

# Infection Prevention and Control

City Care Southwest Ltd offers care and support services to adults over the age of 18 in their own homes. Our service is regulated by the Care Quality Commission (CQC) in relation to the regulated activity “Personal Care” and in accordance with the Health and Social Care Act 2008 and its associated regulations 2014.

## Version Control

Date	New Version #	Made by	Changes/updates	Review Date
05/12/2023	V2023.1	Rhiannon	New Policy	05/12/2024
01/03/2024	V2024.1	Rhiannon	Updated to include further details on COVID-19	01/03/2025
04/04/2024	V2.2024	Rhiannon	Updated to include registration and regulatory details	04/04/2025
03/07/2024	V3.2024	Rhiannon	Updated to include further detail on vaccinations and risk assessment and mitigation	03/07/2025
19/01/2026	V4.2026	Rhiannon	Full review	19/01/2027

## Introduction

City Care Southwest aims to maintain high standards of infection prevention and control at all times. Some groups of people may be more vulnerable to infection, for example because of age or ill general health. If these groups become infected the symptoms may be serious and life-threatening.

We expect staff to adhere to this policy and its accompanying procedures and expect good communication between staff, clients and their family and friends. This is to ensure that, as far as possible, we protect clients and staff from infection and its spread.

## Scope

This policy contains guidance from legislation and relevant bodies that all staff must adhere to. This includes:

- Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- World Health Organisation: Your 5 Moments for Hand Hygiene
- National Institute for Health and Care Excellence

This policy should be read alongside the Care Planning Policy and Consent Policy.

## Registered Manager Responsibilities

The Registered Manager will

- Act as the infection prevention and control lead for the service
- Check guidance from relevant bodies bi-annually.
- Ensure they are up to date with the latest information about infection prevention and control.
- Amend this policy and its procedures according to the most up to date information.
- Implement and review this policy and ensure that all staff read and understand this policy.
- Provide information, support and guidance to clients and their families, friends, and advocates.

- Provide information and training to all staff in Infection Prevention and Control.
- Provide the necessary Personal Protective Equipment for staff to work safely and keep their clients safe.
- Report infections as required to relevant public bodies.

## Staff Responsibilities

All staff will:

- Read and understand this policy.
- Adhere to the relevant legislation through implementation of this policy and its procedures.
- Attend training in Infection Prevention and Control
- Utilise the Personal Protective Equipment provided when required to keep themselves safe, and their client's safe.
- Report infections or any actions that may lead to the spread of infection, to the Registered Manager.

## Management of Infection Prevention and Control

City Care Southwest Ltd has appointed an infection prevention and control lead to assess, monitor and manage the prevention and control of infection in our service. This role is overseen by the nominated individual.

Infection Prevention and Control (IPC) Lead: **Sian Cameron, Registered Manager**

Infection Prevention and Control Oversight: **Rhiannon Williams, Nominated Individual**

All staff complete a comprehensive induction which includes information, guidance and instruction on the safe delivery of care in accordance with good infection control procedures and the Code of Practice on the Prevention and Control of Infections. This training is refreshed regularly throughout the year and includes maintaining a clean environment, proper waste disposal, stringent hand washing protocols and the effective use of PPE.

During induction, all staff are provided with a small stock of PPE to be used in the community when instructed to do so, or when an infection is identified or suspected. This stock is managed by the staff member and replenished regularly at the office. Staff are also supported to use PPE in line with current guidance, and the IPC Lead, Steve Hodge, will conduct regular audits of PPE stock to ensure adequate supplies are available to all staff at all times. Our PPE Stock includes FFP2 Face Masks, Face Shields, Gloves, Aprons and Hand Hygiene Alcohol Gel.

All staff will be subject to observation in their role, both planned and unplanned, to identify good practice, areas for improvement or non-compliance with this policy and others. These measure the compliance of each person against the Infection Control and Prevention Protocols in place within our service and offer opportunities for us to learn and improve our practices.

Staff are asked to provide information on their medical history and share any vulnerabilities they may have to infection. The IPC Lead will work with staff to assess and mitigate risks. This information is recorded in their personnel file and highlighted on our staff rostering system.

Staff will be working in close quarters with client's whose age and general health may mean they are at higher risk after contracting an illness or infection. Good health and hygiene practices will not provide effective prevention if staff personal health and hygiene practices are not implemented to the same high standards.

To promote good infection prevention practices, staff will

- keep up to date with vaccinations in line with the UK vaccination schedule.
- report an upset stomach or skin infections, before attending work.
- If experiencing diarrhoea or vomiting, not return to work until 48 hours after symptoms have ceased.
- Wear disposable aprons or oversleeves when handling anything contaminated with body fluids.
- Change their clothing daily and wash all work clothes on a hot wash, tumble drying or hot ironing afterwards.
- Wash, shower, or bathe daily to remove any microorganisms on the skin.
- Keep fingernails short.
- Not wear jewellery on the fingers or wrists, except for plain wedding bands.
- Cover cuts or broken skin with waterproof dressings.

Before providing any care, staff must seek the client's consent in line with the Consent Policy and record this in Birdie. Care Plans will be updated regularly, and new information will be shared with staff to ensure they are providing the most appropriate care.

Risk assessments will be updated regularly, and new information will be shared with staff to ensure they are aware of the risks and the measures in place to reduce these risks.

Where staff have been absent due to illness, they will meet with their line manager for a return-to-work meeting and where appropriate, the line manager will complete a risk assessment for their safe return to work.

Findings from infection prevention audits will feed into the organisation's continuous improvement plan under the Good Governance and Quality Policy.

## COVID-19

City Care Southwest recognises that the COVID-19 virus continues to pose a significant risk to individuals for whom we provide care. City Care Southwest will collect data on the vaccination status of our staff. (See Vaccinations)

Staff who have symptoms of respiratory infection and who have a high temperature or do not feel well enough to go to work are advised to stay away from work and try to avoid contact with other people. They will not return to work until they no longer have a high temperature (if they had one) or until they no longer feel unwell.

Staff are not required to take a COVID-19 Test but if they do, they should report the result to the Registered Manager without delay. If a staff member tests positive for COVID-19, they should stay away from work for a minimum of 5 days from onset of symptoms, or the day they took their test if they do not have symptoms and follow the guidance for people who have a positive COVID-19 test result.

Clients who have received a visit from a staff member experiencing symptoms will be notified and their wellbeing monitored closely for the development of symptoms.

Client visits will be planned with the smallest number of staff to provide continuity of care, but also to reduce the risk of transmission between clients.

Where a client has a confirmed or suspected case of COVID-19, staff will follow guidance detailed under the Respiratory Tract Infection Protocol.

Client homes are assessed for risk during initial assessment, and any risks associated with infection are identified and mitigated as much as is possible with our client's consent. Appropriate spaces for handwashing are identified for staff and consent is obtained for its use by staff.

Client's personal vulnerability to infection is assessed during initial assessment by reviewing their medical history, current health and their own views on their susceptibility. Where appropriate and with consent, we will also contact the client's GP, or other relevant professionals, for further information on the risks and the suitable mitigations in relation to infection prevention and control.

## Vaccinations

City Care Southwest Ltd understands that, under the Health and Safety at Work Act 1974, we have specific duties to protect, as far as is reasonably practicable, those at work and others who may be affected by their work activity. Vaccination records will be stored securely in staff personnel files in line with GDPR.

Any vaccine-preventable disease that is transmissible from person to person, poses a risk to both staff and clients. Staff have a duty of care to their clients which includes taking reasonable steps to protect them from communicable diseases.

Staff are advised, during recruitment, of the requirement to be up to date with their immunisations. This includes Tetanus, Diphtheria, Polio and MMR.

Our staff may at times, come into contact with blood, blood-stained bodily fluids and sharps during the course of their work. We therefore advise all staff to obtain a Hepatitis B immunisation and recommend staff speak to their GP about the risks and benefits of this vaccination.

Our staff may at times, both at home and at work, come into contact with the Varicella Virus, Influenza Virus and/or the COVID-19 Virus. We advise all staff to obtain an influenza, COVID 19 and Varicella immunisation, and keep these immunisations up to date.

We ask our staff to provide us with confirmation of their decision to be immunised, and of which preventable illnesses they choose to be immunised against and store this securely in their personnel file. This information informs our assessment of the risk to our clients and to the staff themselves.

## Infection Prevention Procedures

Standard Infection Control Procedures underpin safe practice and break the chain of infection which protects clients, visitors, and staff. There is often no way of knowing who is infected, so by always applying standard infection control precautions and transmission-based precautions to all people, best practice becomes second nature, and the risk of infection is minimised.

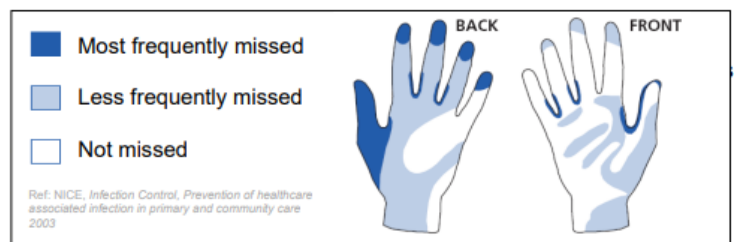
City Care Southwest is a limited company registered in England and Wales. Company Registration Number 15008583. Our Registered Office is at The Studio, Plumer House, Plymouth, PL65DH. Tel. 01752 545122.

Infection and infectious diseases in humans are caused when harmful germs, known as pathogens, enter the body and multiply. These micro-organisms are so small they can only be seen by using a microscope. Pathogenic organisms can be bacteria, viruses, fungi, parasites, or protozoa.

## Handwashing

To facilitate effective hand hygiene when delivering direct care staff should ensure they:

- Use liquid soap rather than a bar of soap, as bars of soap can harbour micro-organisms.
- Cover cuts and abrasions with waterproof dressings.
- Are 'Bare Below the Elbows', which entails:
  - Wearing short sleeved clothing or rolling sleeves up to the elbows
  - Removing wrist and hand jewellery. Rings with jewels, stones, ridges, or grooves, should not be worn as these may harbour micro-organisms and prevent good hand hygiene.
  - A plain band ring may be worn but ensure the area under the ring is included when hands are washed or alcohol handrub applied.
  - Removing dermal piercing on the arm or wrists
  - Keeping nails clean and short (fingertip length), as long fingernails will allow build-up of debris and micro-organisms under the nails and impede effective handwashing.
- Keeping nails free from nail polish/gel, as flakes of polish/gel may contaminate a wound and broken edges can harbour micro-organisms.
- Keeping nails free from acrylics/artificial nails, nail art/accessories, as these may harbour micro-organisms, become chipped or detached.



- Correct use of Personal Protective Equipment
- Safe and effective management of soiled laundry
- Safe and effective management of waste
- Effective cleaning routines and hygiene practices

Cleaning, disinfection, and sterilisation is known as decontamination. Safe decontamination of equipment after use on a client is an essential part of routine infection control to prevent the spread of infection.

## Personal Protective Equipment

### Gloves

Gloves are single use only, with the exception of domestic gloves. If contact with blood and/or body fluids, non-intact skin, or mucous membranes, is anticipated, or the client has a suspected or known infection, disposable gloves should be worn that are appropriate for the task.

Gloves should be:

- Changed if a perforation or puncture is suspected.
- Disposed of after each task or care activity, e.g., handling used, soiled, or infected linen and clothing.
- Changed between different tasks on the same client.
- Appropriate for use, fit for purpose and well-fitting.

The reuse of single use gloves is not recommended for the following reasons:

- Glove integrity can be damaged if in contact with substances such as alcohol handrub, oils and disinfectants.
- Many gloves will develop micro-punctures very quickly and will no longer perform their barrier function.
- There is a risk of transmission of infection.
- Washing of gloved hands or using an alcohol handrub on gloves is considered unsafe practice.

Gloves are not required for making beds with clean linen but should be worn when making beds with used linen.

## Aprons

Disposable aprons are resistant to bacteria and body fluids and protect the areas on the front of the body, which are at highest risk of contamination.

A disposable apron is single use only and should be worn when:

- There is a risk of exposure to blood and/or body fluids, non-intact skin, mucous membranes, or other sources of contamination, e.g. the client has a known or suspected infection.
- There is a risk of soiling to the front of uniforms or clothing.
- Providing direct 'hands on' care to a client and changed between each task.
- Undertaking an aseptic technique
- Decontaminating care equipment or the environment

A disposable apron should be removed and disposed of after each task. Never wear an apron for a dirty task and then move onto a clean task without changing it. Hand hygiene should be performed after removing the apron.

## Facial Protection

Facial protection protects the eyes, nose, and mouth, from contamination. Before any task, assess the risk of contamination to your face and apply appropriate facial protection as necessary.

Eye and face protection should not be impeded by accessories, e.g. false eyelashes, facial piercings. Hand hygiene should be performed after removing each item of facial protection.

Safety glasses or a visor should be worn when there is a risk of splashing of blood and/or body fluids to the eyes, e.g. spitting. Prescription spectacles are not considered eye protection.









A type IIR fluid resistant surgical face mask or visor should be worn to protect the nose and mouth:

- When caring for a client with a suspected or confirmed infection spread by the droplet route, e.g. COVID-19.
- When there is a risk of blood, body fluids, secretions or excretions splashing on to the nose and mouth.

Routinely, surgical masks should:

- Be fluid resistant.
- Not be touched once put on.
- Be changed when they become moist.
- Be worn once and disposed of.

## Putting on and taking off PPE

Correct order for putting on and removing Personal protective equipment (PPE)	
Order for putting on PPE	Order for removing PPE
 <p>Ensure you are 'Bare Below the Elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie at back of your waist.</p>	 <p>Grasp the outside of the glove with opposite gloved hand, peel off, holding the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off. Discard. Clean hands.</p>
 <p><b>Elasticated masks:</b> Position loops behind ears. <b>Tied masks:</b> Position upper straps on the crown of your head, lower straps at the nape of your neck. <b>For both masks:</b> With both hands, mould the flexible band over the bridge of your nose.</p>	 <p>Break apron strap at the neck, allow the apron to fold down on itself. Break waste straps at your back and fold apron in on itself. Fold or roll into a bundle taking care not to touch the outside surface. Discard. Clean hands.</p>
 <p>Holding the eye protection by the sides, place over your eyes.</p>	 <p>Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated. See note below. Clean hands.</p>
 <p>Put on gloves and extend to cover your wrists.</p>	 <p><b>Elasticated masks:</b> Pull loops over ears. <b>Tied masks:</b> Untie or break lower straps followed by upper straps. <b>Both masks:</b> Holding only by the loops or straps, discard. Clean hands.</p>

## Safe Disposal of Waste

Waste is potentially hazardous and, if not disposed of correctly, can result in injury or infection.

All staff are responsible for the safe management and disposal of waste. Where any doubt exists, advice should be sought from the local environment agency office or local authority.

When handling waste, appropriate personal protective equipment (PPE) should be worn, and hands cleaned after removing each item of PPE, e.g., pair of gloves, apron.

- Avoid expelling air from a waste bag while leaning over it as harmful micro-organisms, such as bacteria and viruses, may be released into the air.
- All waste bags should be no more than 3/4 full and no more than 4 kg in weight. This allows enough space for the bag to be tied using a suitable plastic zip tie or secure knot.
- When handling tied waste bags, only hold the bag by the neck and keep at arm's length to reduce the risk of contaminating your uniform/workwear or injury in case a sharp item has been inappropriately disposed of in the bag.
- If a waste bag awaiting collection is torn, the torn bag and contents should be placed inside a new waste bag.

## Safe Management of Blood and Bodily Fluids

Blood and body fluids, e.g., urine, faeces (stools) and vomit, may contain a large number of micro-organisms, such as bacteria and viruses. Contamination or spillages with blood or body fluids should be dealt with immediately, as this may expose staff and others to infection. Appropriate personal protective equipment should be worn when dealing with blood and body fluids.

Items contaminated with blood, or any body fluids stained with blood should be disinfected promptly and then the affected area cleaned to reduce the risk of infection to other people.

1. Soak up any excess liquid or clean up any solid material using paper towels, e.g. kitchen roll.
2. Clear away paper towels/spillage, dispose of by putting in a plastic bag.
3. With a disposable cloth, clean the area with detergent and warm water followed by the household bleach solution, then leave to dry or dry with paper towels.
4. Dispose of cloth and paper towels in the plastic bag.
5. Remove gloves, clean hands, remove apron. Dispose of in the plastic bag, tie the plastic bag and place into the waste bin.
6. Wash hands with liquid soap and warm running water, rinse and dry thoroughly to prevent the transmission of infection.

## Safe management of linen

Used laundry, e.g. linen (sheets, bedding, towels), clients clothing and staff uniforms or workwear, can become soiled with blood, faeces, other body fluids and micro-organisms, such as bacteria and viruses. Therefore, when handling used laundry, it is essential that care is taken to prevent the spread of infection.

All used laundry should be washed appropriately ensuring the correct temperature is achieved to destroy micro-organisms. Micro-organisms that remain after washing are usually destroyed by tumble drying and ironing.

All used linen should be handled with care and attention paid to the potential spread of infection. Clients and staff must not be put at risk during the handling, disposal, and transportation of dirty linen.

- Staff should ensure cuts and grazes are covered with a waterproof plaster when handling all linen.
- Disposable apron and gloves should be worn when handling used, soiled, or infected linen and clothing.
- Linen should be removed from a client's bed with care and placed in the laundry basket, not placed on the floor.
- Care should be taken to prevent unnecessary shaking of linen as this will increase the number of micro-organisms in the air.

- After handling used, soiled, or infected linen and removing gloves, hands must be washed thoroughly with liquid soap and warm running water, and dried using paper towels. If none are available, the use of kitchen roll or a clean linen towel for use by the carer only and laundered daily is acceptable.

## Blood Borne Viruses

Blood-borne virus (BBV) infections are spread by direct contact with the blood of an infected person. The main blood-borne viruses of concern are:

- Human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS)
- Hepatitis B virus (HBV) and
- Hepatitis C (HCV) virus which cause hepatitis.

These three viruses are considered together because infection control requirements are similar due to similarities in their transmission routes.

Blood Borne Infection	Spread By	Routes of Transmission	Cannot be transmitted through
HIV infection	direct contact with an infected person's cell containing body fluids	<ul style="list-style-type: none"> <li>• Sexual Activity</li> <li>• Mother to Baby</li> <li>• Sharps Injury</li> <li>• Exposure to infected blood- or blood-stained body fluids orally or through an open wound</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing eating utensils or bathroom facilities, hugging, kissing, hand</li> <li>• holding, coughing, or sneezing</li> <li>• Insects such as mosquitoes and lice</li> <li>• Food or water</li> </ul>
Hepatitis B infection	direct contact with an infected person's blood- or blood-stained body fluids		
Hepatitis C	contact with an infected person's blood.		

Precautions to prevent sharps injuries and exposure to blood and certain body fluids will prevent transmission of these viruses. In particular staff should:

- Keep cuts or broken skin covered with waterproof dressings.
- Protect eyes, mouth, and nose from blood splashes where there is a risk of splashing.
- Avoid direct skin contact with blood- and blood-stained body fluids (if blood/blood-stained body fluids are splashed on to the skin, wash off with liquid soap and warm running water)

Urine, diarrhoea, stools, sputum, tears, sweat, and vomit are not considered to pose a risk of BBV infection unless they are contaminated with blood. Staff should promptly clean and disinfect surfaces contaminated by spillages of blood and blood-stained body fluids.

Any instances where a staff member has a sharps injury or has been exposed to blood- or blood-stained body fluids where there is broken skin or through the mouth, eyes or nose should be reported immediately to the duty manager. All sharps injuries or blood exposure incidents will be recorded on the incident reporting system and reviewed by the Registered Manager.

The duty manager will make arrangements for the staff member to leave work so they can attend an emergency medical appointment for treatment.

## Clostridioides difficile and Viral Gastroenteritis/Norovirus

*Clostridioides difficile* (formerly known as *Clostridium difficile*) is a bacterium which produces hardy spores that are resistant to air, drying and heat. In most people, the illness is mild, and a full recovery is usual. Elderly people, often with underlying illnesses may, however, become seriously ill.

The main routes of transmission of *C. difficile* spores are:

- Contaminated hands of staff and clients
- Contact with contaminated surfaces or care equipment, e.g. commodes, toilet flush handles, toilet assistance rails.

Viral gastroenteritis is usually caused by a virus known as Norovirus which is a non-enveloped virus only affecting people. The illness is usually of a short duration lasting 24-72 hours with a full recovery.

Viral gastroenteritis is highly infectious and can be spread by:

- Contact with an infected person.
- Contact with surfaces or equipment contaminated with particles of the virus.
- Swallowing virus particles that are in the air after someone has vomited.
- Eating/drinking food or water contaminated with particles of the virus.
- Consuming raw or undercooked food, including shellfish - which can be contaminated with untreated sewage.

Clients should be advised to:

- Stay home, if possible, during the infection and for 48 hours after the last symptom.
- Have a shower or a bath every day.
- Avoid alcohol gels as they are ineffective for *C. Difficile* and only partially effective for Viruses.
- Use a separate towel for drying their hands and wash it daily.
- Avoid preparing food and drinks for others.

Staff will:

- Be 'Bare Below the elbows' whilst on duty.
- Wash their hands with liquid soap and warm running water before and after contact with the client and their environment.
- Wear disposable and an apron when supporting a client.
- Ensure all linen and clothing soiled with diarrhoea or stools are handled with care using minimum handling to avoid dispersal of spores and viruses. At no time should soiled items be placed on the floor/surface or handled close to the body.
- Prevent contamination of hands, the sink and surrounding environment, and should not rinse soiled linen and clothing by hand.
- Soiled clothing or linen should be washed as soon as possible, separately from other items, on a pre-wash cycle in the client's washing machine followed by a wash cycle on the highest temperature advised on the label.
- Non-soiled clothing or linen and staff workwear should be washed as soon as possible, separately from other items, in the client's washing machine at the highest temperature advised on the label.
- Whilst a client is symptomatic, it is essential for their environment to be cleaned and disinfected at least twice daily, to include all items regularly touched by the client. Avoid vacuuming of carpets until the client is symptom free for 48 hours, as the virus/spores can be dispersed into the air.

## Respiratory Tract Infections

Respiratory tract infections (RTIs) are mainly caused by viruses and can affect the upper respiratory tract or the lower respiratory tract. Upper respiratory tract infections (URTIs) affect the throat, nose, or sinuses. Lower respiratory tract infections (LRTIs), e.g., pneumonia, bronchitis, tuberculosis, involve the large airways or lungs.

RTIs caused by a virus usually get better without any treatment over days to weeks. RTIs caused by bacteria often require antibiotic treatment and, in some cases, admission to hospital.

When a person with a respiratory spread infection coughs or sneezes, millions of viral or bacterial particles are released from the mouth or nose in respiratory droplets. These droplets travel in the air, contaminating people and surfaces in their path.

Infection is then spread either:

- Directly - the droplets land directly on the mucous membranes of a person's eyes, nose or mouth, and the infection then enters their body.
- Indirectly - the droplets land on surfaces such as equipment, desk, or person. Hands that then come into contact with that surface become contaminated. If the hands are not cleaned and the person touches their eyes, nose, or mouth, they can become infected.

Bacteria and viruses can survive in the environment from hours to months. Influenza- up to 24 hours, COVID-19- up to 72 hours.

It can be difficult to distinguish between COVID-19, flu and illness caused by other respiratory viruses by symptoms alone. This may be more difficult among those receiving care. Adults with cognitive conditions such as dementia may have a reduced ability to recognise or communicate when they feel unwell, and older adults often do not present with the common symptoms of acute respiratory infection if they have flu or COVID-19. It is therefore important to consider the possibility of acute respiratory infection if there is a sudden deterioration in physical health or mental ability, with or without fever, in the absence of a known cause.

Clients should be advised to:

- Use disposable tissues to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping, and blowing their nose.
- Dispose of the tissue immediately after use.
- Clean their hands by washing or using alcohol gel.

Staff should:

- Wash their hands with liquid soap and warm running water before and after contact with the client and their environment.
- Wear disposable gloves, a Type IIR fluid-resistant surgical mask, and an apron when supporting a client with an RTI.
- Monitor the client closely and contact the GP or emergency services if the client deteriorates.