

Health and Social Care Act 2008

Infection Prevention and Control in Care Homes
Manager's meeting notes following the meeting at SPIC on 7th
October 2010 on what may be used when evidencing
compliance with the Health and Social care Act 2008.

Introduction

The prevention and control of healthcare associated infection (HCAI) is a high priority for all care homes.

Many infectious diseases have the capacity to spread within care establishments, where large numbers of people, many of whom may be susceptible to infection, share eating and living accommodation.

Infection is a major cause of illness among care home residents and may result in avoidable admissions to hospital.

Code of Practice compliance criteria

Most care homes would normally be expected to demonstrate that they meet 9 of the 10 compliance criteria (number 8 is not applicable to care homes, this will be via the GP).

Some examples of how adult social care services can ensure they meet the criteria within the H&SCA 2008 are shown in the document. However registered providers and Infection prevention and control (IPC) leads should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service.

Within the Health and Social Care Act 2008 (H&SCA 2008) there are nine compliance criteria that are applicable to care homes. To indicate compliance with these criteria, care homes should compile an IPC evidence file that can be stored locally, and can then be used at future CQC visits.

The following sections refer to each of the criteria of the Health and Social Care Act (2008) code of practice on the prevention and control of infections and related guidance and evidence which can be added to your file.

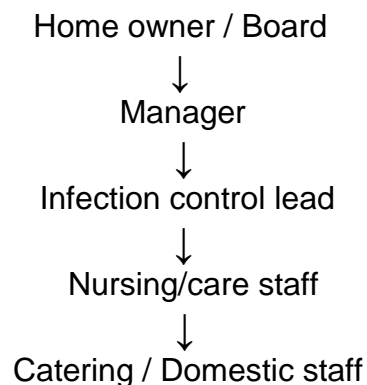
Criteria 1

Systems to manage and monitor the prevention and control of Infection. These systems use risk assessments to monitor susceptible service users and any risks that their environment and other users may pose to them.

The responsibility for IPC throughout your care home:

A senior member of staff needs to take overall responsibility for IPC within the home. Below are some pointers to what the role of IPC lead should include.

- Infection prevention and control (IPC) lead that has the authority to challenge and change practice. The IPC lead should be clearly identified and this could be done in the form of a team diagram. This could be shown on the IPC notice board and can be used for **evidence**.



- The IPC lead will need to have protected time. Whether the IPC lead requires further IPC training will be down to the home to decide. The IPC lead should attend a basic IPC training session these can be accessed through the PCT's IPC team which covers the Independent care sector.
- The IPC lead will have to ensure the annual statement includes any outbreaks of infection within the home including any action taken and learning outcomes from the outbreak. Keeping a log at the time of the outbreak can help and be used as **evidence**.
Audits undertaken by the PCT or by the home should be kept and recommendations / action plans used as **evidence**.
Risk assessments undertaken for prevention and control of infections can be used as **evidence**
Training records of staff such as training matrix can be used as **evidence**
Review and update of policies, procedures and guidelines

IPC meetings

Care homes usually have regular staff meetings or manager's meetings. On the agenda IPC should be a standing item, under the heading of IPC should be the following;

Outbreaks which have occurred within the home which can be discussed and any issues arising/lessons learned can be identified and these will appear on the minutes. Risk assessments undertaken in any aspect of IPC or audits carried out can also be raised and recorded in the minutes.

Training received by staff in IPC.

Review and update policies, procedures and guidelines.

The agenda and subsequent minutes from these meetings can be used as **evidence** and placed in your file.

Access to IPC advice and support

Staff need to have access to advice and support during outbreaks or for queries regarding IPC issues. A list of contacts and phone numbers should be made available to staff and be placed in a prominent position for all staff to access. This list can be added to the **evidence** file

- PCT Infection Prevention Control team
- Hospital Infection Prevention and Control staff
- Local Health Protection Unit | Consultant in Communicable Disease Control (CCDC)
- Environmental Health Department of the local authority
- GP's of all residents

Infection control programme

An annual IPC programme is a clear plan of how the home will manage its IPC needs.

IPC policies and procedures – who is writing your policies? When are they due to be reviewed and who is responsible for updating.

IPC measures that are needed to maintain a quality service.

IPC training for staff, detailing the training required, elements of the course (Free from PCT to meet your staff needs)

A copy of your annual programme can be placed in your file as **evidence**.

Audit

IPC audits can assist you in deciding what measures need to be put into place to improve your service.

The department of health's 'Essential steps to safe, clean care' can be used as an audit tool for care homes.

The PCT's IPC team carry out audits of all care homes within Shropshire and Telford & Wrekin on a rolling programme. Homes will be audited every 1- 3 years depending on the type of home and audit score.

Audits can be carried out on the following areas:

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- Hand hygiene
- Environment – lounge, dining room, bedroom
- Kitchen
- Sharps
- Waste management
- Staff knowledge on IPC policies etc
- Cleanliness
- Laundry
- Personal protective equipment

These audits along with action plans, completed by the home's manager can be placed in the file as **evidence**.

- An IPC link staff member who can attend the PCT's quarterly meetings and feed back to the home's manager and staff.
- Regular training in IPC for all staff which covers all the areas required by skills for care.
- Audits in IPC carried out by the home on a regular basis and documentary evidence showing audits, findings and any actions required.

Criteria 2

Provide and maintain a clean and appropriate environment in managed premises that facilitate the prevention and control of infections

Care homes need to provide a clean environment whilst taking into consideration the resident's own personal possessions and their home.

All cleaning routines should balance and respect the individual needs of the resident and the need for cleanliness within the home.

Environmental audits can be used to help with devising cleaning schedules and a cleaning policy. Both the cleaning schedule and the policy should be freely available to visitors and this could be kept in a folder or on the IPC notice board etc. Both can be used as **evidence**.

The cleaning schedules should be clear and easy to follow. The rule for these should be that anyone could come into your home could pick up the schedules and know what area should be cleaned and how often, what cleaning product to use, who is responsible, how is the cleanliness measured and the person who cleans should sign the schedule.

A cleaning policy should be written that covers the following criteria:

- How to clean the different areas of the environment, fixtures, Fittings and specialist equipment (for example a hoist)
- Products and equipment to use when cleaning
- Products to use if there is a spillage of blood or body fluids
- Training staff need to implement the policy
- Cleaning guidance following an outbreak of infection
- Deep cleaning and terminal cleaning guidance
- Cleaning audits and cleaning schedules for all areas of the care home

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.



Your local contact for hospital cleaning is:

Although a home may use the colour coding of their choice it is worth remembering that staff may also work in other homes and NHS facilities where the colour coding may differ from your home.

It is recommended that everyone adopt the national coding system to reduce the risk of error and the wrong cloth/mop etc being used in the wrong area.

Domestic staff should have infection prevention and control training. The PCT's IPC team offer training specifically designed for domestic staff.

Environmental audits should be carried out monthly by the home and documented with action plans for issues which arise during such an audit. The audit should be monitored by a senior member of staff and action plans checked. The audit and action plan can be used as **evidence**.

Criteria 3

Provide suitable accurate information on infections to service users and their visitors.

The IPC team have produced a number of leaflets which can be given to service users and their visitors on the following topics;

Reducing the risk of health care associated infections

Diarrhoea and vomiting

Scabies

MRSA

These leaflets can be obtained from the IPC teams page on the SPIC website. Staff can also use these leaflets to help provide information to clients and visitors. Ensuring that contact details of the IPC team are available to staff is evidence that your staff have access to advice and support.

Jill Hassall – 01743 277671 (PCT office)
07500 915659 (mobile)
Jill.hassall@shropshirepct.nhs.uk

Liz Watkins - 01743 277671 (PCT office)
07500 915660 (mobile)
liz.watkins@shropshirepct.nhs.uk

There will not just be relatives visiting but also visitors to the care home such as service engineers, GPs, district nurses and other professionals it is advisable that hand washing facilities are pointed out to these visitors to the home. If alcohol hand gel is available at the door or reception area this should also be pointed out the any visitors using a notice and a poster to demonstrate the correct method of using alcohol hand gel.

If the home has an outbreak of infection ensure all visitors to the home are aware of this. The IPC team have produced an Outbreak pack which includes information and a notice for the door to inform visitors that an outbreak has occurred in the home. This pack can be downloaded / printed from the IPC page of the SPIC website.

www.SPIC.co.uk

When a resident has been known to have MRSA or C diff in the past this information should be documented on their MAR sheet, this can help to inform GP's, Shropdoc, agency staff and remind home's staff. This information should be transferred to all new MAR sheets.

Criteria 4

Provide suitable and accurate information on infections to any persons concerned with providing further support or nursing / medical care in a timely fashion.

When a client is attending a routine appointment at a hospital, GP surgery, dentist or clinic information should be provided which includes any infection the client currently has and any treatment the client is receiving or has recently received.

When a client is transferred to a hospital then the transfer form should be completed and sent, it is advisable to copy the letter and have one copy for the A&E department and another for the ward. Include any infection the client currently has and any treatment the client is receiving or has recently received.

Remember that an ambulance crew may need to know of an infection.

A policy should be available on the transfer of a client between care institutions.

If at any meeting you discuss a client's admission to hospital, discharge from hospital or any issues surrounding

The transfer form can be found on the SPIC website:

<http://spic.co.uk/media/Clinical%20Nurse%20Advisor/Misc/Transfer%20to%20Hospital%20%20Form.pdf>

When any healthcare professional e.g. district nurse visits a client they should be made aware of current infections and treatment.

All agency and bank staff should be made aware of infection prevention and control policies and of any residents with an infection prior to commencing their shift.

Criteria 5

Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to others.

Ensure staff know about taking appropriate samples and who to contact for advice:

GPs / IPC Nurse / Out of hours Microbiologist / Environmental health / HPA

As stated previously all staff should know who to contact and be aware of the contact numbers. Remember you can always phone the IPC team even if you're not sure just to discuss any issues.

Known infections – risk assessments should be carried out.

Policies and guidelines on outbreaks to include diarrhoea and vomiting, Scabies, Influenza like illness. Also a policy for clients with MRSA or Clostridium difficile.

Care plan/pathway which is written for the management of specific infections can be very useful for staff to it is advisable to include the following:

Isolation (where appropriate)

- Hand hygiene (staff and visitors)
- Use of personal protective equipment (PPE)
- Taking of specimens
- Decontamination of the resident, equipment and the environment
- Handling of laundry
- Handling of waste
- Information for and management of visitors

Include any treatment a client may be receiving.

Hand hygiene facilities should be readily available for staff and visitors.

Ensure policies are available for staff to follow on decontamination of equipment and the environment.

Policies should also be available for Laundry, waste disposal, isolation and Personal Protective Equipment (PPE)

Any minutes of meetings where outbreaks or infections are discussed can be kept and included as evidence.

All the policies, care plans and risk assessments can be used as **evidence**

Criteria 6

Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.

All staff should have access to Infection prevention and control training.

The PCT IPC Nurses deliver training on infection prevention and control which is evidence based, up to date and relevant to their place of work whether they work in a care home or in a client's home.

The training can be delivered at the care home or at a training session at SPIC. The training is free of charge.

Staff are issued with a certificate which can be copied for their training file. A training matrix can also be useful and both can be used as **evidence**.

Any near misses or IPC risks involving staff should be documented and can also be used as **evidence**.

Staff should have training on induction regarding the use of personal protective equipment. All staff should have access to personal protective equipment such as Gloves – in all sizes such as small, medium, large.

Single use disposable aprons

Face masks

Goggles / face visor.

All staff should be informed before commencing their shift of any infection risk so they can take appropriate actions to reduce the risk of spreading infection to themselves and others.

Criteria 7

Provide or secure adequate isolation facilities.

Although in hospitals isolation rooms are required, they are not expected within a care home setting. However during an outbreak of an infection or when a client has an infection it may be helpful to isolate them in their room.

Many care homes have single rooms and this makes it easier to isolate, however a risk assessment may be needed as it may not be appropriate to isolate the client.

An isolation policy should be in place for staff to follow.

If the client is in a shared room a risk assessment should be carried out to determine the risk to the client who is sharing that room.

An outbreak policy should be available.

The norovirus toolkit written by the HPA is a useful document – www.SPIC.co.uk
On the infection prevention and control page.

In the event of diarrhoea and or vomiting the client needs to be isolated if possible until 48 hours following the last symptoms. This rule also applies to staff.

Staff should receive training in outbreaks and how to control them, this is included in the IPC Nurses training delivered by the PCT.

One of the most important measures is to ensure hand hygiene for staff and visitors.

Criteria 8

Secure adequate access to laboratory support as appropriate.

This criterion does not have to be met by Care or nursing homes as this will be managed via their GP.

The PCT's IPC team are available for advice and support Monday to Friday between the hours of 9am to 5pm. However the IPC team have discussed where help and advice can be obtained outside these hours for homes. The microbiologist at the Royal Shrewsbury Hospital can be telephoned out of hours for advice and support via the main switchboard 01743 261000 and ask for the microbiologist.

Specimens will normally be taken to the GP however If specimens are obtained over the weekend the lab has agreed that they may be delivered to the lab by the home's staff..

Criteria 9

Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

This criterion deals with policies and guidance which can assist staff to prevent and control infections.

Policies should be concise, specific, easily understood and clearly written. Policies should be written specifically for the home they will be used in.

There should be a reference list at the end which details where the information given in the policy was found. All information in the policy should be evidence based.

Policies should have a review date.

Policies need to be read and understood by staff who should sign to say they have read and understood the policy. One way to ensure that staff are aware of policies is to look at a policy during a team/staff meeting.

There are guidelines available to download the information from these may be helpful when writing a policy: Guidance should also be available to staff on PPE, to include how staff should choose the right PPE to wear, how to put on and take off PPE and the correct way to dispose of PPE.

Infection control guidance for care homes – Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136381

Although this document is under review it is still available to download from their website.

Infection control guidelines for the independent care sector – HPA

This publication was given to homes on a disc but can also be obtained from the Infection prevention and control page of the SPIC website www.SPIC.co.uk

All policies should be easily accessible to staff and not locked away in an office.

Criteria 10

Ensure, so far as is reasonably practicable, that care workers are free of and protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infections associated with the provision of health and social care.

All employers have a 'duty of care' to ensure staff have access to occupational health services or appropriate occupational health advice. This may entail undertaking pre-employment screening and/or vaccination. Advice about immunisation can be found in '*Immunisation against infectious disease*' ('The Green Book') from the Department of Health;

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

Records of staff immunisation should be kept and may be asked in pre employment checks.

Risk assessments should be carried out which will identify any hazards to staff and what if any immunisation may be needed (e.g Hepatitis B)

Staff should be trained in relation to sharps injuries which include bites, scratches and splashes. Posters can be used to show what staff should do in the event of a sharps injury contact your sharps box provider for a poster.

Policies should be available for staff.

Inductions should include safe handling of sharps and waste and what to do in the event of a sharps injury.

The numbers of the occupational health departments, who can offer advice on matters of health checks and immunisation are as follows;

Shrewsbury 01743 283280

Telford 01952 683693

Conclusion

The information in this document is meant as a guide. This document discusses evidence that care homes may use to show they have met the 9 criteria of the Health and Social Care Act 2008. It is not an exhaustive list but an example of what may be used. The Infection prevention and control nurses are able to assist with delivering training and have prepared leaflets and information which can be downloaded from the SPIC website or requested via telephone or email.