

SHANNON COURT CARE HOME LTD.	Issue Date: April 2019	Reviewed Jan 2024
	Next Review: 01/26	
INFECTION CONTROL POLICY		

This policy is adjacent to the [Outbreak policy](#) and [Sharps policy](#)

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and service users. All of the staff working at Shannon Court 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 well contain pathogens that can be spread if staff do not take adequate precautions.

Policy Statement

Shannon Court believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

Shannon Court adheres fully to **Outcome 8:** of the **Essential standards of quality and safety: Cleanliness and infection control** and **Regulation 12:** of the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010**, which relates to the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection.

Aim basic principles of infection control. The aim of Shannon Court is to prevent the spread of infection amongst staff, service users and the local community.

Goals

The goals of Shannon Court are to ensure that:

- (a) Service users, their families and staff are as safe as possible from acquiring infections through work-based activities
- (b) All staff at Shannon Court are aware of and put into operation basic principles of infection control

Shannon Court will adhere to infection control legislation:

- (a) The **Health and Safety at Work Act, etc 1974** and the **Public Health Infectious Diseases Regulations 1988**, which place a duty on Shannon Court to prevent the spread of infection
- (b) The **Reporting of Incidents, Diseases and Dangerous Occurrences**

Regulations 1995, which places a duty on Shannon Court to report outbreaks of certain diseases as well as accidents such as needle stick accidents.

- (c) The **Control of Substances Hazardous to Health Regulations 2002 (COSHH)**,
Registered Office: 5 Eclipse House, Somerset Place Lane, Stoke, Plymouth, PL3 4BH

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which place a duty on Shannon Court to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly.

(d) The **Environmental Protection Act 1990**, which makes it the responsibility of Shannon Court to dispose of clinical waste safely.

(e) The **Food Safety Act 1990**. ensure that all food prepared in the Home for service users is prepared, cooked, stored and presented in accordance with the high standards required by the **Food Safety Act 1990** and the **Food Hygiene (England) Regulations 2005**.

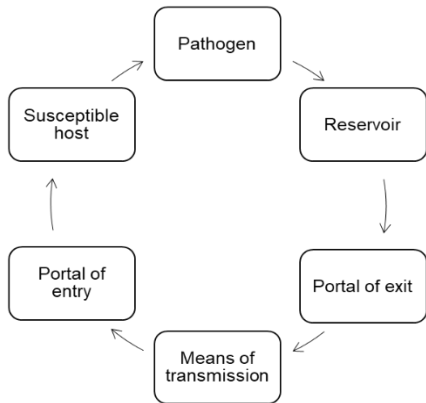
Infection Control Procedures

At Shannon Court, all staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice

The management of Shannon Court will make every effort to ensure that staff working in the Home have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques

Any staff who do not feel that they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform their line manager or supervisor

The chain of infection contains 6 links. There are opportunities to break the chain at any link, and the more links that are broken the greater the protection.



INFECTION CONTROL POLICY**Link****Example of breaking the chain**

Pathogen

Completing prescribed course of antibiotics reduces the opportunity for the pathogen to become resistant to treatment.

Reservoir

Regular cleaning or decontamination requirements will reduce the number of pathogens present in the environment and on equipment.

Isolation or distancing, keeping away from others when infectious, reduces the opportunity for the pathogen to find a new host (reservoir).

Portal of exit

Covering nose and mouth when coughing or sneezing reduces the chances of spread of respiratory infections.

Having dedicated toilet facilities and access to vomit bowls reduces the chances of spread of gastrointestinal infections.

Means of transmission

Hand hygiene removes many pathogens and stops them moving between people.

Ventilation can help dilute certain pathogens such as viruses which cause respiratory illness.

Portal of entry

Fluid repellent surgical face masks and eye protection reduce the risks of pathogens entering the body through mucus membranes.

Ensure any wounds are covered and only use indwelling devices, such as catheters, when absolutely necessary.

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Link **Example of breaking the chain**

Susceptible host Vaccination helps fight off infection and prevent disease, illness and death.

Effective Hand Washing

Shannon Court believes that the majority of cross-infection in a care environment is caused by unwashed or poorly washed hands which provide an effective transfer route for micro-organisms.

Shannon Court believes that regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases.

Staff who fail to adequately wash and dry their hands before and after contact with service users may transfer micro-organisms from one service user to another and may expose themselves, service users and the public to infection.

At Shannon Court:

All staff should, at all times, observe high standards of hygiene to protect themselves and their service users from the unnecessary spread of infection

Moments for hand hygiene posters all place in relevant places around the home.

All staff should ensure that their hands are thoroughly washed and dried:

- Between seeing each and every service user where direct contact is involved, no matter how minor the contact
 - After handling any body fluids or waste or soiled items
 - After handling specimens
 - After using the toilet
 - Before handling foodstuffs
 - After smoking
 - Before and after any care or clinical activity
 - Before and after handling medications
 - After removal of PPE
- Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels (whenever possible)
 - All cuts or abrasions, particularly on the hands, should be covered with waterproof

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dressings at all times

- Ordinary soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels
- The use of antiseptic or antimicrobial preparations is recommended if service users are known to have an infectious disease or are colonised with antibiotic-resistant bacteria, such as Methicillin Resistant Staphylococcus Aureus (MRSA)
- Antiseptic hand washing solutions may also be used in situations where effective hand washing is not possible
- The use of alcoholic products 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 or to provide an alternative means of hand decontamination in situations where standard facilities are unavailable or unacceptable (for example between service users or in unsanitary conditions)
- To be effective hands should be thoroughly washed before the use of an alcoholic rub and again after the procedure or resident contact has ended.
- Alcohol-based handrubs must have a minimum alcohol concentration of 60% and conform to the British Standard BS EN 1500:2013. Alcohol-based hand rubs are harmful if swallowed and are flammable so their use must be risk assessed.
- be 'bare below the elbows' when carrying out personal care. This means:
 - having short sleeves or sleeves securely rolled up above the elbow
 - removing hand and wrist jewellery
- one plain metal ring may be worn – this should be moved slightly during hand washing to enable cleaning under the ring
- bangles worn for religious reasons should be secured higher up the arm to enable cleaning of the hands and wrists
- have clean, short, fingernails which are free from nail products including artificial nails
- cover cuts or abrasions with a waterproof dressing
- locate hand hygiene facilities as close to the point of delivery of care as possible or consider the use of personal alcohol-based handrubs
- if you cannot wash your hands properly, use alcohol-based handrub following handwashing
- where there is difficulty accessing running water for handwashing, use hand wipes followed by an alcohol-based handrub. However, there is limited evidence for this and hand washing with soap and water should be performed at the first available opportunity

Correct Hand Washing Technique

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Removing all dirt and contaminants from the skin is extremely important. Hands and other soiled parts of the body should be cleaned at least at the end of each work period, prior to breaks, or when visiting the toilet.

- The correct method of cleaning is also important. Developing a good hand washing technique is imperative to ensure hands are thoroughly clean. Particular attention should be paid to the backs of the hands and fingertips as these are frequently missed.
- It is usual to wet hands before dispensing a dose of soap into a cupped hand, however for heavily soiled hands it is advisable to apply the appropriate specialist hand cleanser directly to the skin before wetting. In all cases, it is important to follow the manufacturer's recommended instructions.

Rub palm to palm

Rub palm over back of hand, fingers interlaced

Palm to palm, fingers interlaced

Fingers interlocked into palms

Rotational rubbing of thumb clasped into palm

Rotational rubbing of clasped fingers into palm

Respiratory and cough hygiene

Good respiratory hygiene reduces the transmission of respiratory infections. Being alert to people with respiratory symptoms is important as this may indicate infection.

To help reduce the spread of infection:

- cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose – if unavailable use the crook of the arm to catch a sneeze or a cough
- ensure a supply of tissues is in reach of the person or those providing care
- dispose of all used tissues promptly into a waste bin, which should be provided
- clean hands after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- keep contaminated hands away from the eyes, nose and mouth
- support people who need help with respiratory hygiene where necessary

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The Use of Protective Clothing

- Adequate and suitable personal protective equipment **MUST** be provided by Shannon Court.
- All staff who are at risk of coming into direct contact with body fluids or who are performing personal care tasks should use disposable gloves and disposable aprons.
- Assess the use of PPE considering the likelihood of exposure to blood, body fluids, secretions or excretions, risks associated with the procedure and risk of transmission of pathogens to the worker.
- PPE should always be used when assessed as necessary to reduce the risk of transmission of pathogens and other risks associated with care tasks. PPE is the last element of the hierarchy of controls and used only when all other controls are considered insufficient to manage the risk of infection.
- If it is not removed at the right time PPE can spread infection between people and wearing unnecessary PPE impacts on worker comfort, increases costs, and has adverse environmental impacts. The use of PPE should therefore be based on a risk assessment approach. When unsure what PPE is suitable in certain situations, advice can be sought from regional IPC teams.
- Store PPE close to the point of use, if possible, and in a clean, dry and covered container or dispenser. When determining where to store PPE, take into account practicality and ease of use, as well as the safety of the people you are caring for. This may include storing PPE in lidded containers or dispensers. PPE should never be stored on the floor. For workers supporting people in their own home, arrangements may include storing in a dry, clean area protected from dust – for example, in sealed containers in the person’s home (with their permission and if safe to do so) or in sealed containers in the worker’s vehicle.
- PPE is single use unless identified as reusable by the manufacturer, in which case it is important the instructions for decontamination are understood and followed.
- Perform hand hygiene before putting on and after taking off PPE.
- Change PPE if damaged or contaminated following the correct order for putting on and taking off (donning and doffing). All used PPE must be appropriately disposed of following local procedures for disposal of infectious waste.

Gloves

In assessing the need for gloves and the selecting the type of glove, consider the risks to the person and the worker. For example, polythene gloves should not be used for personal care or where there is a risk of exposure to body fluids.

The assessment should include:

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- who is at risk, and whether sterile or non-sterile gloves are required
- what the risk is – that is, the potential for exposure to blood, body fluids, secretions or excretions
- where the risk is – that is, contact with non-intact skin or mucous membranes during general care and any invasive procedures

Gloves are not an alternative to hand hygiene, and should generally not be worn except when a specific care task requires them.

Wear gloves for care tasks involving contact with non-intact skin, or mucous membranes, and all activities where exposure to blood, body fluids secretions or excretions is anticipated – such as dressing wounds or carrying out personal care. Gloves should be worn when applying topical creams or medications which might be absorbed into the skin of the care worker applying them.

Aprons

Wear plastic disposable aprons when there is a risk that clothing may be exposed to blood, body fluids, secretions or excretions. This could include activities such as personal care or handling dirty laundry.

Use plastic disposable aprons for one procedure or one episode of care. Gowns should be worn where there is a risk of extensive splashing of body fluids and aprons would provide insufficient cover.

Dispose of aprons when contaminated, after the completion of the care activity and between care of different people.

Face masks

Type IIR fluid-repellent surgical masks protect the wearer by providing a fluid repellent barrier between the wearer and the environment. They provide additional protection from respiratory droplets.

Consider wearing fluid-repellent type IIR masks where there is a risk of splashing of blood or body fluids into the worker's nose or mouth. These should be well-fitting and cover the nose, mouth and chin and should not be touched when worn. Type IIR masks should be worn when carrying out aerosol-generating procedures (AGPs).

Fluid-resistant type IIR masks should not be worn for longer than 4 hours. They must be disposed of after the episode of care is completed, when damaged or when the mask becomes moist. Care workers should move to a safe area to remove the mask. For additional advice on the use of masks specific to acute respiratory infections, including COVID-19, see the [acute respiratory infection](#) guidance.

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Eye protection

Consider wearing eye protection such as goggles or visors where there is a risk of blood or body fluids splashing into the worker's eyes. Do not touch the eye protection when wearing. Decontaminate reusable eye protection in accordance with manufacturer's instructions and store safely.

Regular spectacles do not provide sufficient protection. Visors may offer greater comfort for those who wear spectacles.

The Handling and Disposal of Clinical and Soiled Waste ([for more information, please read the Waste Management Policy](#))

There are several types of waste including recycling, household, offensive or hygiene, infectious, sharps and medicines. Where any doubt exists as to the classification of waste, the local authority or the Environment Agency should be consulted.

- All clinical waste should be disposed of in sealed yellow plastic sacks.
- Non-clinical waste should be disposed of in normal black plastic bags.
- When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged.
- Staff should alert their supervisor if they are running out of yellow sacks, or any protective equipment.
- hands should be cleaned after handling waste
- waste bins should be foot operated, lidded and lined with a disposable plastic waste bag
- collection of waste from Shannon Courtis by a licensed waste contractor

Black – general or household waste.

Yellow with black stripe – offensive waste.

Orange – infectious waste.

Yellow – infectious waste contaminated with medicines and/or chemicals.

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Cleaning of the home and Procedures for the Cleaning of Spillages

- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- A Spillage box is available and instructions must be followed
- When cleaning up a spillage, staff should wear protective gloves and aprons provided.
- Mops are not to be left in water in mop buckets, they should be clean and hung in the appropriate mop holders where possible. Once used the mop should be disposed of and the house manager to be made aware to replace where needed.

Colour codes for mops



A Cleaning Schedule must be devised to determine the frequencies of cleaning areas of the home

When cleaning the home, the below standards are expected within the home:

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Close contact

Commodes	All parts including underneath should be visibly clean with no blood and body substances, dust, dirt, debris or spillages.
Hoists, weighing scales, manual handling equipment	As above
Medical equipment and associated stands, e.g. nebulisers, glucose monitors, feed pumps, drip stands, oxygen cylinders and stands	As above
Washbowls	Washbowls should be decontaminated appropriately if shared between residents and should be stored clean, dry and inverted. Badly scratched bowls should be replaced.
Fans	All parts including the blades/fins and the underside should be visibly clean with no blood and body substances, dust, dirt, debris or spillages
Drugs trolley	All parts including underneath and inside of the notes trolley should be visibly clean with no blood and body substances, dust, dirt, debris or spillages
Service user personal items e.g. ornaments, pictures, mirrors, books, cards, clothing (including shared mirrors and pictures in common areas)	Items should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Loose items such as clothing should be stored away in wardrobes. Mirrors should be visibly clean and smear-free with no blood and body substances, dust, dirt, debris, adhesive tape or spillages
Linen trolley, personal laundry bags, washing machine	All parts including underneath of the linen trolley should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Bags should be laundered between uses and be free of blood and bodily substances, dirt, dust, debris, spillages and stains. The washing machine should be free of lint build up, and all parts, including underneath, rims and edges, should be visibly clean with no blood and body substances, dust, dirt, debris or spillages

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Fixed assets

Switches, sockets and data points	All wall fixtures e.g. switches, sockets and data points should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
Walls and ceilings, including ventilation grilles	All wall and ceiling surfaces including skirting should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. The external part of the ventilation grille should be visibly clean with no blood and body substances, dust, dirt, debris or cobwebs
Doors and internal glazing, including glass door panels and partitions	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape or spillages. All internal glazed surfaces should be visibly clean and smear-free with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. They should have a uniform shiny appearance. Door handles and push plates should be visibly clean and free of blood or body substances, dust, dirt, debris, adhesive tape or spillages
All external glazing	All external glazed surfaces should be clean.
Radiators	All part of the radiator (including between panels) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.

Floors

Floor - hard	The complete floor including all edges, corners and main floor spaces should be visibly clean with no blood and body substances, dust, dirt, debris, spillages or scuff marks.
Floor - soft	The complete floor including all edges and corners should be visibly clean with no blood and body substances, dust, dirt, debris or spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks.

Other Assets

Electrical items, e.g. television sets, radios, computers, kettles, telephones	The casing of electrical items should be visibly clean with no blood and body substances, dust, dirt, debris or adhesive tape. Leads and cables should be visibly clean with no blood and body substances, dust, dirt, debris or adhesive tape
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Cleaning equipment

Cleaning equipment should be visibly clean with no blood and body substances, dust, dirt, debris or moisture.

Furnishings and fixtures

High and Low surfaces	All surfaces should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
Chairs, including wheelchairs	All parts of the chair should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages. Moving parts should be free of large accumulations of lubricant, and metal components should be free of rust
Beds	All parts of the bed (including mattress, bed frame, wheels and castors) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages.
Tables and other furniture	All parts of the furniture (including wheels, castors and underneath) should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape, stains or spillages.
Hand wash containers, paper towel holders and alcohol rub dispensers	All part of the surfaces of hand wash and paper towel containers, should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. All part of the surfaces of hand hygiene alcohol rub dispensers should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. Dispensers should be kept stocked
Waste receptacles	The waste receptacle should be visibly clean including lid and pedal with no blood and body substances, dust, dirt, debris, stains or spillages. Receptacles should not be overflowing with refuse.
Curtains and blinds, including net curtains	Curtains, blinds and nets should be visibly clean with no blood and body substances, dust, dirt, debris, stains or spillages

Toilets, sinks, wash hand basins and bathroom fixtures

Showers, baths and sinks	The shower, and any fittings, e.g. wall-attached shower chair, should be visibly clean with no blood and body substances, scum, dust, lime scale, stains, deposit or smears. The sink and wall-attached dispensers should be visibly clean with no blood and body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes
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	and overflow should be free from build-up. The bath should be visibly clean with no blood and body substances, dust, dirt, debris, lime scale, stains or spillages. Plugholes and overflow should be free from build-up
Toilets and bidets	The toilet and bidet should be visibly clean with no blood and body substances, scum, dust, lime scale, stains, deposit or smears.
Replenishment	There should be plenty of all consumables and soap in all dispensers
Flower vases, including artificial floral displays	All surfaces, including undersides, should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. Vases should be free of green staining, and water should smell fresh
Pet bedding, baskets, cages, litter and feeding bowls	All surfaces, including undersides, should be visibly clean with no blood and body substances, dust, dirt, debris, adhesive tape or spillages. There should be no build-up of fur, feathers or food. Litter trays should be supplied with fresh unused litter.

Risk Categories

Category 1 - Low - Elements with which service users and the public have little or no direct contact and which are unlikely to act as reservoirs of infection (may include e.g. mirrors, internal glass, fridges, microwaves).

Category 2 - Medium - Elements with which service users and the public normally have a moderate degree of direct contact and which are unlikely to act as reservoirs of infection (may include e.g. high and low surfaces, chairs, curtains).

Category 3 - High - Elements with which service users and the public have extensive and frequent contact or which are certain to act as reservoirs of infection (may include e.g. toilets, commodes, medical equipment attached to a patient).

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The Handling and Storage of Specimens further information is contained in the outbreak policy

- Specimens should only be collected if ordered by a GP.
- All specimens should be treated with equally high levels of caution.
- Specimens should be labelled clearly and packed into self-sealing bags before being taken to the doctors.
- Non-sterile gloves should be worn when handling the specimen containers and hands should be washed afterwards.

The Disposal of Sharps (e.g. Used Needles) see sharps policy for further information

- Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
- Sharps should never be disposed of in ordinary or clinical waste bags.
- Staff should never re-sheath needles.
- Boxes should never be overfilled.
- When full, boxes should be sealed, marked as hazardous waste and clearly labelled with the home's details.
- Staff should never attempt to force sharps wastes into an over-filled box.

Pooling of Personal Equipment & Toiletries

The practice of using personal toiletries or hair brushes on anyone other than that individual is not allowed.

Any personal items e.g hairbrushes, shampoo must not be shared and must be kept in an agreed location for individual use only.

The regulation in full (12)

1. Care and treatment must be provided in a safe way for service users.
2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—
 - a. assessing the risks to the health and safety of service users of receiving the care or treatment;
 - b. doing all that is reasonably practicable to mitigate any such risks;
 - c. ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;
 - d. ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;
 - e. ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;
 - f. where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;
 - g. the proper and safe management of medicines;

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- h. assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated;
- i. where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

Used, filled boxes should be sealed and stored securely until collected for incineration according to individual arrangements. In the event of an injury with a potentially contaminated needle staff should:

- Wash the area immediately and encourage bleeding if the skin is broken
- Report the injury to their line manager immediately and ensure that an incident form is filled in
- Make an urgent appointment to see a GP or, if none are available Accident and Emergency.

Food Hygiene

- All staff should adhere to Shannon Court's [food hygiene policy](#) and ensure that all food prepared in the Home is prepared, cooked, stored and presented in accordance with the high standards required by the **Food Safety Act 1990** and the **Food Hygiene (England) Regulations 2005**.
- Any member of staff who becomes ill while handling food should report at once to his or her line manager or supervisor.
- Staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.

Reporting

The **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995** (RIDDOR) oblige Shannon Court to report the outbreak of notifiable diseases to the HSE.

Notifiable diseases include: Covid19, 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.

Records of any such outbreak must be kept specifying dates and times and a completed disease report form must be sent to the HSE.

In the event of an incident, The Registered Manager is responsible for informing the HSE.

Training

Infection control training is Mandatory and must be completed within the first 2 weeks of employment and renewed every 3 years.

This policy was completed following the guidelines:

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care-national-spec>

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[ifications-for-cleaning-in-care-homes-oct-14.pdf \(gov.im\)](#)