

**What is infection control?**

Infection control is the implementation of universal measures to prevent the spread of infection and disease. Appropriate policies, arrangements, procedures and techniques must be applied during working practices to protect staff, service users and communities.

**Who are these arrangements for?**

These arrangements apply equally to all Council employees, including agency staff and volunteers working in this council.

**Why do we need arrangements for infection control?**

This Council is committed to minimising the risk of infection to its employees and to service users that council employees have responsibility for. This will be achieved by ensuring that all employees are aware of good standards of infection prevention and control, including good standards of hand hygiene, safe waste disposal, sharps safety and basic housekeeping to maintain cleanliness of the environment. Standard precautions (good hand hygiene, gloves and other barriers to prevent exposure to bodily fluids) are used and employees are provided with the appropriate training and Personal Protective Equipment (PPE) to ensure staff are protected from the transmission of infections from service users, and to protect them.

This Council has a duty to protect employees, prevent the spread of infection amongst other employees and prevent the spread of infection to and between our service users. Health and Safety at Work legislation requires employers to assess the risk to their employee's health and to put in place control measures. In relation to infection control it is the employer's responsibility to ensure that staff are protected from exposure to infectious hazards through the provision of safe systems of work. These include:

- Assessment of the hazards and how to reduce them
- Provision of hand washing facilities and consumables and adequate facilities (including for those employed to deliver care to service users in the domestic setting)
- Personal Protective Clothing
- Systems for the safe collection of sharps and their disposal
- Systems for the safe disposal of waste
- Decontamination of equipment (see Appendix 3)

**Who is at risk from infection?**

The following occupations throughout the course of their work may be at risk of coming into contact with potentially infectious substances. Therefore the principals of these arrangements should be applied to that particular role;

- Carers
- Environmental Health
- Cleansing Departments
- Nursery Workers
- Learning Disability Workers
- Social Care Workers
- Child care workers
- Outdoor Workers
- Cemeteries & Crematorium Staff
- Pest control workers

- Animal Welfare
- Dog Wardens
- Waste Disposal

### **What action needs to be taken?**

It is the manager's responsibility to conduct a risk assessment and put into place safe systems of work with regards to these potential hazards, i.e. blood, bodily fluids, animal waste, sharps injuries, biological, environmental hazards etc. Each occupation must consult with their own safe systems of work in conjunction with these arrangements.

The likelihood of infection, who is at risk and the level of risk posed by any potential infectious disease are best determined by the risk assessment procedure. The risk assessment process will enable you to identify what the risk is from, who is at risk, when they are at risk and will further quantify the level of risk. The risk assessment procedure will help to determine the most appropriate controls, as far as is reasonably practicable. For more information on the risk assessment procedure please consult the Arrangements for Risk Assessment which is available under Health & Safety on the Hub and within the Health & Safety Corporate Manual where this arrangement will be held.

If a risk is identified through the risk assessment process, immunisations are available for some infectious diseases (for example Hepatitis B, Hepatitis A and Influenza in flu season). **In order to access immunisations a completed risk assessment must be sent to Occupational Health via email [occupationalhealth@blackpool.gov.uk](mailto:occupationalhealth@blackpool.gov.uk) further information can be obtained by contacting the Occupational Health team on telephone 478241.** *If you wish to discuss if immunisations may be appropriate for your employees please contact the occupational health team.*

If employees are at risk of injury from a sharp object contaminated with blood or bodily fluid or a human bite, services must have procedures in place for post exposure to disease in the event an injury occurs. All employees must be made aware of these procedures and they must be clearly displayed. (See Appendix 2)

There are sometimes potential risks of infection passing from employees to service users and vice versa and from one employee to another (this is known as cross infection). Where there is a risk of infection the particular service is required to have its own detailed sectional arrangements/policies on the prevention of cross infection (for example, decontamination [cleaning] of equipment), and hand hygiene arrangements.

### **When additional actions may be needed**

There may be some circumstances when employees may be at a greater risk from an infectious disease than others. In this instance a Risk Assessment should be completed. For example;

- Pregnant staff – some infections (for example; Influenza, Rubella and Chicken Pox) can potentially affect pregnancy and the unborn child
- Employees with an increased susceptibility to infection due to a medical condition and/or treatment - (for example; individuals who have a weakened immune system due to conditions such as HIV, cancer, chemotherapy, transplants or chronic infections, etc.)

If you think you are at a greater risk because of any of the above please inform your line manager. Further information and advice can be obtained from the Occupational Health Service.

**How can we prevent the spread of infection?**

Infection is spread when micro-organisms (bacteria and viruses) are transferred from one individual to another, for example if an individual fails to wash their hands following the use of the toilet, any bacteria on their hands will be transferred onto any surfaces ready to be passed onto the next individual.

These simple standard procedures apply to all activities where there is a risk of infection, for examples of the types of job roles that should be applying these principals, please refer to the list on page 1 of this document.

**1. Hand Washing**

To this day hand washing remains the foundation of good infection control. All staff must ensure that their hands are thoroughly washed and dried. The following general guidelines for hand care should be followed;

- Cover all cuts/abrasions with a waterproof dressing that completely covers the wound
- Keep nails short.
- Jewellery should be kept to a minimum (remove rings, bracelets and watches if 'hands on' service users).
- Ensure liquid soap and disposable paper towels are of good quality
- Use alcohol hand rub where appropriate, in the absence of the ability to wash with soap and water
- Hand cream can be applied to protect skin from drying
- Staff with skin conditions such as dermatitis should seek expert advice for treatment and management (Occupational Health)
- Advice should be sought from Occupational Health if a potential reaction to soap/hand cream is suspected

**When to wash your hands**

- If they look dirty
- Before and following any activity that may soil your hands, e.g. after going to the toilet
- Before direct hands on contact with a service user
- After direct hands on contact with a service user
- If you are caring for more than one service user, wash your hands in-between
- After handling any body fluids or waste or soiled items
- After handling specimens (i.e. urine sample)
- Before preparing, handling or eating foodstuffs
- After removing gloves
- Before commencing work and leaving a work area
- Performing invasive care (for example catheter care, wound dressing, handling gastrostomy tubes, P.E.G. feeds)
- Following disposal of any waste
- Following environmental cleaning

### **How to wash your hands**

- Roll up long sleeves
- Wet hands under warm running water
- Apply soap
- Rub hands using the technique described in the diagram shown in Appendix 1.
- Dry hands thoroughly
- If decontaminating hands with an alcohol hand rub, hands must be free from dirt and organic material. This is not a substitute for soap and water and should only be used when efficient hand washing facilities are not available.
- Ensure all surfaces of the hand are covered in the solution
- Rub hands together vigorously until the solution has evaporated and hands are dry
- Alcohol hand rub should only be used a maximum of 3 times then hands must be washed

### **Hand drying**

- Wet surfaces transfer micro-organisms more effectively than dry ones
- Ensure your hands are dry using paper towels as available or a hand dryer
- Inadequately dried hands are susceptible to skin damage
- Regular use of a moisturising hand cream will help prevent skin damage
- Employees working in the domestic setting caring for service users must carry liquid soap and paper towels, and supplies of alcohol hand rub. Without this they cannot carry out appropriate hand decontamination, and prevent cross infection.

## **2. Personal Protective Equipment**

- Personal protective equipment (PPE) must be provided where the risk assessment procedure determines it is appropriate. Personal protective equipment can include any item of clothing to protect from infection risk and prevention of injury, for example specialist trousers to protect from sharps protruding through waste bags.
- Personal protective equipment can be used to protect both employee and client from the risk of cross infection
- Personal protective equipment does not replace the need for safe systems of working or in some cases immunisation
- All personal protective equipment must be appropriate, suitable for the task, and fit for purpose.
- Training must be provided in the application, use, inspection, cleaning and disposal of PPE

### **Gloves**

Each service area must have sectional arrangements in place with regards to the appropriate type and use of gloves for the particular task, this may include disposable gloves when providing care or protective gloves to prevent injury from sharps.

- Gloves must be worn whenever there is a possibility of contact with blood, body fluids, mucous membranes, non-intact skin or contaminated products (soiled waste, linen, sharps etc.)

- Gloves may act as an added protection but do not replace the need for effective hand hygiene
- Disposable gloves are single use only, under no account should anyone attempt to wash and reuse gloves.
- Disposable gloves must be changed between service users
- The same gloves must not be worn between 'clean' and 'dirty' procedures
- During removal, care must be taken to avoid handling contaminated glove surfaces with unprotected skin
- Disposable gloves must be carefully discarded in an appropriate waste bin. Each service area must have sectional arrangements in place with regards to the disposal of waste for their activity
- Hands must be thoroughly washed and dried after removing gloves (see 'Hand Washing' in section 1 and Appendix 1)
- Advice must be sought from Occupational Health if any reaction to gloves is suspected.

**Disposable plastic aprons**

- Disposable plastic aprons must be worn whenever there is a risk of blood or body fluid contaminating clothing
- Disposable plastic aprons must be worn when it is known that a service user has an infectious disease
- During removal, care should be taken to avoid any handling of contaminated areas of the aprons surface with unprotected skin
- Disposable plastic aprons must be carefully discarded in an appropriate waste bin. Each service area will have sectional arrangements in place with regards to the disposal of waste for their activity

**Masks, visors and eye protection**

- These items of PPE must be used if there is a risk of blood, body fluid or contaminated products splashing into the face, eyes, mouth or nasal passage
- Eye protector spectacles, and disposable face mask or a full face visor may be worn if there is a risk of splashing of blood to the mouth and eyes
- On rare occasions (unlikely in the council setting) it may be necessary to have a face mask that is specific to prevent the spread of airborne infectious disease for certain infectious diseases and for some procedures (e.g. Pandemic Influenza and Aerosol Generating Procedures for Tuberculosis). This situation will require fit testing and training in the use of FFP3 respirator mask, please contact Occupational Health for further advice. Masks may also be appropriate PPE for preventing the spread of air borne infectious diseases. However these must be specific to the infection (for example FFP3 masks for the use of TB and Influenza).
- Protective equipment must be correctly worn and fitted in order to offer full protection
- Equipment must be handled as little as possible and if used for personal care changed between service users. Reusable PPE such as eye protection must be disinfected between uses.

- During removal, care must be taken to avoid handling contaminated surfaces of equipment with unprotected skin
- Disposable masks must be carefully discarded in an appropriate waste bin.

### **3. Cleaning Spillages**

#### **All blood and bodily fluids should be regarded as infectious**

- Services must have policies and procedures in place for the management of spillages
- Employees must be trained in the correct management of blood and bodily fluid spillages
- Before handling or cleaning blood, body fluids or any potentially contaminated products appropriate personal protective equipment must be worn. As a minimum disposable gloves and plastic apron must be worn
- Use of commercial spillage kit if available (follow specific instructions from manufacturers)
- Cover the spillage with disposable absorbent paper towels to soak up the excess fluid promptly, dispose of the towels in the appropriate waste bin as per service policy
- Clean and rinse the area thoroughly using appropriate disinfecting products
- Dispose of all cleaning materials and disposable PPE in the appropriate waste bag and tie securely
- Each service area will have in place sectional arrangements for the disposal of waste according to their activities
- Laundry / clothing contaminated with blood or other body fluids must be handled with care using appropriate PPE. Washing must be done at the earliest opportunity. A biological washing detergent is recommended and the wash cycle must be as hot as the clothing will allow. It is recommended that no other articles are added to this wash, to allow full agitation, rinsing and dilution. Tumble drying and ironing will further assist the removal of micro-organisms through thermal disinfection
- If the incident involves a spillage of blood on soft furnishings and carpets these must be taken out of use and steam cleaned
- Maintaining a clean environment is crucial to prevent the spread of infection. Each establishment/service must have in place cleaning schedules, this will include the cleaning of equipment, furniture, floors, curtains, etc.

### **4. Decontamination of the Environment and Equipment**

Decontamination involves a combination of processes and includes cleaning, disinfection and sterilisation, depending upon the intended use of the equipment. Cleaning is always a necessary pre-requisite to disinfection/and or sterilisation.

Each service area must have appropriate policies in place for the purchase, cleaning, decontamination, maintenance and disposal of all equipment and must take into account infection prevention and control advice that is given by relevant experts or advisory bodies. Manufacturers' advice regarding cleaning and decontamination must be adhered to; further advice can be obtained from the Health Protection Team in the Public Health Department.

**Cleaning**

- Cleaning is defined as the physical removal of accumulated deposits by washing with a neutral detergent and with thorough drying to reduce the numbers of organisms and remove dirt, grease and organic matter
- Cleaning the environment and service user care environment is important
- Particular attention must be paid to horizontal areas and ledges where dust gathers
- A neutral detergent and hot water can be used for general cleaning and removal of dirt
- Cleaning cloths must be discarded after use
- Disinfectants and bleaches are not necessary as part of routine cleaning. Your risk assessment will determine which cleaning products should be used.
- Detergent based wipes are available and can be used if detergent and water are not available.
- All equipment and medical devices must be stored in a clean and dry environment to eradicate the risk of cross contamination.
- Equipment must be maintained and cleaned regularly, and whenever it becomes contaminated
- Each service area must have procedures in place detailing the frequency, standards and method of cleaning required
- Procedures must be in place for the cleaning of equipment when it has been contaminated with blood and bodily fluids
- Staff must ensure that they follow guidelines for best practice
- A record of cleaning must be kept

**Disinfection**

- Is a process used to reduce the number of pathological micro-organisms to a level which is not harmful to health
- Microbes die rapidly on clean, dry surfaces. There is little advantage in the routine use of chemical disinfectants, which may kill harmless micro-organisms and allow those most likely to cause problems to flourish without opposition
- Disinfectants can have a harmful effect on the environment by damaging the surface of the equipment making it difficult to clean effectively. If there are spills or surfaces are dirty, removing the dirt by ordinary cleaning, as above will also remove the micro-organisms.
- Service risk assessments will help determine which disinfectants are appropriate to use. Particular attention must be paid to correct dilutions and the manufacturer's instructions must be followed
- Hypochlorite must not be used to clean up urine spillages as chlorine gas will be produced
- Alcohol based wipes are available. Alcohol is a rapidly effective disinfectant that has the added advantage of leaving surfaces dry. Poor penetration means that surfaces must be clean before the application of alcohol.
- The use of alcohol products on thin plastic or rubber items must be avoided as the integrity of the material may be damaged. Check manufacturer's recommendations before cleaning with alcohol

- Disinfectants can be harmful to the people using them, especially if they are not handled correctly. Therefore consult your service risk assessment prior to use.
- Disinfectants must not be used for the storage of equipment, for example mops

### **Sterilisation**

- A process used to render an object free from all living organisms

**Please refer to Appendix 3** for guidelines recommended for the decontamination and disinfection of medical devices, premises and the environment. These procedures are for low risk areas where sterilising is not required

### **5. Managing ‘sharps’**

Sharps include needles, razors, nail clippers, scissors and any other sharp instrument which may prick, scratch or cut you. This can also include bites and scratches from humans and animals. Injuries from sharps are a major cause of exposure to blood borne viruses.

Those working with some client groups and in certain work areas may be at a greater risk from sharp injuries and exposure to blood borne viruses and will therefore need to take extra caution. Services must have procedures in place for post exposure to disease in the event an injury occurs. Specific consideration should be given to those activities when sharps are not obviously visible, such as waste bags, hidden on shelves, behind ledges, equipment, etc.

**Line managers must include any potential hazard of sharps injury in the risk assessments and these risk assessments must be sent to the Occupational Health Service in order for immunisation advice to be given.** If it is not clear what to include in your risk assessment, consider the following question; “if a member of the Occupational Health team is following your employee around for a day what activities would they see them doing?”

Employees must be trained in the safe handling and disposal of sharps.

#### **In order to reduce the risk of cross infection from sharps injuries**

- Remember, sharps safety begins with you
- Avoid handling sharps whenever possible
- If possible use equipment provided to remove sharps
- **Remember sharps may be hidden, always use the protective equipment provided**
- Great care and attention must be taken when the handling of sharps is unavoidable
- Personal protective equipment may be required where there is a risk from sharps
- Avoid directly passing sharps from person to person
- If it is necessary for you to handle syringes at any time, never attempt to re-sheath needles
- Dispose of syringes and needles in a sharps container, which conforms to British standard 7320
- Ensure the appropriate sized container is available for the activity and ensure that it has been correctly assembled



- Ensure a correct sharps container is available at the point of use
- Ensure used sharps bins are labelled appropriately
- Report any sharps injuries immediately and follow the procedure in Appendix 2

## **6. Managing sharps/puncture injuries**

If you suffer a puncture, scratch, bite or cut from a sharp or potentially contaminated blood or object;

- Do not suck the wound
- Encourage bleeding by applying pressure
- Wash area thoroughly under running water
- Dry area with disposable absorbent material
- Cover with waterproof dressing
- Report the incident immediately to your line manager
- Seek appropriate medical advice by attending the Accident and Emergency department and inform them that you have a sharps injury or an injury caused by a potentially contaminated item / product
- Complete an accident report form as per the Council's Accident/Incident/Near Miss Reporting arrangements
- Inform Occupational Health at the earliest opportunity following any treatment you have received

### **If you are splashed by blood or body fluids**

- If fluids are splashed into the mouth, do not swallow, rinse mouth immediately with cold water and repeat several times
- If fluids are splashed into the eyes irrigate immediately with cold running water
- Report the incident immediately to your line manager
- Seek appropriate advice from the NHS or Occupational Health
- Complete an accident report form as per the Accident/Incident/Near Miss Reporting arrangements

### **How can we protect employees/service users from infectious diseases?**

As well as the use of Universal Measures, there may be instances whereby you are at risk of passing on an infection to others, this may be your colleagues or service users. A number of infectious diseases may spread rapidly to other service users and cause outbreaks within any care setting. Often the commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may spread by hand contact and on occasions by other routes which include food and environmental contamination.

All employees engaged in food preparation and handling must have a basic knowledge of food hygiene practices according to their level of work. They must be supervised and instructed and/or trained to a level sufficient to enable them to prepare food safely.

Depending upon your area of work (for example health and social care, child care or food handling), your service will have a safe system of work in place whereby you may be asked to refrain from work in case of infection. For example a diarrhoea and/or vomiting procedure whereby you may be asked to refrain from work for 48 hours following the last symptom.

<b>BLACKPOOL COUNCIL – HEALTH &amp; SAFETY</b>
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<b>INFECTION PREVENTION AND CONTROL</b>
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If you have symptoms of flu, diarrhoea and vomiting, sore throat or a rash with or without a high temperature, please contact your manager before attending work. Further information and advice regarding specific infectious diseases can be found from the Health Protection Teams as part of Public Health England ([www.phe.org.uk](http://www.phe.org.uk)). Further guidance can also be sought from the Occupational Health Service.

### **Employees – What you need to do**

- Be aware of the arrangements for Infection Prevention and Control
- Be aware of the risk assessments and controls that are in place for your job role
- Be aware of any arrangements, policies and procedures in place in your area, for example cleaning equipment, waste disposal, diarrhoea and/or vomiting
- Follow the guidance for hand hygiene at all times
- Attend any training provided for you
- Following training, use any Personal Protective Equipment that has been provided for you
- Employees who require immunisations must attend and notify Occupational Health of any updates
- Follow the advice if you receive a 'sharps' injury whilst carrying out your duties
- Report any accident using the appropriate form
- Communicable disease leaflets are available on the Hub, published by Public Health England, they provide guidance and information on various conditions
- For advice on service user infection control issues contact the Health Protection Team on 476366

### **Managers – What you need to do**

- Ensure risk assessments are completed for the job roles within your department and review these in light of any changes
- If any health hazards are identified (e.g. potential exposure to blood/bodily fluids, sharps injury) these must be included in the Risk Assessment and sent to Occupational Health so that advice regarding potential immunisations can be given
- Any potential exposure to blood/bodily fluids, sharps injury should also be included in the job analysis for any new/transferred employees so that Occupational Health can provide the relevant advice
- Ensure employees are aware of these arrangements
- Ensure employees are aware of the risk assessments and controls in place
- Ensure employees are aware of and trained in the use of PPE
- Ensure that employees have access to PPE, and supplies of liquid soap, paper towels and alcohol hand rub for domiciliary visits/care
- Ensure new employees are provided with training with regards to the prevention and control of infection and existing employees are provided with updates
- Ensure procedures are in place for the disposal of sharps and waste
- Ensure procedures are in place for the prevention of sharps injuries and provide employees with sharps awareness training
- Ensure any accident/incident is investigated and reported to Health & Safety using the appropriate documents
- Ensure procedures are in place for the cleaning of equipment, premises and spillages
- Ensure procedures are in place if employees need to refrain from work due to illness.
- For advice on service user infection control issues please contact the Health Protection Team on 476366

### **Occupational Health – What you need to do**

- Advise managers on the arrangements for Infection control
- Upon receipt of any risk assessments form instigate appropriate actions
- Provide advice to managers and employees regarding infectious diseases as appropriate
- Liaise with Health & Safety as appropriate

### **Health & Safety Team – What you need to do**

- Notify managers on the arrangements for Infection Control
- Advise managers on risk assessments and control measures that should be used
- Complete RIDDOR reports for any infection control associated absences/reportable infectious diseases as appropriate
- Liaise with Occupational Health as required

Appendix 1  
Hand Washing Technique

How to handrub?  
WITH ALCOHOL-BASED FORMULATION

WITH ALCOHOL-BASED FORMULATION

**1a** Apply a palmful of the product in a cupped hand and cover all surfaces.

**1b**

**2** Rub hands palm to palm

**3** right palm over left dorsum with interlaced fingers and vice versa

**4** palm to palm with fingers interlaced

**5** backs of fingers to opposing palms with fingers interlocked

**6** rotational rubbing of left thumb clasped in right palm and vice versa

**7** rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

**8** rinse hands with water

**9** dry thoroughly with a single use towel

**10** use towel to turn off faucet

20-30 sec

**8** ...once dry, your hands are safe.

40-60 sec

**11** ...and your hands are safe.



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

## **Appendix 2**

### **Managing Sharps Injury**

If you suffer a puncture, scratch, bite or cut from a sharp or potentially contaminated item, potentially contaminated with blood or bodily fluid:

- Do not suck the wound
- Encourage bleeding by applying pressure
- Wash area thoroughly under running water
- Dry area with disposable absorbent material
- Cover with waterproof dressing
- Report the incident immediately to you line manager
- Seek appropriate medical advice by attending the Accident and Emergency department and inform them that you have a sharps injury or an injury caused by a potentially contaminated item / product
- Complete an accident report form as per the Accident/Incident/Near Miss Reporting arrangements
- Inform Occupational Health at the first opportunity following any treatment you have received

**BLACKPOOL COUNCIL – HEALTH & SAFETY****INFECTION PREVENTION AND CONTROL****Appendix 3**

Guidelines recommended for the decontamination and disinfection of medical devices, premises and environment. These procedures are for low risk areas where sterilising is not required.

<b>Description of Item</b>	<b>Method</b>
Basins and taps	Clean with hot water and detergent (detergent wipes) disinfect if clinically indicated
Baths	After each use, clean with warm water and detergent and dry
Bedding	Heat disinfection 65°C for 10 minutes or 71°C for 3 minutes. For heat sensitive fabrics use a low temperature wash at 40°C and tumble dry at 60°C. Linen should be changed at frequent intervals and when soiled.
Bed Frames	Wash with hot water and detergent and dry
Bedpans and urinals	Dispose of single use items in a macerator. If reusable, heat disinfection in bedpan washer-disinfector. (80°C for 1 minute) store dry
Bins	Clean with hot water and detergent. Disinfectant if clinically indicated
Bowls (washing)	Each resident/service user must have their own wash bowl. Clean with warm water and detergent after use. Rinse and dry, store separately and inverted to avoid contamination.
Buckets	Wash with hot water and detergent. Dry and store upside down
Carpets	There must be a schedule for cleaning carpets at least six monthly. The type of floor covering should be chosen to enable it to be cleaned regularly. Spills of body substances should be removed using a disposable paper towel and then cleaned with carpet shampoo or steam cleaned.
Catheter stands	Residents/service users must be allocated their own urinary catheter stand which should be cleaned frequently.

**BLACKPOOL COUNCIL – HEALTH & SAFETY****INFECTION PREVENTION AND CONTROL****Care of client care equipment**

Description of Item	Requirement
Chairs (treatment) couches	The couch/chairs should have an intact water impermeable cover. Clean with hot water and detergent. Cover with blue paper roll and change between each patient
Cloths / Dusters	Use disposable if possible, if not possible discard after use
Combs and Hairbrushes	Each resident/service user must have their own comb or hair brush. These should have hair removed and be washed frequently
Commodes	Clean with warm water and detergent and dry after each use. During outbreaks of infection commodes should be allocated to a single resident and must be decontaminated regularly with 1000ppm chlorine releasing agent
Crockery and Cutlery	A dishwasher with a final rinse of 80°C is preferred, if washing by hand use very hot water, detergent and a disposable cloth. Change the water frequently, rinse and allow to dry in racks or use disposable paper towels
Curtains (window)	Care homes must have a programme in place to ensure laundering or cleaning takes place at least annually. Curtains may also need to be cleaned/changed following an outbreak of infection and when there is a change of resident in the room
Dish Cloths	Use disposable or paper towels
Drains	Do not put disinfectant down drains
Floors	Clean by mopping with hot water and detergent
Flower Vases	Change water frequently, wash vase in hot water and detergent after use and store dry
Furniture	Surfaces must be cleaned with hot water and detergent, disinfectant if clinically indicated
Hoist	Surface clean the hoist frame, examine material and clips for wear or damage before each use. Slings must be laundered in hottest wash cycle allowable according to the manufacturer's instructions and not shared between residents



**BLACKPOOL COUNCIL – HEALTH & SAFETY****INFECTION PREVENTION AND CONTROL**

<b>Description of Item</b>	<b>Requirement</b>
Mattresses and covers	Clean covers frequently and before use by new resident. Rinse thoroughly and dry. Mattresses should be enclosed in a waterproof cover and routinely inspected for damage. Mattresses must be discarded if fluids have penetrated into the fabric
Mops	All mop heads must be detachable, wash in hot soapy water, rinse and wring out, invert the mop to dry thoroughly. Do not leave mop in bucket of water, disposable mop head change daily.
Nail clippers	Residents/service users must have their own nail clippers which should be cleaned after use.
Scissors	Clean with warm water and detergent and dry
Shavers	Each resident/service user should have their own shaver
Sluice	Hot water and detergent
Splints and walking frames	Clean with warm water and detergent dry
Stethoscopes	Wipe earpiece and bell with 70% alcohol following each use
Towels	Each resident/service user must have their own and laundered as for bed linen
Trolleys / Tables	Clean with warm water and detergent and dry
Vacuum Cleaners	Vacuum cleaners must contain filters to avoid dust contamination of surfaces, change as per manufacturer's instructions. Wipe attachment tools with hot water and detergent.
Wheelchairs	Clean with warm water and detergent and dry weekly or when soiled