*Infection Control Policy*

*31/03/24*



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# **Infection Control**

***Introduction:***

Anele Health and Beauty Clinic acknowledges the crucial importance of Infection control. This document sets out to provide guidelines on infection prevention and control within the clinic in order to reduce HCAI and to reduce transmission of infections to healthcare professionals, therapists and patients.

***Policy Aims:***

1. **Prevention of Infections:** Prevent the spread of infections within the clinic
2. **Protection of Patients:** Acquiring infections during the course of their treatment.
3. **Protection of Workers:** From exposure to infectious agents, thereby safeguarding their health and well-being.
4. **Prevention of Outbreaks:** By implementing effective infection control measures,
5. **Promotion of Safe Practices:** Among workers, patients, and visitors to minimize the risk of transmission of infections.

***Duties and Responsibilities***

Every member of staff has a duty of care to prevent healthcare associated infection and all arrangements in the practices should comply with the following legislations;

* The Health and Safety at Work Act (1974) Ensures that employers provide, when possible, a safe environment not only for the employees but all those visiting the working area, it also requires the employees to be responsible for their own safety and that of others.
* Health and Safety at Work Regulations (1999) Ensures that the employers to risk assess anything that may be detrimental to the employees’ health and put control measures in place.

In relation to infection control, we will use our knowledge and experience to ensure that staff are protected from exposure to infectious hazards through safer systems of work. These include; personal protective equipment, hand washing facilities, safe disposal of waste and safe handling, storage and carriage of specimens.

The Control of Substances Hazardous to Health (COSHH) Regulations (2002): Offers guidance regarding the protection against hazardous substances, including chemical and biological agents in the workplace.

***Monitoring***

Elena Caraman is responsible for overseeing infection control. All staff have a responsibility in ensuring effective infection control practices in the practice. Other practice staff, such as receptionists and Dispensary staff are encouraged to attend relevant training as identified on the Practice’s training matrix, this will enable them to understand the issues involved.

Infection Control should be discussed regularly at group meetings where a report should be made on infection control issues and actions agreed to improve infection control in the clinic. The clinic should aim to provide assurance that the risks of healthcare associated infections are minimised and that services are delivered in a safe and clean environment.

***Infection Control Link (IC Link) within the Clinic:***

One member of the staff has been appointed as the IC Link. The administrative manager has undergone a basic training course on infection control to take on the lead role in managing infection control practices within the organization.

As the IC Link, (the administrative manager) is responsible for staying updated on current practices in infection control and disseminating relevant information to staff members. Their responsibilities include:

* Acting as an advocate for patients, families, and carers by promoting good infection control practices and providing advice and support to colleagues within the workplace.
* Collaborating with relevant staff to develop, review, and update evidence-based policies and guidelines in accordance with Department of Health notifications and national guidelines.
* Distributing updated policies to relevant areas and facilitating their implementation through education and support.
* Monitoring compliance with procedures and conducting audits of infection control procedures and cleanliness.
* Ensuring staff training records are up to date.
* Disseminating pertinent information within the workplace in a timely manner and informing the management team of any significant issues related to infection prevention and control.

**Role of Individual Staff Members:**

All employees at Anele Health and Beauty are personally accountable for adhering to infection prevention and control policies. They must:

1. Understand their legal duty to take reasonable care of their health, safety, and security, as well as that of others affected by their actions.
2. Identify infectious conditions and circumstances that may lead to outbreaks of infection and notify the IPC Lead accordingly.
3. Utilize safe working practices outlined in IPC policies and report any breaches of these policies or practices.

**Responsibilities to the Public:**

Anele Health and Beauty is committed to maintaining a clean and safe environment for the public. Responsibilities include:

* Providing appropriate patient information regarding alert organisms and measures to control the spread of infection.
* Promoting a culture that encourages the public to challenge staff who fail to practice good hand hygiene.
* Requesting the public's cooperation in minimizing the risk of infection by keeping the environment clean.

**Cleaning:**

* Anele Health and Beauty collaborates closely with its contracted cleaner to ensure infection risks are assessed and addressed. A cleaning rota is followed, with compliance monitored on the sign off schedule.

***STANDARD PRECAUTIONS***

Standard precautions were formally known as Universal Precautions and were developed in the 1980’s during the HIV/Aid’s epidemic. They were developed in order to protect healthcare workers from blood Bourne viruses. These have since been adapted and renamed Standard precautions so they are used within normal practice.

1. Hand Hygiene
2. Using Personal Protective Equipment
3. Safe Handling and Disposal of Sharps
4. Safe Handling and Disposal of Waste
5. Spillage Management

***Hand Hygiene***

Hand washing is the single most important means of controlling the spread of

infection. The micro-organisms on the hands are grouped into two categories; Resident and transient flora.

Resident flora are usually of low virulence and rarely cause infections except when introduced into the body through introduction of a urinary catheter, or an open wound. Transient flora may consist of many different pathogenic micro-organisms. They are not firmly attached to the skin and can usually be removed quickly and effectively with soap and water.

Hands should be decontaminated either by washing or using an alcohol hand

gel after every patient contact. If hands are visibly dirty and have been in

contact with blood or body fluids, the choice for hand hygiene should be

handwashing.

The purpose of hand hygiene with adequate drying is to remove transient

microbial contamination that has been acquired during contact. The hands

should be dried properly after washing because this reduces the number of

organisms subsequently released from the hands.

Dedicated hand washing basins are available in all clinical areas

* Examples when hand washing should take place are:
* Before preparing, handling or eating food
* After visiting the toilet
* Whenever hands are visibly dirty
* After removing gloves
* Before wearing sterile gloves
* Before and after examining patients
* Before and after administering medications
* After any possible action that may have resulted in microbial contamination
* Before and after handling urine specimen samples
* Before caring for those patients immune-compromised
* Before starting work and after you have finished
* After handling contaminated waste and/or laundry

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| **Hand Washing Agent** | **Instruction for Use** |
| Liquid Soap | Disposable paper towels should be used for hand drying and dispensed from a wall mounted dispenser. |
| Chlorhexidine (e.g. Hibiscrub) or Povidine iodine 7.5% (surgical scrub e.g. Betadine) | These preparations should be used prior to minor surgery. **Not for routine use.** Wet hands and forearms, apply solution and wash for 2 minutes. Ensure individual fingers and thumbs are washed. Rinse. Dry hands thoroughly using sterile paper towels before putting on a pair of sterile gloves. |

An appropriate technique for handwashing will ensure that hands are cleaned effectively. What follows is a good, basic technique that should be followed every time hands are washed in the clinical environment. This technique is available in every room, and in the staff area as a reminder.

***Using Personal Protective Equipment (PPE)***

Personal protective equipment (PPE) is used to protect both health care workers and patients from risks of infection. The risk of infection occurring is reduced by preventing the transmission of micro-organisms to the patient via the hands of staff or vice versa. Gloves may also be required for contact with hazardous chemicals and some pharmaceuticals, for example, disinfectants or cytotoxic drugs. PPE includes items such as gloves, aprons, masks, goggles or visors. The necessary PPE will be available within each treatment room, and at a minimum will include, goves, disposable apron and masks.

***Safe Handling and Disposal of Sharps:***

Anele Health and Beauty ensures that sharps are used and disposed of safely to minimize the risk of sharps-related injuries and infection transmission. Regular audits are conducted to ensure compliance with sharps disposal policies, and a contract is in place with a waste disposal company to ensure regulatory compliance. Sharp bins and posters are in each treatment room, to ensure safe compliance.

***Needle Stick Incidents:***

The clinic has detailed policies for managing needle stick injuries to protect staff from the risk of infection. All incidents are taken seriously, and appropriate treatment is provided.

***Disposal of Clinical Waste:***

Clinical Waste is something which consists of and unless rendered safe may prove hazardous to any person coming into contact with:

* Human or animal tissue
* Blood or bodily fluids
* Excretions
* Drugs or other pharmaceutical products
* Swabs or dressings
* Syringes, needles or other sharp instruments

Clinical waste, including items contaminated with blood or bodily fluids, is managed carefully in collaboration with Direct365 waste disposal company to ensure safe disposal. The appropriate bins are located within each treatment room (orange bin), in which disposal is carried out within the locked bin outside. A contract is in place where this bin is emptied regularly.

***Spillage Management - Blood and Body Fluid Spillage:***

Prompt and effective management of blood and body fluid spillages is essential. Staff must wear appropriate protective clothing (found in the clinic rooms) and follow established procedures for spillage cleanup to minimise the risk of infection transmission.

***Specimens For Clinical Laboratories***

* Ensure all specimens are labelled correctly
* The freshness of the specimen determines its usefulness, so get all specimens to the laboratory as soon as possible
* All specimens are potentially dangerous so should be bagged and must be transferred to laboratories in proper rigid containers
* Contaminated, leaking and unlabelled specimens will be discarded. Urines samples must be disposed of in waste facility in dirty utility rooms & sample bottled placed in clinical waste bins, blood bottles should be placed in sharps bins
* Label specimens ‘HIGH RISK’ when appropriate
* Ensure that legible clinical details are including antibiotics taken on all microbiology specimens

***Management Of Infectious Diseases***

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

If a member of staff contracts an infectious disease ([**please see the UK Government website**](https://www.gov.uk/topic/health-protection/infectious-diseases))  they should notify the management team and the HR department.

The Management Team and HR will review each case individually and decide on a management plan which will review whether a member of staff is fit to work and if so in what capacity.

***Protecting Staff and Patients From Hepatitis B&C***

We will:

* Ensure staff are given information and guidance on the risks of contracting Hepatitis in respect of their work/training.
* Implement procedures for dealing with staff that become infected with Hepatitis B or are carriers of the virus.
* All staff are expected to co-operate in arrangements made for protecting them against risk and to comply fully with the provisions of these guidelines.

***Rubella***

Measles is an acute viral illness caused by a morbillivirus of the paramyxovirus. Measles is spread by airborne or droplet transmission. Incubation period is about 10 days (ranging between 7 and 18 days) with a further 2 to 4 days before the rash appears.

Mumps is an acute viral illness caused by a paramyxovirus. Mumps is spread by airborne or droplet transmission. Incubation period is around 17 days (ranging between 14 to 25 days). Individuals with mumps are infectious from several days before the parotid swelling to several days after it appears.

Rubella is a mild disease caused by a togavirus. Rubella is spread by droplet transmission. Incubation period is 14 to 21 days, (with majority of individuals developing a rash 14 to 17 days after exposure). Individuals with rubella are infectious from one week before symptoms appear to 4 days after onset of rash. Maternal infection within the first 8 to 10 weeks of pregnancy results in damage in up to 90% of infants, the risks declines to about 10% to 20% between 11 to 16 weeks.

All staff in clinical contact with patients should be tested for measles and rubella antibodies unless they are definite that they are measles, rubella immune following a prior antibody assessment.

***Varicella Zoster (Chicken Pox)***

Varicella zoster is a highly infectious disease and can be reactivated in the form of Herpes Zoster (Shingles). It is spread by direct physical contact with an infected person or by droplet infection. The clinic will ensure that all team members are given information and guidance on what action to take if they have been in contact with chicken pox in respect of their work and staff that become infected with chicken pox.

are expected to co-operate in arrangements made for protecting them and clients against risk