

Infection Outbreak Management in Care Homes Policy

Policy Statement

The Downes believes that infection control is a critical element in the running and management of any residential care facility as serious infections can easily be spread if inadequate controls are in place. The home is acutely aware that infectious diseases can spread easily among residents in a care home — particularly in the winter — with the commonest outbreaks being flu, gastroenteritis, diarrhoea and vomiting.

The protection of service users from such diseases is a key aim of this home, which expects all of its staff and volunteers to adhere strictly to a range of policies relating to the control of infection including this one, which is designed to protect service users from the risks of outbreaks of infectious diseases.

Legal Considerations

The Downes will adhere to all relevant legislation, including:

- the Health and Safety at Work, etc Act 1974
- the Public Health Infectious Diseases Regulations 1988
- the Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Under the above legislation, and associated codes of practice, the care service understands its legal and moral duty to ensure the health and safety of both staff and service users and to protect them, wherever practicable, from dangerous substances in the workplace, including the risk of transmission of infections.

Guidance

The Downes seeks at all times to comply with evidence-based best practice in infection control, particularly with the *Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infection and Related Guidance* published by the Department of Health and Social Care (the Hygiene Code). The home understands that in England compliance with this guidance is an effective way to help it to meet its regulatory requirements with the Care Quality Commission under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, the home will comply with all other relevant best practice infection control guidance.

For instance, applicable guidance from the National Institute for Health and Care Excellence (NICE) includes:

- CG139: *Healthcare-associated Infections: Prevention and Control in Primary and Community Care* (updated February 2017)

- PH36: *Healthcare-associated Infections: Prevention and Control* (November 2011)

Guidance is also available from the Department of Health and Social Care (DHSC) and from the Health and Safety Executive (HSE) in the form of:

- *Prevention and Control of Infection in Care Homes: An Information Resource* (2013) DHSC
- HSG220 *Health and Safety in Care Homes* (2nd edition) (2014) HSE

Specialist advice and support will be obtained from the local public health protection team and from relevant primary healthcare teams.

Definitions and Theory

The Downes understands an infection “outbreak” to refer to occurrences of infectious disease that affect two or more residents. The home recognises that the commonest outbreaks are flu, gastroenteritis, diarrhoea and vomiting.

Diarrhoea and vomiting bugs are usually transmitted by direct contact and can spread rapidly through a care home population. Contact with contaminated people, surfaces or objects, particularly those contaminated with faeces or vomit, can easily spread the bugs responsible, as can consuming contaminated food or water.

Procedure

To fully protect service users from the associated risks, the following precautions should be taken during any infectious outbreak.

1. Residents with influenza should remain in a segregated area for at least five days. They should be given plenty of fluids and their specific symptoms should be treated.
2. Residents with diarrhoea and vomiting should be isolated in their own rooms while symptomatic and should have their own toilet facilities or a designated commode if en-suite facilities are not available. Special attention should be paid to ensuring that they drink enough fluids.
3. When a decision about segregating or isolating an infected resident is taken care staff will take into account the likely psychological and social effect on the resident and ensure that appropriate support is in place.
4. Cleaning and hygiene will be prioritised with particular attention paid to the cleaning of toilets, bathrooms, door handles and support handrails.
5. Residents should be encouraged to wash their hands after using tissues or the toilet or commode, and before eating.
6. Linen used during an infected resident’s care should be treated as infected linen and staff should take great care over the cleaning of their uniforms.

7. Staff should pay close attention to all infection control practices, particularly the washing of hands and wearing of protective clothing. A new pair of gloves and a plastic apron should be worn for each resident and all staff handwashing areas and the rooms of symptomatic residents should have an antibacterial liquid dispensed soap (or an alcohol hand rub following handwashing with a regular liquid soap) for the duration of an outbreak.
8. Symptomatic staff should not come to work or should be sent home and remain off work until symptom-free for 48 hours.
9. Visitors should be informed of the outbreak and unnecessary visits should be discouraged. Those who choose to visit should wash their hands as they enter and leave the home and comply with all other hygiene practices in place.
10. If any resident requires admission to hospital the receiving unit must be informed of the outbreak so that they can institute appropriate measures.
11. In all outbreaks, the advice of a GP should be sought and the Infection Control Lead should co-ordinate actions and ensure contact with the local Community Infection Control Team.
12. Where expert advice or support is required, the care home manager or Infection Control Lead should confer with the local public health protection team. The team will advise the home of any immediate action necessary for control and this may require identifying those at higher risk and separating those who have symptoms from those who do not.

COVID-19 Infection Control and Prevention Procedures

The Downes believes that general adherence to high standards of infection prevention and control is the best way to prevent the person-to-person spread of pathogens such as coronavirus and maximise the safety of staff, service users and visitors. To achieve this The Downes' infection control policies and procedures will be implemented in full, especially those related to effective hand hygiene, sanitisation and environmental cleaning.

Care managers and supervisory staff should make sure that people:

- cover their mouth and nose with a tissue or their sleeve (not their hands) when they cough or sneeze
- put used tissues in the bin immediately
- wash their hands with soap and water regularly for 20 seconds and use hand sanitiser gel (at least 60% alcohol) if soap and water are not available
- try to avoid close contact with people who are unwell
- avoid touching their eyes, nose, and mouth with unwashed hands

- clean and disinfect frequently touched objects and surfaces.

Staff should comply fully with hand sanitisation policies and procedures. Managers will ensure that policies are supported by the provision of appropriate resources such as hand sanitiser gels.

Environmental cleaning will be increased while the pandemic continues and there is risk of transmission. Regular cleaning of frequently-touched hard surfaces with a suitable disinfectant and cleanser will be carried out.

The Downes will comply fully with all existing infection control and prevention guidance, including the *Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*.

The Downes is aware that the Government has published guidance on the protection of people who have conditions that make them “high-risk”. *Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19*, will be circulated to care staff and its action points incorporated in care planning and care provision as required.

Staff Health and Self-isolation

Government strategy is to ask people to self-isolate in their homes where they have symptoms of COVID-19 infection or think that they might have the virus.

Staff who are unwell with suspected COVID-19 or who have come into contact with an infected individual or who share a household with someone who is unwell should not come to work but must comply with the latest government advice about self-isolating themselves in their home.

The guidance states that:

- people who have symptoms of infection (new continuous cough and/or high temperature — however mild) and live alone should self-isolate by staying at home and not leaving their house for seven days from when the symptoms started
- those who live with others and one person has symptoms should self-isolate as a household for 14 days from the day when the first person in the house became ill.

All staff who are self-isolating must inform their line-manager as soon as possible that they will not be in to work.

Reporting

The Downes manager or Infection Control Lead will report any suspected outbreak of infectious disease immediately to the local public health protection team.

According to the *Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance*,

the infection control lead should produce an annual report on the systems in place for the prevention and control of infection and how these are monitored. The report should contain information on incidents and outbreaks of infection, risk assessment, training and education of staff, and infection control audit and the actions that have been taken to rectify any problems.

Implementation

All staff are responsible for the implementation of this policy.

Overall responsibility for ensuring the policy is implemented, monitored and reviewed rests with the Infection Control Lead.

The Infection Control Lead will work closely with the manager to ensure that all infection control policies are effectively implemented and that the home has adequate supplies of handwashing materials and facilities, personal protective equipment and sterile clinical equipment. An outbreak of infection is likely to have considerable resource implications for the home and may lead to staffing shortages, therefore the Infection Control Lead and the manager will have in place suitable contingency plans for extra staffing and increased use of disposable items or extra laundry capacity.

Individual staff practitioners are responsible for ensuring that they implement this policy wherever necessary and exercise adequate infection control precautions at all times, seeking further advice from the Infection Control Lead as required.

Information on the policy will be:

- circulated to all staff
- provided to all new employees
- included in the Infection Control Policy, the Clinical Waste Policy, and the Disinfection of Medical Devices Policy.

Training

All new staff should be encouraged to read this policy as part of their induction process. Clinical staff and cleaning staff who are required to have additional knowledge and skills in infection control will have appropriate access to ongoing training and refresher training and assessment in infection control.

Audit

The Infection Control Lead is responsible for completing a regular audit of infection control outbreaks and for ensuring that evidence-based policies and procedures in relation to the control of infection are developed and their implementation is monitored.

The Infection Control Lead will monitor carefully any incident reports relating to infection control matters in order to identify any trends or patterns.

Review

Signed: _____

Date: _____

Policy review date: _____