

Operational policy matters (Wales) May 2024

This communication will be of interest primarily to CEOs, care managers and chairs of trustee boards operating across Wales.

1.0 RESPONSIBILITIES

- 1.1 Adoption of each policy by the organisation's board of trustees is an insurance requirement for those organisations whose insurers are brokered through Gallaghers Insurance.
- 1.2 Trustees are personally responsible for ensuring managers have systems in place to implement the content of policy documents in their organisation
- 1.3 Managers will ensure that changes to policy, procedure and guidance documents resulting from the review process are brought to the attention of relevant staff.

2.0 REVIEWED POLICY DOCUMENTS

- Infection prevention and control (D01)
- Safeguarding adults – Wales (B05)
- Safeguarding and child protection – Wales (C01)

3.0 GENERAL AMENDMENTS

- 3.1 Under the acceptance section of each reviewed procedure document within the Operational Policy Framework, managers are directed to provide an audit trail (for example, signature) to demonstrate that participating staff have 'received, read and understood' the content, and if not, to give them the opportunity to discuss their concerns, and provide them with additional training as necessary.

4.0 INFECTION PREVENTION AND CONTROL (D01)

Referred to as IPC in the report below.

Policy for trustees

- 4.1 Staff whose role includes potential exposure to non-intact skin or mucous membranes, as well as blood or other body fluids, risk acquiring and / or spreading infection or infectious disease (policy 2.1)

- 4.2 The organisation seeks to operate robust, effective systems that provide staff with ongoing information, instruction, training and supervision in relation to IPC as relevant to their role (policy 2.2).
- 4.3 Trustees will ensure the organisation has sufficient resources available to secure effective IPC in all the services it provides (policy 3.2).
- 4.4 The following legislation has been added to the existing list:
- [Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) \(Coronavirus\) Regulations 2021](#) has been added to the list of relevant legislation (policy 4.1).
 - Personal protective equipment (PPE) at work 2022 (policy 4.2)
- 4.5 IPC risk assessments will include staff vaccination / immunisation status and any immunocompromised or pregnancy considerations (policy 5.2).
- 4.6 Definitions of the following terms have been updated and /or expanded.
- Parasite (now listed as an example of a pathogen).
 - Infection.
 - Infectious disease.
 - Healthcare associated infection. ry in the community.
 - Mucous membrane.
- Policy – Appendix 1).
- 4.7 The term ‘inoculation injury’ has been redefined as ‘an injury that occurs where one person’s body fluid gains entry into another person’s body, risking the transmission of a blood-borne disease. Examples have been added of the ways in which this can happen (policy – Appendix 1).
- 4.8 Urine, faeces, vomit, sweat, tears, skin, and sputum are not considered to pose a high risk of blood-borne infections, unless they are bloodstained (policy – Appendix 1

Procedure for managers (D01b)

- 4.9 It is important that the responsibilities of each member of staff regarding IPC are clear and unambiguous throughout the organisation (procedure 2.1).
- 4.10 Senior managers have a responsibility to ensure there are systems in place to:
- respond effectively to staff inoculation injuries, including speedy access to medical assessment and post-exposure prophylactic treatment as necessary
 - encourage both service users and staff to raise any IPC concerns / issues / suggestions and ensure timely feedback as appropriate. (Procedure 2.2.)

- 4.11 The organisation's IPC lead will have the necessary skills, knowledge and qualifications to assess, audit, monitor and drive improvement in the quality and safety of services provided in relation to IPC and to effectively investigate any episode of infection transmission within the organisation (procedure 2.3.1).
- 4.12 The IPC lead will ensure that staff receive IPC training relevant to their role, duties and level of responsibility, with ongoing updates in line with NHS England Infection Prevention and Control Educational Framework and know what action to take in event of an IPC incident such as an inoculation injury (procedure 2.3.2).
- 4.13 The IPC lead will produce an annual IPC statement and make it available on request, including to people using services as well as to regulatory authorities (procedure 2.3.4).
- 4.14 IPC risk assessment will include the anticipated level of staff exposure to non-intact skin and mucous membrane, as well as exposure to blood and/or other body fluid as previously stated (procedure 3.2, 4.7.3, 4.7.5).
- 4.15 Standard infection control precautions are described as 'the basic measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection', in line with the NHS England definition (procedure 4.1).
- 4.16 Staff will be trained how to sensitively support service users where appropriate, with all aspects of infection prevention as relevant to their situation, particularly the importance of effective hand hygiene and respiratory / cough hygiene (procedure 4.3).
- 4.17 When staff are involved in food handling in a person's home, the assessor will check that preparation and storage areas are free from visible dirt and debris (procedure 4.6.3).
- 4.18 The IPC specialist has added a link to chapter 2 of the National Health Service Executive (NHSE) Infection Prevention and Control Manual (IPCM) to provide managers with further information concerning the use of personal protective equipment (PPE) as a transmissions-based precaution (procedure 4.7.1).
- 4.19 The IPC specialist has added that PPE must be disposed of safely in the correct waste stream, with a link again added to the relevant section of the NHSE IPCM (procedure 4.7.2).
- 4.20 In relation to disposable gloves, both the UKCA (UK Conformity Assessed) and CE (European Conformity) marks are acceptable and can be used

either separately or alongside each other (Dept of Business and Trade (August 2023) (procedure footnote 4.7.4).

- 4.21 If allocated care workers are required to use FFP3 protective face masks, they will be given additional training which will include awareness of post-AGP (aerosol generating procedure) fallow times (usually 60 minutes) during which time they should continue to wear the PPE provided (procedure 4.7.6).
- 4.22 The IPC specialist has added that an awareness of NHS legislation (link provided) can be a useful resource to implement core principles for waste management (procedure 4.8.1).
- 4.23 It is important to ensure that staff are given the necessary laundry management information relevant to the setting in which they are providing services (procedure 4.9.1).
- 4.24 Where regulated care and support is provided in a person's own home, the care planner / assessor will provide details of how to safely handle dirty / contaminated laundry and how to clean non-clothing items such as hoist slings, including what PPE to wear (procedure 4.9.2).
- 4.25 It has been added that for transmission of a blood-borne virus to occur, there has to be transmission of an infectious dose of body fluid into a susceptible recipient. Urine, faeces, vomit, sweat, tears, skin, and sputum are not considered to pose a high risk of blood-borne infections, unless they are bloodstained (procedure footnote 4.10.1).
- 4.26 The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 do not apply directly to domiciliary settings but should be considered by care managers as best practice to ensure the safety of their domiciliary care staff (procedure footnote 4.11.1).
- 4.27 A link has been added to the UK Health Security Agency publication on healthcare staff immunisation requirements (procedure 5.1).
- 4.28 The definition of offensive waste (also referred to as hygiene waste) has been updated to state that it:
- is not clinical waste
 - is not infectious, but may contains body fluids, secretions or excretions
 - may be offensive in appearance and may smell
 - is classed as non-hazardous under environmental legislation.
- Procedure – Appendix 1

Guidance for staff and guidance for volunteers (D01c, D01d)

- 4.29 Staff whose role includes potential exposure to non-intact skin or mucous membrane, as well as to blood or other body fluids, are at risk of acquiring

and / or spreading infection or infectious disease (guidance for staff 1.3, guidance for volunteers 1.2).

Hand hygiene and standard infection control precautions (D01e)

- 4.30 At the start of the document, it has been added that:
- the term 'staff' refers to employees and volunteers
 - the term 'care worker' refers to employees who provide care and support to people with care needs
 - its content is to be implemented by all staff throughout the organisation, as relevant to their role.
- 4.31 The following information has been added to the list of essential actions necessary for effective hand washing.
- Fingernails are to be kept clean and short.
 - Artificial nails or nail products are not to be worn.
 - All cuts or abrasions are to be covered with a waterproof dressing.
 - Nailbrushes are not to be used as they can damage the skin, creating an environment for pathogens to thrive.
- Precautions 1.2.2
- 4.32 Staff are directed to remove all hand and wrist jewellery as part of effective hand hygiene. However, a footnote has been added which states that:
- they are permitted to wear a single, plain metal finger ring but should move it slightly during hand hygiene so that the area beneath is cleansed
 - they can wear a religious bangle but should move it up the forearm during hand hygiene and secure it during care activities.
- Precautions footnote 1.2.2, 2.7
- 4.33 Alcohol-based handrubs are harmful if swallowed and are flammable so their use must be risk assessed (precautions 1.3.1 footnote).
- 4.34 Where clean running water and adequate hand hygiene facilities are unavailable, it is recommended that staff use hand wipes followed by an approved hand sanitiser, then wash their hands with soap and water at the first opportunity, as recommended by NHS England (precautions 1.3.3).
- 4.35 Staff will be trained how to sensitively support service users where appropriate, with all aspects of standard infection prevention as relevant to their situation, including the importance of effective hand hygiene and respiratory / cough hygiene (precautions 2.3, 2.8).
- 4.36 Personal protective equipment should be used only when all other controls are considered insufficient to manage the assessed risk of

infection, must be disposed of after use into the correct waste stream and must be discarded if damaged or contaminated (precautions 2.9)

4.37 Disposable gloves are required when applying topical creams or medications which might be absorbed into the skin of the care worker applying them (precautions 2.9.1).

4.38 Staff are directed to:

- use disposable wipes where possible when cleaning spillages of body fluids / body waste (precautions 2.10)
- not place soiled linen on the floor or on surfaces (precautions 2.11.2).
- remove any debris from a person's hoist sling if it is dirty or soiled and follow the manufacturer's instructions for cleaning / laundering, using the recommended detergents and water temperature (precautions 2.11.4)
- always dispose of offensive and clinical waste straight away and as close to point of use as possible (precautions 2.13.1, 2.13.2).

Safe use and disposal of sharps (including action following an inoculation injury) (D01f) Please note: the title of this document has been amended.

4.39 The main risk of staff incurring a sharps injury is from a scratch or puncture wound to the skin from a contaminated hypodermic needle (needlestick injury) (sharps management 2.1)

4.40 Definitions of a pathogen, sharp and inoculation injury have been updated and expanded with examples given (sharps management Appendix 1).

4.41 It is the responsibility of the person generating medical sharps waste to immediately dispose of it safely into an approved sharps container (sharps management – Appendix 2).

4.0 SAFEGUARDING ADULTS (B05)

Safeguarding Adults Policy (B05a)

4.1 which together outline the organisation's approach to safeguarding adults at risk¹, aged 18 and over. Their contents are relevant to all staff and volunteers working for and on behalf of the organisation. (Policy 1.1)

4.2 More than words practice guidance link added (Policy 2.2)

4.3 Changed wording to Pandemic (policy 3.4)

4.4 Link updated (policy 4.1)

¹ Definition of adult risk is included in appendix 1

Safeguarding Adults Procedure for Managers (B05b)

- 4.5 Changes have been made to remove irrelevant wording (Procedure 5.1-5.4).
- 4.6 [Information-sharing-to-safeguard-children-and-adults.pdf](#) is a quick and easy guide (Procedure 7.1)
- 4.7 Please note that In the case of domestic abuse - it may be better to signpost the individual to the relevant support agency as raising an alert may put the person at greater risk. (procedure 7.3.3)
- 4.8 The Safeguarding Adults Officer must ensure they receive confirmation of their written referral from the Adults Social Care Safeguarding or Duty Team within seven working days and should contact them again if no response during this period. (Procedure 7.6) See [volume-6-handling-individual-cases-to-protect-adults-at-risk.pdf \(gov.wales\)](#)
- 4.9 Link added as footnote (procedure 9.5)
- 4.10 Audit trail in some form e.g. signing that they have 'received / read and understood' (procedure 10.1)

Safeguarding Adults Procedure for Staff (B05c)

- 4.11 Reporting Section 3.0 and 4.0 has been removed to avoid duplication.

Safeguarding Adults Procedure for Volunteers (B05d)

- 4.12 Reporting Section 3.0 and 4.0 has been removed to avoid duplication.

Abuse of Adults (B05e)

- 4.13 Link updated (abuse 2.9)

5.0 SAFEGUARDING CHILDREN (C01)

Safeguarding Children Policy (C01a)

- 5.1 Link updated (policy 1.4)

Safeguarding Children Procedure for Managers (C01b)

- 5.2 Link updated (procedure 3.1)

- 5.3 notification by another local authority that a child subject of a Child Protection Plan has moved into the area. (Appendix 3)

Safeguarding Children Procedure for Volunteers (C01d)

- 5.4 Section 3 removed to avoid duplication.

- 5.5 If you have not understood or have questions about its content, inform your co-ordinator; you will be given the opportunity to discuss your concerns and provided with additional information / instruction as necessary. (new paragraph 7.2)
- 5.6 On completion of training, it is your personal responsibility to comply with this guidance. (new paragraph 7.3)

Abuse of Childrens (C05e)

- 5.7 Any of these settings may use restrictive practice. These are ' activities that stop people from doing the things they want to do or encourages them to do things they don't want to do'². These practices can be obvious or subtle. (Abuse 2.4)
- 5.8 Link updated (Abuse 3.1)
- 5.9 The Domestic Abuse Act 2021 states that: 'behaviour of a person (“A”) towards another person (“B”) is “domestic abuse³” if A and B are each **aged 16 or over** and are personally connected to each other, and the behaviour is abusive'. (Abuse 8.3)
- 5.10 Link updated (Abuse 12.5)
- 5.11 Link updated (Abuse 13.1)

6.0 'TOOLS'

- 6.1 The following associated guidelines and forms have been revised and updated:
- care worker handbook – AT07a
 - care practice documents for care workers – AT07b
 - model service user guide – AT08
 - list of operational policies by quarterly review – AT11
 - model quality assurance policy for regulated care services – AT19
 - model sustainable development policy (previously environmental policy) – AT12a
 - model sustainable development guidelines (previously environmental guidelines) – AT12b
 - body maps adults – BT07
 - child chart – CT07
 - common sites of injury (adult) – BT08

² Positive Approaches to Reduce Restrictive Practice <https://socialcare.wales/positive-approaches-to-reduce-restrictive-practices>

³ [Statutory definition of domestic abuse factsheet - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674422/statutory-definition-of-domestic-abuse-factsheet.pdf)

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- common sites of injury (child) – CT08
- Children’s club forms – CT12
- Hepatitis – DT11a
- TB – DT11b
- MRSA – DT11c
- HIV – DT11d
- action required in a safeguarding incident – DT13

If you have any queries relating to documents referred to above, please send them to the dedicated helpline at CareOPFhelpline@carers.org where they will be addressed on a weekly basis.