INFECTION CONTROL POLICY

Scope

- **Policy Statement**
- **The Policy**
- Standard Infection Control Precautions
- Goals
- Code of Practice
- Effective hand washing
- Risk Assessments
- The Infection Control Lead
- Monitoring and Audit
- Co-operating with Other Providers
- The Use of Personal Protective Equipment
- Ventilation
- COVID-19 and other Respiratory Infections
- Aseptic Techniques
- Outbreaks of Communicable Diseases
- The Disposal of Sharps (e.g., Used Needles)
- Blood-borne Viruses (BBV)
- Cleaning and Procedures for the Cleaning of Spillages
- The Handling and Storage of Specimens
- Legionnaires' Disease
- Food Hygiene
- Reporting
- Dress Code
- Immunisation of Service Users
- **Related Policies**
- **Related Guidance**
- **Training Statement**

Policy Statement

This policy must be read alongside current national and local COVID-19 and Infection Prevention and Control guidance and alerts.
Infection control is the name given to a wide range of policies, procedures, and techniques intended to prevent the spread of infectious diseases amongst staff and Service Users. All of the staff working in the organisation are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit, or sputum. Such substances may well contain pathogens that can be spread if the staff does not take adequate precautions.

In addition to normal standards of infection control, there are occasions where more is required, dependent upon the type of situation that from time to time may arise. They are generally classed as:

> **Outbreaks:** these can occur at any time, are usually brought into the Service Users' homes, and are often communicable diseases, such as scabies, norovirus,s, etc. They are localised in nature.
>
> **Epidemic:** this is an outbreak of a disease that occurs over a set geographical area and affects an exceptionally high proportion of the population, such as yellow fever, cholera, and smallpox.
>
> **Pandemic:** this relates to a geographical spread from country to country and continent to continent, infection, and spreads quickly, and fatalities can be high within recognised "at-risk" groups of people.

As an organisation, we follow the advice and guidance for the mitigation and management of these types of situations issued by the government, available from public health authorities and the.Gov website.

This organisation believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both Service Users and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly concerning hand washing.

Note: Under the Health and Social Care Act 2008, [Regulations 2014], Reg.12 Safe Care and Treatment, all managers are required to comply with the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, which was updated in December 2022.

The Code of Practice on the prevention and control of infections applies to registered providers of all health and social care in England. The Code of Practice sets out 10 criteria against which the Care Quality Commission (CQC) will judge a registered provider on how it complies with the infection prevention requirement which is set out in the regulations.

In April 2022 The Department of Health and Social Care produced an Infection Prevention and Control: resource for adult social care.

National infection prevention and control manual (NIPCM) for England published September 2022

The NIPCM has been adapted for use within England to support and facilitate healthcare providers to demonstrate compliance with the ten criteria of the 'Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance.

The NIPCM has been produced to:

- Provide an evidence-based practice manual for use by all those involved in care provision in England and should be adopted as guidance in NHS settings or settings where NHS services are delivered and the principles should be applied in all care settings.
- Ensure a consistent UK-wide approach to infection prevention and control, however, some operational and organisational details may differ across the nations.
- In all non-NHS care settings, to support health and social care integration, the content of this manual is considered best practice.

The manual aims to:

- Make it easy for care staff to apply effective infection prevention and control precautions.
- Reduce variation and optimise infection prevention and control practices across care settings in England.
- Improve the application of knowledge and skills in infection prevention and control.
- Help reduce the risk of Healthcare Associated Infection (HCAI).
- Help with the alignment of practice, education, monitoring, quality improvement and scrutiny.

Infection Prevention and Control practices should be based on person-centered care and the best available evidence and guidance. This document does not replace any clinical or public health advice. The information within this resource draws upon several sources including the National Institute of Health and Care Excellence (NICE), NHS, government departments, and professional regulators.

Providers registered with the Care Quality Commission (CQC) must comply with the regulations and consider the Code of Practice for the prevention and control of infections in the delivery of their services.

The DHSC has also produced a "COVID-19 supplement to the Infection Prevention and Control for adult social care". The guidance provides additional information regarding safe working when caring for people with COVID-19 in the provision of adult social care services.

The Policy

The organisation aims to prevent the spread of infection amongst staff, Service Users, and the local community.

Standard Infection Control Precautions

To ensure safety, standard infection control precautions (SICPs) are to be used by all workers for all people whether the infection is known to be present or not. SICPs are the basic IPC measures necessary to reduce the risk of spreading pathogens.

These basic IPC measures are:

- Hand hygiene
- Respiratory and cough hygiene
- PPE
- Safe management of care equipment
- Safe management of the environment
- Management of laundry
- Management of blood and body fluid spills
- Waste management
- Management of exposure

Sources of infection include blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin, or mucous membranes, and any equipment or items in the environment that could have become contaminated.

The application of SICPs is determined by assessing risk to and from people. This includes the task, level of interaction, and/or the anticipated level of exposure to blood and/or other body fluids.

Standard precautions alone may not be sufficient to prevent the spread of infection. There is a need to assess any additional measures needed when a person is suspected or known to have an infection. Additional precautions are based on:

- Which pathogen is causing the suspected or known infection or colonisation
- How the pathogen is spread
- The severity of the illness
- Where the person is supported or cared for
- The procedure or task being undertaken

Identifying people who have an infection, and the pathogen causing it is essential to ensure appropriate support is provided to minimise the risk of spreading it to others.

Goals

The goals of the organisation are to ensure that:

- Service Users, their families, and staff are as safe as possible from acquiring infections through work-based activities.
- All staff at the organisation are aware of and put into practice, basic principles of infection control.

The organisation will adhere to infection control legislation and guidance:

- The Health and Safety at Work Act 1974 (HSWA 1974) and the Public Health Infectious Diseases Regulations 1988, place a duty on the organisation to prevent the spread of infection.
- The Reporting of Incidents, Diseases, and Dangerous Occurrences Regulations 2013(RIDDOR), which place a duty on the organisation to report outbreaks of certain diseases as well as accidents such as needle-stick accidents.
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH), which places a duty on the organisation to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly.
- The Environmental Protection Act 1990, makes it the responsibility of the organisation to dispose of clinical waste safely.
- The Food Safety Act 1990.
  The Health and Social Care Act 2008 (HSCA 2008), and the accompanying Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, updated December 2022.
- National infection prevention and control manual (NIPCM) for England published September 2022.
- Any government guidance and legislation issued to prevent the spread of infection and disease in epidemic and pandemic situations.
- Infection Prevention and Control resource for adult social, care issued by the Department of Health and Social Care 2022 and all updates.
- Covid-19 infection prevention and control guidance on infection control for seasonal respiratory infections including SARS-Covid-19 2022 and all updates.

Code of Practice

Criterion 1

- There is a clear governance structure and accountability that identifies our infection prevention control (IPC) lead and to whom they are required to report**. The Care Cordinator**
- As an organisation, we will ensure there are adequate resources in place to secure the effective prevention and control of infection.
- These should include the implementation of an IPC (including cleanliness) programme, infrastructure and the ability to monitor and report infections including monthly cleaning scores and review of any trends or IPC complaints
- All staff receive suitable and sufficient IPC information, training and supervision relevant to their roles throughout their employment, to minimise the risks of IPC - relevant principles of antimicrobial stewardship, risk assessment and how to escalate concerns.
- Systems are in place for Service Users and staff to raise concerns and receive feedback.

- Individual risk assessments are carried out and recorded for each Service User. Steps needed to reduce any risk are identified and documented and continually monitored and further steps are taken if required. Further information below.
- Vaccination status of both staff and Service Users are documented as part of infection prevention and control - Refer to the Vaccination Policy.
- Key policies are in place, and processes are in place to ensure they are being followed and regularly updated.
- **Hitendra Sharma** A decontamination lead is in place.
- A water safety check is in place to comply with legionella policy.

Criterion 2

This does not apply to domiciliary care services, however, where care is delivered in the Service User's home, the suitability of the environment for that level of care should be considered.

Criterion 3

Domiciliary care services are not expected to comply with these criteria.

Criterion 4

We provide suitable, up-to-date information on infection prevention and control to our Service Users and any person concerned with their care or support.

This is done through Service User forums, newsletters, and information leaflets

This is also communicated, when required, in Accessible Information Formats such as large print or easy read.

Criterion 5

Staff is trained and regularly updated to recognise the signs of an infection. Prompt recognition enables the GP to diagnose and treat quickly and any isolation procedures being put in place to reduce cross-infection. The GP and our staff will draw on professional expertise in infection prevention and health protection.

Criterion 6

- As an organisation, we ensure that everyone working in the care setting, including agency staff, volunteers and contractors understand and comply with the requirements of preventing and controlling the infection.
- All workers including volunteers have infection control responsibilities in their job description.
- Infection prevention and control is part of induction and training is received annually or whenever a situation changes about infection control or further information is required.

- If staff is required to develop skills for invasive techniques or aseptic techniques specialised training is given by a health professional and this includes further infection control and prevention knowledge.
- Regular staff competency observations are in place to monitor working practice in all areas of infection prevention and control.
- In meeting the above obligations, we take into account the needs of staff and Service Users, particularly those with learning disabilities, dementia, specific vulnerabilities or protected characteristics, to ensure working arrangements are equitable.

Criterion 7

When staff is working with a Service User in their own home all basic infection control precautions are taken to prevent any infection from being transferred to other Service Users. If the Service User requires specialised support concerning infection control then the advice would be taken from the local Health Protection Agency and any further precautions would be put in place with the involvement of the Service User.

Criterion 8

In adult social care, the Service Users' GP will arrange such testing and take responsibility for submitting specimens to the laboratory when necessary for the diagnosis, treatment and management of the disease.

Criterion 9

Risk assessments and the guidance given in the Code of Practice will assist registered providers to decide which policy areas might apply to them. All policy documents are clearly marked, with the current version indicated by a review date, and evidence of a review within the timeframe. See also the Related Policy list below.

Criterion 10

There is a system or process in place to manage staff health and well-being, and an organisational obligation to manage infection, prevention and control.

Refer to the following policies: Recruitment and Selection, Staff Retention and Well-being, Vaccination, Workplace Testing Policies.

Physical health provisions will include health checks, wellbeing benefits, occupational health support, and correct safety regimes (e.g. establishing and enforcing safe working practices, providing adequate PPE, and ensuring all staff has received relevant personal safety training).
Provisions for mental health include support for managing stress and ill health, risk assessments, and conflict resolution training.

Effective Hand Washing

Hand washing aims to prevent transient micro-organisms from being transmitted from care workers' hands to the Service User or the environment through poor practice. By reducing the transmission of these organisms, the risk of cross-infection can be greatly reduced.

The association between effective hand washing and the prevention of cross-infection is well established; hand washing is known to be the single most effective way to reduce cross-infection.

Effective social hand washing removes most transient micro-organisms and takes from 20-30 seconds.

- All staff should ensure that their hands are thoroughly washed and dried:
  - On arrival and departure from the individual's home.
  - Before and after assisting with the Service Users' personal care.
  - Before and after preparing food or supporting the Service User with eating or drinking.
  - After body fluid exposure risk.
  - After emptying commodes, urinals, catheter bags, and stoma appliances.
  - Whenever hands are visibly dirty.
  - Before putting on and after removing disposable gloves, masks, or aprons
  - After performing housework.
  - After handling used laundry, e.g. making beds, and dirty clothing.
  - After handling waste.
  - Before and after having a break and using the toilet.
  - After coughing, sneezing, or blowing their nose.
  - After any Service User contact.
  - After contact with Service User surroundings.
  - Before work, between each visit/task, and at the end of a shift.

Choice of Suitable Hand Washing Solutions

Liquid Soap:

Liquid soap is suitable for all social hand washing. Cakes or bars of soap are not recommended due to the opportunity of contamination, and therefore should not be used.

70% Alcohol Gel:

The use of 70% alcohol gel for the decontamination of the hands of care workers is recommended for routine hand cleansing when the hands are not visibly dirty and there has not been contact with body fluids or the undertaking of invasive procedures, not when caring for a person with diarrhoea and/or vomiting – pathogens that commonly cause such illnesses and are not destroyed by alcohol (for example, Clostridioides difficile or norovirus).

The use of alcoholic products for hand decontamination is not intended to replace washing hands with soap and water but rather to.

- Supplement hand washing where extra decontamination is required.
- Provide an alternative means of hand decontamination in situations where standard facilities are unavailable or unacceptable (for example between Service Users' visits or where suitable handwashing facilities are unavailable.

Hand Washing Technique

- Wet hands using tepid running water (reduces skin irritation caused by soap).
- Apply liquid soup, rubbing hands together vigorously for 20 seconds ensuring soap contacts all surfaces of the hand and wrists.
- Handwashing should include the forearms if they have been accidentally exposed to body fluids and after skin-to-skin contact.
- Rinse thoroughly.
- Dry with paper towels (damp hands transmit pathogens more readily than dry hands).

Using 70% Alcohol Gel

- Visible contamination must be removed from the hands before use.
- Apply approximately 1 ml of gel to the hands.
- Hands and wrists must then be rubbed together until dry, ensuring all areas of the hands are covered and that adequate contact time has been achieved.

Emollient hand cream should be applied regularly to protect the skin from the drying effects of regular hand decontamination. If a soap, antimicrobial hand wash or alcohol product causes skin irritation an occupational health services or local infection control team should be consulted.

Make hand hygiene safer and more effective when providing personal care.

Be 'bare below the elbows' when carrying out personal care. This means:

- Having short sleeves or sleeves securely rolled up above the elbow.
- Removing hand and wrist jewellery.
- One plain metal ring may be worn – this should be moved slightly during hand washing to enable cleaning under the ring.
- Bangles worn for religious reasons should be secured higher up the arm to enable cleaning of the hands and wrists.

- Have clean, short, fingernails which are free from nail products including artificial nails.
- Cover cuts or abrasions with a waterproof dressing.
- Locate hand hygiene facilities as close to the point of delivery of care as possible or consider the use of personal alcohol-based hand rubs.
- If you cannot wash your hands properly, use an alcohol-based hand rub following handwashing.
- Where there is difficulty accessing running water for handwashing, use hand wipes followed by an alcohol-based hand rub. However, there is limited evidence for this, and handwashing with soap and water should be performed at the first available opportunity.

Respiratory and Cough Hygiene

To minimise potential cross-infection, especially COVID-19 transmission through good respiratory hygiene measures which are:

- Ensure a supply of tissues is in reach of the person or those providing care.
- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing, or wiping and blowing the nose – used tissues should be disposed of promptly in the nearest waste bin.
- Wash hands with liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Where there is no running water available or hand hygiene facilities are lacking, staff may use 70% alcohol gel and should wash their hands at the first available opportunity.
- Encourage Service Users to keep their hands away from the eyes, mouth, and nose.
- Some Service Users may need assistance with the containment of respiratory secretions; those who are immobile will need a container (for example a plastic bag) readily at hand for immediate disposal of tissues.

Risk Assessments

- At the commencement of care or support, risk assessments are carried out on individual Service Users concerning the prevention of infection.
- When risks are identified, steps are put in place to control these risks.
- The identified risks and actions required to be taken to reduce these risks are recorded in the Service User's care or support plan.
- These actions are monitored and any further steps required are implemented.
- Where necessary, outside professionals are involved in the implementation of infection control precautions.
- Safe systems of work are implemented to include managing the risk associated with infectious agents through the completion of risk assessments (outlined in COSHH) and approved through local governance procedures.

To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate an ongoing commitment to Service User, staff, and visitor safety as required by the Health & Safety Executive and the care regulators, the Care Quality Commission.

Managers/Employers of all Services must ensure that staff:

- Are aware of and have access to, C1691-National-infection-prevention-and-control-manual-v-2-3-28102022.pdf (england.nhs.uk) including the measures required to protect themselves and their employees from infection risk.
- Have adequate support and resources to implement, monitor, and take corrective action to comply with NHS National infection prevention and control manual for England; and a risk assessment is undertaken and approved through local governance procedures.
- Who may be at high risk of complications from infection (including pregnancy) have an individual risk assessment.
- Who have had an occupational exposure are referred promptly to the relevant agency, e.g., GP, occupational health, or accident and emergency, and understand immediate actions e.g., first aid, following an occupational exposure including the process for reporting C1691-National-infection-prevention-and-control-manual-v-2-3-28102022.pdf (england.nhs.uk)
- Where necessary, have had the required health checks, immunisations, and clearance undertaken by a competent advisor (including those undertaking exposure prone procedures) (EPP's) (criteria 10, Health and Social Care Act Code of Practice)
- Always adhere to COSHH risk assessments for product use and processes for decontamination of the care environment.

The Infection Prevention Control Lead

The infection prevention control (IPC) lead should:

- Be responsible for the organisation's infection prevention cleanliness, and water safety programme.
- The above programme should have set priorities and objectives to meet the needs of the organisation in ensuring the safety of the Service Users, social care workers, and the public.
- Oversee the implementation of organisational policies.
- Report directly to the registered manager.
- Challenge inappropriate practice, including antimicrobial prescribing practice.
- Set and challenge standards of cleanliness.
- Be an integral part of the organisations' governance on infection prevention and control.

- Ensure there is a programme for the initial and ongoing IPC training of staff and assessment of their IPC competency.
- Maintain an up-to-date list of the contact details of health professionals who can provide advice, such as GPs. local IPC teams, local UK HPTand local authority public health teams and provide guidance for staff about the type of circumstances in which contact should be made.
- Produce an annual statement regarding compliance and practice and make it available on request.
- The annual report will include the progress against the objectives set in the infection control and cleanliness programme.
- The IPC lead has 24-hour access to specialist infection control expertise
- **Email: environmentalservices@crawley.gov.uk Tel: 01293 438 247**

Monitoring and Audit

- An audit programme is in place to ensure appropriate policies have been developed and implemented.
- The annual statement is reviewed and where indicated, acted upon.
- Antimicrobial prescribing decisions are regularly reviewed by the appropriate health professional.

As an organisation, we recognise the importance of the sharing of information relating to the prevention of infection with health professionals, care, and domestic staff when managing referrals, admissions, discharges, and the movement of Service Users between social care and health care settings.

Co-operating with other providers

As an organisation we recognise the importance of sharing relevant information with other providers, this will include any relevant infection prevention and control issues when a Service User.

- Moves to or from a care or health setting.
- Goes into hospital.
- Is transported by ambulance.
- Attends a hospital or other health outpatient departments.

Staff is trained and aware of the need to send information when a Service User is being moved along with the need for confidentiality and data protection responsibilities as laid out in our corresponding policies.

The Use of Personal Protective Equipment – See also the separate Personal Protective Equipment Policy for donning and doffing PPE.

- Adequate and suitable personal protective equipment and clothing should be provided by the organisation.

- All staff should who are at risk of coming into direct contact with body fluids, or who are performing personal care tasks, should use disposable gloves and disposable aprons.
- Sterile gloves are provided for clinical procedures such as applying dressings. These should be worn at all times during Service User contact and should be changed between Service Users. On no account should staff attempt to wash and reuse these gloves.
- Non-sterile gloves are provided for non-clinical procedures.
- The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with HR.
- Any member of staff who suspects that they or a Service User might be suffering from an allergic reaction to the latex gloves provided should stop using them immediately and inform their line manager. They should then consult their GP.

Ventilation

- Ventilation is an effective measure to reduce the risk of some respiratory infections, by diluting and dispersing the pathogens which cause them.
- We encourage Service Users and their families to open windows and vents more than usual – even opening a small amount can be beneficial.

COVID-19 and other Respiratory Infections

To protect our home care workers and the people they support we follow the current government guidance on staff testing for COVID-19.

Please also refer to Workplace Testing Policy.

Risk Assessments

Assessing a person's risk of catching or spreading infection and providing them with information about infection is essential in supporting safety.

An assessment of a person's risk of infection should be carried out before they start using the service and should be kept under review for as long as they use the service. The assessment should contribute to the planning of the person's care and should determine whether any extra IPC precautions are required, such as whether they need to isolate or whether workers need to wear additional personal protective equipment (PPE). The assessment should include all factors which place the person at a higher risk of catching or spreading infection.

Risk assessment involves assessing the likelihood of encountering a person with COVID-19, considering the ways that infection might be passed on and how to prevent this, including through the use of PPE.

The PPE used depends upon the risk assessment taken. The risk assessment will be based on the following 2 questions:

1. Are staff likely to be within 2 metres of the individual and carrying out direct personal care or domestic duties?
2. Are staff more than 2 metres from a Service User, undertaking domestic duties and not delivering personal care?

These risk assessments will be included in the care plans, however, staff should be involved, as they visit the Service User and notice any change in their condition.

A dynamic risk assessment will determine when and for which Service User or duties, items such as eye protection and Type IIR masks should be worn.

Staff is encouraged to discuss with their supervisor or manager situations where they are unsure. If, after raising a concern, staff believe they are being asked to work in a way that is not safe, they should initially seek advice from their manager.

Exemptions on wearing face masks in public are covered by regulations that do not apply to care settings.

Where people may have difficulty wearing masks as required by this guidance, this should be discussed between the staff member and their manager or employer. If a mutually agreeable position cannot be reached to comply with the guidance, employees can refer to the Advisory, Conciliation, and Arbitration Service (ACAS) for resolution, who can be contacted through their website.

Staff delivering health and care activities must wear face masks provided for the industry by the employer. It is not recommended to use homemade face masks or cloth masks.

There will however be circumstances where following this guidance presents challenges in caring for the Service Users where for example,lip-reading or facial recognition is especially important for their care and support. In these situations, the risk assessments will identify how best to put into practice PPE guidance to minimise any negative impact on the Service User, while maintaining staff health and safety. An understanding of the Service User's needs and discussion with the Service User and or family will form part of the risk assessment and should be undertaken in these circumstances.

Within 2 metres of the Service User and carrying out direct personal care or domestic duties.

Disposable gloves (vinyl or nitrile)	YES
Disposable plastic apron	YES
Fluid-repellent surgical mask (Type I, II, or, IIR) If the Service User tests positive for COVID-19, has symptoms or is at the request of the staff member and/or Service User	YES
Eye protection (where there is a risk of contact with body fluids)	YES

These recommendations apply:

- Whenever staff is within 2 metres of anyone (including the Service User or household members) irrespective of whether they have COVID-19 symptoms or have tested positive.
- To all personal care, for example, assistance to use the toilet, changing dressings, and when unintended contact with Service Users is likely (for example, when caring for Service Users with behaviour that challenges.
- Whatever the role in providing the care, these recommendations, therefore, apply to all staff including care workers, managers and supervisors, and cleaners, for example).
- Regarding eye protection, to be worn when it has been assessed that there is a risk of splashing body fluids (including respiratory secretions) into the eyes

Extra precautions need to be taken when undertaking aerosol-generating procedures (AGPs). Please see the section on aerosol-generating procedures.

Supporting people with learning disabilities, mental health, autism, and dementia

There may be challenges in following PPE recommendations and providing care, particularly for people with learning disabilities, mental health problems, autism, and dementia. For example, face masks may cause distress which can result in behaviour that may cause harm to the Service User or others.

A comprehensive risk assessment will be undertaken for each Service User identifying the specific risks for them.

PPE items must not be altered in any way as this could reduce their effectiveness in protecting staff or the people we are providing care for.

Supporting people who previously tested positive for COVID-19

The same PPE recommendations apply for personal care regardless of whether the Service User has tested positive or not for COVID-19 or if they have had the vaccine.

The Government vaccination programme aims to protect those who are at the most risk from serious illness or death from COVID-19. Everyone will receive a second dose within 12 weeks of their first. The second dose completes the course and is important for long-term protection. However, even when fully vaccinated we must continue to adopt practices that limit infections.

Putting on and removing PPE at a Service User's home

PPE must be put on and taken off at least 2 metres away from the person being visited and anyone in the household with a cough.

If a mask is worn, it is put on before entering the building or immediately as the staff member enters a Service User's home or their work base.

If there is a need to remove the face mask for whatever reason, it must be done 2 metres away from others (including Service Users, household members, and other staff) and replaced with a new face mask as soon as practical.

Disposable Gloves

Disposable gloves are single-use. When worn correctly, single-use gloves protect from contact with the Service Users' body fluids and secretions. Single-use means gloves must be changed between every contact with another person and while working with the same Service User (for example after helping with using the bathroom). They should also be changed after using gloves for other activities, for example, cleaning.

Gloves must be disposed of immediately after completion of a procedure or task and after each person is cared for, and then hands must be washed taking care not to touch the face, mouth, or eyes when wearing gloves.

Gloves are not an alternative to hand hygiene, and should generally not be worn except when a specific care task requires them.

Disposable gloves may be worn for routine cleaning, however, if chemicals are being used as part of a decontamination schedule a COSHH assessment must be carried out and the correct PPE worn.

The type of glove used should be based on a risk assessment of the task being carried out. There are several different types of gloves: vinyl, nitrile, and natural rubber latex. Gloves need to be:

- Low risk of causing sensitisation to the wearer
- Appropriate for the tasks being undertaken, taking into account the substances being handled, type and duration of contact, size and comfort of the gloves, and the task and requirement for glove robustness and sensitivity.

Allergies to latex are covered in our health screening questionnaire upon employment.

To protect both staff and Service Users wherever possible non-allergenic gloves are used.

Staff with skin problems should seek advice from occupational health or their GP and depending on their skin condition and the severity may require additional interventions and reporting.

Vinyl gloves provide sufficient protection for most duties in the care environment, providing the gloves fit.

If there is a risk of gloves tearing, or the task requires a high level of dexterity or requires an extended period of wear, then an alternative better-fitting glove (for example, nitrile) should be considered.

If a change of gloves is required during a task because the glove is torn or punctured, then hands must be washed thoroughly for 20 seconds making sure they are completely dry before putting on new gloves.

Consideration must be given to the type of different gloves required for the duties carried out by staff and adequate supplies will be provided. This includes the gloves required for cleaning products; following the manufacturers' instructions.

Disposable plastic aprons

Disposable plastic aprons must be worn when providing personal care and when exposure to body fluids is likely. Disposable plastic aprons are single-use and must be disposed of immediately after completion of a procedure or task and after each Service User, and then hands must be washed. One disposable apron for one procedure or one episode of care.

Fluid-repellent (Type IIR) surgical mask

There remain a number of circumstances where it is recommended that care workers and visitors to care settings wear masks to minimise the risk of transmission of COVID-19. These are:

- If the person being cared for is known or suspected to have COVID-19 (recommended Type IIR fluid-repellent surgical mask).
- If the member of staff is aware that they are a household or overnight contact of someone who has had a positive test result for COVID-19.
- If a care recipient is particularly vulnerable to severe outcomes from COVID-19 mask wearing may be considered on an individual basis in accordance with their preferences.
- Mask wearing may also be considered when an event or gathering is assessed as having a particularly high risk of transmission.
- If the care recipient would prefer care workers or visitors to wear a mask while providing them with care then this should be supported.
- Providers should also support the personal preferences of care workers and visitors to wear a mask in scenarios over and above those recommended in this guidance.

- As per the recommendations for standard precautions, type IIR masks should always be worn if there is a risk of splashing of blood or body fluids.

Minimising negative impacts of mask-wearing

If masks are being worn due to a risk assessment, consideration should be given as to how best to put this into practice while taking account of the needs of individuals and minimising any negative impacts. If a person receiving care finds the use of PPE distressing, or their use is impairing communication, a local risk assessment regarding this can be made. This may be more likely to be relevant when caring for people with learning disabilities or cognitive conditions such as dementia, or supporting individuals who rely on lip reading or facial recognition. If, following a risk assessment, it is determined that the use of face masks should be limited while caring for an individual, consideration should be given to such things as limiting close contact and/or increasing ventilation to maintain adequate infection prevention and control.

The needs of the person receiving care should be recognised and involved in decision-making as they wish to be and/or are able to be in determining their needs in these circumstances.

It may be appropriate in certain circumstances to consider transparent face masks, some of which could be considered for use as an alternative to type IIR surgical masks.

All face masks should:

- Be well fitted to cover nose, mouth and chin
- Be worn according to the manufacturer's recommendations (check which side should be close to the wearer)
- Not be allowed to dangle around the neck at any time, or rest on the forehead or under the chin
- Not be touched once put on
- Be worn according to the risk-assessed activity
- Be removed and disposed of appropriately, with the wearer cleaning their hands before removal and after disposal

Face masks should be changed:

- If they become moist
- If they become damaged
- If they become uncomfortable to wear
- If they become contaminated or soiled
- at break times
- Between different care recipients
- Between different people's rooms
- After 4 hours of continuous wear

Eye Protection

Eye protection can either be a face shield (visor) or goggles. It may be designed for single-use or designed to be used more than once if decontaminated correctly between uses.

Eye protection such as visors provide a barrier to protect the eyes from respiratory droplets (for example, produced by a Service User with respiratory symptoms), and from splashing of secretions (for example, of body fluids or respiratory excretions). Eye protection should cover the eye or face completely so prescription spectacles are not sufficient. It should be used in conjunction with a fluid-repellent surgical mask and should not be worn instead of a mask.

Use of eye protection will always be made accessible for staff and they will be instructed on what should be worn for each Service User. Personal prescription glasses are not a substitute for eye protection, a visor or goggles will be required to be worn as well.

When provided with goggles or a visor that is reusable, instructions will be given on how to clean and disinfect and store them following the manufacturer's instructions.

Contaminated eye protection devices should be reprocessed in an area where other soiled equipment is handled.

As a minimum, between each Service User staff, must clean reusable goggles or visors with a neutral detergent wipe, allow them to air dry, disinfect them with a 70% alcohol wipe, and leave them to air dry; or use a single-step detergent and disinfectant wipe, allowing the item to air dry afterwards. They should be stored in a bag or lidded box to avoid possible contamination after cleaning and disinfection are complete. If the staff member wears both prescription glasses and goggles, both will need to be cleaned. For prescription glasses or spectacles, use the cleaning fluid or wipes that are normally used for spectacles as disinfectants may damage the coatings on the lenses.

Eye protection must not be put on until it is completely air dry.

Cleaning of reusable PPE items that have been provided is the responsibility of the staff member.

Do not smoke and avoid contact with flames while wearing eye protection.

Do wear gloves when cleaning and disinfecting these devices.

If eye protection is labelled as for single-use, it should be used for a single task, then it should be disposed of in the Service Users' domestic waste stream.

Care workers undertaking 'live-in' care

A risk assessment carried out by the employer and staff member will determine which PPE to use and where possible this should include the Service User or family member. This risk assessment may include wearing Type I or II masks for source control (that is, the mask is worn to protect others from the staff member).

If the care worker is living with the supported individual for a long period, they will be considered part of the household and will not need to wear PPE when doing domestic duties, unless the person supported, or a member of their household tests positive for COVID-19, or develops respiratory symptoms such as coughing or sneezing. It remains important, however, that PPE continues to be used for the care provided, following standard infection control procedures. For example, gloves and an apron should be worn if handling soiled linen or may come into contact with body fluids such as urine, faeces, or blood.

If the individual supported develops respiratory symptoms, tests positive for COVID-19, or is self-isolating, current government recommendations will be followed, as in the table above "within 2 metres and carrying out direct personal care or domestic duties".

If someone in the household develops symptoms of COVID-19 or has tested positive, government guidance will be followed.

If a member of staff arrives in England to deliver 'live-in' homecare from outside the UK, we will refer to the current guidance on travel and quarantine arrangements.

COVID-19 Infection Prevention and Control Guidance: Aerosol Generating Procedures

Most home care workers are not expected to undertake aerosol-generating procedures (AGPs), although some who are working in complex care may do so. Staff will be informed if AGPs are relevant to be used and will instruct staff if FFP3 or N95 respirators and/or additional precautions are required. Staff should only use FFP3 masks when carrying out an AGP on someone who is suspected or confirmed to be COVID-19 positive or who has another infection that could be spread by the droplet or aerosol routes. Where no infection is suspected or confirmed, a type I or IIR mask can be used for AGPs.

An aerosol-generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

Procedures that are currently considered to create an increased risk of respiratory infection transmission and therefore require airborne precautions are published by the government and updated regularly:

https://www.england.nhs.uk/publication/national-infection-prevention-and-control/

https://www.gov.uk/guidance/COVID-19-information-and-advice-for-health-and-care-professionals

The government has also produced guidance that covers the donning and doffing of personal protective equipment for aerosol-generating procedures – for airborne procedures. All staff must be trained and competent in this and be able to perform a fit check on their respirator before carrying out an aerosol-generating procedure:

https://www.gov.uk/government/publications/COVID-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Certain other procedures or equipment may generate an aerosol from material other than personal secretions but are **not** considered to represent a significant infectious risk for COVID-19. Procedures in this category include

- Administration of humidified oxygen.
- Administration of Entonox.
- Medication via nebulisation.

Staff should use appropriate hand hygiene when helping Service Users to remove nebulisers and oxygen masks.

In addition, the current expert consensus from the New and Emerging Respiratory Viral Threat Assessment Group (NERVTAG) is that chest compressions are not considered to be procedures that pose a higher risk for respiratory infections including COVID-19.

Other situations where facemasks are needed

If the staff member has been giving personal care to Service Users and they are changing their work duties, for example, going to visit or work in the organisation's office, then they must remove and dispose of their face mask, if worn, wash their hands, and put on a new Type l or Type ll face mask if required.

Type 1 surgical masks do not protect the person wearing them but they may reduce the spread of COVID-19 by preventing the passing of the virus to other people (for example, through respiratory droplets or via their hands after touching their mouth or nose and then touching surfaces). A Type IIR mask could also be used if lower-specification masks are not available.

When worn homecare workers should remove their masks when leaving the home of the person they are caring for and wear a new mask if required when entering different people's homes.

Car sharing

If staff have to share a car, clean the vehicle before and after use, and open windows or car vents for ventilation.

Aseptic Technique

If staff is required to have these skills for an individual Service User then they are trained by a health professional.

Outbreaks of Communicable Diseases

Staff is trained to recognise the signs of infections and to understand what actions they are required to take.

In the event of a suspected outbreak of infectious disease at the organisation, advice on outbreaks can be sought from health protection nurses at UK Health and Security Agency and Office for Health Improvement and Disparities. If there is an outbreak or suspected outbreak of infection, it should be reported to them for collation. UK Health and Security Agency and Office for Health Improvement and Disparities are responsible for advising on outbreak control and monitoring the outbreak.

If it is a suspected food-related outbreak, advice can be sought from environmental health departments.

Email: environmentalservices@crawley.gov.uk Tel: 01293 438 247

The Disposal of Sharps (e.g. Used Needles)

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 are concerned with reducing and eliminating the number of 'sharps' related injuries that occur within healthcare. Its basic guidance is:

- Avoid unnecessary use of sharps
- If the use of medical sharps cannot be avoided, source and use a 'safer sharp' device
- If a safer sharp device is not available the n safe procedures for working with a disposal must be in place.

Following NICE Clinical Guideline [CG139] Healthcare-Associated Infections: Prevention and Control in Primary and Community Care, March 2012, updated, February 2017 (1.1.4 Safe Use and Disposal of Sharps):

- Sharps should not be passed from hand to hand and handling should be kept to a minimum.
- Sharps should be discarded immediately after use by the person generating the sharps waste.
- Used standard needles should never be bent, broken, or recapped before disposal.
- Sharps – typically needles or blades – should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
- Sharps should never be disposed of in ordinary or clinical waste bags.
- Sharps boxes should be in a safe position to avoid spillages, at a height that allows the safe disposal of sharps, away from public access, and is out of the reach of children.
- Staff must ensure traceability of sharps containers in case of an adverse incident by labelling the sharps bin at the time of assembly with:
    - Point of origin
    - Date
    - Name of the person assembling the bin (print name not signature)
- Boxes should be temporarily closed when not in use.
- Boxes should never be filled above the fill line.
- Boxes must not be used for any other purpose other than the disposal of sharps.

- When full, boxes should be sealed, marked as hazardous waste, and clearly labelled with the Service User's details.
- Staff should never attempt to force sharps wastes into an over-filled box.
- Used, filled boxes should be sealed and stored securely until collected for incineration according to individual arrangements.
- Sharp boxes should be disposed of every three months even if not full, by the licensed route following local policy.
- Sharp safety devices should be used if a risk assessment has indicated that they will provide safer systems of working for the staff or Service Users.
- All staff must be trained and assessed in the correct use and disposal of sharps and sharps safety devices.

In the event of an injury with a potentially contaminated needle staff should:

- Wash the area immediately and encourage bleeding if the skin is broken.
- Report the injury to their line manager immediately and ensure that an incident form is filled in.
- Make an urgent appointment to see a GP or, if none is available, visit Accident and Emergency.

Blood-borne Viruses (BBV)

BBBV are carried by some people in their blood and can spread from one person to another. Those infected with a BBV may show little or no symptoms while others may be severely ill, the most prevalent BBVs are:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B
- Hepatitis C

An infected person can transmit BBV by various routes and over a prolonged period. These can be transmitted through body fluids, for example;

- Blood
- Vaginal Secretions
- Semen; and
- Breast milk

A risk assessment should be completed to adequately control identified risks and adhere to the Management of Health and Safety at Work Regulations 1999 and COSHH.

Any person carrying out an activity that could bring them into contact with body fluids must wear Personal Protective Equipment, should this become contaminated by blood or other body fluids, it must be removed safely and disposed of in the correct waste reciprocal. If a person is exposed to BBV it must be reported to the senior person in charge and where necessary first aid is to be administered. Immediate first aid requirements would be necessary if;

- Eyes or mouth have been exposed to blood or body fluids; they should be washed with copious amounts of water

- Puncture wounds should be gently encouraged to bleed but not sucked or scrubbed, and washed with soap and water

If in any doubt or require further assistance contact 111.

Occupational exposures to BBV that result in the staff member being incapacitated for more than three consecutive days must be recorded but will only need to be reported if it falls under;

- Regulation 7: dangerous occurrence – any accident or incident which results or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness
- Regulation 4 (2) an over-seven-day injury – if exposure to BBV resulted in the staff member being absent from work for seven or more consecutive days, and or
- Regulation 9 (b) disease – if exposure to the BBV resulted in the staff member acquiring an infection as the result of occupational exposure to a biological agent

Cleaning and Procedures for the Cleaning of Spillages

- Staff should consider every spillage of body fluids or body waste as potentially infectious and treat it as quickly as possible
- When cleaning up a spillage staff should wear disposable protective gloves and aprons and use the disposable wipes provided wherever possible. The Handling and Disposal of Waste in Service Users' Homes

Waste should be placed in a refuse bag and can be disposed of as normal domestic waste unless the Service User has confirmed COVID-19 or symptoms of COVID-19, that is, a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell.

Waste from people with symptoms or confirmed COVID-19, waste from cleaning areas where they have been (including disposable cloths and used tissues), and PPE waste from their care:

1. Should be put in a plastic rubbish bag and sealed before the waste is then disposed of in the domestic waste stream.
2. Storage arrangements for these bags will be arranged with the Service User and fully documented in the care plan for staff to follow.

Do not put any items of PPE (or face coverings of any kind) in the recycling bin.

The Handling and Storage of Specimens

- Specimens should only be collected if ordered by a GP.
- All specimens should be treated with equally high levels of caution.
- Specimens should be labelled clearly and contained in an approved leakproof container and self-sealing bags before being taken to the doctors.
- Non-sterile disposable gloves should be worn when handling the specimen containers and hands should be washed afterward.

Legionnaires' Disease

When care is delivered to an individual within their own home, the reporting of such an outbreak lies with the health professionals involved in its management and is a very rare occurrence.

It is wise to take some precautions within a domestic setting.

- If the property has been vacant for a long period, say for hospitalisation or a respite break then taps should be run through before use.
- Showers should be run for two minutes after a week of non-use.
- Older type properties should have taps run in areas not used regularly so that the water system is refreshed regularly as water sat or stagnated for long periods within the water system is one of the major causes of the infection.
- Air conditioning units are also a source, particularly within large buildings, such as Service Userial flats, factories, and office blocks.

Symptoms develop two to ten days after the aspiration of the droplets with pneumonia-type signs, such as a cough, shortness of breath, chest pain, confusion in their mental state, as well as gastrointestinal nausea, vomiting, or diarrhoea and the individual should be seen by a GP.

Legionnaires are not contagious but can be fatal within certain age groups.

Food Hygiene

- All staff should adhere to the organisation's Nutrition, Hydration, and Food Safety Policy and ensure that all food prepared for Service Users is prepared, cooked, stored, and presented following the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005.
- Any member of staff who becomes ill while handling food should report at once to their line manager or supervisor, or the organisation office.
- Staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.

Reporting

The Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR) obliges the organisation to report the outbreak of notifiable diseases to the Local Environmental Health Officer, who will inform the Health and Safety Executive (HSE). Notifiable diseases include cholera, food poisoning, smallpox, typhus, dysentery, measles, meningitis, mumps, rabies, rubella, tetanus, typhoid fever, viral haemorrhagic fever, hepatitis, whooping cough, leptospirosis, tuberculosis, and yellow fever.

Records of any such outbreak, specifying dates and times, must be retained, and a completed disease report form sent to the HSE.

In the event of an incident, the Registered Manager is responsible for informing the HSE.

RIDDOR information is found on the HSE website and reports should be made using an online form.

Notifications must be sent to CQC as required in Regulation 20 "Duty of Candour" Regulation 20: Duty of candour - Care Quality Commission (cqc.org.uk)

Dress Code

This organisation has a dress code policy in place which ensures clothing worn by staff when carrying out their duties is clean and fit for purpose.

Cleaning uniforms or work clothes

Regardless of wearing PPE, uniforms should be laundered:

- separately from other household items
- at the maximum temperature, the fabric can tolerate, then tumble-dried and/or ironed

Staff, should change their clothing immediately when they get home and launder clothing used for work as described for uniforms above. This does not need to apply to underclothes unless there was contamination from the Service Users' body fluid (for example, vomit, or fluids have soaked through external clothing). If prescription glasses or spectacles are worn, they should be cleaned using the cleaning fluid or wipes that are normally used for spectacles**.**

Immunisation of Service Users

- A record is kept by the registered managers of all immunisations given to Service Users.
- This record is regularly reviewed in line with guidance from PHE.
- We liaise closely with the Service Users' GP surgery or district nurse and offer all Service Users immunisation as required according to the national schedule.

This organisation has a Vaccination Policy in place for staff.

Related Policies

Accidents Incidents and Emergencies Reporting (RIDDOR)

Business Contingency and Emergency Planning

Co-operating with Other Providers

Confidentiality

Data Protection Legislative Framework (UK GDPR)

Dress Code

End of Life

Good Governance

MRSA

Notifications

Nutrition, Hydration, and Food Safety

Prevention of Pressure Ulcers

Personal Protective Equipment

Recruitment and Selection

Staff Retention and Well-being

Vaccinations

Workplace Testing

Related Guidance

Infection prevention and control resource for adult social care
https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings/infection-prevention-and-control-resource-for-adult-social-care

National infection prevention and control
https://www.england.nhs.uk/publication/national-infection-prevention-and-control/

Gov.UK - COVID-19: information and advice for health and care professionals
https://www.gov.uk/guidance/COVID-19-information-and-advice-for-health-and-care-professionals

COVID-19 supplement to the infection prevention and control resource for adult social care
https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-COVID-19-supplement/COVID-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care

Travel and quarantine guidance
https://www.gov.uk/guidance/how-to-quarantine-when-you-arrive-in-england

Living safely with respiratory infections including Covid
https://www.gov.uk/guidance/COVID-19-coronavirus-restrictions-what-you-can-and-cannot-do

CQC Regulation 12: Safe Care and Treatment:
https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment

NICE Guideline (CG139), March 2012, updated February 2017, Infection: Prevention and Control of Healthcare-Associated Infections in Primary and Community Care:
www.nice.org.uk/guidance/cg139

NICE Quality Standard QS61, published April 2014, Infection Prevention and Control:
https://www.nice.org.uk/guidance/qs61

Health and Social Care Act 2008 Code of practice for the Prevention and Control of Infections:
https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Guidance tables for Health and Social Care Act 2008: code of practice on the prevention and control of infections
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1121424/H_SCA-code-of-practice-on-ipc-part4-guidance-tables-nov22.pdf

Royal College of Nursing Essential Practice for Infection Prevention and Control:
www.rcn.org.uk/

HSE Legionnaires:
https://www.hse.gov.uk/

NHS: National infection prevention and control manual for England
https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/

Gov.UK: PPE guide for non-aerosol generating procedures
https://www.gov.uk/government/publications/ppe-guide-for-non-aerosol-generating-procedures

Department of Health and Social Care: Guide to donning (putting on) and doffing (removing) PPE (non AGP) in adult social care settings
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1108460/ppe-guide-to-donning-and-doffing_for-print.pdf

Department of Health and Social Care: COVID-19 PPE guide for adult social care services and settings

https://www.gov.uk/government/publications/COVID-19-ppe-guide-for-adult-social-care-services-and-settings

HSE: What are Blood-borne Viruses
https://www.hse.gov.uk/biosafety/blood-borne-viruses/what-are-bvv.htm

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff is made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one-to-one, online, workbooks, group meetings, and individual supervision. External courses are sourced as required.

Date Reviewed: July 2025

Person responsible for updating this policy: Hitendra Sharma

Next Review Date: July 2026