

CC34 - Infection Prevention and Control Policy and Procedure

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Purpose

- To maintain control of cross-infection.

Scope

- All employees.

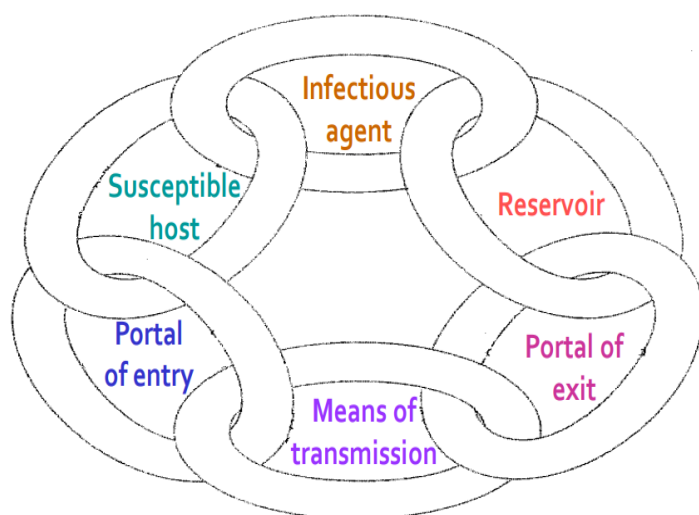
Note – this policy must be read in conjunction with the COVID-19 policy and procedure. All employees have a duty of care to understand this policy in order to protect service users, themselves, colleagues and all respective families.

Policy

- Clifton Home Care Ltd must minimise as far as is practicable the prevention of infection, toxic conditions or spread of infection in the community.
- All work spaces will be kept clean, hygienic and free from offensive odors throughout. This includes service user's home addresses, Clifton Homecare offices and company vehicles. This includes frequent cleaning of high touch points such as door handles, light switches, key safes, bannister and grab rails, kettles, microwave door handles, walking aids. Cleaning of such areas involves the use of disposable, single use disinfectant or anti-bacterial wipes or spray (using a specified cloth; washed or changed regularly for this sole purpose). The office environment will be cleaned twice daily to ensure the cleanliness of high touch points around the offices. The offices will be professionally cleaned 2-3 times weekly also. Company vehicles must be kept clear of litter, must be signed in and out when being used by employees and all high touch points cleaned on a regular basis; including door handles, steering wheel, gear stick, dash board, seats and seat belts and seat belt housings. Service users and/or families are asked to regularly clean their home environment for infection prevention and control purposes. Any non-compliance of this in areas where Clifton Homecare employees and volunteers are expected to access will be addressed with the service user or identified person responsible for commissioning care.
- All employees will be trained in effective hand washing at induction and regular refresher training sessions. Supervisions and spot checks will incorporate demonstration of effective hand hygiene techniques.
- Only infected materials and/or clinical waste must be kept in appropriate (yellow) bags. The routine disposal of continence products, dressings and PPE must be disposed of double bagged, in general household waste. All PPE must also be double bagged before being placed in the main waste stream. All rubbish, whether classed as clinical waste or general household waste must be stored separately from foodstuffs and food preparation areas.
- Employees known to have an infectious condition must not be allowed back on duty until medical clearance is given. Any employee experiencing symptoms of diarrhoea and/or vomiting must not attend the workplace until 48 hours clear from symptoms. (This means if an employee last vomits at 0200 hrs on Monday morning they cannot return to the workplace before 0200 hrs Wednesday morning).
- Employees known to have an infectious condition will be reported to the relevant authorities. See Notifiable Diseases section.
- A register must be maintained of all known causes of infection, from which likely causes of infection may be and/or identified.
- Care employees will don barrier clothing (single use apron, nitrile or latex (dependent on allergy status for employee and service user) gloves and a type IIR surgical, fluid repellent face mask; eye protection to be risk assessed at the time and worn if there is a risk of bodily fluid exposure) when dealing with waste materials and when in close physical contact with the Service User. **Vinyl gloves are not permitted for personal care activities.** The barrier clothing will be doffed and disposed of correctly before leaving the premises. New barrier clothing will always be used for each Service User and in between tasks as necessary, (i.e. after personal care and before meal preparation).
- Employees must carefully use hand sanitiser prior to entering service user addresses and once inside the property must wash their hands, using the approved hand hygiene technique; including the washing of lower arms too. Hands must be washed or as a minimum sanitised in between care tasks, such as personal care, meal preparation, handling rubbish and medication administration and hands will be washed immediately prior to departing the property. Liquid hand soap must be provided by service users for employees to use and appropriate hand drying materials provided also. Service users are asked to provide disposable paper hand towels, where this is not available hand towels should be used and washed immediately afterwards to prevent

multiple people using the towels for hand drying purposes. All employees must follow the instructions given at induction and all subsequent training. All employees must report if service users do not have adequate facilities or provisions for effective hand hygiene to be carried out (i.e. if running low on or they do not have liquid hand soap and/or disposable paper towels). Any non-compliance with IPC precautions will likely result in disciplinary proceedings.

Chain of Infection



The breaking of any link in the chain will assist in preventing the spread of micro-organisms. This is extremely important when caring for vulnerable people such as elderly service users.

Infectious agents – organisms which invade your body, sometimes causing sickness. Bacteria, viruses, fungi and parasites are types of infectious agent.

Reservoir – any person, animal, plant, soil or substance which an infectious agent normally lives and multiplies.

Portal of exit – site from where micro-organisms leave the host to enter another host and cause disease/ infection.

Means of transmission – infectious diseases are commonly transmitted through direct person-to-person contact. Skin to skin contact, via bodily fluids or by touching an infected environment (surfaces).

Portal of entry – site through which micro-organisms enter the susceptible host and cause disease/ infection; skin, mucous membranes, respiratory tract and gastrointestinal tract.

Susceptible host – final link in the chain of infection; someone with a weakened immune system is at risk from infection. Generally this is babies, pregnant women, elderly and people with conditions that suppress the immune system.

Procedure

- Providing consent is given by the service user the employee will summon a doctor if an infectious disease is suspected. If consent is not provided and the service user has capacity the registered manager must be immediately notified. The registered manager must assess the situation and ensure employees are not put at unnecessary risk. Care may have to be suspended if the care team are at risk and the service user is refusing medical intervention. A referral to the Lancashire County Council Safeguarding team may be necessary in such circumstances.
- If the Service User shares a house with others, they should if possible be accommodated in a single room and ideally should use separate sanitary facilities for the duration of the infection.
- Employees will explain to the Service User the reasons for taking precautions, and ask for co-operation and participation.
- With service user consent, relatives should be kept fully informed of the Service User's condition and progress, and

should be advised not to bring anything valuable or expensive which cannot be disinfected.

- Clean techniques must be used at all times. Clean techniques keep the environment as clean as possible but sterile items are not used. In service user addresses sterile techniques are not possible due to uncontrolled environments.
- Clean, disposable equipment must be used to minimise laundry or cleaning of infected material or equipment. Strictly; no manual sluicing of clothing or bedding is permitted.
- Strict personal hygiene (hand washing, clean laundry for all shifts, short, manicured finger nails, no nail varnish or false nails, hair tied back and kept clean) must be observed by all employees, i.e when attending the workplace, taking a break, and using the toilet facilities).

Preventing Cross infection

- To prevent cross-infection, ensure that:
 - Any infection a Service User has does not spread to others by following the above principles;
 - The Service User does not suffer from potential sources of infection in their surroundings;
 - Others do not bring infection onto the office premises or to service user homes.

Notifiable diseases

- The Health Services and Public Health Act 1968, the Public Health (Infectious Diseases) Regulations 1988 and subsequent amendments, including Health Protection (Notification) Regulations 2010 require certain infectious diseases to be notified to the 'proper officer' of the Local Authority.
- The responsibility for the notification of the listed disease(s) rests with the Doctor attending the Service User.
- The Local Authority has the power to stop work in order to prevent the spread of infection, including food related infections (Food Hygiene (General) Regulations 1970).
- Diseases notifiable under the Health Protection (Notification) Regulations (2010):

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia

- Mumps
 - Plague
 - Rabies
 - Rubella
 - Severe Acute Respiratory Syndrome (SARS)
 - Scarlet fever
 - Smallpox
 - Tetanus
 - Tuberculosis
 - Typhus
 - Viral haemorrhagic fever (VHF)
 - Whooping cough
 - Yellow fever
 - Other diseases which may present significant risk to human health can be reported under the category; 'other significant disease'.
- Most outbreaks will present with non-specific symptoms; could result in Sepsis or epidemic wound infections.
 - Any member of employees suspecting an outbreak of a notifiable disease should make their suspicions known to the Registered Manager who will inform the service user's Doctor.

Rules to prevent the spread of infection

- All employees should adhere to the following:
 - Avoid infection by careful control of coughing and sneezing, i.e. use tissues / handkerchief. Follow the Department of Health and Social Care campaign; '**Catch it, bin it and kill it**'.
 - Adhere to appropriate, regular and effective hand washing and techniques.
 - Employees must ensure appropriate use of hand sanitiser; washing hands if visibly dirty or after using sanitiser several times. Hands to be sanitised before entry to service user addresses.
 - Avoid wearing jewellery, except for flat banded wedding rings.
 - Keep hair short or tied back and clean.
 - Wear clean uniform clothing, and cover that clothing with barrier clothing while dealing with each service user, disposing of it before leaving the premises. PPE to be double bagged and if infectious disease waste; clinical waste provision must be sought and paid for by the service user or local authority, not Clifton Homecare. If necessary, Clifton Homecare will assist with securing provision but not funding this.
 - Hand wash on entry and exit of the premises, and as appropriate during stay on premises.
 - Report any signs of infection to a Senior Domiciliary Care Assistant, Assistant Manager or the Registered Manager. Prompt identification is essential and paramount to preventing the onset of SEPSIS which can be fatal. See Appendix 6.
 - Keep toilets and commodes scrupulously clean using correct disinfectant agents, ensuring the cleaning of underneath commode seats and the base of commode bowls.
 - Catheters must be kept off the ground covering and secured on a stand or to the leg of the service user at all times. When there is a risk of bodily fluid exposure, i.e., when handling bodily fluids full PPE must be worn by the employee and this PPE doffed and discarded immediately after use by the arranged method. PPE in this instance includes eye protection. Catheter audits to be completed for all clients with catheters in situ. The audits are to be completed by employees when tending to personal care or emptying catheter bags. The audits must be audited by the Senior team monthly to ensure IPC compliance of the care team.
 - Correct handling of food to prevent food borne illness.
 - Take care when dealing with pets. Always hand wash or use hand sanitiser after contact.

Employee skin awareness and health

- Unless medically exempt, all new service user facing employees, volunteers and students attending the workplace on placement must have received a minimum of one COVID vaccine prior to employment commencement. When due the employee must obtain their second and subsequent booster vaccinations in order to remain in employment with Clifton Homecare. Any *existing* service user facing employees not vaccinated must either qualify for medical exemption and provide evidence of this or be vaccinated prior to the date to be provided by the Government for mandatory vaccination for the Health and Social care sector. Any employee not willing to be vaccinated must be supported in their decision making and have open lines of communication with the Managing Director with regards their wishes and concerns. If the employee cannot be redeployed into a non-service user facing role upon mandatory vaccination date the employee will have their employment terminated. The M.D will seek HR and legal advice on this.
- All students and non-vaccinated staff must complete a lateral flow test prior to every shift and must be able to demonstrate compliance with this.
- All employees will be encouraged to have their flu vaccination.
- All employees need to provide evidence of vaccination status using the NHS app. See Appendix 7.
- All vaccination status data will be reported nationally using the Capacity tracker to enable local and national assessment of vaccination status across Health and Social care workforces.
- It is good practice for all service user facing employees to be vaccinated against Hepatitis B.
- All cuts and abrasions should be covered with a waterproof plaster (blue coloured if working in food areas).
- Any employees with a skin infection must take advice from a doctor before continuing to work. All skin infections must be reported to the Registered Manager. Before returning to the workplace clinical advice on health and safety and IPC for all parties must be sought (Public Health England will advise the Registered Manager if contacted).
- Employees must care for their own skin by using skin moisturiser; to help prevent dry skin and cracks forming. Cracks can harbor bacteria and cause infection. Regular hand washing does dry skin and employees need to be aware of this. Hydration helps to minimise skin dryness.
- Employees who self-harm need to be risk assessed and a risk assessment put in place to support the employee and maximise safety for all. Staff with open wounds will need to cover these when on shift but if on lower arms may need to be signed off work/redeployed to a non-patient facing role until healed.

Employee sickness

- Employees with diarrhoea and vomiting must not attend work and must ring to report sick. Should the condition persist, it may be necessary to provide a specimen of faeces and not return to work until medical clearance by a GP is given. Babies, young children, pregnant women and the **elderly** are particularly vulnerable to infection due to weakened immune systems, and every attempt should be made to minimise any risk of infection. Any employee experiencing symptoms such as diarrhoea and/ or vomiting must not return to the workplace until 48 hours symptom free. Refer to sickness policy for details on sickness reporting.

Service User Skin Infections

- Report to your manager any Service Users who have a rash or unaccountable marks on their body. Such marks must also be documented on a body map (in the care plan). The only time marks would not be documented in the care plan is if abuse is suspected, in which case a separate incident report and body map should be completed and held on record for investigation purposes.
- Where scabies or shingles are suspected:
 - The manager must request a visit from the GP.
 - Employees should wear a plastic apron and wear gloves for any direct contact.
 - All linen must be placed in the appropriate laundry bag and the appropriate laundry procedure

followed for contaminated laundry.

Blood borne viruses

- Any Service User may be a carrier of a blood borne virus. There are blood-borne viruses other than hepatitis B other hepatitis and HIV/AIDS. Appropriate precautions must therefore be taken with all Service Users and particularly with body fluids. If a needle stick injury occurs the procedure to follow is; bleed it, wash it thoroughly under running warm water, dry it, cover and report it. Medical advice will need to be sought urgently.
- Always assume that blood and other body fluids are infected. All accidents, facial, particularly eye, or direct contact with infected body fluids must be recorded as an incident and investigated.
- Accident-avoidance measures should include common sense precautions in order to avoid accidents, particularly when using sharps, whether the Service User is known to be infected or not. All accidents must be reported and investigated.
- Bodily fluid handling and spillage procedures must:
 - Use non-touch techniques when dealing with blood or bodily fluid. Full PPE to be worn at all times, including eye protection.
 - Employees must wipe up body fluid spillages immediately, wearing disposable gloves and plastic aprons. If there is a significant spillage of bodily fluids contact the office for advice. The office has spillage kits available for deep cleaning, however it may be deemed more appropriate for professional services to thoroughly clean surfaces.
 - Use appropriate disinfectant agents on carpets.
 - Use non-touch techniques or gloves when disposing of anything contaminated with blood, e.g. dressings.
- Avoid contamination with saliva. If saliva contamination to eyes, a cut or an open wound occurs, wash liberally with warm water and inform the manager immediately.

Outbreak control measures

- An outbreak of gastroenteritis is indicated by the occurrence of UNEXPLAINED diarrhoea and/or vomiting in two or more Service Users. (Remember that there are also non-infective causes of diarrhoea and vomiting). The recommended action in such cases is as follows:
 - Employees should inform the manager who should then contact the service user's GP This may be multiple GP's based across the South Fylde.
 - A specimen of faeces should be made available for testing, if requested.
 - Employees and family members must wear full PPE, including eye protection when in contact with excreta.
 - Dispose of faeces carefully and disinfect bedpans/commodes using disinfectant.
 - In a shared house, place the Service User in a single room, where possible, and with their own toilet facilities such as a commode.
 - Any Service User with, or suspected of having, gastro-enteritis should have their own sink/bowl for washing.
 - All crockery and cutlery should be soaked in a bowl of disinfectant for 30 minutes before being removed from the room of the Service User to the kitchen.
 - Place all contaminated linen into a degradable laundry bag (usually red in colour) and keep separate from any other linen. The laundry will be placed in the washing machine inside the laundry bag; to prevent the employee handling the contaminated laundry for a repeated time.
 - Hand sluicing of contaminated laundry is not permitted at any time. If clothing or laundry is heavily stained this must be disposed of and new items purchased.
 - Wash hands thoroughly after supporting the Service User and before attending to any other task.

- The manager must notify the local health authorities when the occurrences are unexplained.

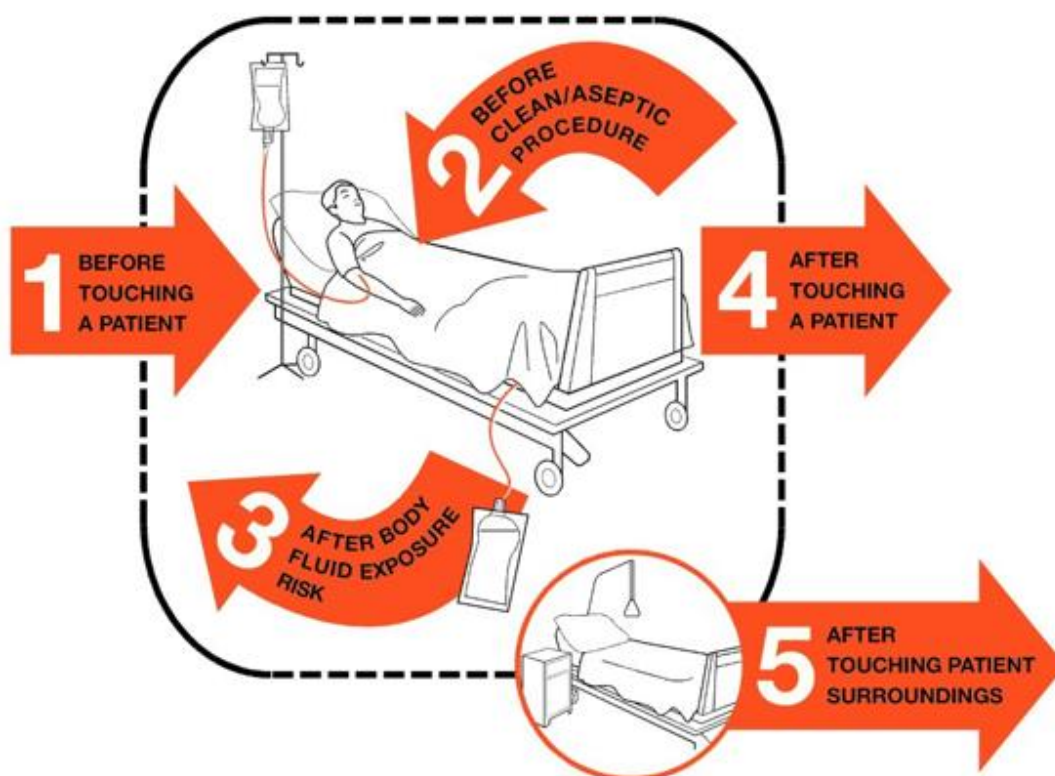
Please refer to the COVID-19 policy and procedure for guidance on managing COVID outbreaks.

Note: All Policies are reviewed annually, more frequently, or as necessary.

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Appendix 1

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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Appendix 2 - Hand washing technique

PLEASE WASH YOUR HANDS



1) Wet hands under running water



2) Apply soap and rub palms together



3) Back of hands



4) In between fingers



5) Grip fingers



6) Thumbs



7) Fingertips



8) Rinse hands under running water



9) Dry thoroughly

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Appendix 3 - Hydration HY5 Poster

Hy5 ~ Identifying dehydration in care home residents using the 5 senses



Does the resident's - legs, hands, forearms look dry? (flakes of skin can look grey, or ashy). Some medications, including diuretics, and antihistamines, may dry out the skin.
 Are they drowsy?
 Do they have:
 Few or no tears?
 Low urine output which is more yellow/orange than normal?



Do they have a dry mouth, cracked lips, rough and dry tongue, and sores around the mouth?
 Is eating and swallowing difficult?
 Lack of salivation can make the tongue burn.
 Saliva helps to taste and digest food.
 A dry throat makes choking more common.
 Is there increased thirst?
 Are there food cravings for chocolate, a salty snack, or sweets?



Do they have bad breath?
 Dehydration can prevent the body from making enough saliva.
 Saliva flushes food particles from the teeth and washes acid away.



Does the resident's skin feel dry?
 Dry skin is often felt more than it's seen.
 Do the skin test
 Using 2 fingers gently pinch the skin on the back of the hand and then let it go. The skin should spring back to its normal position in less than a couple of seconds.
 If it takes longer they may be dehydrated.



Is the resident:
 Confused, complaining of a headache?
 Feeling dizzy?
 Complaining of being itchy?
 Do they have a dry mouth?
 (makes it difficult to talk).



How dehydrated are they?

A quick way to test how well the resident is hydrated is to check the colour of their urine. Use this colour chart as a guide.

Preventing dehydration

Food

Swap dry snacks with prepared fresh/frozen fruit (melon, watermelon, strawberries, tomatoes).
 Provide snacks of cut vegetables with a high water content - cucumber, celery, lettuce and leafy greens, courgettes, and peppers.
 Eat yogurt or drink smoothies.
 Aim to make half their plate fruit and vegetables.
 Sip drinks during meals.

Drink

Offer a drink at least every half hour.
 Increase cup size - using a sports bottle may be easier to hold for some residents.
 Avoid alcohol, including beer and wine.
 Consider flavoured ice lollipops and popsicles.
 Have a drink handy - if the cup is nearby it is easier to sip without even realising it.
 Adding fruit juice to water can make it more enjoyable to drink.
 Try different flavoured teas.
 Drink room temperature or cooler water.

Clothing in hot weather

Wearing one layer of lightweight, light-coloured clothing reduces the risk of dehydration.
 Change into dry clothing as soon possible if clothes get wet.

Activity

Active people get dehydrated quicker so make sure that the residents who walk a lot are hydrated.
 Discourage activity if feeling dizzy, lightheaded, or very tired.


For more information

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<http://www.lancashire.gov.uk/practitioners/health/infection-prevention-and-control.aspx>




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Appendix 4a – Donning and Doffing



Public Health
England









How to work safely as a home carer Putting on personal protective equipment (PPE)

Before putting on your PPE:

This is the type of PPE needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing.

- make sure you drink some fluids before putting on your PPE
- tie hair back
- remove jewellery
- check PPE in the correct size is available

- 1** Clean your hands using alcohol hand rub/gel or use soap and water.

- 2** Put on apron and tie at waist.

- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.

- 4** With both hands, mould the metal strap over the bridge of your nose.

- 5** Don or put on your eye protection, if required due to the risk of splashing.

- 6** Put on gloves.


Please see the Putting on and taking off PPE – a guide for care homes video here:
<https://youtu.be/ozY50PPmsvE>

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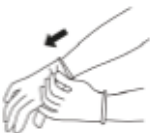
Appendix 4b – Donning and Doffing




How to work safely as a home carer Taking off personal protective equipment (PPE)

- PPE should be removed in an order that minimises the risk of self-contamination
- Gloves, aprons (and eye protection if used) should be taken off in the resident's room area
- This is the type of PPE needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing


1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.




Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.




2 Clean hands.



3 Apron. Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.




4 Remove eye protection if worn due to risk of splashing. Use both hands to handle the straps by pulling away from face and discard or disinfect before using again.




5 Clean hands.



6 Remove your facemask once your care task is completed and before you take a break, eat a snack or change activities. Untie or break bottom ties, followed by top ties, and remove by handling the ties, only because the front of the mask may be contaminated. For facemasks with elastic, stretch both the elastic ear loops wide to remove. Lean forward slightly. Discard. **DO NOT** reuse once removed.



7 Clean hands with soap and water.



Please see the guide and instruction video here:
www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes

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Appendix 5 – Catheter audit

COMMUNITY CATHETER DAILY RECORD FOR:

Patient..... NHS No.....

This form is to be used by carers performing daily catheter care.

Signs of a catheter related urinary tract infection include fever, altered mental state, or malaise/lethargy with no cause. Flank/loin tenderness, acute haematuria (refer also to troubleshooting guidance) pelvic discomfort. Cloudy/malodorous urine/ positive dipstick are NOT indications for CSU. If a CSU is obtained, please document.

*Follow manufacturer's specific guidance for any piece of equipment but generally: - valves and urine drainage leg bags are changed every 5-7 days. Night bags should be disposed of after a single use.

Date & Sign	Consent (Yes or no)	Hands decontaminated prior to intervention and an apron and a new pair of non-sterile gloves worn (yes or no)	If used, has night bag been disposed of after single use (yes or no)	Urethral meatus washed daily with soap and water (yes or no)	Catheter tube secured safely to leg using G-straps or another fixation device? (yes or no)	Drainage bag positioned above the floor and below bladder level? (yes or no)	Was urine drainage leg bag changed at this intervention? (yes or no) See * above	Hands decontaminated after intervention? (yes or no)	Specify any problems identified during the intervention or from your observations, and the actions taken.

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Appendix 6 – SEPSIS Information



Your immune system is what protects you from many illnesses. It's your defense system. Your immune system recognizes dangers to the body and fights bacteria, viruses, and other dangerous microorganisms to keep you healthy.

The immune system is made up of cells, proteins, and organs. For most people, it works well, although they still may get sick or contract an infection from time to time. This is why we get vaccinations against illnesses like tetanus, measles, and polio. Vaccines trick your body into thinking it already had the illness, making you immune to it. Other medications, like antibiotics, antivirals, antifungals, and antiparasitics help your body fight infections that do develop.

For a variety of reasons, many people are immunocompromised, which means their immune system either doesn't work well or is not working at all. People who are immunocompromised are at higher risk of contracting infections, which increases their risk of developing sepsis. These infections may also be more severe.

Sometimes incorrectly called blood poisoning by members of the general public, sepsis is the body's often deadly response to infection. Sepsis kills and disables millions and requires early suspicion and treatment for survival.

Sepsis and septic shock can result from an infection anywhere in the body, such as pneumonia, influenza, and urinary tract infections. Worldwide, one-third of people who develop sepsis die. Many who do survive are left with life-changing effects, such as post-traumatic stress disorder (PTSD), chronic pain and fatigue, organ dysfunction (organs don't work properly) and/or amputations.

SEPSIS INFORMATION GUIDE – SEPSIS AND IMMUNE SYSTEM

CAUSES

There are several reasons why someone may be immunosuppressed. Here are some of the more common ones:

Cancer Treatment

Some diseases, like cancer, are often treated with chemotherapy. While chemotherapy can be quite effective in fighting the cancer cells, it can also destroy some of the body's healthy cells, including those that help fight infection. When people are undergoing chemotherapy, they must be careful not to be exposed to anything that could cause illness.

Some people with cancer and other serious illnesses require a bone marrow or stem cell transplant. This also makes it hard for your body to fight infection. To prepare people for such a transplant, they must undergo chemotherapy and sometimes radiation therapy. This will destroy cancer cells and depress the immune system, so the body doesn't reject the transplant.

Organ Transplants

Organ transplants are occurring more often now, allowing people to live longer and to improve their quality of life. However, the body of the transplant recipient may see these new organs as invaders, so the immune system will try to fight them. To keep the body from rejecting the organ, people with organ transplants must take immunosuppressant drugs, or anti-rejection drugs. These drugs also can reduce the body's ability to fight other infections, such as colds, the flu, and more.

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Splenectomy

Your spleen is a small organ found in the upper part of your abdomen, near your stomach. It helps filter your blood and stores platelets and white blood cells, which fight infection. Certain illnesses, such as sickle cell anemia, can reduce how well your spleen works. Technically, you can live without your spleen. It may be surgically removed because it is too swollen to work properly, or it may have been damaged through trauma, such as a car accident. Occasionally, people are born without a spleen. People without spleens must be particularly careful to avoid being exposed to anything that may cause an infection.

Medications

Some medications are very useful in helping treat illnesses, even preventing death. However, they can also have serious side effects, like making you more susceptible to developing an infection. These include medicines like corticosteroids, such as prednisone, and TNF inhibitors, which may be prescribed for rheumatoid arthritis or psoriasis.

Having an immune system that has been suppressed is a risk factor for infection, so extra care must be taken with infection prevention, such as proper hand washing, up-to-date vaccinations, and treating any infections as soon as they are noticed. If you are immunocompromised and suspect you may have an infection, mention your immunocompromised status to the healthcare professionals. This will help them with your care.

WHAT IS SEPSIS

SEPSIS is the body's overwhelming and life-threatening response to infection, which can lead to tissue damage, organ failure, and death.

Sepsis is a toxic response to an infection. There is no single sign or symptom of sepsis. It is, rather, a combination of symptoms. Symptoms can include ANY of the following:

- S** – Shivering, fever, or very cold
- E** – Extreme pain or general discomfort (“worst ever”)
- P** – Pale or discolored skin
- S** – Sleepy, difficult to rouse, confused
- I** – “I feel like I might die”
- S** – Short of breath

What should I do if I think a loved one or I have sepsis?

If you suspect sepsis, call 9-1-1 or go to a hospital and tell your medical professional, “I AM CONCERNED ABOUT SEPSIS.”

SEPSIS IS A MEDICAL EMERGENCY

IF YOU SUSPECT SEPSIS, CALL 9-1-1 OR GO TO A HOSPITAL

To learn more about sepsis, or to read tributes and survivor stories, visit us online at Sepsis.org



SEPSIS ALLIANCE

Suspect Sepsis. Save Lives.™

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The information in this pamphlet is intended for educational purposes only. Sepsis Alliance does not represent or guarantee that this information is applicable to any specific patient's care or treatment. The educational content here does not constitute medical advice from a physician and is not to be used as a substitute for treatment or advice from a practicing physician or other healthcare provider. Sepsis Alliance recommends users consult their physician or healthcare provider regarding any questions about whether the information in this pamphlet might apply to their individual treatment or care.

Videos

Sepsis six = <https://www.youtube.com/watch?v=bLroZmtEtyo>

It is sepsis, not flu! = <https://www.youtube.com/watch?v=69s6ezhwTWQ>

Sepsis awareness = https://www.youtube.com/watch?v=lok_NB_soNQ

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Appendix 7 – Instructions for NHS app

HOW TO GET YOUR PROOF OF COVID VACCINE PASSPORT FOR EMPLOYMENT PURPOSES



1. **Download the NHS app**
2. **Or log in online using: <https://covid-status.service.nhsx.nhs.uk/>**
3. **Click continue with NHS login**
4. **Sign in (Or sign up if you do not have a log in)**
5. **When the app logs you in, under 'Popular services' it will say 'Get your NHS COVID pass' – click this then press 'Travel' – This will give you your full covid vaccination record.**
6. **Click either 'Download a PDF copy' and share this via email to Caroline, or if you are unsure how to do this click 'Receive an offline copy by email' and enter your email address. Press confirm and send email. You will then receive this to your email address which you can forward to Caroline directly.**
7. **It will show you three separate parts for each vaccine – Caroline will need all of them. You can scroll on your phone left to right to get each one or on the computer you can click the arrows to go to the next one.**

I would advise to try and do the above steps on a computer/laptop if you struggle with downloading using your phone and attaching to an email on your phone. It is easier to do the above steps on a computer.

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Appendix 8 – Outbreak PIR

Outbreak PIR	
Name of Home or Organisation	
Service Lead/Manager conducting PIR	
LCC IPCN supporting the PIR	
Type of outbreak identified (GERMS)	
Date outbreak identified	
Number of symptomatic residents	
Number of symptomatic staff	
Date outbreak closed	

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Appendix 10 – Identifying learning outcomes

Identifying Learning Outcomes						
Infection Source		Action Plan				
Chain of infection	What is it?	How/Why did it occur?	What IPC practices can you implement to prevent further infection?	Who will be responsible for actioning these IPC practices?	When will these IPC practices be implemented by?	
Type of GERM : (Gastrointestinal, Ectoparasites, Respiratory, Multi-drug resistance organisms, Skin)						
Have you identified the Reservoir ? e.g. people, environment, food, water animals						
Have you identified the portal of exit ? e.g. diarrhoea, vomit, coughing, sneezing, blood						
Have you identified the mode of transmission ? e.g. hands, food/water, air, equipment, sharps						
Have you identified the portal of entry ? e.g. invasive devices, inhalation, digestion, broken skin, urinary tract						
Have you identified the susceptible host ? e.g. elderly, immunosuppressed, diabetes, underlying disease						

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Appendix 11 – Useful links

Lancashire County Council Infection Prevention and Control team – training resources, handouts, posters webinars, audit proformas:

[Infection prevention and control - Lancashire County Council](#)

Gov.uk - Notification of Infectious Diseases

[Notifications of infectious diseases \(NOIDs\) - GOV.UK \(www.gov.uk\)](#)

Public Health England – for guidance and advice

[Public Health England - GOV.UK \(www.gov.uk\)](#)

Health Protection Teams

[Contacts: UKHSA health protection teams - GOV.UK \(www.gov.uk\)](#)

Health and Safety Executive

[HSE: Information about health and safety at work](#)

Policies Referenced:

COVID-19 Policy and Procedure (Located in: L:\clifton home care MASTER FOLDER\COVID-19 AND FLU VACCINE INFO\Policy & Procedure)

Disciplinary Policy and Procedure (Located in: L:\clifton home care MASTER FOLDER\Policys\Policy & Procedure Staff File\Policys in Word)

Sickness Policy and Procedure (Located in: L:\clifton home care MASTER FOLDER\Policys\Policy & Procedure Staff File\Policys in Word)