How to use this guide

How does this guide help me comply with the law?

Infection prevention and control (IPC) underpins the Health and Social Care Acts 2008 (2015) and the Health and Safety at Work act 1974

IPC is a set of daily standard precautions and principles that when applied consistently have the intention to keep all vulnerable people safe from avoidable harm.

Many health care and community associated infections are avoidable.

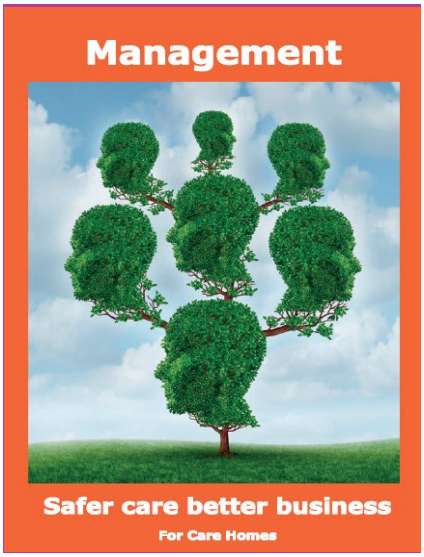
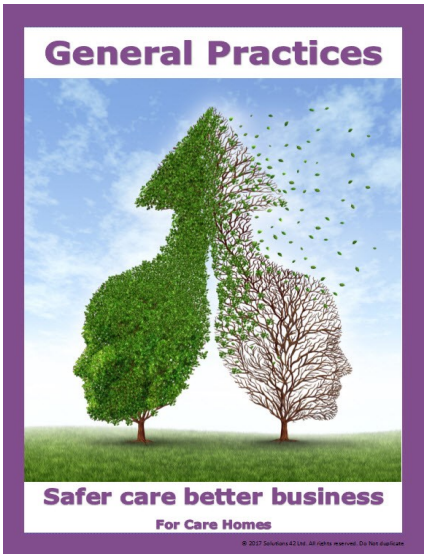
This guide is to translate the infection prevention and control policies for clinical care and the environment, helping workers to implement and comply with the practices within the policies.

An outbreak is defined as two or more people in the same space and time exhibiting similar symptoms.

Symptoms of diarrhoea and or vomiting (D&V) are common signs of a potential infection and this guide focuses on management of D&V outbreaks. However, there are many different microorganisms that cause different symptoms and rapid identification and management would follow the same guidelines within these pages.

From the leader to the cleaner Infection Prevention and Control is everybody's business!

Contents

Section	Overview
	The management section aims to provide a framework of systems and processes for leaders to consistently follow helping other parties be clear on what is consistently required during implementation of outbrеak protocols. This section includes: • Checklist form • Contact form • What to do and why
	The general practices section aims to provide a set of 'How to' processes for some of the common activities that impact infection prevention and control within the community environment. Each community will have variables within in it due to their location and demographic, therefore you may wish to add additional practice processes to reflect your specific needs. Identifying required practices offers the opportunity to audit practices and monitor/measure improvements.
	The people section aims to provide an overview of the various roles and their responsibilities for communication and tasks during an outbreak. This section signposts people to task support aids helping them in compliance with standard precautions and a whole team approach.

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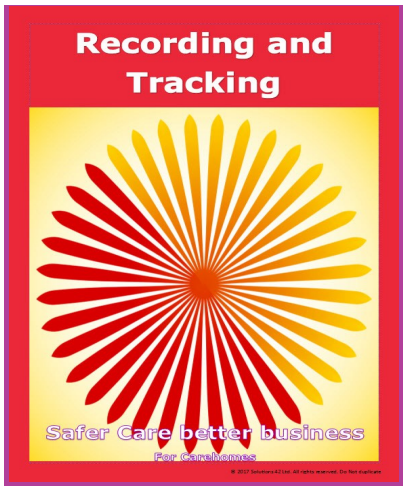	The recording and tracking section provides guidance and reason for timely completion of documentation. Recording and tracking provides an evidence trail to demonstrate that not only was everything reasonably and practically actioned to avoid prolonged outbreak, but additionally and more importantly, what lessons can be learned to enable continuous improvement in keeping the residents, visitors and staff safe from avoidable harm.

Some pages do not have a number on both sides

This is intentional not a mistake. These are **optional** pages to display as prompts during staff training or reminders for staff at start/during outbreak.

What to look for

The triangle represents an 'Aid'

Communication Pathway

A whole team approach is vital

Aid 1

Personal Responsibility

Challenge	What to do?
If you notice something is not right with your resident and you are concerned about misdiagnosing an outbreak?	Check it out with a senior member of staff and take agreed action. Ensure your concern has been documented.
Not feeling well in yourself. Unsure got a dodgy stomach, feeling a bit nauseas.	Speak to your line manager and decide whether to stay in the community or not.
Have you got a family member or friend exhibiting symptoms?	Advice your line manager and increase your personal care in hand hygiene and general personal and environmental cleanliness.
If an outbreak has been confirmed and you are not sure of who is affected.	Before you start your shift confirm with your team leader the current situation. Make sure you know who the Key Coordinator(s) is.
If you see an external visitor come into the community when it is closed.	Tell the Key Coordinator(s) and line manager.
I've already washed my hands and I'm coming into work, do I really need to use alcohol gel?	On entry and exit to the community and areas within the community hand hygiene is essential. In an outbreak alcohol gel should be replaced with TECcare Protect foam as the second stage decontamination of hands after washing. **See 5 moments of hand hygiene page 38 General Practices** to determine when to wash versus wash and decontaminate

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Coloured text links to another section

What to look for

The star informs of the key policies

PPE Attending the resident 3

Policy Nos. 7, 12, 20

Action		Why?
Body fluid spills. Any suspected contaminated fluids must be dealt with immediately according to the Decontamination Policy using a spill kit.		Damp areas encourage microbial growth and increase the risk of spread of infection.
Bathing. If ensuite facilities are not available, an infected resident must be bathed/ showered last on the floor. Clean and dry the bath or shower cubicle after the previous resident and after the infected resident.		Leaving the bath or shower dry after disinfection reduces the risk of microbes surviving and infecting others. Bacteria will not easily grow on clean, dry surfaces.
Dressings. Aseptic technique must be used for changing all dressings. Waste materials and dirty dressings should be discarded in the appropriate yellow clinical waste bag inside the room. Used lotions, creams, etc., must be kept in the room and not used for other patients. These bags should be transferred to a designated dirty area immediately		Aseptic procedure minimizes the risk of cross-infection. Lotions and creams can become easily contaminated. Microorganisms can survive on unopened sterile packs.

Pictures help to illustrate the action points