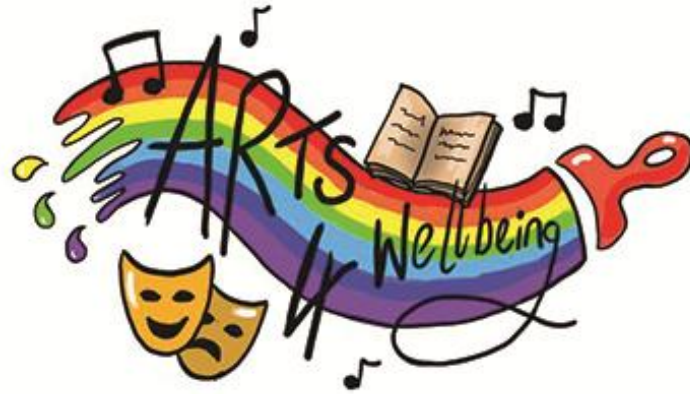




Infection, Prevention and Control Policy

Infection and Prevention and Control Policy

Contents

1. Introduction
2. Policy Statement
3. Legislation
4. Infection, its Causes and how it spreads
5. Transmission of HIV, HBV and HCV
6. Reporting
7. Hand Washing
8. Cleaning Spillages
9. The Use of Protective Equipment
10. Storage, Preparation and Handling of Food
11. Water Supplies
12. Training
13. MRSA
14. Clostridium difficile
15. Related Policies

Appendices

- | | |
|---|----|
| 1. Infection Prevention and Control Audit Tool Guidance | 15 |
| 2. Notifiable Diseases | 19 |
| 3. Hand-washing Techniques | 20 |

1.0. INTRODUCTION

Many infectious diseases have the capacity to spread where large numbers of people, share eating and living accommodation. Infection is a major cause of illness to members and staff. All of the staff working in our services are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may contain pathogens which can be spread if staff do not take adequate precautions. Also, at risk of spreading infection are those involved in food preparation and handling. Infection control is the name given to a wide range of procedures and techniques intended to prevent the spread of infectious diseases amongst members and staff.

2.0. POLICY STATEMENT

Arts 4 Wellbeing believes that adherence to strict guidelines on infection prevention and control is of paramount importance in ensuring the safety of both members and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to cleaning and hand-washing. The aim of the service is to prevent the spread of infection amongst staff, members and the local community.

Adherence to this policy statement will be maintained by having an identified person with responsibility for infection prevention and control within each setting. There will also be an assurance framework including programme of audit to ensure key policies and practices are being implemented properly. In addition, an annual IPC statement (any outbreaks of infection, audits undertaken, action taken following an outbreak, risk assessments undertaken for IPC and, review and update of policies) as well as initial and on-going staff training.

3.0. LEGISLATION

The following legislation applies to infection control:

1. The Health and Safety at Work Act 1974 and the Public Health Infectious Diseases Regulations 1988 both place a duty on the service to prevent the spread of infection.
2. The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) places a duty on the home to report outbreaks of certain diseases, as well as accidents.
3. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) places a duty on the service to ensure that potentially infectious materials are identified as hazards and dealt with accordingly.
4. The Environmental Protection Act 1990 makes it the responsibility of the service to dispose of clinical waste safely.
5. The Health and Social Care Act 2008 provides a Code of Practice for healthcare including adult social care on the prevention and control of infections.
6. Under the Care Standards Act 2000 and Children's Homes Regulations it is a legal requirement that care homes for children have written policies and guidance for promoting children's health. Standard 12, Good Health and Wellbeing states that there should be guidance on HIV and AIDS and other blood-borne viruses.

4.0. INFECTION, ITS CAUSES AND HOW IT SPREADS

4.1. The Causes of Infection

An understanding of commonly encountered micro-organisms is essential for good infection control practice. Micro-organisms that cause disease are referred to as pathogenic organisms.

They may be classified as follows:

- **Bacteria** are minute organisms about one-thousandth to five-thousandth of a millimetre in diameter. They are susceptible to a greater or lesser extent to antibiotics.
- **Viruses** are much smaller than bacteria and although they may survive outside the body for a time they can only grow inside cells of the body. Viruses are not susceptible to antibiotics, but there are a few anti-viral drugs available which are active against a limited number of viruses.
- **Pathogenic Fungi** can be either moulds or yeasts. For example, a mould which causes infections in humans is *Trichophyton rubrum* which is one cause of ringworm and it may also infect nails.
- **Protozoa** are microscopic organisms, but larger than bacteria. Free-living and nonpathogenic protozoa include amoebae and paramecium. Examples of medical importance include: *Giardia lamblia* which can cause an enteritis (symptoms of diarrhoea).
- **Parasites Worms** are not always microscopic in size, but pathogenic worms do cause infection and some can spread from person to person. Examples include: threadworm and tapeworm. Ectoparasites i.e. head lice and scabies.
- **Prions** are infectious protein particles. Example: the prion causing (New) Variant Creutzfeldt-Jakob Disease.

4.2. The Spread of Infection

One feature that distinguishes infection from all other disease is that it can be spread, i.e. one person can 'catch' it from another or via a vector (e.g. crawling or flying insects). There are various means by which micro-organisms can be transferred from a reservoir to susceptible individuals. The modes of spread of infection can be classified as:

- **Direct Contact** -Direct spread of infection occurs when one person infects the next by direct person-to-person contact (e.g. Chickenpox, Tuberculosis etc.).
- **Indirect Contact** - Indirect spread of infection is said to occur when an intermediate carrier is involved in the spread of pathogens e.g. fomite or vector.
- A **fomite** is defined as an object, which becomes contaminated with infected organisms and which subsequently transmits those organisms to another person. Examples of potential fomites are urinals, thermometers or practically any inanimate article.
- A **vector** is described as a crawling or flying insect which may spread infections, and these need to be controlled.
- **Hands** - The hands of staff are probably the most important vehicles of cross-infection. The hands of members can also carry microbes to other body sites, equipment and staff.
- **Inhalation** - Inhalation spread occurs when pathogens exhaled or discharged into the atmosphere by an infected person are inhaled by and infect another person. The common cold and influenza are examples, but it is likely that hands and fomites (inanimate objects) are also important in the spread of respiratory viruses.

- **Ingestion** - Infection can occur when organisms capable of infecting the gastro-intestinal tract are ingested. When these organisms are excreted faecally by an infected person, faecal/oral spread is said to occur. Organisms may be carried on fomites, hands or in food and drink e.g. Hepatitis A, *Salmonella*, *Campylobacter*.
- **Inoculation** - Inoculation infection can occur following a “sharps” injury when blood contaminated with, for example, Hepatitis B virus, is directly inoculated into the blood stream of the victim, thereby causing an infection. Human, animal and insect bites can also spread infection by the inoculation mode.

5.0 TRANSMISSION of HIV, HBV and HCV

Blood-borne viruses are spread by direct contact with the blood of an infected person. Certain other body fluids may also be infectious e.g. semen, vaginal secretions and breast milk. The risk of blood-borne virus infection from body fluids or materials most likely to be encountered, such as urine, faeces, saliva, sputum, sweat, tears and vomit is minimal unless they are contaminated with blood. However, the presence of blood is not always obvious in these fluids.

- These infections are spread by direct contact with an infected person's blood or certain body fluids. The main routes by which infection is spread are:
- By sexual intercourse (including oral sex) with an infected person without a condom
- By sharing contaminated needles or equipment for drug injecting
- From an infected mother to her baby during pregnancy, while giving birth or through breast feeding
- Skin puncture, including tattooing, ear and body piercing, acupuncture with unsterilized needles or equipment
- Through blood transfusion in a country where blood donations are not screened
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person
- Human bites where blood is drawn

These infections are not spread by normal daily contact and activities, e.g. coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets or sharing food, cups, cutlery and crockery.

6.0 CORONAVIRUS/COVID - 19

Corona virus is primarily transmitted between people through respiratory particles and indirect contact through transmission of contaminated surfaces. When someone with COVID-19 breathes, speaks, coughs or sneezes, they release these particles.

The main symptoms of coronavirus (COVID-19) are:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)

a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Up to date legislation states day opportunity services are no longer required to take a LFT test every shift rota, however Arts 4 Wellbeing have consulted with staff and it is their individual choice should they wish to continue taking LFT tests when they are on rota. Although it is not now a legal requirement to wear a face mask at present, Arts 4 Wellbeing highly recommend that you/staff wear a face mask when returning to the centre from, ill health, are suffering from a cold such as coughing and sneezing and influenza, face masks can help reduce the chance of a person spreading infections to others such as Covid.

7.0 REPORTING

Actual or suspected outbreaks of infectious disease must be reported immediately as delays can put members and staff at risk. Infection control in the community is the responsibility of the local consultant in communicable disease control (who is based in a health authority and has a communicable disease team to advise and support both professionals and the public).

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) also oblige services to report the outbreak of notifiable diseases (*see appendix 2*) to the Health and Safety Executive (HSE). Notifiable diseases include cholera, food poisoning, smallpox, typhus, dysentery, measles, meningitis, mumps, rabies, rubella, tetanus, typhoid fever, viral haemorrhagic fever, hepatitis, whooping cough, leptospirosis, tuberculosis and yellow fever.

As well as getting appropriate clinical support and reporting notifiable outbreaks to the HSE, managers must also give notice to the Care Quality Commission or Ofsted as applicable, without delay of the occurrence of the outbreak of any infectious disease which in the opinion of any registered medical practitioner attending persons in the care home is sufficiently serious to be so notified.

Records of any outbreaks must be kept and need to specify dates and times. A completed disease report form must also be sent to the HSE. A web-based reporting facility is available at: www.riddor.gov.uk/.

The manager must 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.

7.1 Managers Responsibilities

Managers have a responsibility to report relevant notifiable diseases and outbreaks:

- They must report the outbreak to the local Environmental Health Department, Commissioners of the service and the Care Quality Commission (CQC) or Ofsted as applicable.
- They must report the outbreak to senior management to ensure adequate staffing to cope with the extra demands of managing the outbreak. Staff working in the service should not work in other care establishments until the outbreak is declared over
- They must list all members and staff affected, including age, area/unit where resident/ working, onset of symptoms, symptoms suffered, duration of illness, GP and whether a sample has been taken

7.2 Staff Responsibilities

- The manager of the service is responsible for Infection Prevention and Control. They will be the lead for infection prevention and control within the service and accountable directly to the Board.
- All staff have an important role in the prevention and control of infection which is an integral quality issue in the care and management of members and the health and safety of staff.
- All staff need to follow all guidelines and participate in their Infection Control Audit (*see appendix 1*).
- All staff need to bring infection control issues to the attention of the Manager.
- All staff need to maintain a high standard of infection control as a matter of good practice.

8.0 HANDWASHING

Regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Guidance on effective hand-washing techniques can be located in appendix 3. The aim of hand washing is to remove organisms such as bacteria picked up during normal activity before they are transferred to other individuals or to a piece of equipment. The majority of cross-infection is caused by unwashed or poorly washed hands which provide an ever-present and effective transfer route for micro-organisms.

ALL STAFF must ensure that their hands are thoroughly washed and dried as follows:

1. Between seeing each and every service user where direct contact is involved, no matter how minor the contact. .
2. After using the toilet.
3. Before handling foodstuffs.

To enable effective hand washing managers, have a responsibility to ensure that their service is equipped with an adequate number of sinks which are easily accessible and have robust, easy to use dispensers for skin cleansing agents and disposable towels.

Liquid soaps should be used as bar soaps can rapidly become soiled and provide just the sort of damp environment that micro-organisms will proliferate in. Managers should also ensure that facilities for drying hands are available close to sinks. Disposable paper towels dispensers should be used as linen towels which, like bar soaps, can also become soiled and damp. Thorough drying of the hands should be encouraged after washing as this further reduces the number of microorganisms that remain on the hands.

Waste bins should be provided for used towels and other waste. All equipment for hand decontamination should be regularly cleaned and maintained and managers must ensure that liquid soaps and paper towels are replaced when empty.

With the advent of MRSA alcohol rubs have been used as an additional weapon against the spread of the infection. The use of an alcohol rub should be introduced in the following circumstances:

- when hands require additional anti-bacterial cleansing □ before, during and after aseptic techniques
- where soap, water and towels are not available.

Importantly, the use of alcohol rubs for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing where extra decontamination is required.

All cuts or abrasions, particularly on the hands, should always be covered with waterproof dressings.

8.1 CLEANING SPILLAGES

Managers must ensure that their service is kept generally clean, hygienic and free from offensive odours throughout. All staff have a responsibility to help keep the service clean and tidy and to identify areas which fall below acceptable or safe standards.

The spillage of any body fluids or body waste such as blood, faeces and urine, should be cleaned up as quickly as possible, and with some caution. It is best to treat every spillage of body fluids or body waste as potentially infectious, and staff should be trained to know what to do and where to obtain necessary equipment. Staff must wear protective gloves and aprons and use disposable wipes wherever possible. Eye protection should also be used if there is risk of splashing.

For a spillage of blood or body fluids a 10,000ppm hypochlorite solution should be used for cleaning. Staff should do the following:

1. Put on disposable gloves and apron.

2. Prepare the hypochlorite solution.
3. Cover the spillage with paper towels.
4. Carefully wipe up the spillage with more towels soaked in hypochlorite.
5. Dispose of the waste in a yellow waste bag.
6. Wash hands in soap and water.

9. THE USE OF PROTECTIVE EQUIPMENT

Disposable gloves and aprons will be provided for any staff that are at risk of coming into direct contact with body fluids. On no account should staff attempt to wash and reuse these gloves.

In recent years it has become evident that some staff and members can become sensitised to the presence of latex in gloves and medical equipment. This can cause allergic reactions; any member of staff who suspects that they might be suffering from an allergic reaction to the latex gloves provided should stop using them immediately and inform the management and their GP. A non-latex alternative glove will be provided by the service.

10. THE STORAGE, PREPERATION AND HANDLING OF FOOD

Any storage or handling of food in a service raises a potential risk of food poisoning through infections such as *Campylobacter*, *Salmonella* and *E. Coli*. It is essential therefore that, wherever food is prepared, handled, stored or served, the highest standards of hygiene are observed by all staff at all times.

Food poisoning is any infectious or toxic disease caused by consuming food or drink which has become infected with bacteria, viruses or parasites. Common symptoms include diarrhoea, vomiting and abdominal pain. Often dismissed as a minor problem, food poisoning in a service is a serious infection control concern and can be very serious indeed, even life threatening.

The contamination of food can occur in a number of ways:

- through the use of infected foodstuffs
- through poor storage
- through poor kitchen hygiene
- through poor personal hygiene
- through poor food preparation and cooking techniques □ through poor food handling and serving.

Most infections usually result from a combination of contaminated foods, poor kitchen hygiene and inadequate cooking. Food may become contaminated because the source of the food was infected or becomes infected through poor storage techniques in the service. This includes such things as storing cooked and raw food together or allowing foodstuffs to become contaminated by pests such as flies or cockroaches. Infections are then usually spread by poor personal hygiene on the part of food handlers and cooks or by poor cooking

or food preparation techniques. The most common error here is to touch infected food and then touch other food without washing hands in between, thus spreading infection.

Managers must ensure that safe kitchen practices are followed at all times, including effective hand washing by food handlers and the thorough washing and cooking of foods.

Many organisms that live on meat are killed when the food is cooked properly and this makes it vitally important that meat is cooked effectively and that cooked and uncooked food, particularly meats, are not stored together and are kept covered. Staff should follow all food storage recommendations and observe sell-by dates scrupulously.

Staff who handle food have a legal duty to inform their managers if they are unwell with suspected food poisoning, diarrhoea, vomiting or any other infectious disease. Managers should ensure that any staff suffering from such illnesses see their GP immediately and do not return to work until fully recovered and are cleared to return by the GP.

Appropriate training will be provided for all food handlers. The dangers of poor food handling and proper hand washing techniques will form part of the induction process for any new staff. More specialist training will be provided for all staff undertaking defined food handling or catering roles and cooks must hold recognised catering and food hygiene qualifications.

11. WATER SUPPLIES

Legionnaires' disease is one of a group of diseases caused by victims ingesting or breathing in legionella bacteria. The most common result of infection is pneumonia and victims often feel confused and have high temperatures, many developing sepsis. For those with immune system weakness, legionella infection can be fatal or can result in severe complications such as renal failure.

The legionella bacteria are widespread in natural sources of water including rivers, streams and ponds and may even be found in soil. They are also found in many recirculating and hot and cold-water systems, and outbreaks of legionnaires' disease have occurred where they are traced back to the water supply.

Since legionella is widespread in the environment, it cannot be prevented from entering water systems. However, the risk of an outbreak developing can be reduced by storing water at a temperature of at least 60°C and distributing it at 50°C minimum. To prevent risks from scalding, pre-set valves of a type unaffected by changes in water pressure and which have fail-safe devices should be fitted locally to provide water close to 43°C. Cisterns and pipe work must be designed so that water is not allowed to stand undisturbed for long periods. They should also be well covered to prevent the entry of dirt, debris and vermin, and should be periodically inspected, cleaned and disinfected.

Each system within Arts 4 Wellbeing has a risk assessment in place and are tested monthly by internal designated person. Certificates of all checks must be maintained within the health and safety file.

12 TRAINING

It is important that all members of staff have a clear understanding of their responsibilities to prevent the spread of infection and are familiar with any infection prevention and control policies and procedures that are in place.

All new staff must read the policy on infection control as part of their induction process. Existing staff should be provided with regular training with sessions on infection control topics. In-house training sessions should be conducted at least annually, and all relevant staff should attend. Training records should be kept, and it is good practice to include the prevention and control of infection in job descriptions, personal development plans and appraisal for all staff groups.

13 METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

13.1 Overview

MRSA is a strain of staphylococcus aureus bacteria which is resistant to methicillin and other antibiotics. There are up to 16 known strains of MRSA, however, two strains (15 & 16) are more transmissible than others. MRSA colonises the skin, and in particular the areas around the nose, skin folds, hairline, and navel, and a patient becomes infected if the organism invades the skin or deeper tissues and multiplies.

13.2 Transmission

MRSA is transmitted either by **endogenous spread** or **exogenous spread**.

Endogenous spread involves the transfer of the bacteria from one part of the body to another by direct contact.

Exogenous spread involves the transfer of MRSA from person-to-person by direct contact with skin or via contaminated environments or equipment.

13.3 Symptoms

Symptoms of MRSA vary depending on what part of the body is infected, however, the common symptoms of MRSA include:

- Redness
- Swelling
- Tenderness
- Cellulitis
- Boils
- Abscesses

Invasive MRSA infections can penetrate deeper inside the body or the blood and can cause serious infection. Symptoms of invasive MRSA include:

- High temperatures of 38°C
- Chills
- Dizziness

- Confusion
- Muscular aches and pains

Invasive MRSA can lead to:

- Sepsis
- Urinary tract infections
- Endocarditis
- Pneumonia
- Septic bursitis
- Septic arthritis
- Osteomyelitis

13.4 Precautions against MRSA

The following measures are essential in preventing the spread of MRSA:

1. Cover all cuts, abrasions and lesions – especially those on the hands and forearms – with a waterproof dressing.
2. Maintain good hand hygiene by ensuring correct hand-washing techniques are maintained.
3. Maintaining good cleanliness of the environment, service user-related equipment, and soft furnishings.
4. The use of disposable gloves and aprons when handling blood and bodily fluids.
5. Use of PPE for carrying out aseptic techniques.
6. Disposal of waste safely.
7. Maintain a safe staff to service-user ratio, as assessed.
8. Early identification of any suspected MRSA infections.

13.5 Treatment

If MRSA is suspected, then the service-user's GP must be contacted immediately for a specimen to be taken and tested. A positive specimen result does not automatically mean that antibiotics are required, and MRSA treatment depends on¹:

1. Clinical signs
2. Individuals risk to others
3. Individuals own risk factors
4. Whether the individual is colonised or infected.

This decision will be up to the service user's GP and multi-disciplinary team.

¹ Methicillin-resistant *Staphylococcus aureus* (MRSA) guidance for nursing staff

If a service user has a clinical infection they will usually require a course of systemic antibiotics. This depends of the strain of MRSA and the site of infection. For colonisations a topical antiseptic is usually prescribed.

13.6 Medical Records

If a service user has been known to currently have or previously have a positive MRSA screen this must be documented within their care records. This must be notified to medical and nursing staff should an individual be admitted to hospital to enable correct precautions to be taken.

14 CLOSTRIDIUM DIFFICILE

14.1 Overview

Clostridium difficile (also known C. difficile or C. diff) is a bacterium that can infect the bowels and cause diarrhoea. The infection commonly affects people who have recently been treated with antibiotics but can spread to others easily. C. difficile infections are unpleasant and can sometimes cause serious bowel prompts, but they can usually be treated with another course of antibiotics.

14.2 Symptoms

Symptoms of a C. difficile infection usually develop when you're taking antibiotics or when you have finished taking them. The most common symptoms are:

- Watery diarrhoea (no solid pieces) which can be bloody,
- Painful abdominal cramps,
- Feeling sick,
- Signs of dehydration,
- A high temperature,
- Loss of appetite and weight loss.

14.3 Treatment

Visiting the GP with a possible c. difficile infection can put others at risk so it is best to call the GP for advice. Medical advice is needed if:

- There is persistent diarrhoea after finishing a course of antibiotics;
- There is bloody diarrhoea;
- There is diarrhoea and severe abdominal cramps, a high fever, a rapid heart rate; ☐
- There are symptoms of severe dehydration.

The GP may suggest sending off a sample to confirm whether there is *C. difficile* present, a blood test may be required to help determine how severe the infection is. Treatment for *C. difficile* includes:

- Stopping current antibiotics; and
- Starting a 10 to 14 day course of antibiotics known to kill *C. difficile*.

It is important that members are:

- Kept hydrated;
- Provided with pain relief where needed;
- Aren't given any anti-diarrhoeal medication;
- Remain at home until at least 48 hours after the last episode of diarrhoea.

Staff should:

- Maintain effective hand hygiene;
- Use appropriate PPE;
- Ensure no cross-contamination.

15 RELATED POLICIES

- Health and Safety Policy
- Food Hygiene Policy

APPENDIX ONE

INFECTION PREVENTION AND CONTROL AUDIT TOOL GUIDANCE

How to use the audit tool - This tool is to be used to assess infection control practices within each establishment. It includes criterion that determines whether the service being audited has comprehensive procedures and structures in place to ensure appropriate infection control practices.

Planning the audit programme - The tool is meant for conducting infection control audit and producing audit reports. To minimize disruption of activities in the area to be audited and to ensure that locations are accessible, relevant information, documentation and personnel are available, adequate planning should take place with the relevant personnel from the area to be audited.

Time required - Different services will require more time to audit than others but generally adequate time is needed so that things are not rushed through without getting the necessary information. The Infection Prevention and Control Audit should be completed in the first week of each month.

Scoring - All criteria should be marked either 'Yes' for achieved, 'No' for not achieved and 'N/A' for not applicable.

Infection Prevention and Control Audit		
Name of venue:		
Person completing the audit:		
Date of audit:		
Area – Hand Hygiene	Compliant	Action
Hand hygiene is an integral part of induction for all staff		
Hand washing facilities are clean and intact (check sinks, taps, splashbacks, soap and towel dispensers)		
Liquid soap is available at each hand wash basin		
Soft absorbent paper towels available at all hand washing sinks		
There is a foot-operated bin for waste towels in close proximity to hand wash sinks which are fully operational		
Hand sanitising gels are readily available in key areas of the home i.e. bathrooms, kitchen, laundry, entrances / exits		
Area – Cleaning spillages	Compliant	Action
Staff have received training in dealing with body fluid spillages (ask a member of staff)		
Personal Protective Equipment is available		
Equipment used to clear up body fluid spillages is disposable or able to be decontaminated		
Appropriate disinfectants are available for cleaning all body fluid spillages		
Area – Disposal of Waste	Compliant	Action
All waste classified as domestic is disposed of in domestic waste bags		
There is evidence that staff are segregating waste correctly		
Clinical waste sacks are labelled and secured before disposal		

All waste bins are visibly clean – externally and internally		
There are no overfilled bags. Bags are no more than $\frac{2}{3}$ full		
Waste bags are stored securely		

Sharps boxes, where required, are less than 2 / 3 full, free from protruding sharps and disposed of correctly		
Area – The Use of Personal Protective Equipment	Compliant	Action
Staff are trained in the use of personal protective equipment as part of their induction		
Sterile and non-sterile gloves (powder free) conforming to European Community [EC] standards are fit for purpose (no splitting etc) and are available		
Alternatives to natural rubber latex (NRL) gloves are available for use by staff with NRL sensitivity		
Disposable plastic aprons are worn when there is a risk that clothing may become exposed to body fluids or become wet		
Area – Storage preparation & handling of food	Compliant	Action
There is evidence that staff involved in food preparation / handling have received appropriate training / refresher training		
The floor is clean and dry and there is no evidence of infestation or animals in the kitchen		
Cleaning materials used in the kitchen are identifiable and are stored separately away from food		
There is a separate dedicated hand wash sink and liquid soap and paper towels are available		
Fixtures and fittings are clean and dry and in a good state of repair		
Fridges / freezers are clean, free from ice build-up and there is a thermometer in the fridge and the freezer		

There is evidence that daily temperatures are recorded, and appropriate action is taken if standards are not met (fridge temperature must be less than 5 degrees C, freezer –18 degrees C)		
There is evidence that cooked food temperatures are taken and recorded		
All food products are within their expiry / use by / best before dates. All opened jars / bottles are clearly labelled with date of opening and use by dates		
Colour coded food preparation boards are available		
There is a satisfactory system for cleaning crockery and cutlery i.e. dishwasher which is clean and well maintained		
Waste bins are foot-operated, clean, and in working order		
Area – Water Supplies	Compliant	Action
The service has a legionella risk assessment in place		
There is evidence of monthly legionella testing		
Area – Laundry	Compliant	Action
Gloves and apron are worn when handling contaminated linen		
A washing machine is situated in an appropriate designated area		
There is written guidance regarding the use of the washing machine		
Red soluble sacks are available for soiled bedding / linen		
All machines are clean and in a good state of repair		
Floor and wall surfaces are clean and in a good state of repair		
General area is clean and tidy and no offensive odours		
Cleaners, disinfectants, detergents are all stored in accordance to COSHH regulations		
Hand washing facilities are available in the laundry room		

Summary

APPENDIX TWO

NOTIFIABLE DISEASES

The following diseases are notifiable under the **Health Protection (Notification) Regulations 2010²**.

Acute encephalitis	Haemolytic uraemic syndrome (HUS)	Rubella
Acute infectious hepatitis	Infectious bloody diarrhoea	Severe Acute Respiratory Syndrome (SARS)
Acute meningitis	Invasive group A streptococcal disease	Scarlet fever
Acute poliomyelitis	Legionnaires' Disease	Smallpox
Anthrax	Leprosy	Tetanus
Botulism	Malaria	Tuberculosis
Brucellosis	Measles	Typhus
Cholera	Meningococcal septicaemia	Viral haemorrhagic fever (VHF)
Diphtheria	Mumps	Whooping cough
Enteric fever (typhoid or paratyphoid fever)	Plague	Yellow fever
Food poisoning	Rabies	

² <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>. (Retrieved: 17/05/17)

APPENDIX THREE

HAND WASHING TECHNIQUES

