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Infection Prevention Covid-19 Policy and Procedures

Title of Policy: Infection Prevention COVID-19

Effective Date: March 2020

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Policy Number: 1

Responsible Person: Nicola Williams

Introduction

The organisation is responsible for ensuring that appropriate systems and processes are in place within the organisation to protect staff, minimise the risk of infection and reduce the risk of cross infection.

This policy exists to help protect the organisation's staff, service users and the public from the risks of infection and for the organisation to comply with national guidance and legislation including Health and Safety at Work Act 1974. It is recognised this policy will be relevant to some members of the organisation's staff. This policy is adapted from Pandemic Influenza: Guidance for Infection prevention and control in healthcare settings 2020.

The infection prevention and control advice in this document is considered good practice in response to this COVID-19 pandemic.

N.B. Further updates may be made to this guidance as new detail or evidence emerges.

Scope and Purpose

The organisation is responsible for ensuring that appropriate systems and processes are in place within the organisation to protect staff, volunteers and service users minimise the risk of infection and reduce the risk of cross infection.

This document provides guidance and information, in addition to the Organisations Infection, Prevention , Control and PPE Policy and Procedures.

The infection prevention and control principles apply to all of the Organisation's settings. Whilst the guidance seeks to ensure a consistent and resilient UK wide approach, some differences in operational details and organisational responsibilities may apply.

Routes of Transmission

Infection control advice is based on the reasonable assumption that the transmission characteristics of COVID-19 are similar to those of the 2003 SARS-CoV outbreak. The initial phylogenetic and immunologic similarities between COVID-19 and SARS-CoV can be extrapolated to gain insight into some of the epidemiological characteristics. The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and

sneezing, and through contact with contaminated surfaces.

Initial research has identified the presence of live COVID-19 virus in the stools and conjunctival secretions of confirmed cases. All secretions (except sweat) and excretions, including diarrhoeal stools with known or suspected COVID-19 should be regarded as potentially infectious.

Incubation and infection period

Assessment of the clinical and epidemiological characteristics cases suggests patients will not be infectious until the onset of symptoms. In most cases, individuals are usually considered infectious while they have symptoms; how infectious individuals are, depends on the severity of their symptoms and stage of their illness. The median time from symptom to onset to clinical recovery for mild cases is approximately 2 weeks and is 3-6 weeks for severe cases.

Survival in the environment

Human coronaviruses can survive on inanimate objects and can remain viable to run to 5 days at temperatures of 22-25 degrees and relative humidity of 40-50% (which is typical of air-conditioned indoor environments. Survival on environmental surfaces is also dependent on the surface type.

Organisational preparedness for preventing and controlling COVID-19

Limiting transmission of COVID-19 in the Organisation setting requires a range of infection prevention and control measures. Employers are under a legal obligation – under control of substances hazardous to health (COSHH) – to adequately control the risk to exposure to hazardous substances where exposure can be prevented. The provision and use of personal protective equipment (PPE) will protect staff, service users and visitors. Employees have no obligation to make full and proper use of any control measures, including PPE, provided by their employer. The principles below are listed as a hierarchy of infection prevention and control measures at the Organisation's premises. (Note that this list is not exhaustive but includes key principles and illustrates a useful approach to preventing and controlling COVID-19).

Hierarchy of Control measures:

- Early recognition / reporting cases;
- Implementing control measures, including;
 - maintaining separation in space and/or time between suspected individuals

- educating staff about standard infection control procedures;
- prompt implementation of TBP's (Transmission Based Precautions) to limit transmission;
- restricting access to ill visitors to the facility;
- instructing staff and volunteers with symptoms to stay at home and not come to work until symptoms resolve;
- staff to work at home where possible;
- deep cleaning all facilities and equipment within it on a daily basis.

In preparedness for implementing these control measures, all Organisations should undertake planning. This includes:

- An assessment of facilities current capabilities. Services will not be able to operate under “business as usual” during a COVID-19 pandemic. An assessment of the practical ability to deliver services must be made.
- An assessment of the current workforce;

Standard Infection control precautions (SICPs)

These are the basic infection prevention and control measures necessary to reduce risk of transmission of infectious agents from both recognised and unrecognised sources.

Service user assessment for infection risk

Service users must be promptly assessed for infection risk on arrival to the facilities and, if possible, prior to accepting any services on offer. This will be constantly reviewed. No service user with symptoms of COVID-19 or confirmed case will be able to use our facilities or our services.

Hand Hygiene

Hand hygiene is essential to reduce the transmission of infection in settings and is a critical element of standard infection precautions. All staff, service users and visitors should decontaminate their hands before entering and leaving areas.

Hand hygiene must be performed immediately before each episode of direct service user care

and after any activity or contact that potentially results in hands becoming contaminated, including the removal of PPE, equipment decontamination and waste handling.

Before performing hand hygiene:

- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene;
- ensure finger nails are clean, short and that artificial nails or nail products are not worn;
- cover all cuts or abrasions with a waterproof dressing;

Respiratory and cough hygiene - “Catch it, bin it, kill it”

Staff, service users and visitors should be encouraged to minimise potential COVID-19 transmission through good respiratory hygiene measures:

- Disposable, single-use tissues should be used to cover the nose and the mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest waste bin.
- Tissues, waste bins(lined and foot operated) and hand hygiene facilities should be available for staff, service users and visitors.
- Hands should be cleaned (using soap and water if possible, otherwise using hand sanitizer) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects.
- Encourage individuals to keep hands away from the eyes, mouth and nose.
- Some individuals (e.g. the elderly and children) may need assistance with containment of respiratory secretions' those who are immobile will need a container (e.g. a plastic bag) readily at hand for immediate disposal of tissues.

Personal Protective Equipment (PPE)

Before undertaking any procedure staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedures of the task being undertaken. All staff should be trained in the proper use of all PPE that they may be required to wear.

In addition:

- Staff who have had and recovered from COVID-19 should continue to follow infection control precautions, including the PPE recommended in this document.

All PPE should be:

- compliant with the relevant BS/EN standards;
- located close to point of use;
- stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to);
- single-use only;
- changed immediately after each service user and/or completion of procedure or task; and
- disposed of after use into the correct waste stream (this may require disposal via orange or yellow waste bag); local guidance will be provided depending on the impact of the disease.

Disposable aprons and gloves

Disposable plastic aprons and gloves must be worn to protect staff or clothes from contamination when providing direct service user care and during environmental and equipment decontamination.

Disposable aprons and gloves must be changed between service users and immediately after completion of procedure/task.

Safe management of laundry

No special procedures are required; laundry (tea towels, hand towels etc) are categorised as “used” or “infectious”. Laundry must be handled, transported and processed in a manner that prevents exposure to the skin and mucous membranes of staff, contamination of their clothing and the environment.

Disposable gloves and an apron should be worn when handling used laundry.

Visitors

Visitors to all areas of the facility should be restricted to essential visitors only, such as service users, parents/carers, staff and volunteers.

Management of equipment and the facilities

Decontamination of equipment and the facilities must be performed. Only cleaning (detergent) and disinfectant products supplied by employers are to be used. Products must be prepared and used according to the manufacturers' instructions and recommended product "contact times" must be followed.

- Reusable (communal) non-invasive equipment should be decontaminated regularly."
- "frequently touched" surfaces such as door/toilet handles should be cleaned at least two times daily.

Home Visits

Home visits should continue as long as required to service users without COVID-19. If it becomes necessary to suspend some home visits, alternative arrangements must be put in place to maintain contact (e.g. telephone liaison) which will be invoiced as usual at the agreed hourly rate.

All staff entering a service users home should wash their hands on arrival and before leaving and follow all relevant procedures.

All staff must adhere to relevant policies and procedures and failure to do so will lead to disciplinary action.