

## Infection Prevention Control – Temporary Workers

### Version Control Sheet

VERSION	DATE OF IMPLEMENTATION/REVIEW	IMPLEMENTED AND AUDITED BY	STATUS	COMMENTS
1	24/11/2022	W King Registered Manager	Active	Policy for Temporary Clinical Workers

### Statement

Infection control is the discipline concerned with preventing the spread of infection within the workplace and protecting those working in close proximity to potential sources of infectious substances. All employees, (including office workers) may be at risk of infection, or of spreading infection, especially if their role brings them into contact with infected persons, or with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may contain micro-organisms such as bacteria and viruses which can be spread if staff do not take adequate precautions.

These biological agents can be:

- Airborne
- carried by animals
- carried by other humans
- present in manufacturing processes
- present in water systems

Also at risk of spreading infection are those involved in food preparation and handling. It is therefore important that strict hygiene precautions are observed.

**Our rules on controlling the risks of infectious diseases must always be followed.** However, there may be times when it is more important than ever that they are strictly followed, for example, during the outbreak of a disease such as Coronavirus (COVID-19). The aim of this policy is to ensure, so far as is reasonably practicable, the health, safety and welfare of our employees and to outline arrangements we have in place for them, and any others affected by our work activities (for example, our Clients), that will reduce the risk of ill health arising from exposure to biological agents. We will take into account recognised principles of good practice and comply with all relevant legislation, including the:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)

Note: environmental legislation is also applicable to clinical waste.

Infection Prevention and Control (IPC) measures remain as per the [National Infection Prevention and Control Manual](#) (NIPCM)

The remaining pandemic IPC measures are detailed in [Appendix 22: Community IPC COVID-19 Pandemic](#).

## Policy Summary

It is paramount that infection control precautions are strictly adhered to. Always observe local policies and procedures on infection control. Care of patients who are particularly frail or who suffer from lowered immunity should not be cared for by employees suffering from any viral infections, colds, influenza or other minor ailments.

All Clinical 24 clinical staff must ensure they are familiar with the local Infection Control policy for the location they are working within

All clinical staff must ensure their clinical practice reflects current recommendations on reducing the risk of harm to their patients by ensuring they know and following the principles of reducing the risk of spreading infection.

Clinical 24 (Scotland) nurses can discuss any concerns they have with the Registered Manager who will provide professional advice and offer support to the nurse.

## Blood-borne Virus Preventative Measures

Infection control measures to prevent the transmission of blood-borne viruses include:

- Apply good basic hygiene by always washing your hands at the start and finish of a shift, before and after meal breaks, before and after all clinical procedures, after using the bathroom.
- Always dry hands thoroughly.
- Cover any existing wounds, cuts, skin lesions and bruises with a waterproof dressing.
- Avoid invasive procedures if suffering from chronic skin lesions on hands and fingers.
- Use appropriate rubber gloves if you suspect you will come into contact with blood, bodily fluids or open wounds. Dispose of the used gloves appropriately.
- Use a plastic apron, facial mask, and eye goggles to protect yourself from bodily fluids, ensuring appropriate disposal of aprons and protective equipment in accordance with local client's policy.
- Clean up any spillages of blood and other bodily fluids promptly and disinfect surfaces.
- Always adhere to safe procedures for the handling and disposal of all needles and other sharps in sharps bins only.
- If an incident occurs where a person with open wounds comes into contact with bodily fluids or blood, report the incident immediately and follow local protocol. An incident report should also be completed.
- Ensure approved procedures for sterilization and disinfection of instruments and equipment are in use.
- Ensure a procedure for the safe disposal of contaminated waste is in place.

Any Clinical 24 member of staff who has or believes they have been infected with a blood-borne virus should seek confidential and professional medical advice. Any nurse thought to be infected with a blood-borne virus should have their viral load monitored regularly and should not return to work unless agreed fit by a GP/ or infectious disease consultant. The agreed viral load level varies depending on the infection. If a nurse discloses a positive infection status, all information will be treated in the appropriate manner, and in total confidence. We recognize that nurses with a blood-borne virus are suitable for a wide variety of nursing and caring tasks, If the viral load is undetectable the nurse should have no restrictions to their practice.

To avoid risks of cross-infection, it is paramount that infection control precautions are strictly adhered to, and it is essential that all incidents that may result in the spreading of blood-borne viruses be reported. Incidents in a hospital, nursing home or other institution should be

reported and recorded in accordance with the policies of the institution. All incidents should also be reported to the Clinical 24 (Scotland) team as soon as possible.

## Staff Duties

Comply with all infection control policies, procedures and guidelines at all times, properly utilising any personal protective equipment provided and carrying out their duties in accordance with their training and good practice.

Wash their hands regularly, especially after using the toilet, between seeing each Client and before handling food.

Help to keep where possible and where consent has been given any location where they are working clean and tidy and to alert the duty care manager to any incidences of unsanitary conditions or unacceptably poor standards of cleanliness or hygiene.

Always inform the manager or a supervisor if they are suffering from any form of diarrhea and vomiting or any suspected infectious disease. If a food handler, the member of staff should not return to work until recovered and cleared to do so by a GP.

Infection control training and supervision as a vital part of its infection control procedures. Staff are trained in line with content from Health Education Scotland and the Infection Control Pathway.

<https://www.nes.scot.nhs.uk/our-work/infection-prevention-and-control-hai/#:~:text=The%20SIPCEP%20is%20a%20staged,and%20social%20care%20related%20course.>

All new staff should attend basic infection control awareness training and should read the policy on infection control and food preparation and handling as part of their induction process. Care staff and food handling staff will be expected to attend additional infection control training appropriate to their role. Records of attendance at infection control training will be kept, including date attended and level of training.

## Environment

All nurses/ hca's must adhere to environmental policies in place in the organisation you are working within. This will include recycling paper waste where possible. All sharps should only be disposed of in a sharps bin and all glass should be properly disposed of in the appropriate bins provided in the workplace.

### Methicillin Resistant Staphylococcus Aureus, or MRSA.

As a result of the increased widespread use of antibiotics to treat infections, antibiotic-resistant strains of Staphylococcus Aureus have evolved and are known as MRSA.

MRSA does not constitute a hazard or cause a problem in healthy people. MRSA can cause serious infections in the vulnerable including clients already ill, the immuno- compromised, clients with open wounds, the debilitated and the elderly.

Staff in contact with MRSA positive patients will be required to observe and practice the universal precautions for infection control contained in the local Infection Control policies and procedures. Patients who are MRSA positive will not be discriminated against.

## Clostridium Difficile (C. diff)

C. diff is a bacterium that can infect the bowel and cause diarrhea.

The infection most commonly affects people who have recently been treated with antibiotics but can spread easily to others.

C. diff infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics. C. diff can spread easily to other people because the bacteria are passed out of the body in the person's diarrhea.

Once out of the body, the bacteria turn into resistant cells called spores. These can survive for long periods on hands, surfaces (such as toilets), objects and clothing unless they're thoroughly cleaned, and can infect someone else if they get into their mouth.

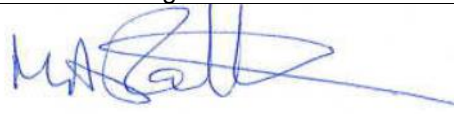
Someone with a C. difficile infection is generally considered to be infectious until at least 48 hours after their symptoms have cleared up. Staff in contact with C Diff positive patients will be required to observe and practice the universal precautions for infection control contained in the local Infection Control policies and procedures.

## Norovirus (or winter vomiting virus)

Norovirus, which causes diarrhea and vomiting, is one of the most common stomach bugs in the UK. Someone with Norovirus is considered infectious until they are 48 hours after their last symptom. Staff in contact with patients who are experiencing symptoms will be required to observe and practice the universal precautions for infection control contained in the local Infection Control policies and procedures. You must notify your agency if you have been exposed to patients with Norovirus as you will NOT be able to work in non-affected wards/depts. until you outside the 48- hour timeframe for transmission.

Any nurse/hca who contracts Norovirus must not return to work until they are symptom free for 48 hours.

Any staff member who requires further information should speak to their manager or seek information from "National Infection Prevention and Control manual.

Reviewed by:	Miriam Palk presented to UK Clinical & Corporate Governance and Risk Management Committee for renewed approval
Title:	Head of Nursing
Signed:	
Last Review Date:	24.11.2022
Actions:	QR Code and link to Handbook and Website Link to Covid Policy

Date Approved by UK Clinical & Corporate Governance and Risk Management Committee:

Next Review Date: November 2023