



# Infection Control



**eBox** 



# Infection Control

The covid-19 pandemic has presented many challenges, both personal and professional, for people across the world. For the first time in our history, the Redcrier office was forced to close, whilst we supported our clients remotely.

We were unable to visit care homes in either a personal or professional capacity and as such had to rethink the way in which we delivered training and supported those on the front line. Without question it must have been even more challenging for care providers to remain operational during the pandemic, when closing the 'office' and "zooming" to work is simply not an option.

Recently CQC have focused on Infection and Prevention Control (IPC), adding IPC related content to their inspection framework whilst also carrying out a series of IPC focused inspections.

With changing seasons producing favourable conditions for certain viruses the protection of vulnerable people will become even more challenging. We want to play our part - to support not only our customers, but the wider care community.

As such, we recently produced free training on Covid-19 and now offer this Infection Control course to you, in the hope that people can use it to reduce further spread of Covid-19 and stay safe.

Our wish is that this course finds you well and will help you and your staff to take the relevant precautions to reduce the impact of Covid-19 on your organisation and the wider community.

Stay safe.

Yours sincerely

*Andrew Seville*

**Andrew Seville**  
Managing Director  
Redcrier Publications Ltd





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**We have released this content to help bolster infection control measures within the care sector and the wider community.**

The content has been designed so that learners can read the material and complete the activities which will help them to understand the topic whilst creating an audit trail for your internal reference. If you would like to discuss the ways in which Redcrier can support you with external verification through our full infection control course or the many **other titles we can supply** then please contact the office on **01823 332200**.





Key:

Worksheet

*Important*

## Learning outcomes

- Understand legislation relating to infection control.
- Recognise how cross infection can occur.
- Identify policies and procedures covering all areas of infection control.
- Identify factors that increase the likelihood of infection.
- Understand how to prevent the spread of infection.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

## Fundamental Standards

The **fundamental standards** are the standards by which CQC will inspect social care. The standards are based on the regulations from the Health and Social Care Act and CQC have changed the focus for the purposes of the inspection. The fundamental standards are those standards that no care setting must fall below.



# Unit One

## The importance of infection control

The most common infection in the UK is Norovirus also known as the winter vomiting bug.

Infections can cause discomfort, pain and death. They may be restricted to specific areas of the body or they may affect the whole person, some, like urine and chest infections may even affect the person's mental health making them seem confused and forgetful.

Clients in residential homes are already at a disadvantage because they are in contact, and sharing facilities, with several other people. Other factors that increase the likelihood of contracting infections and their potential severity include:

- Generally poor physical health.
- Hospitalisation.
- Lack of mobility.
- Incontinence.
- Pregnancy.
- Extreme youth or old age.
- Poor diet.
- Chemotherapy.

Managers and staff have a legal responsibility to ensure that the risk of infection in the workplace is reduced as far as is possible; whatever your role is you must understand how infections can be spread and take appropriate steps to prevent this.

Many infections are spread through contact, so there are things we can do to protect ourselves and others by controlling the risk of infection.

## The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This Act sets out the fundamental standards that all health and social care providers must meet to satisfy Care Quality Commission registration criteria. Infection control and cleanliness are a high priority and a code of practice for meeting the standards has been issued that gives guidance for providers in the care sector.

To meet appropriate standards for infection control your workplace should have the following in place:

- Adequate training for all staff.
- Policies and procedures for preventing infection, managing outbreaks, cleaning etc.
- Appropriate recording systems.
- Relevant risk assessments.
- An infection control lead – a senior member of staff to take responsibility for infection control in the workplace.
- Good communication with other services providing care to your clients.





## The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Your manager must be made aware of any contagious illnesses that clients or staff are suffering from so that they can ensure adequate control measures are put into place and that they are reported to Public Health England when necessary through the online system on the Health and Safety Executive website, under RIDDOR.

Reportable illnesses include outbreaks of sickness and diarrhoea and infectious diseases. Outbreak = 2 or more people, clients or staff, with vomiting and diarrhoea or the same infectious illness.

## Control of Substances Hazardous to Health 2002 (COSHH)

Potentially infected bodily fluids are hazardous substances; as such employers must put in place policies for dealing with them in a way that protects everyone on the premises.

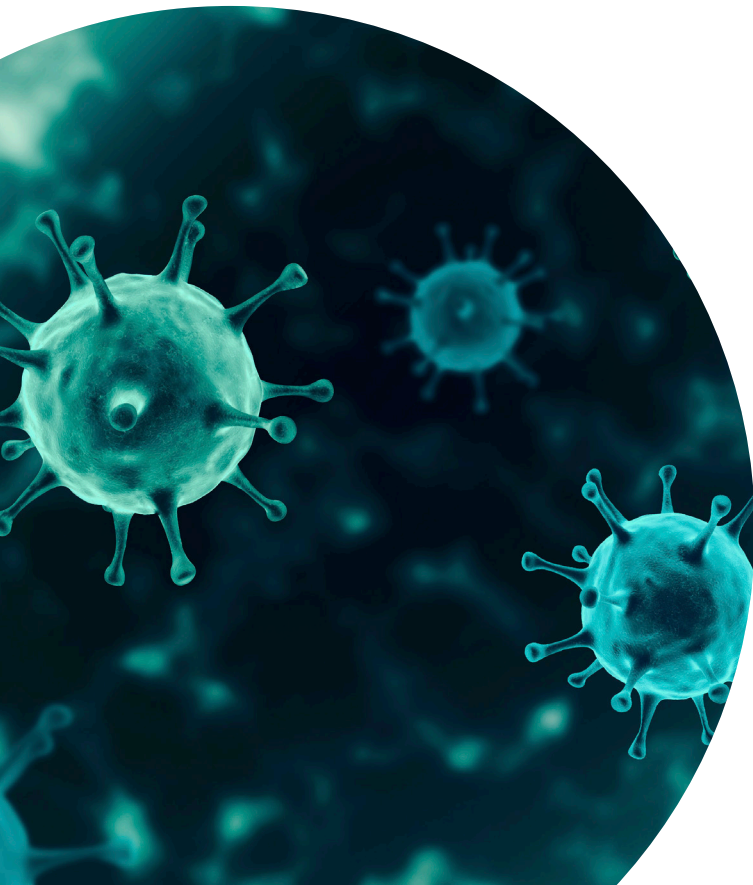
## Health and Safety (Consultation with Employees) Regulations 1996

Employers have a duty to inform staff of any risks that they may be exposed to through their work, they must provide adequate training and knowledge to reduce dangers, and this would include having up to date infection control procedures in place. Employers do not have to inform employees about a client's medical status unless it presents a particular hazard to the member of staff, this will be assessed on an individual basis according to the employee's level of contact with the client.

*Remember that although you may feel that you are at less risk from infection than your clients no one is completely safe, if you do pick up an infection at work you may have to take time off to recover from it, you could pass it on to your family and friends and it may cause you pain and discomfort. Steps taken to prevent infection will benefit you as much as your colleagues and clients. Take responsibility for your own personal hygiene and help to ensure the hygiene of your clients and the cleanliness of the environment you work in.*

Consideration should be given to clients' personal care, housekeeping, laundry and the disposal of soiled items such as bandages or incontinence pads. Employees must co-operate with employers and work in a way that reduces risks to themselves and others. Infection control measures will only be effective if all members of staff are aware of safe procedures. Whether you are a manager, supervisor, carer or domestic you will have an important part to play in preventing the spread of disease.

**It is important that you are aware of the following factors to ensure good infection control:**





## There may be no visible signs and symptoms

Infected individuals may look and even feel perfectly healthy. When dealing with bodily fluids assume that they may be infected and avoid direct contact. This does not, however, mean that you will always need to wear personal protective equipment such as gloves or aprons (unless it is stated in your work establishments policies and procedures) proper hand washing may be an adequate control.

You must also be aware that people may carry infection without being personally affected by it; we are all capable of spreading illness if we do not ensure our own personal hygiene.

## Untreated infection may spread rapidly

Unless immediate, and ongoing, action is taken to prevent the spread of infection several clients/staff members may be affected in a very short space of time. Make sure that you read your employer's policy for infection control and understand your role within it.

## Some antibiotics may be less effective in immune compromised patients

It may be that initial treatment does not work leading to more severe problems or even death. Care should be taken to protect the most vulnerable clients. Increased use of antibiotics has led to a rise in the number of antibiotic resistant illnesses such as MRSA.

## Repeated infections may be caused by the same organism

Effective treatment does not guarantee future immunity.

## Super imposed infection is a frequent occurrence

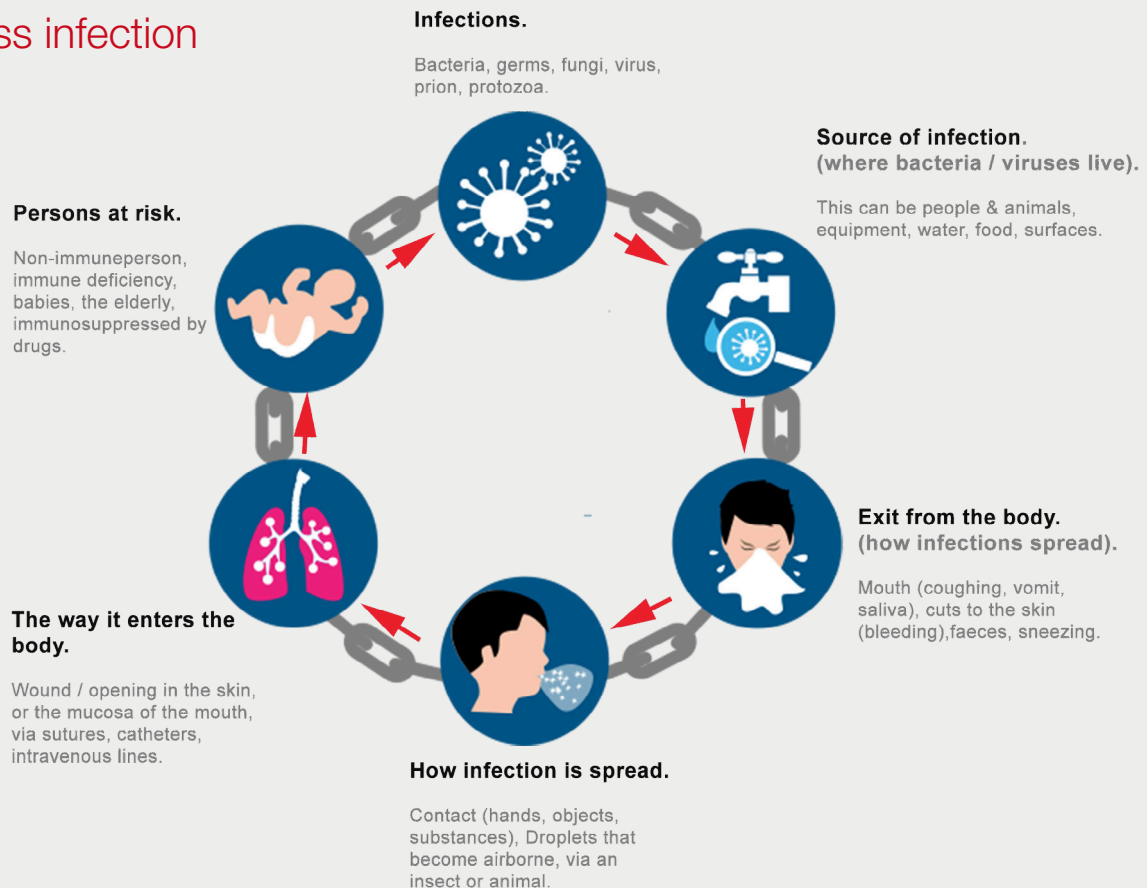
If a person already has an infection they become more vulnerable to others and the combined effects can be serious. In some situations it may be necessary to isolate the sufferer for their own protection.

**Describe your role in preventing the spread of disease in your working environment:**



# Unit Two

## Cross infection



The chain of infection is as follows: Infections: Bacteria/virus

- **Infections:** Bacteria/virus.

Source of infection: This is where the bacteria or virus live.

Exit from the body. This could be through coughing and sneezing or other bodily fluids or through broken skin etc.

- **How it is spread:** Usually through indirect or direct contact.

The way it enters the body: This can be through broken skin, through the mouth or nose or when needles or catheters are inserted.

- **Persons at risk:** This is the person the bacteria moves to.

This chain needs to be broken to prevent the spread of infection.

Cross infection is the method by which the micro organisms (bacteria, viruses etc) which cause illness travel from one person to another. This may involve direct contact between the infected individual and another person or it may occur indirectly when a person comes into contact with something that has been contaminated by the infected individual.

The process of cross infection means that disease can spread rapidly from the infected individual to other staff, clients, visitors and beyond. The secret to preventing this is to ensure good personal hygiene and a high standard of housekeeping.

## Personal hygiene

The single most effective action you can take to prevent the spread of infection is to regularly and thoroughly wash your hands. You should do this:

- At the beginning of each shift.
- Before serving meals.
- Before giving out medications.
- After handling laundry and making beds.
- Before and after physical contact with a client.
- After removing aprons and gloves.
- After breaks.
- After smoking.
- At the end of each shift.

Your workplace should be equipped with adequate hand washing facilities in appropriate places such as the kitchen, toilets and bathrooms.

You should have easy access to running hot and cold water, soap, paper towels and a pedal bin.

Recently washing your hands has been talked about a lot, but are you aware of the correct order in which you should wash your hands effectively?

Can you place a number form 1 to 12 to match the correct sequence below?

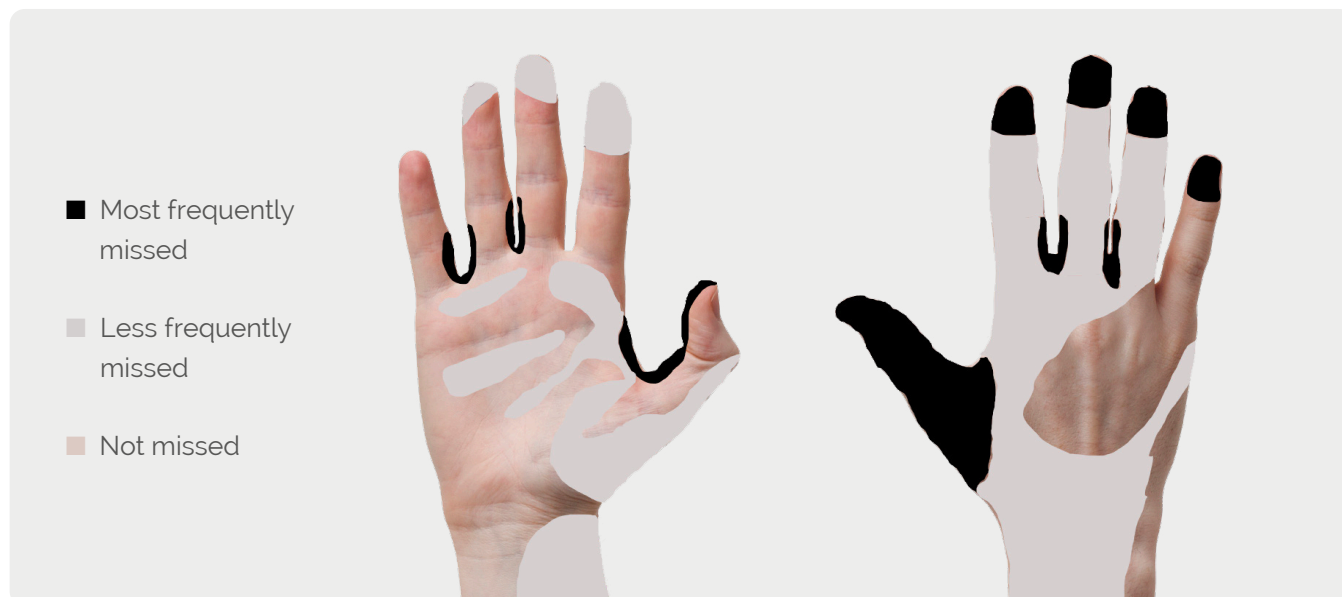
Rub hands palms together.

- ☐ Apply enough soap to cover both hands.
- ☐ Use the towel to turn off the tap.
- ☐ Rub right hand over left and then left over right.
- ☐ Interlock fingers then rub between them.
- ☐ Your hands should now be clean and safe.
- ☐ Take at least twenty seconds to wash thoroughly.
- ☐ Lock thumbs and rotate hands.
- ☐ Dry well with a disposable paper towel.
- ☐ Wet hands with water.
- ☐ Do not forget palms wrists and forearms.
- ☐ Rub fingers in palms and/or use a nailbrush.

Please see our **hand washing poster** for the correct answer.







The best method for drying hands is to use paper towels which are then disposed of in a sealed bin; normal towels are a breeding ground for bacteria and warm air driers are less effective for drying and getting rid of bacteria.

As it may not always be possible to have sinks positioned where you are providing client care it is acceptable to use hand rubs if they have a high alcohol level over 60%.

You should check your workplace policies and procedures first.

The hands should not be soiled or dirty. Hand rubs may also be positioned at entrances/exits for the use of visitors.

**It is important that all visitors to your premises are made aware of the importance of hand hygiene.**

*Remember that disposable gloves do not have magical properties; you can still spread infection while wearing them. They must be changed for each new task and hands must still be washed.*

Liquid soap and water must be used:



- When hands are visibly soiled or potentially contaminated with bodily fluids.
- In situations where there is the potential for the spread of alcohol resistant organisms such as Clostridium Difficile (C.Diff) or other organisms that may cause diarrhoea.

To enable hands to be washed effectively it is recommended the following should apply:

- Your hands and arms should be bare to the elbow.
- Wrist and hand jewelry should be removed.
- Finger nails should be short, clean and free of nail polish.
- Cover cuts and abrasions with waterproof dressings.



## When using alcohol rubs:

- Hands should be free of dirt or other substances.
- The hand rub should come into contact with all surfaces of hand including tips of fingers, thumbs and the areas between your fingers.
- Hands should be rubbed together until all of the solution has evaporated and all areas of the hand are dry.

Clothes can become contaminated by food, dust, pet hair etc. for this reason it is advisable for you to have separate clothing to wear at work, this may be a uniform of some type but does not need to be.

Your work clothes should be washed at as high a temperature as possible to destroy the maximum number of bacteria and other infecting organisms.

Your employer may provide items of personal protective equipment to reduce your risk of picking up infections; examples would include aprons, gloves or even face masks.

### **If such equipment is provided you must ensure the following:**

- Equipment must be used in accordance with employer's policies.
- You should check that equipment is in good condition before using it.
- Single use items must be disposed of according to in house policies.

Be aware that the equipment only protects you; steps must be taken to ensure that others are not put at risk. You should also take into account the fact that it may not always be appropriate to wear gloves etc while caring for clients as they may find this upsetting.

**What should you check before using personal protective equipment?**



# Unit Three

## Policies and procedures.

Your workplace must have adequate and appropriate policies and procedures covering all areas of infection control. As an employee you should make yourself familiar with these policies and ensure that you are following correct procedures; failure to do so may result in you becoming liable for any personal injury caused.

Infections occurring in the workplace must be monitored, recorded and reported as necessary (See RIDDOR); this will make employers aware of any particular risks and help them to introduce more effective control measures in the future.

There should be policies and procedures in place to cover the following as applicable:

- Reporting and recording.
- Cleaning.
- Laundry.
- Hand washing.
- Chemicals.
- Waste disposal.
- Personal protective equipment.
- Infection monitoring.
- Personal care of clients.
- Toileting.
- Wound dressing.
- PPE.
- Staff immunization policy.
- Excluding staff from work due to infection policy.

The policies and procedures are the agreed ways of working of your workplace.

## Housekeeping

Cleaning staff play an important role in preventing the spread of infection in any workplace. All areas of the workplace must be kept tidy, clean and free from dust and debris at all times. Policies should be introduced to ensure that all areas of the building are cleaned thoroughly and regularly with special attention being paid to items that people are most likely to come into contact with such as telephone receivers, doorknobs, work surfaces and taps.

**A cleaning rota is an efficient way of ensuring that everybody knows what has to be done and when. This will include:**

- What is to be cleaned.
- How it is to be cleaned.
- When it should be cleaned and how often.
- The time needed to clean it.
- The protective clothing to be worn.
- The chemicals, materials and equipment to be used.



Each member of staff will have different responsibilities according to their work role, generally speaking you should try to create as little mess as possible while working. Clean equipment such as cutlery, hoists and work surfaces as soon as you have finished using them and ensure that items such as soiled bandages and incontinence pads are disposed of immediately in accordance with in house policies.

Cleaning materials for different areas (for example kitchens and bathrooms) should be kept separate and ideally colour coded or labelled so that they cannot be mixed up. Cloths should be disposable as they do provide good breeding conditions for bacteria which can be spread from one surface to another.

Cutlery and crockery should be washed thoroughly, preferably in a dishwasher, if this is not possible the double sink method should be used. A dishwasher helps because it uses very hot water and also generally removes the need to dry items with a tea towel which may itself be contaminated. Dirty equipment should never be left lying around in the kitchen for any length of time.

The person responsible for developing the cleaning rota should have looked at all available options for equipment and cleaning materials when deciding what was appropriate.



The choices they made should also have taken into account the level of toxicity of available chemicals (will they poison people if they come into contact with food), the level of cleaning necessary and possible, and the effect products may have on the surfaces they come into contact with.

- **Detergents** – these are acid or alkaline chemicals which dissolve and remove grease. Soaps and washing creams are examples of common detergents which are relatively safe to use.
- **Disinfectants** – disinfection reduces bacteria to a safe level. One of the best disinfectants is water above 82°C, so utensils and equipment can be washed effectively in a dishwasher or using the double sink method where they are first cleaned with water and detergent, then disinfected with a hot water rinse. Larger items that cannot be put in a sink may require a chemical disinfectant.
- **Chemical disinfectants** should meet the required standards as set out by the food standards agency. Look for the following identifications:  
**BSEN1276 1997**  
**BSEN13697 2001**

Always check your workplace policies and procedures to determine what methods and products you should use.

***Do not mix cleaning agents – this could result in a serious accident.***





## General cleaning procedure:

- Remove loose dirt and debris.
- Use a detergent and brush or cloth to remove grease and dirt.
- Rinse away detergent and dirt.
- Disinfect.
- If a chemical disinfectant has been used rinse again.
- Dry – either air dry or use disposable cloths.

If you are caring for a client with a serious, highly contagious, illness it may be necessary for them to have their own set of cutlery and crockery. If this is the case it should be kept separate from other items but normal cleaning methods should be adequate unless you are advised otherwise.

*As long as a reasonable standard of cleanliness is maintained it is perfectly acceptable for your clients to be responsible for cleaning their own rooms; this will have the following advantages:*

- *Encourages independence.*
- *Gives a sense of purpose.*
- *Maintains the privacy of their personal space.*

*The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance. Published by Department of Health.*

## Dealing with spillages

Spillages are highly unpredictable and can happen at any time and in any area within the care home environment. All spillages of blood or body fluid should be considered as potentially infectious and infection control policies and procedures followed. All staff in the home should be trained to clean a spillage of blood and body fluid immediately on discovering it.

**When a spillage occurs carry out an assessment to include:**

- The content of the spillage – does it contain blood urine, vomit or faeces?
- The size of the spillage.
- Where and on what the spillage has occurred.

Personal protective equipment should be worn such as disposable gloves and apron to prevent skin or contamination of clothing. Follow your workplace policies and procedures for dealing with spillages using the correct colour coded equipment and discarding waste appropriately as per procedures.

In some workplaces you may use disposable body fluid spillage kits.



## Waste disposal

All waste must be disposed of appropriately in accordance with local regulations. General waste such as food, waste paper etc should be treated as domestic waste and placed in outside sealed bins for collection. Special requirements are as follows:

Clinical waste (soiled dressings, used incontinence pads etc) should be placed in yellow plastic bags and will be collected by the council separately to domestic waste.

Incinerators may be used to dispose of waste on the premises; they must comply with emissions regulations. If you have a macerator it can only be used to dispose of incontinence pads and disposable commode pots.

Sharps such as syringes and lancets must be placed in a special sealed bin. If you have clients with insulin controlled diabetes they should have a sharps bin in their own room – bins must be replaced before they are full to avoid overflow and injury.

## Laundry

Your workplace should have clear policies on the treatment of different types of laundry, appropriate colour coded containers should be used to ensure separation of laundry requiring special care. The chart below shows how laundry may be categorised and dealt with.

CATEGORY	DESCRIPTION	LAUNDERING REQUIREMENTS
Soiled linen and clothing.	Linen that is not contaminated with urine, faeces, blood, vomit, sputum or any other bodily fluid or debris.	● Launder at 60°C or as per care label.
Foul or infected linen and clothing.	Linen that is contaminated by bodily secretions or faeces, or from a person with	● Wear gloves and apron. ● Remove solid waste into the toilet. ● Launder at 70°C.
Heat sensitive fabrics.	Soiled or fouled linen that cannot be washed.	● Dry clean or if fouled, disposal may be necessary.

Laundry should be separated according to whether soiling is normal or heavy, special bags are now available that dissolve in the washing machine so that staff can keep actual contact with soiled bedding and clothing to a minimum. Heavily soiled items should be washed at as high a temperature as possible to ensure that maximum numbers of bacteria etc are destroyed.

Staff who come into contact with soiled laundry must wash their hands immediately after dealing with it and may wear protective equipment (e.g. gloves/aprons) when dealing with the bedding of infected individuals. When sorting laundry it should be immediately placed into the relevant bags to avoid contact with the floor and other surfaces and to ensure minimal handling in the laundry area. If required a separate area should be available for dealing with soiled linen in the laundry so that it does not come into contact with general laundry.



## Handling sharps

**When handling sharps remember the following:**

- Handle as little as possible.
- Dispose of immediately in a sharps box.
- Do not hand to anyone.
- Do not re-cap before disposal.

## Sharps containers

- Must not be used for any other purpose.
- Must not be filled above the fill line.
- Must be disposed of when the fill line has been reached or every three months in line with your local authority policy.

If you do get a sharps injury flush the wound with water immediately while encouraging it to bleed, this will help to remove any contaminants. Report the incident and seek medical advice immediately.



## Immunisation

Managers should have immunisation records for both clients and staff and should follow local guidelines and risk assess activities to decide whether individuals need to be immunised against specific diseases.

**How should clinical waste be disposed of?**

**Why is it important for you to be aware of your employer's policies and procedures regarding infection control?**

**What should you remember when handling sharps?**

# Unit Four

## Factors increasing the likelihood of infection

### Poor diet

#### Leads to:

- Poor skin condition – the skin becomes more likely to tear, broken skin can easily become infected.
- Weight gain – fungal infections thrive in damp folds of skin. Severe obesity can also reduce mobility meaning that the client needs more personal care which increases the risk of infection being passed to the client from staff members.
- Weight loss – very underweight (emaciated) clients are at increased risk of skin damage as their bones are nearer to the surface of the skin.
- Reduced immune system – all functions of the body rely on adequate nutrition to work properly; under nourished individuals are more likely to pick up infections and may suffer from worse effects.

#### A balanced diet for your clients should include:

- Carbohydrates - starches and sugars found in bread, pasta, rice, potatoes, vegetables, fruit etc.
- Protein - meats, dairy products, fish, pulses etc.
- Fats - dairy products, meats, fish, nuts, avocados etc.
- Fibre - cereals, grains, pulses, vegetables etc.
- A range of vitamins and minerals.
- Fluids – water, fruit juice, milk and alcohol in moderation.

### Feeding

Clients who need help to eat are at greater risk of infection due to the increased contact with others. To reduce this risk make sure that both you and the client have washed your hands. Wear appropriate personal protective equipment such as an apron, which can be changed between clients, and make sure each client has their own utensils.



### Enteral feeding

**An increasing number of people requiring care are now being tube fed. To reduce risk the following procedures should be followed:**

- Wherever possible use pre packaged, ready to use feed.
- Ensure the feeding system used is compatible with the clients tube.
- Ensure thorough hand washing is carried out before preparation or administration of feed is carried out.

### Preparation of feed

Where ready to use feeds are not available, a separate preparation area should be available and equipment used should be for enteral feeding use only. Feeds should be mixed with cooled boiled water or sterile water in accordance with the feed instructions and any instructions specified in the clients care plan. The feed can usually be made up in advance if used within 24 hours. Check the feed instructions to clarify this.



## Administering feeds

When administering feed, use minimal handling and an aseptic technique, see below. Check the instructions and clients care plan for times over which the feed should be administered. Feed that you have prepared should be administered over a four hour maximum period. Pre packaged or ready to use feeds can usually be administered over a longer period of time. All equipment used for administering feed should be used only once and be discarded after use.

## Feeding tubes

Feeding tubes should be flushed with water after use. If the client is at high risk of infection because of immune issues etc. boiled or sterile water must be used.

### *Aseptic non touch technique:*

- *Wash hands thoroughly.*
- *Avoid touching key parts ie the parts that come into direct contact with the person or the food, like the open end of the tube.*
- *Handle non key parts (such as the outside of the tube) confidently.*
- *Staff should have practical training before carrying out tube feeding.*

## Food hygiene

Food poisoning outbreaks are a regular occurrence in hospitals and residential homes due to the need to prepare foods in bulk and the fact that most clients are in 'at risk' groups due to increased age and/or existing illness. To prevent food poisoning it is essential to follow the rules for good food hygiene. The following notes cover some of the main points for consideration but if you are directly involved in the handling of foods further training and information will be necessary.

## Important hygiene points

1. Wash your hands: before starting in the kitchen, after handling raw foods, before handling cooked foods, after going to the toilet or handling rubbish.
2. Store foods properly – keep raw foods below cooked foods in fridges. Cover all foods.
3. Clean as you go – do not prepare raw and cooked foods on the same surface. Colour coded boards are an ideal solution if appropriate.
4. Help to maintain a clean kitchen to prevent pests.
5. Serve foods as soon as they are cooked, if you must keep them warm ensure their temperature stays above 63°C. Doing this will result in deterioration of foods' nutritional content.
6. Reheat foods thoroughly (above 82°C). Never reheat more than once.
7. Date mark all foods and inspect regularly for signs of spoilage and infestation. Dispose of damaged foods.
8. Check deliveries on arrival to ensure quality.
9. Ensure proper temperature control when chilling, freezing and cooking foods.
10. Defrost all foods thoroughly and use as soon as possible – never use hot water to defrost.



## Lack of mobility

Clients with reduced mobility are at greater risk as their immune system is likely to be weaker due to lack of exercise, they may develop pressure sores if they are left in one position for long periods of time and they have increased physical contact with members of staff.

To reduce the risks involved you must ensure that you pay special attention to your own personal hygiene prior to any physical contact, clients who are unable to change position in a chair or bed should have a plan in place to be moved regularly and care should be taken to ensure that clothes, bedding etc are as wrinkle free as possible and are preferably made of natural fibres.

## Incontinence

Due to the increased risk of infection associated with incontinence an important part of your job role will be promoting continence. All clients should be encouraged to drink plenty of fluids.

*Many people worry that if they drink too much they will become incontinent, in fact adequate fluid intake is an important part of ensuring continence as a full bladder will send 'early warning' signals to the brain allowing the person time to get to a toilet before the need to urinate becomes urgent.*

When soiling of clothing and/or bedding occurs your priority must be to ensure the dignity of the client and deal with the incident with as little fuss as possible.

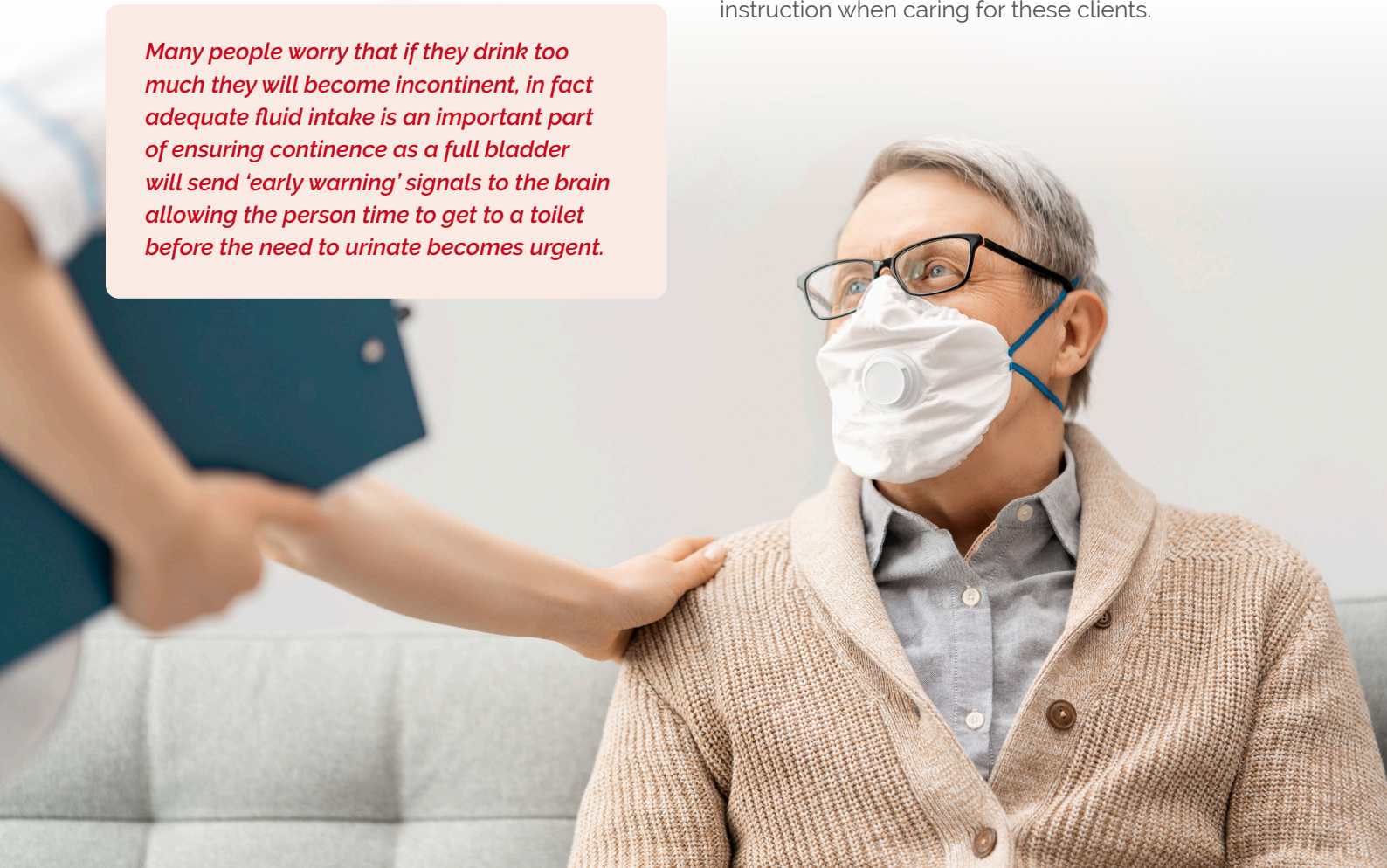
Clothing and bedding must be laundered appropriately and the client washed and dried to avoid fungal infection.

If incontinence pads are used they must be changed when soiled and disposed of immediately according to appropriate procedures for potentially infected waste.

Remember that whenever you handle soiled linen or carry out personal care you must wash your hands thoroughly before you do anything else.

If clients are catheterised extra care must be taken when providing personal care to avoid skin damage at the point of attachment as this may lead to infection.

The entry site should be carefully washed, rinsed and dried twice a day. Look out for signs of infection around the site and for any changes in the colour of the urine. Staff should have relevant training and instruction when caring for these clients.







## Medication

Appropriate policies must exist within your workplace for the care and administration of medications. Staff members supporting clients to take medicines/applying creams, etc must ensure good personal hygiene, hands must be washed before and after. Protective clothing such as gloves and aprons may be worn.

Non disposable equipment must be thoroughly cleaned after each use even if it is only used for one particular client as it is possible to transfer infection from one part of the body to another.

You should be aware that steroid creams cause thinning of the skin so users become more at risk of skin damage which leads to a higher likelihood of infection. Always wear gloves when applying steroid creams as repeated contact will have the same effect on you.

## Room sharing

**Clients who share rooms are likely to share infections as well. This is because they:**

- Breathe the same air – coughs/sneezes etc spread infection.
- Share the facilities – wash basins, toilets etc.
- May use each other's personal items such as face cloths, towels and toothbrushes.

Clients should have the risks of cross infection explained to them in simple terms. They should be encouraged to keep their belongings separate and to give consideration to their roommate when suffering from coughs/colds etc.

## Patient handling

**Any physical contact with a client increases the likelihood of cross infection. To reduce the risks you must:**

- Wash your hands before and after assisting your client.
- Take your time to carry out the task – if you rush you risk causing friction damage to the skin and/or causing accidents.
- Take care not to scratch your client – nails should be kept short and jewellery should not be worn.
- Avoid disturbing attachments such as catheters.

# Unit Five

## Special requirements

### Barrier nursing

Barrier nursing involves setting up physical barriers between infectious individuals and the rest

of the world. In your workplace this can be done by preventing access to the infected resident's room, all items within their room must be considered to be contaminated. Some items such as bed linen may need to be destroyed once the illness has been treated, everything else must be thoroughly cleaned.

### Reverse barrier nursing

Reverse barrier nursing takes the same precautions as barrier nursing but uses them to protect the individual from everyone else. Clients will only need to be treated in this way if infections present a severe risk to them, for example if they have been badly burned or if they are receiving treatment for cancer and their immunity is reduced.

*Clients who are being cared for using barrier or reverse barrier techniques must be given an explanation of the procedures being used and the reasons for using them. Steps should be taken to ensure the client's dignity throughout and to prevent feelings of isolation.*

## MRSA

Methicillin Resistant Staphylococcus Aureus (MRSA) is an antibiotic resistant strain of the bacteria Staphylococcus Aureus that appeared soon after the introduction of penicillin. Outbreaks have been occurring in British hospitals since the 1980's and these are still the most likely places to pick up the disease.

Staphylococcus Aureus is carried on the skin and/or in the nasal passages of 20 - 30% of normal healthy people without ill effect. It lives in the nasal passages but airborne transmission is rare and it is normally transferred on the hands of carers, nurses and other medical staff.

Some people are colonised with MRSA without showing any signs of ill health. Treatment may be given for this to prevent the spread of infection, however, this may be ineffective and could help the bacteria to develop resistance to more antibiotics. If signs of inflammation and fever are present then the individual is infected and must receive treatment.

Research indicates that healthy staff, clients and visitors are not at risk from MRSA and that social contact with infected individuals should be continued; infected clients should not share

bedrooms but complete isolation is not necessary. Aseptic techniques must be used when dressing the wounds of clients with MRSA. If the same staff member has to dress other people's wounds as well they should leave the infected client until last. Disposable gloves must be worn when dressing/cleaning the client's wounds but are not necessary for other methods of contact. Cuts and breaks in staff members' skin should be covered with a waterproof dressing to prevent them becoming infected.

The most effective way of preventing the spread of MRSA is to observe good hand washing practice. As the bacteria survives in dust, infected clients' rooms should be damp dusted regularly to avoid dispersal in the air.



## HIV/AIDS

HIV, the virus which causes AIDS, can affect anybody. An individual infected with HIV will not necessarily be suffering from AIDS and may look and feel perfectly healthy. HIV is not easily transmitted, it is transferred through sexual contact and significant contact with fresh bodily fluids by, for example, sharing needles.

As HIV is not transferred by touching, sharing crockery or using the same facilities it is not a reason to refuse to work with someone or to care for someone. Normal precautions for preventing the spread of infection apply.

## Foot care

Clients' care plans should include details of their foot care requirements, what creams they need etc. Feet should be checked for signs of blisters, sores, corns, and fungal infections. They must be washed and dried thoroughly and socks/hosiery should be changed daily.



## Oral hygiene

Poor oral hygiene leads to cavities and gum disease which in turn cause loss of teeth, pain, discomfort and difficulty eating. Teeth should be brushed at least twice a day and preferably after each meal. Attention should also be given to gums and tongue.



Dentures should be thoroughly cleaned morning and evening as identified by the dentist fitting them. There are different types of dentures, ie. some of them are designed to be worn all of the time, while others may have metal in them, so the method of cleaning and/or storage may be different. As the client's mouth changes the dentures may become ill fitting, this may result in sores and an increased risk of infection so the fit must be checked regularly.

Clients should be encouraged to use water to rinse their mouths after eating and to chew sugar free gum to encourage the production of saliva. After feeding clients check for and remove any debris from their mouths or tongue.

**If you see any of the following refer your client to a doctor:**

- Red, swollen or bleeding gums.
- Oral thrush/thrush under dentures (denture stomatitis).
- Swelling, irritation or ulceration of the lining of the mouth or throat (mucositis).
- Unusual swelling.
- Red/white patches.
- Pain/discomfort.
- Persistent ulceration.
- Infection.

## Respecting clients' feelings

Clients with infection may feel particularly vulnerable. They could feel 'unclean' or even rejected; this will be made worse if they feel that they can only be touched by people wearing disposable gloves and masks.

You must reassure your clients when they are in this situation and be sensitive to their feelings and needs. Avoid wearing gloves, masks etc unless it is necessary for the situation. When you do explain your reasons to clients and emphasise that precautions are also for their benefit as you are reducing the risks of infecting them.

**What is the best way to prevent the spread of MRSA?**

## Patient's risk assessment

*All clients should be assessed for vulnerability to infections on moving into a home and at regular intervals afterwards. The following Infection Risk Assessment is an example of how this might be done; the lower the score, the lower the risk.*





# Infection risk assessment

Note: The higher the score, the greater the risk of resident/patient developing infections.

---

## Age of resident

74 – 84	= 1	<input type="checkbox"/>
85+	= 2	<input type="checkbox"/>

---

## Nutritional status

Normal	= 0	<input type="checkbox"/>
Obese	= 1	<input type="checkbox"/>
Thin	= 2	<input type="checkbox"/>
Emaciated	= 3	<input type="checkbox"/>
Feeds self	= 0	<input type="checkbox"/>
Poor appetite	= 1	<input type="checkbox"/>
Dependent on staff	= 2	<input type="checkbox"/>

---

## Continence status

Continent	= 0	<input type="checkbox"/>
Urinary incontinence	= 1	<input type="checkbox"/>
Urinary sheath	= 2	<input type="checkbox"/>
Urinary catheter	= 3	<input type="checkbox"/>
Faecally incontinent	= 4	<input type="checkbox"/>

## Skin integrity

Intact	= 0	<input type="text"/>
Skin Ulcer (dependent on the depth and size)	= 1 - 4	<input type="text"/>
Pressure sore (dependent on the depth and	= 1 - 4	<input type="text"/>

---

## Sharing a room

Sharing a room	= 1	<input type="text"/>
With catheterised resident/patient	= 2	<input type="text"/>
Sharing with faecally incontinent resident/patient	= 2	<input type="text"/>
Sharing with patient with skin lesion	= 2	<input type="text"/>

---

## Mobility

Mobile	= 0	<input type="text"/>
Mobile with help	= 1	<input type="text"/>
Wheelchair bound	= 2	<input type="text"/>
Immobile	= 3	<input type="text"/>
Bedfast	= 4	<input type="text"/>

---

## Smoking

No	= 0	<input type="text"/>
Yes	= 2	<input type="text"/>

---

## Total score

=

You may wish to take into consideration other factors with particular clients that are not the norm  
e.g. amputee, stoma.

# Thank you

Thank you for downloading our Infection Control course. Training in this topic will give your staff greater competency and make them more efficient at their role.

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