**POLICIES & PROCEDURES - DOCUMENT**  
**C28 COMMUNICABLE DISEASES & INFECTION CONTROL**

It is the policy of West Wales Shared Lives to ensure that the Shared Lives Carer understands the risks posed by communicable diseases and in particular blood borne viruses and works in a way that minimizes those risks through good hygiene and the use of safe working practices.

The policy should be read alongside West Wales Shared Lives’ policies on risk assessment and risk management, safe working practices and food hygiene.

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<tbody>
<tr>
<td>1</td>
<td>West Wales Shared Lives will ensure, through training or explanation, that all Shared Lives Carers understand the risks posed by communicable diseases and the working practices that will minimise those risks.</td>
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<td>2</td>
<td>West Wales Shared Lives will ensure that Shared Lives Carers understand that hand hygiene is the single most effective means of controlling information and will, through training and explanation, encourage good practice in this area.</td>
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<td>3</td>
<td>West Wales Shared Lives will ensure that Shared Lives Carers understand the methods through which the most common blood-borne viruses, Hepatitis B, Hepatitis C and HIV, are transmitted.</td>
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<td>4</td>
<td>West Wales Shared Lives will ensure that Shared Lives Carers are aware of the availability of immunisation against infection by Hepatitis B. West Wales Shared Lives will encourage Shared Lives Carers supporting people considered to be at risk of infection by Hepatitis B (e.g. people who have lived in large institutions such as long stay hospitals) to seek immunisation.</td>
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<td>5</td>
<td>West Wales Shared Lives will require all Shared Lives Carers (regardless of vaccination) to use the practice of ‘universal precaution’ when dealing with blood and bodily fluids. Instead of relying on being able to identify “high risk” people the application of universal precautions requires that ALL blood and body fluids should be seen as potentially infectious and appropriate protective action taken. These precautions are:</td>
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<tr>
<td>5.1</td>
<td>To wash hands before and after contact with Service Users</td>
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<td>5.2</td>
<td>To wear gloves, aprons, masks when contact with blood or body fluids, mucous membranes or broken skin is anticipated and to wash hands after protective clothing has been removed.</td>
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<td>5.3</td>
<td>To change gloves between each Service User and contact.</td>
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<td>5.4</td>
<td>To cover any wounds or broken skin with a waterproof dressing or gloves.</td>
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To avoid using sharp objects where possible and where it is essential to take particular care in their handling and disposal.

To avoid wearing open footwear in situations where blood or body fluids have been spilt or where sharp objects are being handled (it is unlikely insurance will be able to be claimed if open footwear is worn).

To clear up any spillage of blood or body fluids promptly and disinfect surfaces with 1 part bleach to 10 parts water.

To dispose of any contaminated waste into sealed bags. To take advice from the local continence advisor or GP as to the ongoing safe disposal of waste.

To handle all laundry soiled with body fluids with care and to place in suitable bags prior to laundering. Laundry should be washed with biological detergent using the hot wash cycle of the washing machine to a temperature of at least 80 degrees. If this is not possible the Royal College of Nursing recommend soaking in cold water and biological washing powder and then washing in very hot water and washing powder. (Adapted from UK Health Department guidance for clinical health care workers 1998)

Application of these precautions will vary according to the amount of anticipated contact that the Shared Lives Carer has with blood or other body fluids. The risk of exposure must be assessed for each situation by the Shared Lives Carer and the appropriate action agreed.

Gloves and other necessary protective equipment should be used if risk assessments have identified them as being necessary.

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<tr>
<th>Document Name:</th>
<th>C28 Policy</th>
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<tr>
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<td>Document Review History:</td>
<td>01-2008</td>
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