COMMUNITY ACCESS TEAM SERVICE USER WRITTEN AGREEMENT. 2015

Section 1 General conditions

Transport: This will be provided by Midlothian Council. Where you need to cancel your bus service, please notify Transport no later than 24 hours before. Richard Dunbar and Forbes Brash can be contacted on: 0131 561 5466/67

Cost: Funding for the Community Access Team's service is agreed before the commencement of service. Some specific activities may incur additional cost on occasion – you will be made aware of this in advance.

Care Management: For any enquires please contact Adult and Community Care on 0131-271 3900 or swccenquiries@midlothian.gov.uk

CAT Management: We can be contacted by mobile phone: 07703 972 100 or 07768 688 889.
E-mail: gary.copland@midlothian.gov.uk or neil.stewart@midlothian.gov.uk

Key Workers: Your keyworker (DSO) is your main point of contact with CAT

Review arrangements: Your service with CAT will be reviewed at least once per year. It is important for you and/or your parent/carer to attend these meetings to help us improve our support.

Open Access files: You have access to your personal file. You will however need permission where there is private information about other people. Please note, we are gradually phasing out paper files and in future all such documents will be computer based. You retain right of access.

Alcohol & Drugs: While staff alcohol and drugs consumption is strictly prohibited during work hours service users can drink moderately in special, authorised circumstances

[Midlothian Alcohol and Drugs Misuse Policy]

Medication: Staff will keep safe and administer medication on your behalf in accordance with Midlothian Council`s Medication Policy. However staff will need proof that this medicine has been prescribed by your GP

Smoking: Staff are not permitted to smoke while at work. However you can smoke as long as it is outside and the tobacco fumes do not affect other people`s health

Quality Within the Adult and Community Care Service, our Quality Assurance Officer has responsibility for monitoring the quality of our service. The Community Access Team is also inspected annually by the Care Inspectorate to ensure we are meeting the care standards for support services. All reports are accessible to carers and individuals using the service. The Care Inspectorate can be contacted at:

Stuart House
Musselburgh

East Lothian

EH21 7PB 0845-600-8335

http://www.scswis.com

Complaints: CAT has an informal complaints procedure which enables any issues and concerns you have, to be dealt with promptly. In these instances please contact our management team [see above].

You can also raise your concerns through Midlothian Council: Joan Griffith. Client Relations Officer. 271 3645

CAT Closures: . In order to ensure our staff are able to deliver the service as effectively as possible it is necessary to have occasional in-service days for training and development – on these occasions we will not be able to offer a service. Also we observe certain public holidays through the year

You and your carers or family will be informed of these in good time in writing. When a cancellation is necessary at short notice we will contact you by phone. Where cancellation is due to severe weather conditions, we will inform you as soon as possible. Alternatively contact the Transport number above.

Carers / Guardians Agreement

Parents and carers will ensure CAT staff or management are notified in good time, should there be unforeseen circumstances effecting the service users` normal day service routine

I agree with the conditions stated above:

Name

Designation:

Date:

Name

Designation:

Date:

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Section 2.

SALE OF WORK PRODUCED BY SERVICE USERS PRIMARILY ARTS AND CRAFTS

Given CAT`s organisational structure, any proceeds made through sale of work is, at this stage, relatively small. It is unlikely in any way to effect an individual`s disability allowance, nor is it a source of dependable income.

While the individual artist creates the product, it should be recognised that the art work is a collaborative product with the artist benefiting from the expertise of staff as well as equipment and materials provided by Midlothian Council.

Each written agreement between service user and the Community Access Team must acknowledge artistic ownership in two ways:

“Financial” and Creative Ownership

Financial: The proceeds from the sale of individual artist`s work will be ploughed back into payment for additional materials such as frames, gallery hire, specialist equipment etc. In the case of the McSence arts and craft group, this will collectively benefit all participants.

Creative Ownership (Intellectual Property]: As any artwork is the result of a collaborative process between the artist and the Community Access Team, I agree that any of my artworks can be reproduced. However if the subject of a specific artwork is of a sensitive and private nature, staff will only display or reproduce this with my agreement.

Unless choosing to remain anonymous, the art product should clearly acknowledge the artist`s name.

I agree with the conditions stated above:

Name

Designation:

Date:

Name

Designation:

Date:

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Section 3 Infection Control

On occasion, service users may become unwell. Should they be suffering from an infectious condition, advice must be sought from the Community Access Team regarding the suitability for service users to attend. The Community Access Team staff will always refer to the Lothian NHS Board Health Protection Team`s “Recommended Periods of Absence for Communicable Diseases - Adults”. We would ask that parents and carers comply with advice given. Where the service user needs to go home, home-staff need to accommodate this contingency.

I agree with the conditions stated above:

Name

Designation:

Date:

Name

Designation:

Date:

LOTHIAN NHS BOARD
HEALTH PROTECTION TEAM
Recommended Periods of Absence for Communicable Disease - Adults

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
Campylobacter	3-4 Days (Can be 1-10 days).	Food borne. Contaminated food and water. Contact with infected animals.	Low risk of transmission from person to person can occur, especially where there is poor hygiene practice.	Until clinically recovered and diarrhoea has ceased for 48hrs.	None	Practice good hygiene, specifically hand hygiene.
Chickenpox (Varicella Zoster)	15-18 days (Can be 10-21 days).	Direct person to person contact – airborne and droplet spread.	High risk of transmission from 2 days before rash onset until all the lesions have crusted.	Until vesicles become dry (approx 7 days) but a minimum of 5 days after rash onset.	Healthcare workers without a history of chickenpox may be excluded by HPT.	Pregnant women and the immuno-compromised who are contacts of cases should seek medical advice as soon as possible.
Colds	12hours to 5 days (Commonly 48 hours).	Respiratory droplet. Contact with secretions.	High risk of transmission during active infection.	None.	None.	Practice good hygiene. Practice good cough etiquette
Cold sores (Herpes Simplex)	2-12 days.	Direct contact with oral secretions or direct contact with lesion.	High risk of transmission until lesion crusted.	None.	None.	Practice good hygiene. Health education. Avoid kissing and contact with sores. Mild self limiting.
Conjunctivitis	1-3 days.	Contact with discharges.	High risk of transmission whilst symptomatic.	If unwell and a serious infection stay off until eye no longer inflamed and infected.	None.	Practice good hygiene. If outbreak or cluster inform HPT.

LOTHIAN NHS BOARD
HEALTH PROTECTION TEAM
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Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
Cryptosporidiosis	7-10 days (Can be 1-21 days average 7 days).	Faecal-oral. Waterborne. Contact with animal faeces.	High risk of transmission from person to person.	Until clinically recovered and diarrhoea has ceased for 48hrs. Avoid swimming until 2 weeks after symptoms cease.	None.	Practice good hygiene. Follow up by HPT/Environmental health.
Cytomegalovirus (CMV)	Variable. 3-8 weeks but can be up to 12.	Intimate exposure. Contact with infected tissue or fluids (e.g. body fluids/blood).	High risk of transmission through intimate contact with fluids, whilst organism present. Carriage may persist for many months.	None.	None.	Practice good hygiene.
Diarrhoea and Vomiting	Dependent on causative organism.	Often food or waterborne or due to poor hygiene. Can be faecal-oral. Some viruses may be airborne.	High risk of transmission whilst symptomatic, though dependent on cause.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to disease).	None (If cause known refer to disease).	Practice good hygiene (If cause known refer to disease).
Diphtheria (very rare in UK)	2-5 days but may be longer.	Contact with discharge from lesions. Airborne droplet spread. Direct contact with respiratory discharges.	Not highly infectious. Prolonged close contact is normally required for transmission. Cases remain infectious for up to 4 weeks after symptom onset or after 3 days of appropriate antibiotics.	Until clinically recovered and bacteriological specimens are clear. Always consult with local health protection team as exclusion will apply.	Household contacts should be excluded until specimens are clear.	Notifiable. Investigation by HPT Preventable by vaccination. Contact tracing will be required.

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HEALTH PROTECTION TEAM
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				Cases	Contacts	
Dysentery (Bacillary) =*Shigella flexneri* *Shigella boydii* *Shigella dysenteriae* **Shigella sonnei*	1-3 days (Can be 8hrs to 7 days).	Faecal-oral. Food borne. Occasionally waterborne	High risk of transmission from person to person especially whilst cases are symptomatic.	=2 negative stool specimens for groups A, B, C and D taken 24 hours apart. * 48 hours symptom free.	None. Unless contacts are symptomatic	Notifiable Practice good hygiene. Follow up by EHO/HPT.
E.coli O157 (VTEC)	2-7 days (Can be 1-14).	Faecal-oral. Food borne. Contact with animal faeces.	Very high risk of transmission from person to person. Cases can still pass on infection once asymptomatic and contacts can carry E-coli O157 with no symptoms and pass it on.	2 negative stool specimens for groups A, B, C and D taken 24 hours apart. Otherwise until clinically recovered and diarrhoea has ceased for 48 hrs.	2 negative stool specimens for groups A, B, C and D taken 24 hours apart. Otherwise 48 hrs symptom free.	Notifiable. Follow up by HPT/EHO. Practice good hygiene
Fifth Disease (Parvovirus B19 or 'slapped-cheek' disease)	13-18 days (4-20 days).	Through contact with respiratory secretions.	High risk of transmission 7 days before rash appears until onset of rash. Most adults are immune to parvovirus.	Until clinically recovered.	None.	Pregnant women, immunocompromised and people with haemolytic anaemia should avoid contact with known cases.
Food Poisoning	Dependent on causative organism.	Food borne.	Variable. Usually low risk of transmission if asymptomatic.	Until clinically recovered and diarrhoea has ceased for 48hrs. (If cause known refer to disease).	None. (If cause known refer to disease).	Practice good hygiene.

LOTHIAN NHS BOARD
HEALTH PROTECTION TEAM
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Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
German Measles (Rubella)	14-17 days (Can be 14-21 days).	Droplet spread or direct contact with secretions.	High risk of transmission from 1 week before onset of rash to at least 6 days after.	Until clinically recovered but at least 6 days after onset of rash.	If contacts work with vulnerable groups or in large institutions they may be excluded by HPT.	Notifiable. Follow up of cases by HPT. Pregnant women should consult their GP or midwife if exposed. Children should be immunised with MMR.
Giardiasis	7-10 days (Can be 5-28 days).	Waterborne. Faecal-oral.	High risk of transmission whilst organism present in stool.	Until clinically recovered and diarrhoea has ceased for 48hrs	None.	Notifiable. Follow up by HPT/EHO. Practice good hygiene.
Glandular Fever (Infectious Mononucleosis)	4-6 weeks.	Close contact with pharyngeal secretions (e.g. kissing). Indirectly on hands.	Carriage may be prolonged with high risk of transmission.	Until clinically recovered.	None.	
Group A streptococcal infection	1-4 days for acute infection, 2-3 weeks for untreated sore throat	Person to person	Low risk of transmission	Until clinically recovered and 24 hours after appropriate antibiotics	None unless symptomatic. Information will be given to close contacts	HPT will investigate cases of invasive group A strep
Haemophilus Influenzae B (HIB)	Unknown but probably 2-4 days.	Respiratory droplet or contact with secretions.	High risk of transmission whilst symptomatic and/or whilst organism is present in nasopharynx. Non infectious after 48 hours of appropriate antibiotic treatment.	Until clinically recovered but at least 48 hours after commencing treatment.	None.	Investigation by HPT. Children should have been immunised pre-school.

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HEALTH PROTECTION TEAM
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				Cases	Contacts	
Hand, Foot & Mouth Disease	3-5 days.	Direct contact with faeces, blisters and respiratory droplets (aerosol droplet spread).	High risk of transmission during acute stage of illness (occasionally longer as virus can persist in faeces for several weeks).	When clinically recovered.	None.	Report outbreaks to HPT. Practice good hygiene.
Head Lice	Head lice mature in 6-12 days and live for about 20 days.	Direct head to head contact.	High risk of transmission until adequately treated.	Until treated. (After first treatment and no visible live lice). Treatment only recommended when live lice are seen.	None if asymptomatic.	Health education. Practice good hygiene.
Hepatitis A	28-30 days (Can be 15-50).	Faecal-oral. Waterborne.	High risk of transmission from two weeks before onset of jaundice until one week after jaundice starts.	Until 7 days after onset of jaundice (if present) or other symptoms.	None. (unless they have symptoms suggestive of hepatitis A or are food handlers)	Notifiable. Follow up by HPT/EHO. Practice good hygiene.
Hepatitis B	2-6 months (Commonly 2-3).	Blood borne. Mother to baby vertical transmission. Sexual transmission. Sharing injecting equipment.	Infectious during incubation period and up to 6 months after acute illness. 10% of cases develop chronic infection and continue to be infectious Low risk of transmission if social contact only.	Until clinically recovered.	None.	Notifiable. Investigation by HPT. Practice good hygiene, with care when dealing with blood and body fluids. Practice safe sex Do not share needles.
Hepatitis C	2 weeks to 6 months (commonly 6-10 weeks)	Blood borne. Sexual transmission. Sharing injecting equipment.	Probably infectious for life. Low risk of transmission if social contact only.	Until clinically recovered.	None.	Notifiable. Practice good hygiene with care when dealing with blood/body fluids.
Hepatitis E	15-64 days Mean value 26-42	Faecal-Oral Contaminated	Virus present in faeces during late incubation	Exclude groups A,B,C,D during first two	None	Notifiable Investigation by HPT/EHO

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				Cases	Contacts	
	days	food/water	and have been detected 14 days after onset of jaundice. Does not transmit readily from person-person.	weeks of illness and 7 days after onset of jaundice.		Hand Hygiene.
HIV	1-3 months for detectable antibodies	Blood borne. Sexual transmission. Sharing injecting equipment. Mother to child vertical transmission.	Infectious for life. Low risk of transmission if social contact only.	None.	None.	Notifiable. Practice good hygiene. take care when dealing with blood/body fluids.
Impetigo	1-10 days.	Direct contact with lesions. Indirect contact with infected items (e.g. towels, clothes).	Highly infectious whilst lesions are present and until they are healed and crusted over.	Until lesions are crusted or healed or 48 hours after commencing appropriate antibiotics.	None.	Report outbreaks to HPT. Practice good hygiene.
Influenza	1-5 days.	Airborne/droplet. Contact with respiratory secretions.	Highly infectious in the first 3-5 days (up to 10 days in young children).	Until clinically recovered.	None.	Immunisation for at risk groups. Practice good hygiene.
Measles	7-18 days (can be up to 21 days). Rash usually appears 14 days after exposure.	Airborne. Direct contact with respiratory secretions.	Highly infectious from 5 days before onset of rash until 4 days after the rash develops.	4 days from the onset of rash.	Contacts who work with vulnerable people or in large institutions may be excluded by HPT	Notifiable Investigation by HPT Children should be routinely immunised with MMR. Pregnant women should seek advice from their GP/midwife.
Meningococcal Disease	2-10 days. Commonly 3-4.	Direct contact. Contact with respiratory droplets from nose and throat.	Low risk of transmission person to person until 48 hrs of appropriate antibiotic therapy.	Until clinically recovered.	None.	Notifiable. Investigation by HPT. Meningitis C vaccination recommended for people under 25 years of age.

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Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
Mumps	16-18 days (Can be 12-25 days).	Airborne/droplet spread. Direct contact with saliva.	Medium risk of transmission 7 days before onset of symptoms until 9 days after.	Until clinically recovered but no less than 5 days from the onset of symptoms/ swollen glands.	None.	Notifiable. Preventable by vaccination with 2 X MMRs. Inform HPT if outbreak suspected.
Norovirus (Winter vomiting bug)	15-50 hours (can be 4-77 hours)	Faecal-Oral Aerosol transmission	High risk of transmission from person to person and environmental transmission.	Until recovered. 48 hours since symptoms have ceased.	None	Inform HPT if outbreak suspected. Practice good hygiene
Poliomyelitis (very rare in UK)	7-14 days (Can be 3-35 days).	Faecal-oral.	High risk of transmission when virus present in stools and/or nasopharynx.	At the discretion of the duty Consultant in Public Health Medicine (CPHM)	None.	Notifiable. Investigation by HPT. Children should be routinely immunised.
Ringworm	2-6 weeks.	Direct skin to skin contact with infected person or animal. Indirect contact with fomites or environmental surfaces.	Medium risk of transmission whilst infected lesions are present.	None, but lesions should be covered.	Families should be checked for ringworm.	Avoid direct contact with lesions. Good hygiene practice.
Rubella (see German Measles)						
Salmonella (excluding typhoid and paratyphoid)	12-36 hrs (can be 6hrs to 7 days)	Faecal-oral Contaminated food	High risk of transmission when symptomatic.	Groups A & B require 2 negative stool samples 24 hrs apart and must be cleared to return by CPHM. Otherwise until clinically recovered and 48hrs after diarrhoea has ceased.	None	Notifiable. Follow up by HPT/EHO. Practice good hygiene
Scabies	2-6 weeks if not previously infected.	Prolonged skin to skin contact. E.g. hand	High risk of transmission until adequately treated.	Until treated. Can return after first	All household and close	Practice good hygiene. Health education.

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Recommended Periods of Absence for Communicable Disease - Adults

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
	1-4 days if re-infected.	holding.		treatment.	contacts may require treatment	Contact HPT if two or more cases.
Scarlet Fever	1-3 days.	Airborne/droplet. Contact with respiratory secretions. Direct contact with patients or carriers.	Medium risk of transmission whilst organism present in nasopharynx, although minimal risk after 24 hours of appropriate antibiotic treatment.	Until clinically recovered and 24 hours after start of treatment.	None.	None.
Shigella (see Dysentery)						
Shingles (Varicella-Zoster virus)	Reactivation of Varicella infection (chickenpox).	Direct contact with lesions.	Moderate risk of transmitting chickenpox in the 7 days after the appearance of lesions.	None if lesions can be covered and are not weeping. Otherwise for 7 days after onset of lesions.	None. Can cause Chicken Pox in those who have not had it	Practice good hygiene. Seek advice from GP or midwife if pregnant/immunocompromised.
Staphlococcus aureus infection	Variable and indefinite	Contact with patients with purulent lesions, or with an asymptomatic carrier. Airbourne spread is rare	High for certain groups of patients, and if patients have active infection	Special considerations for Health care workers: contact occupational health.	none	HPT will only follow up cases of PVL staph aureus. Hand hygiene is very important. Health education should be provided.
Threadworm	Variable- days to weeks.	Faecal oral.	Medium risk of transmission whilst eggs in stool.	None but should be treated properly.	Household contacts should be treated at the same time as the case.	Practice good hygiene. Health education.
Thrush (candidiasis)	Variable. 2-5 days in infants.	Contact with secretions from mouth, skin, vagina and	High risk of transmission.	None.	None.	Practice good hygiene. Health education.

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Recommended Periods of Absence for Communicable Disease - Adults

Disease/ Causative Organism	Typical Incubation Period	Route of Infection	Risk of person to person spread	Recommended Period of Absence		Action
				Cases	Contacts	
		faeces. Vertical mother to child transmission at birth.				
Toxocariasis	Weeks or months depending on the severity of infection.	Ingestion of eggs from contaminated soil, hands or contact with dogs (especially puppies).	Not spread from person to person.	None.	None.	Practice good hygiene. Health education.
Toxoplasmosis	5-23 days.	Ingestion of eggs from sand boxes/play areas contaminated with cat faeces. Also from rare, undercooked meats.	Not spread from person to person.	None.	None.	Practice good hygiene. Health education.
Tuberculosis - pulmonary	2-12 weeks (Disease can be "sleeping" for decades).	Airborne/droplet.	Medium to low risk until 2 weeks after treatment. Requires close prolonged contact.	After consultation with specialist physician the TB nurse/CPHM will inform the patient about their return to work.	At the discretion of the CPHM.	Notifiable. Investigation by HPT. At risk children should be vaccinated as babies.
Tuberculosis - non-pulmonary	Indefinite.	Not usually infectious.	Not usually transmitted from person to person.	Until clinically recovered.	None.	Notifiable Investigation by HPT.
Typhoid and Paratyphoid Fever	10-14 days (Can be 1-3 weeks).	Food borne. Waterborne. Faecal/Urine-oral.	High risk of transmission whilst symptomatic.	6 negative stool specimens for group C at weekly intervals; 3 negative stool specimens at weekly intervals for groups A, B and D (Start 2 weeks after antibiotic course completed). Otherwise 48 hrs	3 negative stool specimens for groups A, B, C and D (start 3 weeks after cases antibiotic course completed).	Notifiable. Follow up by HPT/EHO. Practice good hygiene.

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				Cases	Contacts	
				symptom free.		
Viral Gastro-enteritis	Dependant on causative organism.	Faecal-oral. Airborne secondary to environmental contamination. Food borne.	High risk of transmission during acute vomiting and diarrhoea and up to 48 hrs after symptom free.	48hrs after symptoms cease.	None.	Outbreaks followed up by HPT/EHO's. Practice good hygiene.
Warts	2-3 months (But can be 1-20 months).	Direct contact with warts. Verrucas may spread in pools or showers.	Can probably be transmitted at least as long as visible lesions present.	None.	None.	Practice good hygiene.
Whooping Cough (pertussis)	7-10 days (Can be 5-21).	Airborne/droplet. Contact with respiratory secretions.	Highly infectious in early stages of illness and up to 3 weeks after onset of cough (rarely 6 weeks).	Until clinically recovered and 3 weeks from onset of cough or 5 days of appropriate antibiotic therapy.	If symptomatic see case absence.	Notifiable. Investigation by HPT. Children should be routinely immunised pre-school.