liquid soap.
- Rinse hands well to remove residual soap and dry thoroughly to prevent chapping.
- Always cover cuts and abrasions with a waterproof dressing.

Staff with skin problems on their hands should report this to the registered manager and seek medical advice.

Hand Cream And Moisturisers

The use of hand cream and moisturisers will help to prevent skin problems and irritations, therefore, promoting compliance with hand hygiene.

Sharing a pots of hand cream or moisturiser in the service users own home should not be used as these can become contaminated.

Respiratory And Cough Hygiene

Good respiratory hygiene reduces the transmission of respiratory infections. Being alert to people with respiratory symptoms is important as this may indicate infection.

To help reduce the spread of infection staff should:

- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose - if unavailable use the crook of the arm to catch a sneeze or a cough.
- Ensure a supply of tissues is in reach of the person or those providing care.
- Dispose of all used tissues promptly into a waste bin, which should be provided.
- Clean hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Keep contaminated hands away from the eyes, nose and mouth.
- Support people who need help with respiratory hygiene where necessary.

Personal Protective Equipment (PPE)

The level of PPE staffs is required to wear depends on the risk level staff pre-determine through assessment. The risk will be assessed by considering the task, level of interaction/anticipated exposure to blood or other body fluids.

Personal protective equipment helps protect both service users and staff from infection and is used for contact, droplet or airborne transmission based precautions (TBPs).

Before undertaking any procedure, staff should assess any likely exposure to blood and/or body fluids, non-intact skin or mucous membranes and wear PPE that protects adequately against the risks associated with the procedure.

Banquo Limited will obtain PPE from a recognized healthcare PPE supplier.

Gloves

Gloves should be single use only and comply with European Standard EN 455 Medical Gloves and be:

- Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely.
- sterile where there is a risk that key parts or key sites cannot be protected, such as during urinary catheter insertion.
- Changed immediately after each service user and/or after completing a procedure or task even for the same service user.
- changed if a perforation or puncture is suspected.
- worn immediately before performing an invasive procedure and removed on completion
- appropriate for use, fit for purpose and well-fitting.

Gloves should be located close to the point of use, stored to prevent contamination in a clean, dry area, changed immediately after each client and/or after completing a procedure or task and disposed of after use as per the correct waste disposal.

Gloves which are sterile should be used when trained staff are carrying out any procedure requiring aseptic techniques i.e., wound care tasks/dressing changes.

They should be changed immediately after each service user and/or after completing a procedure or task for the same service users.

Gloves must be well fitting, fit for purpose and free of any perforations. Banquo Limited will provide latex free gloves for use by any service users or staff members with a documented allergy or sensitivity to latex products.

Polythene gloves must not be used for clinical interventions and hand hygiene products should NEVER be applied to gloved hands. Alternatives to natural rubber latex gloves will be available for service users, carers and staff who have a documented sensitivity to natural rubber latex.

Aprons

Disposable aprons are single use only and should be worn when:

- There is a risk of exposure to blood and/or body fluids, non-intact skin, mucous membranes or other sources of contamination, e.g. the service user has a known or suspected infection.
- There is a risk of soiling to the front of uniforms or clothing.
- Providing direct 'hands on' care to a service user and changed between each task
- Undertaking an aseptic technique.
- Decontaminating care equipment or the environment.

A disposable apron should be removed and disposed of after each task and hand hygiene should be performed.

Full Body Gowns And Fluid-Repellent Coveralls Must Be:

- Worn when there is a risk of extensive splashing of blood and/or other body fluids.
- Worn when a disposable apron provides inadequate cover for the procedure or task being performed.
- Changed between service users and immediately after completing a procedure or task.

Eye And Face Protection (Including Full-Face Visors) Must:

- Be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely, and always during aerosol generating procedures.
- not be impeded by accessories, such as piercings or false eyelashes
- not be touched when being worn.

Face Masks

Type IIR fluid-repellent surgical masks protect the wearer by providing a fluid repellent barrier between the wearer and the environment. They provide additional protection from respiratory droplets.

Staff at Banquo Limited will wear fluid-repellent type IIR masks if it is assessed there is a risk of splashing of blood or body fluids into the worker's nose or mouth. These should be well-fitting and cover the nose, mouth and chin and should not be touched when worn.

Fluid-resistant type IIR masks should not be worn for longer than 4 hours. They must be disposed of after the episode of care is completed, when damaged or when the mask becomes moist. Staff should move to a safe area to remove the mask.

Fluid-Resistant Surgical Face Masks Must Be:

- Worn with eye protection 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 service users from the operator as a source of infection.
- Well-fitting and fit for purpose, fully covering the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection).
- Removed or changed at the end of a procedure/task if the mask's integrity is breached or in accordance with manufacturers' specific instructions.
- Not touched once put on or allowed to dangle around the neck.

Footwear Must Be:

- Visibly clean, non-slip and well-maintained.
- Supportive and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps PPE should be donned in line with the NHS Infection Prevention and Control Manual;

<https://www.england.nhs.uk/publication/national-infection-prevention-and-control>.

Covid-19/Respiratory Infections

If caring for service users in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance for advice on the PPE to be worn. [COVID-19: testing from 1 April 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/covid-19-testing-from-1-april-2024).

See Banquo Limited Covid 19 Policy and Procedure for further detail.

It is Banquo Limited policy that if staff are off due to Covid they must have a minimum of 7 days absence and two clear test results 24 hours apart prior to returning to work.

Safe Management Of Equipment

Single Person Use Items

These items are intended to be used by only one person for a limited number of uses. They must not be used by different individuals. Staff will follow the manufacturer's instructions regarding re-use and decontamination.

Reusable Equipment

Pathogens may be transferred between people through the use of equipment if it is not properly stored and cleaned.

Banquo Limited will endeavour to use disposable equipment where possible however, should reusable equipment be required Banquo Limited will ensure equipment is stored and managed safely so it does not become contaminated in the service users home.

Any reusable equipment will be decontaminated after each use. Whichever staff member is using the equipment is responsible for decontaminating the equipment prior to and straight away after use for each service user. The method of decontamination will conform to the manufacturer of the equipment's instructions.

Poorly maintained equipment can also increase the risk of infection. Equipment will be standardised wherever possible.

There are three categories of decontamination:

- **Cleaning:** Removes micro-organisms and the organic material on which they thrive but does not necessarily destroy them. Cleaning is a necessary prerequisite to effective disinfection or sterilization.
- **Disinfection:** Reduces the number of viable micro-organisms but may not necessarily inactivate some microbial agents, such as certain viruses and bacterial spores.
- **Sterilisation:** Renders an object free from viable micro-organisms including viruses and bacterial spores.

The choice of decontamination should be based on risk of infection. The risk from the equipment is categorised into three groups

Low Risk: These are items that come into contact with intact skin or that do not come into contact with people. These items should be cleaned and disinfected if an increased infection risk is suspected. Items which may come into contact with intact skin or do not contact the service user. These items should be cleaned and disinfected if an increased infection risk is suspected.

Medium Risk: Items that come into contact with intact mucous membranes or items contaminated with particularly virulent or readily transmissible pathogens. Items used with people who are immunocompromised. Low risk items contaminated with blood or body fluids. These items should be cleaned followed by disinfection and sterilisation if being used for more than one service user ie Respiratory equipment, thermometer. those items which come into contact with intact mucous membranes or may be contaminated with particularly virulent readily transmittable organisms. Such items require cleaning following disinfection or sterilization.

High Risk: Items that come into contact with intact mucous membranes or items contaminated with particularly virulent or readily transmissible pathogens. Items used with people who are immunocompromised. Low risk items contaminated with blood or body fluids. These should be cleaned followed by disinfection and sterilisation if being used for more than one service user. items used to penetrate the skin or mucous membrane; or enter the vascular system or sterile spaces. These should be single use items.

Management Of Blood And Body Fluid Exposure/Spillages And Post-Exposure Control Of Infection

Cleaning of blood and body fluid spillages may expose care staff to additional risks or can grow pathogenic organisms. Care should be taken to protect care staff by the use of protective clothing such as PPE.

The spillage can usually be safely removed by thorough washing with household detergent solution. Banquo Limited will ensure that there is sufficient resource are available to clean the service users own home effectively if needed.

Infestation

Banquo Limited recognises that prevention of the ingress of pests and the effective control of pests is an essential environmental standard for the delivery of good care to service users. All staff have a role to play in preventative pest control.

Pests carry a large number of disease organisms as well as carrying contaminated material with them. Therefore, pest must be controlled to ensure they do not ingress into the healthcare setting. The Infection Control Lead should be informed of any serious infestation reported.

In exceptional circumstances, where there is an imminent risk to health from an infestation, the Environmental Health Office should be informed by facilities management.

Comprehensive cleaning of ambulances will help to ensure effective pest prevention and control. Prompt recognition is important for the control and management of these infestations.

Parasites responsible for human skin infestations:

- Human Lice.
 - Head Louse (*Pediculus humanus capitis*).
 - Crab/Pubic Louse (*Phthirus pubis*).
 - Body Louse (*Pediculus humanus*).
 - Scabies (*Sarcoptes scabiei*)
- Infestation of the Environment.

Pests (animals or insects that cause damage, annoyance, distress and may present a risk of infection) that commonly infest healthcare premises:

- Ants.
- Bed Bugs.
- Bees.
- Birds.
- Cockroaches.
- Fleas.
- Houseflies.
- Mice.
- Rats.
- Rodents.
- Wasps.

Any Infestations Will Be Reported Promptly To The Registered Manager.

Cleaning Of The Environment

All staff working within the service users own home environment for Banquo Limited have a duty to ensure they leave the environment in its original state after carrying out their duties. Staff also have a responsibility to report to their line manager/the registered

manager if they feel there is anything within the environment which may go against infection prevention and control standards and place themselves or the service user at risk of harm.

All staff carrying out cleaning duties for Banquo Limited will have a clear understanding of their responsibilities as required under the Health and Safety at Work etc Act 1974 and associated regulations including COSHH. All staff will be provided with the PPE required to safely undertake cleaning tasks. See [HSE advice on carrying out COSHH assessments](#).

Management Of Laundry

Staff working for Banquo Limited maybe responsible for washing service user's laundry. Therefore, all staff should be aware of the key principles when handling service user laundry. Staff must:

- Wash hands between handling clean and used or infectious laundry.
- Prevent cross contamination between clean and used or infectious laundry.
- Use separate containers for clean and used or infectious laundry.
- Do not shake used or infectious laundry.
- Do not place used or infectious laundry on the floor or on surfaces.
- Use an apron to protect their clothing from used or infectious laundry.

Waste Management

All staff are responsible for the safe management and disposal of waste and should understand how waste should be segregated and stored prior to collection or disposal. This will reduce environmental impact, comply with waste regulations and other national guidance such as the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance.

Waste is defined as solids, liquids and sharps that are potentially infectious or dangerous and are considered bio-waste.

Waste must be disposed of in the appropriate bags/boxes and clearly marked as clinical waste. Items used for treating service users, such as aprons/gloves/other PPE should be disposed of as infectious waste.

When handling waste, appropriate personal protective equipment (PPE) should be worn.

Guide For Correct Colour Waste Bags:

- **Orange:** Infectious waste can be sent for treatment to render it safe prior to disposal or incinerated in a permitted or licensed facility.
- **Yellow:** and black striped: Offensive/hygiene waste may be landfilled in a permitted or licenced waste facility.

- **Purple:** Cytotoxic or cytostatic medicine waste or any items contaminated with these must be sent for incineration in a permitted or licenced waste facility.
- **Black:** Domestic waste for landfill at a suitable permitted facility.

Waste bags should be no more than 2/3 full allowing the bag to be tied using a suitable plastic zip tie or secure knot.

If a staff member is handling tied waste bags, they should only hold the bag by the neck and keep it at arm's length to reduce the risk of injury in case a sharp item has been inappropriately disposed of in the bag.

If a bag is torn, the torn bag and contents should be placed inside a new waste bag. Items used for treating service users, such as uncontaminated aprons/gloves/other PPE, nonmedicated intravenous (IV) bags and non-infectious urine/faeces/vomit and their containers, should be disposed of as offensive/hygiene waste.

Offensive/hygiene waste is suitable for disposal at landfill or incineration. Access to the clinical waste bin storage will be controlled by the Registered Manager. Waste will be collected by the incumbent as per service level agreement.

Domestic Waste

Normal household waste and general commercial waste.

The following items should not be placed in domestic waste but should be segregated for recycling;

- Glass.
- Aerosols.
- Electrical and Electronic waste.
- Batteries.
- Cardboard.

All Banquo Limited staff will dispose of their PPE in the relevant waste bags. With prior agreement with the service in question, staff will dispose of clinical waste bags at the nearest hospital.

Cleaning Blood and Body Fluid Spills

Blood and blood-stained body fluid, and body fluid spillages e.g., urine, vomit, faeces, saliva, nasal and eye discharges should be dealt with promptly.

An appropriate blood detergent should be used for dealing with blood/blood-stained body fluid. The detergent should be used as per the manufacturer's instructions.

An appropriate detergent should be used for dealing with non-blood-stained body fluids, e.g., urine, faeces, vomit. It is important to use the correct detergent and not place a chlorine-based product directly on urine as toxic fumes are released.

Personal protective equipment (PPE) should be worn. The spillage and contents of the pack should be disposed of as infectious waste. Clean spillages using a product that combines a detergent and disinfectant ensuring it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use.

Diseases that are notifiable to the Local Authority Proper Officers under the Health Protection (Notification) Regulations 2010 can be found here [Notifiable diseases and causative organisms: how to report - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/consultations/notifiable-diseases-and-causative-organisms-how-to-report)

Blood-Borne Viruses (BBVs)

Blood-borne virus (BBV) infections are spread by direct contact with the blood of an infected person.

The main BBVs of concern are:

- Human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS).
- Hepatitis B virus (HBV) and Hepatitis C virus, all of which cause hepatitis HIV infection, is spread by direct contact with an infected person's blood or certain body fluids. Hepatitis B infection is spread by direct contact with an infected person's blood or certain body fluids. The degree of infectivity is related to specific serum markers, i.e. hepatitis e antigen and anti-hepatitis e antibody. Hepatitis C is spread by direct contact with an infected person's blood. In the past, infection may have been transmitted by blood and blood products.

Other body fluids or materials, such as urine, faeces, saliva, sputum, sweat, tears, and vomit, carry a minimal risk of BBV infection, unless these fluids or materials are contaminated with blood.

However, care should still be taken as the presence of blood is not always obvious and service users may not have any symptoms of BBV.

All staff members at risk of exposure to a BBV should be vaccinated against Hepatitis B, especially as staff members are at risk of BBV as much as service users are at risk of contracting a BBV from staff members. Standard infection prevention and control precautions for reducing the risk of transmission of BBVs:

- Keep cuts or broken skin covered with waterproof dressings (staff members with skin conditions should seek advice from their own GP to minimise their risk of infection through open skin lesions).
- Protect eyes, mouth, and nose from blood splashes where there is a risk of splashing.

- Avoid direct skin contact with blood and blood-stained body fluids (if blood/bloodstained body fluids are splashed on to the skin, wash off with liquid soap and warm running water).
- Wear disposable latex/nitrile gloves when contact with blood or body fluids is likely.
- Always clean hands after removing gloves.
- Always clean hands before and after giving first aid.
- Contain and promptly disinfect surfaces contaminated by spillages of blood and body fluids.

Any staff member who has significant occupational exposure to blood or bodily fluids must notify the Registered Manager as soon as possible and then seek medical attention from the nearest Accident and Emergency Department.

In all instances where staff members have been exposed to blood or bodily fluids, an incident report must be completed as per the Incident Management Policy and Procedure.

Infectious Diseases

Health protection legislation in England gives public authorities powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation.

See the revised measures within the amended Public Health (Control of Disease) Act 1984 and its accompanying regulations. The legislation adopts an 'all hazards' approach and, in addition to the specified list of infectious diseases, there is a requirement to notify cases of other infections or contamination that could present a significant risk to human health.

This is to ensure the infection is reported to the Local Authority, as they are Diseases Notifiable to the Local Health Authority under the Health Protection (Notification) Regulations 2010. Notifiable Infectious Diseases UK Health Security Agency (UK HSA) aims to detect possible outbreaks of disease and epidemics as rapidly as possible. 'Notification of infectious diseases' is the term used to refer to the statutory duties for reporting notifiable diseases in the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.

Vaccinations

Vaccination is an important component of good IPC. Vaccinations protect people against vaccine preventable infectious diseases, including respiratory diseases.

Banquo Limited will encourage all staff to stay up to date with recommended vaccinations including booster and seasonal doses, in order to help reduce risk from these infections.

The current recommended immunisations for all staff are to protect against:

- Tetanus.
- Polio.
- Diphtheria.

- Measles, mumps and rubella (MMR): This is particularly important to avoid transmission to people who are more vulnerable to health problems should they acquire the disease/infection.

Evidence of satisfactory immunity to MMR is either:

- A positive antibody test to measles and rubella
- Having 2 doses of the MMR vaccine.

Some staff may need further vaccinations for:

- Bacillus Calmette–Guérin (BCG) if they have close contact with service users with infectious tuberculosis (TB).
- Hepatitis B and relevant boosters if they have:
 - Direct contact with service users' blood or blood-stained body fluids, such as from sharps.
 - Are at risk of being injured or bitten by service users.
 - Varicella (chickenpox) if they have direct contact with service users and either cannot get a definite history of chickenpox or shingles or have a blood test which does not show they are immune.

Banquo Limited also offer the annual influenza vaccine to staff and encourage all staff to have any of the approved COVID-19 vaccines in line with the latest government guidance.

Banquo Limited will keep a record of our staff vaccination statuses and undertake risk assessments in relation to this to ensure the safety of our staff and service users wherever possible.

Banquo Limited will regularly access the [Green Book](#) for the latest information on vaccines and vaccination procedures for vaccine preventable infectious diseases in the UK.

Staff with underlying medical conditions will have a personalised assessment and personal risk assessment.

Banquo Limited will regularly access [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/immunisation-against-infectious-disease) (the green book) for the latest information on vaccines and vaccination procedures for vaccine preventable infectious diseases in the UK.

Training

All staff working for Banquo Limited will receive training in Infection Prevention and Control as part of their induction and annually thereafter as part of the mandatory training programme (***See Training and Development Policy and Procedure***).

All staff who are currently in employment in Banquo Limited are also required to complete Hand Hygiene training on induction and refresher at least every 2 years. Record of training would be recorded on staff training records.

All training will comply with the criteria in The Health and Social Care Act 2008 Code of Practice.

Audit And Review

This policy will be reviewed every three years by the Infection Prevention and Control Lead and amended accordingly if required. The timescale will be reviewed in light of any adverse incidents or risks identified (or in light of any new legislation or organisational change), to its staff or service users. This timescale will be reviewed for three years or in light of any significant changes to clinical practice or guidelines as identified.

Monitoring

Compliance with this policy will be monitored by the IPC Lead through regular auditing and the examination of incident reports. Lessons learned will be discussed at individual staff supervision, management, and team meetings.

Related Policies And Procedures

Training and Development Policy and Procedure

Governance Policy and Procedure

Health and Safety Policy and Procedure

Incident Management Policy and Procedure

Relevant Legislation And Guidance

Control of Substances Hazardous to Health Regulations 2002

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999

Public Health (Control of Disease) Act 1984 (as amended)

The Hazardous Waste (England and Wales) Regulations 2005

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

The Health and Social Care Act 2008.Code of Practice on the Prevention and

Control of infections and related guidance Act 2008

The Medical Devices Regulations 2002

National Institute for Health and Care Excellence (2017)

<https://www.nice.org.uk/guidance/cg139/chapter/Key-priorities-for-implementation>

UK Health Security Agency (2020)

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Health and Safety Executive (2024) <https://www.hse.gov.uk/coshh/basics/assessment.htm>

Health and Safety Executive (2013) <https://www.hse.gov.uk/pubns/hsis7.pdf>

Department of Health and Social Care (2022)

<https://www.gov.uk/government/publications/the-health-and-social-care-act->