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COMMUNICABLE INFECTIONS MANAGEMENT		

SJD Homes should consider safety first, but its staff must always ensure that houses appear homely. During outbreaks of communicable infections, service users should be managed effectively whilst maintaining the comfortable and pleasant environment that they enjoy.

The basic principles of Infection Prevention and Control (IPC) apply to client homes, the detailed approach to the management of outbreaks are a consequence of the different environment.

Guidance and information provided by the Code of Practice for the prevention and control of infection and associated guidance, issued by the Department of Health in July 2015 is the basis of our infection control policy. It is managed by the home manager and implemented by staff.

The Policy

Actions to be taken when an outbreak is suspected

Any service user with a possible infectious condition needs to be segregated from other service users.

Service users usually live in their own rooms and only share communal areas for socialising and eating. If an affected service user is sharing a room and there is a vacant room available, temporary use of that room by the affected person is encouraged unless the separation of the room-sharing service users causes distress (in which case both people should be segregated together).

If a vacant room is not available, reliance will need to be placed on rigorous IPC procedures including an increased frequency of a thorough cleaning regime.

Symptomatic service users should be advised not to attend communal areas, including shared lavatories and bathrooms, until they have recovered and been symptom-free for 48 hours.

If possible, affected service users should be provided with sole use of a designated toilet or commode until they have been free of symptoms for 48 hours.

The manager of the home should inform the GP and ensure the local health protection organisation is aware of the suspected outbreak.

Actions to be taken when an outbreak is declared

The management of an outbreak should be accessed from the local health protection organisation.

The principle of rapid IPC isolation of an affected service user in the smallest available area applies. This means asking service users to be confined to their rooms until recovered and 48hr symptom-free.

A risk assessment is carried out at the outbreak of the infection to identify specific risks in individual service users.

The home manager should contact the GP of affected service users and ensure that faeces specimens from cases are collected without delay for virus detection. Specimen containers should be ordered from GP practice or laboratory, according to local practice.

The Management of Gastro-intestinal Virus Outbreaks.

The management of service users who are infected with norovirus or other gastro-intestinal viruses should be planned following a risk assessment, which should consider continence, personal hygiene and overall health, likelihood of physical contact with other service users or their food, the facilities available and the vulnerability of other service users.

Local health protection organisations can advise on this process.

The Role of the Laboratory

As in hospitals, microbiological analysis of stool specimens associated with potential outbreaks must be available on a seven-days-a-week basis, including holidays.

Stool specimens should be submitted only on IPC advice in order to confirm an outbreak in situations where an outbreak is suspected. Testing is also useful in excluding people with diarrhoea and/or vomiting due to other causes. SJD Homes' isolation policy is followed and all aspects including cleaning are monitored throughout the outbreak.

Cleaning of the Environment

The home may present some challenges to effective outbreak-associated cleaning because of the necessity for a homely environment. When carpets and soft furnishings are purchased, consideration is given to the ability to successfully clean and decontaminate these items.

Penetrative cleaning methods such as steam should be used during outbreaks and in cleaning schedules.

Toilets and bathrooms are similarly more homely. The importance of regular, frequent cleaning of such areas (even when not shared) should be stressed. Cleaning materials and equipment are clearly labelled and specified for separate areas and tasks.

Routine, enhanced cleaning needs to be undertaken by staff who are specifically trained for the tasks.

The use of contracted cleaners will need to be covered by appropriate terms within the contract that ensure the competent cleaning of the environment during and at the end of an outbreak and contract monitoring arrangements should be included.

Cleaning equipment and materials for toilet and bathroom areas should be kept separate from those used in other areas, especially catering, at all times.

Particular attention is given to care workers who may have multiple roles which may compromise adequate IPC, both during an outbreak and at other times. In special circumstances staff may be expected to help with the feeding of service users as well as clean the environment, including lavatory areas. Meticulous application of IPC principles, including handwashing with soap and water, must be ensured through appropriate training and audit.

Handwashing Facilities

Only liquid soap should be used in communal areas. However, all staff should use only liquid soap for handwashing and this must be at frequent intervals. Staff should use paper towels for drying their hands

Laundry

The guidance by the Department of Health, HTM 01-04, also applies to the handling of laundry in care homes and these must be referred to.

All linen should be handled with care, and attention paid to the potential spread of infection. Personal protective equipment (PPE) such as plastic aprons and suitable gloves should be worn for handling contaminated clothing and linen.

Linen should be removed from a service user's bed with care and placed in an appropriate bag.

Personal clothing should also be removed with care and placed in the bag, not placed upon the floor. Linen and other laundry should not be held close to the chest to prevent contamination of the uniform (an apron should be worn).

Any segregation required prior to washing should be carried out before transport to the laundry area, negating the need for additional handling within the laundry. Staff should never empty bags of linen onto the floor to sort the linen into categories – this presents an unnecessary risk of infection.

If linen is sent to an off-site laundry, the laundrette should be made aware of its nature and written guidelines should be agreed and followed regarding its transportation and handling.

After handling linen, hands should be washed thoroughly as per the guidance found elsewhere in this document.

Monitoring and audits are carried out to ensure that the laundering of items meet the necessary decontamination requirements.

Visitors

We recognise the importance of balancing the rights and needs of service users to have visitors with the duty of care to other service users and visitors. It is important that symptomatic visitors should be discouraged from visiting until 48h symptom-free.

Asymptomatic visitors of both symptomatic and asymptomatic service users should be advised that they may be exposed to infection. Unobtrusive notices are in place around the home to inform both service users and visitors and we speak with visitors on arrival and provide information sheets or leaflets. To fail to alert any visitor to the risk of infection would be unacceptable. Non-essential visitors are discouraged from visiting.

Clinical and social judgment needs to be applied sensitively and compassionately whilst recognising the duty of care for the health and wellbeing of all service users, staff and visitors.

Those who have travelled a long distance, taken time off work, or in other ways have been significantly inconvenienced, should be allowed to visit service users on outbreak restricted areas.

Visits to multiple service users (e.g., by ministers of religion) are planned so that those under isolation are visited last.

Staff

Staff who become ill at work should be excluded immediately. Symptomatic staff should be excluded until recovered and they have been symptom-free for 48hrs

Scabies

We are following Health Protection Agency guidelines as is required for any reportable contagious infection. All potential and actual scabies infestation are recorded, monitored and reviewed. At review we put in place any agreed actions that will help to prevent further outbreaks.

All service users and visitors and staff are informed and regularly updated on the outbreak.

Scabies is a condition of the skin caused by a tiny mite called *Sarcoptes scabiei*. Symptoms are caused by an allergic reaction to the by-products of the mite. Scabies occurs worldwide and outbreaks in the UK often occur in hospitals and schools. Most cases may have 10 mites on the body.

There are two main ways that scabies manifests:

Classical scabies features itching two - six weeks after a first infestation or one - four days after re-infestation. The itching is often severe and worse at night or after a bath.

There may be raised flesh-coloured, or grey, burrows with a sinuous ridge. A symmetrical allergic rash appears from the axillae to the calves and around the waist, but not the upper back.

Crusted scabies features dry, flaky lesions that may be present on the palms, soles and nail beds of the hands, feet, wrists, buttocks and penis. The lesions can flake off and may contain hundreds of mites. Consequently it is very infectious.

Treatment in an Intermediate Care

When a single suspected case of scabies occurs, the GP and Health Protection Agency must be alerted promptly to investigate.

It may be necessary to treat all service users and anyone with whom they have had close contact. If this action is required, it is important that all staff who have come into direct contact with service users also treat themselves because they may be incubating disease without showing any symptoms.

Family members of symptomatic staff will require one application of treatment.

If family members are symptomatic they will require 2 applications of treatment. Family members of asymptomatic staff need not be treated routinely but asked to report any symptoms that develop later.

Staff should receive the treatment on same day that the Unit is treated. Staff should not work in any other area until treatments have been completed throughout the Unit. Symptomatic people should be treated using 2 applications of insecticidal cream 5 – 7 days apart. The GP will make any individual assessment and advise.

Following Treatment

It is not uncommon for a person to have itching for up to 4 weeks after successful treatment. It is not necessarily as a result of treatment failure. It can take up to that length of time for the body to absorb the material associated with the scabies infestation such as dead mites, egg casing etc.

Antihistamines may be helpful to control the itching. In service users with dry skin conditions emollient cream will moisturise the skin. Lyclear Dermal Cream is the treatment of choice and is suitable for use by adults and children over 2 months old. Pregnant women should seek medical advice.

Procedure

Ensure that the entire surface of the body is covered from the hairline on the head to the soles of the feet. This should include the area behind the ears and the face, avoiding the area around the eyes, otherwise the treatment may not be effective. If the person to be treated has little or no hair the scalp should also be included. Areas of skin normally covered by extensive dressings should be exposed, and Lyclear cream applied onto the intact skin up to and around the wound, replacing the dressing. Apply the cream to clean, dry and cool skin, but do not apply following a bath or shower.

Pay particular attention to the areas behind the ears, between the fingers and toes, wrists, under the arms, external genitalia, buttocks and under finger and toenails. The whole body should be washed thoroughly 8 - 12 hours after treatment, with warm water or as indicated by the manufacturer.

Reapply the lotion washed off during the treatment period e.g. after handwashing, or cleaning of skin. Directly after treatment, change bed linen and wear freshly laundered clothes.

Lyclear Dermal Cream disappears when rubbed gently into the skin; therefore it is not necessary to apply the cream until it remains detectable on the surface.

Where possible, the cream is best applied by someone other than the person receiving treatment as this makes it easier to get to difficult to reach parts of the body.

It may be necessary to prescribe two tubes of cream to ensure all areas of the body are covered thoroughly; bearing in mind that very dry areas of skin will absorb more of the cream.

How is scabies spread?

- Direct, prolonged skin-to-skin contact.
- Holding hands is a common way that scabies are spread
- Bedding and clothing do not retain the scabies mite unless the individual has crusted scabies.

How is the spread of scabies avoided?

Be aware of the symptoms of scabies and watch out for cases.

Treat all cases and their contacts, ideally on one day. Wear gloves for contact with a case until treated.

Wash hands and skin after contact.

For crusted scabies, more intensive treatment is required, handle bedding etc. with gloves, and place in plastic bag until laundered, tumble-drying kills the mites.

Related policies

Accident and Incident Reporting (RIDDOR)

Infection Control

Personal Protective Clothing

Training Statement

Staff are given training at induction and regularly throughout their training on all aspects of infection prevention and control. Outside health professionals and guidance are also used to inform our staff.