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The aim of this policy is to protect both staff and Service Users from infection through routine, safe and effective care practices and to ensure it meets the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:


It is to set out the framework for reducing the risk of infection and for the control of infection. And to ensure that all staff within Serendipity Healthcare Ltd understand their roles and responsibilities when considering infection control

Serendipity Healthcare Ltd recognises that all staff are responsible for infection prevention and control and is committed to minimising the risk of infection to Care Workers and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures and by providing staff with appropriate training and equipment.

An Infection Prevention Lead (IPL) will be identified within Serendipity Healthcare Ltd. The IPL will, in line with the Health and Social Care Code of Practice on the Prevention and Control of Infections and Related Guidance (2015):

- Be responsible for infection prevention (including cleanliness) management at Serendipity Healthcare Ltd
- Oversee local prevention of infection policies and their implementation
- Report directly to Serendipity Healthcare Ltd
- Have the authority to challenge inappropriate practice
- Have the authority to set and challenge standards of cleanliness
- Assess the impact of all existing and new policies on infection and make recommendations for change.
- Be an integral member of governance and safety teams at Serendipity Healthcare Ltd and structures where they exist
- Produce an annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request
- Ensure that there is evidence of appropriate action taken to prevent and manage infection
- Undertake an audit programme to ensure that appropriate policies have been developed and implemented
- Provide evidence that the annual statement (from the Infection Prevention Lead) has been reviewed and, where indicated, acted upon
- In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence must be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative

Serendipity Healthcare Ltd will ensure that all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE).

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Serendipity Healthcare Ltd takes its responsibilities seriously in relation to blood-borne viruses, the safer use of sharps and the safe disposal of waste. It will make sure that risks are identified and that measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users, and key stakeholders.

Handwashing

Most healthcare associated infections are preventable through good hand hygiene - cleaning hands at the right times and in the right way. The aim of routine handwashing is to remove dirt and most transient micro-organisms (germs that can be easily removed by handwashing) found on the hands. All staff involved in the delivery of care and support must wash their hands:

- Before starting work
- Before eating, preparing, or handling food
- Before and after giving any direct care to each Service User
- Before administering medications
- After any activity that contaminates the hands
- After the removal of gloves
- After using the toilet
- After sneezing/blowing the nose
- After cleaning activities
- Before going home
-

Choice of Handwashing Agent

Handwashing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of contamination. However, within a Service User's home, this is not always available. In Pandemic situations, such as COVID-19, the washing of hands must be more frequent. The washing of forearms must also take place when they have been exposed or may have been exposed to respiratory droplets or other body fluids.

Liquid Soap


Handwashing with liquid soap and water removes dirt and organic material and must be used:

- Prior to and following direct contact with Service Users
- Following direct hand contact with body fluids when gloves should have been worn
- When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- When caring for Service Users with undiagnosed diarrhoea and/or vomiting, Service Users with Clostridium Difficile or Norovirus and during outbreaks of these organisms
- After several consecutive applications of alcohol gel/rub

Alcohol Hand rub

Is recommended for routine hand decontamination because it is:

- More effective
- Quicker and easier to use
- Better tolerated by the hands
- Can be provided at the point of care

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- It can be used when liquid soap is not available in the service user's home or if the service users' home is too dirty to wash and dry hands with soap and water

However, staff must be aware that alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. Hands must be decontaminated with alcohol gel/rub before invasive tasks such as changing dressings are carried out (wash hands first with soap and water if visibly soiled). Alcohol gel/rub is flammable and must be correctly stored.

Bar Soap

- Bacteria can grow on bar soap, especially if it is resting in water
- It must not be used if it is cracked or has dirt visible in the cracks
- If liquid soap is not available and bar soap is used, it must be stored in a drainable dish, but must be rinsed under running water before use. It must be allowed to dry after every use
- Bar soap must not be carried from home to home
- Where possible, staff of Serendipity Healthcare Ltd must not use bar soap

Muslims and Alcohol-Based Hand Gel

In accordance with the 'Muslim Spiritual Care Provision' in the NHS (MSCP) advice, alcohol-based hand gel contains synthetic alcohol and does not fall within the Muslim prohibition against natural alcohol. Therefore, Muslims can use such gels.

Handwashing Techniques

Using Liquid Hand Soap

- Expose the wrists and forearms. All parts of the hands and, where exposed, forearms must be included in the process
- Where forearms require cleaning, they must be cleaned first and then the hands
- Wet hands under running warm water before applying soap
- Apply liquid soap in the recommended product volume
- Using the six-step technique:
 - Rub all parts of the hands vigorously, without applying more water
 - Use one hand to rub the back of the other hand and clean in between the fingers. Do the same with the other hand
 - Rub your hands together and clean in between your fingers
 - Rub the backs of your fingers against your palms
 - Rub your thumb using your other hand and do the same with the other thumb
 - Rub the tips of your fingers on the palm of your other hand and do the same with the other hand
- Rinse under running water
- The handwashing process must take 40-60 seconds, and a useful tip to check that you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice

Using Alcohol Gel/Rub

- Hands must be free from dirt and organic matter, if not, wash first

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- Avoid using excessive amounts of alcohol gel/rub to minimise skin damage, apply one shot (approx. 5 ml) of alcohol hand rub
- The hand rub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systemically to include wrists, tips of fingers, backs of hands, palms, thumbs, and webs of fingers, for ten to fifteen seconds until the solution has evaporated

Hand Drying

Dry hands thoroughly. Improper drying can re-contaminate hands that have been washed. Correct drying can further reduce the risk of micro-organisms remaining on the hands after washing. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage. Where possible, disposable paper towels must be used to ensure that hands are dried thoroughly.

Personal Protective Equipment (PPE)

Staff must refer to the POL19 - Personal Protective Equipment (PPE) Policy and Procedure at Serendipity Healthcare Ltd for full details on the current guidelines in relation to the use of PPE.

Use of Gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands must not be washed or cleaned with alcohol hand rub. Hands must be washed after the removal of gloves. The use of gloves will be based on an assessment of the risk of contact with blood, body fluids, secretions and/or excretions, non- intact skin, mucous membranes, hazardous drugs, and chemicals, e.g., cleaning agents.

Where a risk exists, gloves will be worn to protect the Care Worker and/or the Service User.

- The use of gloves does not replace the need for hand hygiene
- Gloved hands must not be washed or cleaned with alcohol hand rub
- Hands will be washed after the removal of gloves
- Due to the increasing incidence of latex allergies, Serendipity Healthcare Ltd will supply nitrile gloves as an alternative

Gloves will be stored in their original containers, away from direct sunlight, heat sources, and liquids, including chemicals. The area will be clean and must protect the gloves from contamination.

Glove Removal

Gloves must be removed by holding at the cuff and peeling the glove over the hand, then folding the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves in accordance with section **5.21 – Disposal of Waste**

Glove Disposal

Disposable gloves are single use and must be disposed of immediately after completion of a procedure or task and after each Service User, followed by hand hygiene. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

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Skin Damage

Skin damage may be associated with poor hand washing technique, but also the frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines. The best practice below will help to prevent skin damage:

- Staff to be aware of the potentially damaging effects of hand hygiene products
- Avoid putting on gloves while hands are still wet from washing or applying alcohol rub
- Avoid rubbing hands with paper towels; skin should be patted dry
- Avoid over-use of gloves
- Use emollient hand cream regularly, e.g., after washing hands, before a break, when going off duty and when off duty
- If irritation occurs, review compliance with the hand decontamination technique and then inform your line manager
- Avoid communal 'pots' of moisturiser as they can become a potential source of infection
- Individual tubes of hand creams may be used if care is taken not to contaminate the nozzle


Uniform and Workwear

Effective hygiene and preventing infection is essential in all care settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that Care Workers wear must facilitate good practice and minimise any risk to Service Users. Uniforms and workwear will not stop effective hand hygiene and should not unintentionally come into contact with Service Users during direct care activity.

- Staff will follow the PC06 - Appearance Policy and Procedure at Serendipity Healthcare Ltd
- Staff will wear gloves and aprons when deemed appropriate, not 'just in case'
- Staff will change as soon as possible if uniform or clothing become visibly soiled or contaminated
- Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- Clean washing machines and tumble driers regularly, in accordance with manufacturer's instructions
- Staff will have at least enough uniforms available to change each day and this enables staff to start each day with a clean uniform
- Staff will wash heavily soiled uniforms separately
- Separate washing will eliminate any possible cross-contamination from high levels of soiling and enable the uniform to be washed at the highest recommended temperature

To control and prevent the spread of infection, Serendipity Healthcare Ltd will ensure that staff understand the following best practice:

- Nails should be short and clean – no nail polish or extensions
- Wrist watches should not be worn. No other jewellery should be worn around the wrist

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- Alert bracelets should be removed and attached around a lanyard or pinned to the uniform
- No rings with stones should be worn – one plain band is acceptable

COVID-19 Uniform Care

- Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- A wash for 10 minutes at 60°C removes almost all micro-organisms
- Washing with detergent at lower temperatures – down to 30°C – eliminates MRSA and most other micro-organisms, including coronaviruses

Cultural and Religious Beliefs

Serendipity Healthcare Ltd understands the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. Serendipity Healthcare Ltd recognises that some staff may not wish to expose their forearms and Serendipity Healthcare Ltd will consider the following as part of its local uniform and workwear policy:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity
- Uniforms can have three-quarter length sleeves
- Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity
- Any Sikh staff wearing a Kara bracelet may be asked to ensure that it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

Exposure Prone Procedures (EPPs)

- Care and Clinical Staff may be at increased risk of exposure to Blood Borne Viruses (BBVs) when performing EPPs
- EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service User's open tissues are exposed to the blood of the worker. These include procedures where the workers gloved hands come into contact with sharp instruments, needle tips, etc.
- However, other situations can present a risk such as pre-hospital trauma care and the care of Service Users where the risk of biting is regular and predictable or for example, through leaking wounds or broken skin
- If a member of staff is known to have, or strongly suspects they may have a BBV, it does not necessarily mean a change of job role. However, the member of staff must inform the Registered Manager for their own and others' safety
- Staff with BBVs may be directed to refrain from EPPs which could put others at risk and cause the worker further illness

Blood Borne Viruses (BBVs)

BBVs are viruses that some people carry in their blood, and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not. The main BBVs of concern are:

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- Hepatitis B virus (HBV), Hepatitis C virus and Hepatitis D virus, which all cause Hepatitis, a disease of the liver
- Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS), affecting the immune system of the body. These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions, and breast milk
- Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears, and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood
- Care must still be taken, as the presence of blood is not always obvious, and Service Users may not have any symptoms of a BBV
- All staff at risk of exposure to BBVs will be vaccinated against Hepatitis B
- Staff are at risk of contracting BBVs as much as Service Users are at risk of contracting BBVs from staff
- When on visits, cuts and abrasions must be covered with a waterproof dressing before providing care
- Staff with skin conditions must seek advice from their GP to minimise their risk of infection through open skin lesions
- The correct type of lancing device will be used for Service Users who need to use a blood glucose monitoring device. This is to prevent the transmission of BBVs

Occupational Exposure Management Including Needlestick (or “Sharps”) Injuries

Needlestick (or “sharps”) injuries are one of the most common types of injury reported by healthcare staff.

The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure, e.g., a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route.

What Does ‘Needlestick’ or Sharp Injury Mean?

For the purposes of this Policy and Procedure, the definition of a needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wound. This could include razors, sharp tissues, spicules of bone and teeth. Occupational exposure, including needlestick (sharps) injury, refers to the following injuries or exposures:

- Percutaneous injury (from needles, instruments, bone fragments, human bites which break the skin)
- Exposure of broken skin (abrasions, cuts, eczema, etc.)
- Exposure of mucous membranes including the eye, nose, and mouth

Actions in the Event of an Occupational Exposure Including Needlestick or Similar Injury First aid -

Perform first aid to the exposed area immediately as follows:

- **Skin/tissues** - should be gently encouraged to bleed
- Do not scrub or suck the area

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- Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol
- Cover the area using a waterproof dressing
- **Eyes and mouth** - should be rinsed/irrigated with copious amounts of water
- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens
- Do not swallow the water which has been used for mouth rinsing

Human Bites

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites, which break the skin, are more likely to become infected than dog or cat bites, so it is important that they are treated promptly.

If a bite does not break the skin:

- Clean with soap and water
- Record the incident in the Accident Book
- Review the risk assessment and identify if any changes are required to prevent incidents arising again

If a bite does break the skin:

- Clean immediately with soap and water and cover with a dressing
- Record the incident in the Accident Book
- Seek medical advice by going to the local A&E department:
 - This will be to treat potential infection and for reassurance and information about HIV and Hepatitis B infection
- Review the risk assessment and identify if any changes are required to prevent incidents arising again


Animal Bites

- Most animal bites are less likely to become infected than human bites, but they must still be taken seriously
- In the UK, animal bites which do not break the skin will be washed with soap and water
- If a bite breaks the skin, wash with soap and water then seek medical advice about the possible need for treatment to prevent infection
- If someone becomes generally unwell or the bite looks infected, they must seek medical attention
- The Accident Book will be completed, and risk assessments reviewed

Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette will be always applied as a standard infection control precaution. The measures include:

- Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping, and blowing noses
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose

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To minimise the transmission of COVID-19, the measures that must be taken include:

- Use disposable tissues to cover the nose and mouth when sneezing, coughing, or wiping and blowing the nose
- Dispose of used tissues immediately in the nearest bin
- Used tissues, from Service Users with symptoms or confirmed COVID-19, must be double bagged and the bag left in a secure place for 72 hours prior to being disposed of
- Clean hands after coughing, sneezing, using tissues, after any contact with respiratory droplets or objects contaminated with respiratory droplets
- Do not touch your eyes, mouth, and nose
- Wear the correct PPE when coming into contact with a Service User or member of their household who is coughing
- Clean frequently touched surfaces in line with government guidelines, to reduce the rate of transmission of the virus


Skin Infections/ Infestations

- Staff who have close physical contact with Service Users will be informed if a Service User has a skin infection or infestation. If a Service User with a skin infection, or an active or partially treated infestation requires admission to hospital, the admitting hospital will be informed of the condition
- For general advice or guidance on the infection or infestation, Public Health England can be contacted
- If a member of staff reports that they have acquired a skin infestation, they will seek advice and treatment from their GP before returning to work. In the case of infestations such as Scabies, once the first treatment has been completed, the employee may return to full duties. However, itching may persist for several weeks. The employee's whole family and close contacts need treatment at the same time. Any Service Users who have close contact with the employee will be observed for any signs or symptoms of infestation and contact made with their GP

Sepsis

Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the body's immune system to go into overdrive, and if it not treated quickly, it could lead to multiple organ failure and death. In many cases, however, sepsis is avoidable and treatable and early identification is key to successfully treating it.

- The key to preventing sepsis is to prevent an infection from occurring in the first place
- If an infection does set in, it must be treated as quickly and effectively as possible
- Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult
- The risk of getting an infection also drops with proper hand washing
- Infections can also be reduced by proper care of all wounds
- Staff must understand and recognise the signs of sepsis. Domiciliary care staff are ideally placed to recognise small changes in the Service User and can play an important role in recognising the signs of sepsis

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Soiled Linen

Washing and rinsing soiled linen can reduce disease-causing germs. Linens used in the home setting can be laundered together using detergent and dried in a hot air dryer to ensure that harmful germs are killed. Linens soiled with large quantities of faeces or vomit will require pre-treating to remove the soiling. When handling soiled linen, care staff must adhere to the following best practice:

- Gloves and aprons must be used if care staff have to handle any laundry soiled with blood or body fluids. In addition, where the Service User has COVID-19 the current government PPE guidelines must be adhered to
- Care Staff will avoid soiled linen touching their skin or clothes
- Position the laundry basket nearby to reduce handling (keep off the floor and fabric covered furniture)
- Do not shake soiled linen; remove faecal material into the toilet
- Teach family or caregivers how to handle soiled laundry safely
- Wash heavily soiled laundry separately and add laundry bleach to wash water according to the manufacturer's instructions if the material is bleach tolerant. Follow any COSHH instructions on the laundry bleach
- Store clean laundry apart from soiled linens
- Hand hygiene is required when activity is complete
- Remember to maintain the Service User's dignity at all times


Where items are too heavily soiled, they must be disposed of with the Service User's consent.

Body Fluid Spillages - Urine, vomit, faeces, and blood

- All spillages of body fluids (e.g., urine, vomit, faeces, or blood) will be dealt with immediately
- Wear disposable, non-latex gloves and a disposable apron
- Absorb as much of the spillage as possible with absorbent paper towelling
- This can be disposed of into a plastic waste sack (or flushed down the toilet if small amounts)
- If indoors, clean the area with a neutral detergent, e.g., washing up liquid and hot water, rinse and dry and ventilate the area
- For spillages outside, sluice the area with hot water
- Do not forget to thoroughly wash your hands after you have taken the gloves off
- It is recommended that carpets or soft furnishings must be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible, dried
- Consent from a Service User is required when this occurs in someone's home and patch testing of the carpet or fabric will be undertaken

Disposal of Waste

- Some waste from healthcare (also called clinical waste) may prove hazardous to those who come into contact with it, so it is subject to stringent controls
- Hypodermic needles and other hazardous healthcare waste must never be disposed of in the toilet or sink

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- In a Service User's home, where Service Users are treated in their home by a community nurse or a member of the NHS profession, any waste produced as a result is considered to be the healthcare professional's waste
- If the waste is non-hazardous, and as long as it is appropriately bagged and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with sanitary towels, nappies, and incontinence pads (known collectively as sanpro waste) which are not considered to be hazardous when they originate from a healthy population
- If the waste is classified as hazardous, the health professional will make arrangements to correctly dispose of the waste safely
- Where hypodermic needles are produced in the home, sharps bins will be used
- In the case of pharmaceuticals (medicines, etc.), the recommended means of disposal is to return them to a pharmacist. If this is not possible, again local authorities are obliged to collect the waste separately when asked to do so by the waste holder, but may make a charge to cover the cost of collection
- If Service Users treat themselves in their own home, any waste produced as a result is considered to be their own. Only where a particular risk has been identified (based on medical diagnosis) does such waste need to be treated as hazardous clinical waste

The Health and Social Care Act Code of Practice states that the risks from waste disposal must be properly controlled. In practice this involves:

- Assessing risk
- Developing appropriate policies
- Putting arrangements in place to manage risks
- Monitoring the way in which arrangements work
- Being aware of legislative changes

Disposing of waste, from those that have symptoms or confirmed coronavirus, such as PPE, must be double bagged and marked for storage for 72 hours in a secure place. After 72 hours the waste can be disposed of in domestic waste as normal.


Staff Sickness

Staff will inform their line manager of any of the following before commencing work:

- Skin rashes/boils/lesions
- Nasal infections
- Throat infections
- Stomach or bowel trouble, e.g., diarrhoea and vomiting (staff suffering from diarrhoea must not attend or return to work until they have been symptom free for 48 hours)
- Infected wounds
- A gastrointestinal illness whilst abroad on holiday (even if fully recovered)
- An immediate family member living in the same house who has a gastrointestinal illness

Staff will be aware that it is breaking the law not to do so.

Should conditions persist, it may be necessary to not return to work until medical clearance has been given by a GP.

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All cuts and sores sustained at work will be covered with a waterproof, high-visibility dressing.

Occupational Health will be consulted if there are concerns regarding symptoms and The Food Standards Agency 'Food Handlers: Fitness to Work guidelines' will be observed.

Where contracted caterers/food retailers are used, the Registered Manager must ensure that they have procedures like the above in place to ensure that food handlers are fit to work in accordance with the Food Standards Agency guidelines.

Communication


- Serendipity Healthcare Ltd will ensure that all care workers (including contractors and volunteers) are aware of, and discharge their responsibilities in, the process of preventing and controlling infection
- This could be done through, but is not limited to, job descriptions, induction, training, supervision, and team meetings
- Contractors working in Service User areas would need to be aware of any issues with regard to infection prevention and obtain 'permission to work'
- Where staff undertake procedures which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
- Serendipity Healthcare Ltd will ensure that its policy on the control of infection is shared with Service Users and other stakeholders
- Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers, and advocates.

Working with Other Providers - The movement of Service Users between services

Serendipity Healthcare Ltd will ensure that it provides suitable and sufficient information on a Service User's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a Service User's home, so that any risks to the Service User and others from infection may be minimised. When information is being shared, consent from the Service User will be obtained. In cases where the Service User lacks capacity, consent will be sought from whoever has power of attorney, or decisions will be made in the best interests of the Service User following the principles of the Mental Capacity Act

Outbreaks of Communicable Diseases

- Staff must be aware of the signs of infection, particularly in the elderly, e.g., fever, diarrhoea or vomiting, unexpected falls and confusion. They must also know to report these signs immediately to senior management when they occur. A number of infectious diseases may spread readily to other vulnerable people and/or members of staff or relatives and cause outbreaks
- Where staff contract a communicable disease, advice will be sought from their GP. The Registered Manager will seek occupational health advice where necessary. Public Health England Regional Centres can also provide advice and guidance to professionals
- In the event of symptoms of the coronavirus occurring within Serendipity Healthcare Ltd, current Government advice must be followed

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For employees, where it is clear that the disease is either attributable or contributed to by the work activity and a Registered Medical Practitioner has confirmed that this is the case, then a report must be submitted to the Health and Safety Executive (RIDDOR)

Reporting

An outbreak is defined as two or more related cases of infectious disease. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires Serendipity Healthcare Ltd to report the outbreak of notifiable diseases via:

- **RIDDOR**
 - The Registered Manager is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards, and must refer to the Health and Safety Executive website for further information
- **The Care Quality Commission (CQC)**
 - Serendipity Healthcare Ltd will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements

Records of any such outbreak, such as coronavirus, must be kept, specifying dates and times and, in the event of an incident, the Registered Manager is responsible for informing the HSE.

Food Handling and Hygiene


- All staff will adhere to the Food Hygiene Policy and Procedure at Serendipity Healthcare Ltd and ensure that all food prepared in the Service User's home for the Service User is prepared, cooked, stored, and presented in accordance with the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005
- Any member of staff who becomes ill while handling food will report at once to his or her line manager or supervisor, or to Serendipity Healthcare Ltd
- Staff involved in food handling who are ill will see their GP and must only return to work when their GP states that they are safe to do so

Training

Staff and volunteers will be made aware of this policy and will be trained appropriately to ensure that they are suitably skilled and competent

Professionals providing this service should be aware of the following:

- Washing hands correctly is the single most effective way of controlling the spread of infection
- Wear PPE when there is likely to be exposure to body fluids
- Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles, or glass wherever possible
- Ensure that immunisations are up to date
- Dispose of waste correctly use the correct bins to dispose of waste, ensure that the working areas are kept clean, wash your hands afterwards and dispose of all contaminated waste safely

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- Ensure that staff have up-to-date training on infection control
- Ensure that there is a nominated lead for infection

Reviewed – 14th October 2025

S L Pickles

Manager