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Standard Infection Control Precautions (SICP’s)

CP008 Common Policies

June 2024

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1. Introduction

This policy document has been developed to provide a policy and procedural framework for Standard Infection Control Precautions (SICP’s) with best practice principles and procedures to be referenced with MHA’s policy, procedures, and guidance on managing infections. Preventing and reducing the transmission of infectious diseases for the people we support, and our colleagues is essential to maintain health and wellbeing within all MHA’s care services.

Links to resources, including associated MHA policy documents, are listed in section 17 (Resources). As new information is updated and published this document will be amended to reflect any best practice guidance and legislative changes.

1. Scope and Purpose
   1. The scope of this policy and associated procedures applies to all MHA services and colleagues, including contractors, volunteers, and visitors, who have direct or indirect contact with people we support and their environment.
   2. The information within this document draws upon several sources and the best available evidence including National Institute of Health Care and Excellence (NICE), NHS, Government Departments, and professional regulators. Registered services with the Care Quality Commission (CQC), Care Inspectorate Wales (CIW) must comply with the relevant regulations and Code of Practice (2022) Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance.
   3. These regulations require all social care service providers to assess the risk of, and prevent, detect, and control the spread of infection. They further require any equipment and premises be kept clean, and that cleaning be done in line with current legislation and guidance.
   4. Home and scheme managers must ensure that the service retains a copy of the most up to date Community Infection Control Policy (usually available from the local CCG) where contact details of specialist advisors; Infection Control Team (ICT) or Health Protection Team are clearly displayed.
2. Standard Infection Control Precautions (SICP’s)
   1. The following sections refer to Standard Infection Control Precautions (SICP’s), which underpin routine safe practice and break the chain of infection to protect the people we support, colleagues and visitors. There is often no way of knowing who is infected, so by applying Standard Infection Control Precautions (SICP’s) to all people at all times, best practice becomes second nature, and the risk of infection is minimised.
3. Definitions

| Term | Definition |
| --- | --- |
| **Acute Respiratory Infection** | Acute respiratory infection (ARI) is defined as the acute onset of one or more of the respiratory symptoms listed at [People with symptoms of a respiratory infection including COVID-19](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#symptoms-of-respiratory-infections-including-covid-19) and a clinician’s judgement that the illness is due to a viral acute respiratory infection (for example COVID-19, flu, respiratory syncytial virus (RSV)).  <https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#symptoms-of-respiratory-infections-including-covid-19> |
| **Antimicrobial** | A drug that selectively destroys or inhibits the growth of microorganisms. Sometimes referred to as an ‘antimicrobial agent’. Examples include antibiotics (also known as antibacterials) antiviral and antifungal agents. |
| **Antibiotic resistant bacteria** | Bacteria with the ability to resist the effects of an antibiotic to which they were once sensitive. |
| **Antimicrobial resistance (AMR):** | Occurs when the microorganisms that cause disease (including bacteria, viruses, fungi, and parasites) cease to be affected by the drugs we use to kill them and treat the disease. |
| **Body Fluids** | Blood, urine, faeces, vomit, saliva, sperm, and mucous secretions |
| **Cleaning** | A process to remove contamination using ‘fluid’, usually a general-purpose detergent with warm water. Cleaning must be dome before disinfection |
| **Contamination** | Presence of an infectious organism on a body surface or other inanimate objects i.e., furniture, bedding |
| **Cross Contamination** | Transfer of organisms from one person to another |
| **Decontamination** | A combination of cleaning, disinfection and sterilisation that removes or reduces contamination |
| **Disinfection** | To remove or reduce harmful microorganisms using a disinfecting agent following cleaning. There will be a range of disinfectants to use, follow manufacturer’s instructions. |
| **Hand Hygiene** | A general term that applies to the following:   1. Hand washing 2. Antiseptic hand rub (waterless antiseptic products, most often alcohol based) |
| **Alcohol-based handrub** | a preparation applied to the hands to reduce the number of viable microorganisms. This guideline refers to handrubs compliant with British standards (BS EN1500: standard for efficacy of hygienic handrubs using a reference of 60% isopropyl alcohol). |
| **Infection** | When organisms in or on the body have started to multiply and/or invade, which can lead to tissue damage and disease |
| **Pathogen or pathogenic** | an infectious agent (bug or germ), a microorganism such as a virus, bacterium, or fungus that causes disease in its host. |
| **Personal protective equipment (PPE)** | equipment that is intended to be worn or held by a person to protect them from risks to their health and safety while at work. Examples include gloves, aprons and eye and face protection. |
| **Standard infection control precautions (SICPs)** | he basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. |
| **Transmission Based Precautions (TBP’s)** | Additional precautions when supporting people with a suspected or confirmed infection. Decisions for using TBP’s should be based on the following:   * Confirmed or suspected infectious agent * Severity of illness caused * Transmission route of the infectious agent * Procedures   Refer to Managing Infections and Outbreaks Policy [CP008a] |

1. Safe Management of the Care Environment
   1. *The health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* requires that registered providers of health and social care – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
   * A clean environment reduces the risk of transmission of infection posed by microorganisms, such as bacteria and viruses
   * Outbreaks of infection have been associated with environmental contamination
   * Most microorganisms are found in dust and dirt, so cleaning and vacuuming alone can often cause significant reductions in the number of organisms in the environment
   * Hands regularly come into contact with surfaces. If hands are not decontaminated, they will transfer any organisms present.
   * Where cleaning solutions and agents are used Care of Substances Hazardous to health (COSHH) guidance and manufacturer’s instructions must be followed to achieve safe practice and include relevant risk assessments for the task
2. Hand Hygiene
   1. Hand Hygiene is one of the most important procedures for preventing the spread of infections. All MHA colleagues must adhere to the following hand hygiene precautions and complete hand hygiene (hand washing) as follows:
3. before and after each work shift or break
4. before and after physical contact with each person
5. after handling contaminated items such as dressings, bedpans, urinals, and catheter bags
6. before putting on and after removing gloves and protective clothing
7. after using the toilet, blowing their nose, or covering a sneeze / cough
8. whenever their hands become visibly soiled
9. before eating, drinking, or handling food
10. before and after smoking

Personal Hygiene

* + 1. Colleagues must make sure their own personal hygiene and cleanliness remains at a high standard by adhering to the following:

1. Keep fingernails clean, short, and free from nail varnish and false nails (this includes all types of nail varnish such as gel, and acrylic) as this can crack and harbour micro-organisms keep hair clean and tidy and, if longer than shoulder length, tie it back off the face. Colleagues working with food must cover their hair completely by wearing a hat or net
2. Wear uniforms (where uniforms are worn and provided) when on duty but not out in public. If no uniform is worn, colleagues must wear short sleeves to maintain bare below the elbow - long sleeves can be hazardous and exposed underarms are a contamination risk
   1. The additional requirements for front line colleagues are required when helping and supporting individuals
   2. False eyelashes (this includes all types of false eyelashes such as strip and extensions), glitter make-up, false tattoos and so on - anything that may leave their skin / person and contaminate an area
   3. Jewellery apart from a wedding ring and one small pair of ear studs (all metal – no stones).
   4. Refer to MHA’s Corporate Clothing Policy and Code of Conduct for more information
   5. Strong perfumes, especially in food areas where they can taint food.

**Note**: colleagues who wish to wear jewellery or similar for religious / cultural reasons must discuss with the home or scheme manager (a risk assessment may also be required).

Links to further information and guidance regarding hand hygiene can be found in the resources section of this policy

1. Personal Protective Equipment (PPE)
   1. The benefit of wearing personal protective equipment is that it helps protect the people we support, colleagues and visitors from infection. Before undertaking any task, colleagues should assess the risks associated with the interaction or support required and wear PPE that provides adequate protection when:
   * Support an individual who has a confirmed or suspected infection
   * There is likely exposure to blood and/or body fluids, non-intact skin, or mucous membranes
   * Decontaminating the environment or care equipment
   * In contact with substances hazardous to health e.g., cleaning or disinfecting
   1. Hand Hygiene must be performed before putting on any PPE equipment. All PPE should be changed between tasks and disposed of as soon as the task is completed. Colleagues must complete PPE on and off competency to ensure wearing of PPE remains compliant with procedures.
   2. Storing PPE in separate dispensers reduces the risk of any contamination and should be stored in a clean dry area ready for use. Supplies of PPE should be readily available at the point of use and within their expiry date.
   3. All PPE must be disposed of appropriately, refer to the ‘safe disposal of waste’ section for further information
   4. Eye and face protection should not be touched when being worn. Hand hygiene must be completed before removing any facial protection

The following information provides guidance on when to wear personal protective

equipment:

| Type of PPE | When to use |
| --- | --- |
| **Disposable Gloves**  **(Single use)** | Contact with any blood and/or body fluids, mucous membranes, substances hazardous to health and non-intact skin is anticipated or the individual has a confirmed or suspected infection.  Gloves can be latex, nitrile, or vinyl material. The use of latex must only be following a risk assessment as they can cause sensitivity and allergies.  Need for sterile gloves for aseptic techniques, e.g., urinary catheterisation or wound care  Gloves must be stored in original box or packaging away from sunlight, heat sources and liquid, including |
| **Aprons**  **(Single use)** | Contact with any blood and/or body fluids, mucous membranes, substances hazardous to health and non-intact skin is anticipated or the individual has a confirmed or suspected infection.  There is a risk of soiling to the front of uniforms or workwear  Disposable aprons are impermeable to bacteria and body fluids and protect the areas of maximum potential contamination on the front of the body.  Undertaking an aseptic technique  Decontaminating equipment or the environment |
| **Facial Protection**  **(masks)** | A fluid resistant surgical mask (FRSM) should be worn:  if there is a risk of splashing of either blood and/or body fluids or substances hazardous to health or when an individual has a confirmed or suspected infection that can be transmitted by the droplet or airborne route, e.g., measles, rubella, COVID, influenza (flu) or any Acute Respiratory Infection (ARI) |
| **Facial Protection**  **(FFP3 face mask)** | FFP3 face masks are required when supporting an individual undertaking Aerosol Generating Procedures (AGP).  Risk assessment to be completed prior to use  Fit testing must be carried out by a properly trained competent fit tester  Refer to policy document [NP216] Aerosol Generating Procedures for more information, risk assessment and guidance |
| **Eye Protection**  **(Visors or safety glasses)** | Safety glasses or a visor must be worn as follows:  When there is risk of splashing of blood and/or body fluids or hazardous substances to the eyes  If and individual has a confirmed or suspected infection that can be transmitted by the droplet or airborne route e.g., Pulmonary TB, rubella, measles, COVID-19, or influenza (flu)  Prescription glasses are not considered as eye protection. All eye protection should be removed after each task and hand hygiene performed.  Reusable eye protection should be decontaminated after each use. |

Disposable gloves

* + 1. MHA are encouraging all colleagues to ‘Take your Gloves Off’ when undertaking physical or non-physical observations on individuals, such as blood pressure, oxygen saturations and taking temperatures
    2. For most physical observations gloves are not required and hand hygiene, either handwashing with soap and water or alcohol-based hand rub is the most effective way of preventing the spread of infection
    3. The overuse of gloves can impact on the following:
  + Reduces the opportunity to clean our hands
  + Increases environmental contamination
  + Increase our environmental impact through the production and disposal of gloves
  + Increases the risk of skin conditions, such as occupational dermatitis

Facial Coverings (masks)

* + 1. Masks should be:
  + Fluid resistant
  + Cover both the nose and mouth and not be allowed to dangle around the neck after use
  + Not be touched once put on
  + Be changed when they become moist
  + Be worn once and discarded as infectious waste. Hand hygiene must be performed after disposal

FFP3 masks for Aerosol Generating Procedures (AGP)

* + 1. An AGP is a medical procedure that can cause the release of very small particles of a virus from the respiratory tract into the immediate area and can increase the risk of respiratory transmission to those in the immediate area
    2. AGPs are carried out in some MHA care homes – e.g., suctioning procedures needed by a resident with a tracheostomy or for those who are receiving continuous positive airway pressure (CPAP) or ventilatory support

1. Safe Management of Care Equipment
   1. Decontamination of care equipment includes reusable medical devices and electronic equipment with screens.
   2. Reusable non-invasive equipment, e.g., thermometers, wheelchairs, commodes, fans, often referred to as communal equipment, can be reused on more than one resident following decontamination.
   3. The method of decontamination to be applied will depend on the manufacturer’s instructions, a risk assessment of the procedure and the item being used in accordance with Control of Substances Hazardous to Health (COSHH) regulations
   4. Examples and risk categories for decontamination

|  |  |  |  |
| --- | --- | --- | --- |
| Risk Category | Level of Decontamination | Method | Example |
| **Low Risk**  Items in contact with intact skin, no body fluids | Cleaning | Clean using detergent wipes or general-purpose neutral detergent and warm water | Mattresses and pressure relieving cushions  Stand aid, hoist |
| **Medium Risk**  Items in contact with mucous membranes, or contaminated with blood/body fluids or in contact with an individual with a confirmed or suspected infection | Disinfection  (cleaning should be undertaken before disinfection unless a ‘2 in 1’ product is used)  Wear PPE, e.g., disposable gloves, apron and risk assess the need for facial protection. | Disinfect using disinfectant wipes or a chlorine-based disinfectant  Items sterilised by an accredited decontamination facility  At a minimum the disinfectant product should be bacterial and virucidal | Commode and Pan  Bed Pan  Any equipment which has come into contact with body fluids i.e., urine |
| **High Risk**  Items in contact with a break in the skin or mucous membrane or introduced into a sterile body area | Sterilisation | Single use  Items sterilised by an accredited decontamination facility | Needles  PEG tubes  Urinary Catheters |

* 1. In accordance with the *National Standards of Healthcare Cleanliness 2021*, all cleaning materials and equipment, e.g., disposable cloths, mops, buckets, aprons, and gloves, should be colour coded
  2. Colour coding of cleaning materials and equipment ensures that these items are not used in multiple areas, therefore, reducing the risk of transmission of infection from one area to another, e.g., toilet to kitchen

|  |  |
| --- | --- |
| National Colour Coding Scheme – for cleaning material and equipment in care homes | |
| **RED** | Bathrooms, showers, toilets, basins, and bathroom floors |
| **BLUE** | General area, including lounges, offices, corridors, and bedrooms |
| **GREEN** | Kitchen area, including satellite kitchen areas and food storage areas |
| **YELLOW** | Bedrooms when someone has an infection and is cared for in their own room or apartment (isolated) |

Evidence of Decontamination

* + 1. Refer to MHA’s cleaning checklist for care teams and housekeeping colleagues, which provides information on when equipment is to be decontaminated, when to do so and what products to use. Decontamination of equipment must be recorded on the relevant forms, for example Equipment Decontamination Record

1. Safe Management of Blood and Body Fluid Spillages
   1. Spillages of blood or body fluids should be dealt with immediately as this may expose colleagues and others to infection. Appropriate personal protective equipment should be worn, and standard infection control procedures followed.
   2. Use an appropriate spillage kit for the type of spillage, following the manufacturers guidance and ensuring it is within the expiry date. Some spillage kits are suitable for all types of body fluids, including blood i.e., spill wipes, always check the manufacturer’s instructions on suitability and use.
   3. Control of Substances hazardous to health (COSHH) risk assessments should be completed for the use of any spillage kits with the appropriate safety data sheet for any products used.
2. Safe Management of Linen, including Uniforms and Workwear
   1. Laundry facilities must be available to ensure safe washing of items, which may be soiled with blood, faeces and other bodily fluids containing microorganisms, such as bacteria and viruses.
   2. All linen must be washed appropriately using the correct temperature is achieved to destroy any microorganisms. Failure to achieve this could result in outbreaks of infection notably with off forming bacteria such as bacillus cereus. Microorganisms that remain after washing are usually destroyed by tumble drying and ironing. Standard infection control procedures apply when laundering soiled items; appropriate personal protective (PPE) equipment should be used
   3. Linen refers to all reusable textile items requiring cleaning or disinfection via a laundry process including:
   * Linen blankets, counterpanes, duvets duvet covers pillowcases and

sheets

* + Curtains
  + Hoist slings, resident clothing including gowns night dresses, and shirts
  + Towels
  + Uniform and workwear
  1. All dirty linen should be handled with care and attention paid to the potential spread of infection. Colleagues and people we support should not be put at risk during handling, disposal, and transportation of linen
  2. It is the responsibility of the person handling linen to ensure it is segregated appropriately.
  3. Refer to Uniform and Dress Code Policy for instructions on uniform laundry and decontamination instructions.

1. Animals in a Care Setting
   1. The presence of pets or visiting animals is widely accepted as a useful way to enhance the quality of life for people we support. However, disease can be acquired through contact with animals, especially if a person’s immunity is reduced through age or illness.
   2. Infections associated with animals

|  |  |
| --- | --- |
| Animal | Disease |
| **Dogs and Cats** | Salmonella, Campylobacter, Toxocara, Toxoplasma |
| **Birds** | Chlamydia psittaci |
| **Terrapins and exotic pets; lizards etc.** | Salmonella |
| **Tropical Fish** | Salmonella, Streptococcus iniae, Aeromas, Mycobacterium marinum |
| **Ponies, Horses Donkeys** | Salmonella, Ringworm |

* 1. Pets in MHA services will either be owned or visit the home as therapy pets. If owned by the MHA service, the manager must make sure that one or two nominated people are responsible for the animal.
  2. If brought in for ‘pet therapy / petting’, there must be a risk assessment and a written agreement between the owner of the animal and the service that identifies -
  + the type of animals allowed in / on the premises for the purposes of ‘pet therapy’
  + the control and permitted behaviour of pets on the premises – perhaps mature, calm, house trained
  + the routes for pets to enter and go through the premises
  + the areas where pets are **not** allowed - anywhere near food storage, preparation, cooking, or service
  + that the pet has a ‘pet passport’
  + any insurance liability of the pet owners / handlers
  1. Retirement Living residents should follow the same procedure in respect of completing a pet application. Approval will be subject to a risk assessment, which will include consideration of the following:
  + The ability of the resident to care for their pet
  + Arrangements for taking care of the pet in the event that the resident is unwell or absent from the scheme
  + Individual pet care requirements, for example in respect of diet, exercise, cleaning, toileting
  + Impact on other residents or staff health and safety, for example medical considerations
  + Existing resident pets and potential for conflict
  1. Infection Control – pets

1. Colleagues, visitors, and people we support should be made aware of the hygiene considerations following the handling of animals, cleaning, feeding, or handling animals
2. Skin lesions, cuts, abrasions should be adequately covered
3. Hands must be washed thoroughly after contact or feeding animals
4. Alcohol handrub or skin wipes should be offered to individuals who are unable to access handwashing facilities
5. Food must not be shared with animals
6. Safe Disposal of Waste including Sharps

Waste Disposal

* + 1. The management of healthcare waste, including sharps, is an essential part of ensuring that activities within care settings do not pose a risk or potential risk of infection and are appropriately managed. When handling any waste appropriate PPE must be worn.
    2. All colleagues are responsible for ensuring that waste, including sharps and PPE, is dealt with appropriately from the point of generation to the point of final disposal. Colleagues should be trained and aware of waste procedures. It remains the legal responsibility of the care setting to ensure full compliance with environmental waste regulations. Waste, including sharps, should be:
  + Correctly segregated
  + Appropriately labelled
  + Packaged appropriately for transportation
  + Stored safely and in a secure place away from areas of public access
  + Recorded and copies of waste documents must be retained
  + Transferred to an authorised waste contractor for transport to an authorised waste disposal site

Disposal of Sharps

* + 1. Sharps should be placed in the correct colour coded sharps container and situated within a safe and secure place and not placed on the floor. Locked medication rooms are the appropriate secure place for storage.
    2. All sharps’ containers must comply with the UN3291 and British Standard BS320. Sharps containers must not be filled above the ‘fill line’ or placed inside any waste bags prior to disposal and must be dated and signed when locked for disposal
    3. Refer to MHA’s Sharps – Safety and Management Policy for more detailed information

1. Roles and Responsibilities

| Role | Responsibilities |
| --- | --- |
| **MHA Infection, Prevention and Control Lead** | Support, advise and assist in infection prevention and control matters within the organisation.   * make sure that infection prevention and control is included in all job descriptions and all colleague and volunteer inductions and training * develop strategies on infection prevention and control and oversee their implementation * act on legislation, national policies, and guidance, making sure that required changes to company policies are made * confirm to the Executive Leadership Team and the Board that policies are fit for purpose * In April of every year, provide a report containing a summary of the home / scheme managers’ annual statements and details of the infection control actions taken by MHA the previous year (including any policy / procedural changes that have been made). * This report will be included in MHA’s overall report due in May / June of each year |
| **Home or Scheme Manager** | Managers have overall accountability for compliance with this policy, procedures, and any associated requirements to enable safe and effective implementation of all infection, prevention and control practices   * Ensure all MHA colleagues within the service or scheme have undertaken relevant training and competency assessments related to standards infection control precautions and related competencies; this includes induction programmes * Must conduct quarterlyinfection control audits to assess the home / scheme’s compliance with infection control practices and procedures. * The results and action plan of the auditmust be discussed with the relevant area manager. The completed audit and action plan must be uploaded by the manager to the MHA intranet under the individual home / scheme share site. * Complete and action any risk assessments in relation to infection, infestation and transmission risks   The operations and quality improvement teams can then monitor any necessary actions. |
| **All MHA Colleagues** | * Comply with this policy and associated infection, prevention, and control procedures * Must comply with Standard Infection Control Precautions to reduce the risk of infection in all care settings * Report any concerns regarding infection prevention and control to the appropriate senior or manager * Attend training as advised by the people development team, IPC lead and line manager |
| **Housekeeping** | Comply with this policy and associated infection, prevention, and control procedures  Follow all cleaning schedules and manufacturers instructions for all products, maintaining safe working practices at all times |

1. Training and Monitoring
   1. The manager must make sure all colleagues have training in infection prevention procedures including COSHH, wearing PPE with additional input tailored to their workplace setting and job roles.
   2. The manager (care homes) will keep overall responsibility for infection control but must consult with staff and identify an infection control champion for the home. The champion willagree to attend as much training as possible about infection control and develop a helping / consulting role for all staff. This will mean sharing knowledge, new practices, resources and offering advice. It will not mean that the person must do everything in connection with infection control
   3. Compliance is assessed through MHA’s Infection Control Audits, on a quarterly basis. MHA’s operational auditing process monitors actions completed and outstanding.
   4. Services are subject to external monitoring through local IPC teams and regulatory bodies i.e., CQC
2. Reporting

The home or scheme manager must produce an annual statement on the local systems in place and how these are monitored. The statement will be completed every February giving details from January to December of the previous year. Statements will be forwarded to MHA’s Safeguarding Lead by March 1 for review and inclusion in the MHA’s overall report due in May / June of each year.

The annual statement includes -

* + information on incidents and outbreaks of infection excluding COVID-19 as this is captured elsewhere
  + details of how the incident or outbreak was communicated to people using our services, staff, and visitors etc.
  + outcomes of infection prevention and control audits
  + risk assessments
  + training and education of staff

1. Communication and Dissemination
   1. This policy is disseminated and implemented within all MHA services through MHA’s channels of communication.
   2. Each colleague’s line manager must ensure that all teams are aware of their roles, responsibilities.
   3. This policy will be available to the people we support and their representatives in alternate formats, as required.
   4. Any review of this policy will include consultation with our colleagues, review of support planning, incident reports, quality audits and feedback from other agencies.
   5. Further information and guidance can be found on MHA’s intranet in the Infection, Prevention and Control (IPC) section
   6. Infection, Prevention, and Control Group meeting minutes are also available on the intranet
   7. For any specific queries relating to Infection, Prevention and Control contact MHA’s IPC lead [infection.control@mha.org.uk](mailto:infection.control@mha.org.uk)
   8. Queries and issues relating to this policy should be referred to the Standards and Policy Team [policies@mha.org.uk](mailto:policies@mha.org.uk)
2. Impact Assessments
   1. Equality, Diversity, and Impact Assessment to be confirmed.
3. Resources

Further information on Infection, Prevention and Control measures can be located on MHA’s intranet, which includes guidance on all sections included within this policy and provides regular updates on best practice and relevant legislation.

[Infection, Prevention and Control](https://intranet.mha.org.uk/Interact/Pages/Section/Default.aspx?Section=8325)

* 1. For clinical policies and procedures refer to the associated policy for more information
  2. Additional polices related to Infection, Prevention and Control can be located on MHA’s intranet:
  + Managing Infections and Outbreaks
  + Infection Control - Annual Statement
  + Infection Control - Outbreak Record
  + Infection Control - Equipment Cleaning Checklist
  + Infection Control – Equipment Decontamination Record
  + Infection Control – Mattress and Cushion Inspection
  + Infection Control Audits (Care Homes)
  + Infection Control Audits (Retirement Living)
  + Waste Disposal Policy
  + Sharps Safety and Management
  + COSHH
  + Aerosol Generating Procedures
  + PPE on and off competency
  + Uniform and Dress Code Policy
  + Code of Conduct
  + Housekeeping (HKH) Policies
  1. External References, Resources, and Guidance used to develop this policy document
  + [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" \l "general-information)

[Standard Infection Prevention Control Precautions (SICPs)](https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/chapter-1-standard-infection-control-precautions-sicps/)

* + [Health and Social care Act 2008: code of practice on the prevention and control of infections and related guidance](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/health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance#guidance-tables)
  + [NICE: Infection Prevention and Control](https://www.nice.org.uk/guidance/qs61)
  + [Care Homes - Infection Prevention Control](https://www.infectionpreventioncontrol.co.uk/care-homes/)
  + <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-infection>
  + Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) - GOV.UK (www.gov.uk)
  + Preventing Infection Workbook; Guidance for care Homes in Wales

<https://www.infectionpreventioncontrol.co.uk/news/news-preventing-infection-workbook-guidance-for-care-homes-in-wales/>

1. Version Control

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| --- | --- | --- | --- | --- |
| Version | Version Date | Revision Description / Summary of Changes | Author | Next Review Date |
| 1 | August 2023 | Review of policy and procedures, consolidated several relevant documents into one policy | IPC Lead  (Safeguarding Lead)  Head of Standards & Policy | June 2025 |
| 2 | February 2024 | Updated to include guidance on Acute Respiratoty Infections (ARI)  Section 6 updated to reflect uniform policy - Keep fingernails clean, short, and free from nail varnish and false nails (this includes all types of nail varnish such as gel, and acrylic) | Head of Standards & Policy | June 2025 |
| 3 | June 2024 | Section 10 amended due to new uniforms - *Refer to Uniform and Dress Code Policy for instructions on uniform laundry and decontamination instructions.* | Head of Standards & Policy  IPC Lead  Hospitality Manager | June 2025 |

1. Appendices

Appendix 1 – Legal Requirements

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| **Code of Practice on the Prevention and Control of Infections and Related Guidance: The Code 2015, Health, and Social Care Act 2008** | |
| Compliance Criteria | What the Registered Provider will need to demonstrate |
| 1 | Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how at-risk service users are and any risks that their environment and other users may pose to them. |
| 2 | Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. |
| 3 | Ensure appropriate anti-microbial use to optimise individual outcomes and reduce the risk of adverse events and antimicrobial resistance by implementing standard infection control precautions to reduce risk of reliance on antibiotics |
| 4 | Provide suitable accurate information on infections to any person concerned with providing further support or nursing / medical care in a timely fashion. |
| 5 | Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people. |
| 6 | Ensure that colleagues, contractors, and visitors in all settings are fully involved and aware of their responsibilities in preventing and controlling infection. |
| 7 | Provide or secure adequate isolation facilities. |
| 8 | Secure adequate access to laboratory support as appropriate. |
| 9 | Have and adhere to policies, designed for the individual’s care, that help to prevent and control infections. |
| 10 | Ensure, so far as is reasonably practicable, that staff are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection. |

## Appendix 2 – Infection Control Equipment Cleaning Checklist [CP008d]

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| Colleagues must use this checklist alongside MHA cleaning housekeeping schedules and refer to Standard Infection Control Precaution Policy [CP008]  The home / scheme manager may use this checklist to audit that equipment is clean and ready for use. If an item is N/A record this under ‘Responsible Person’. | | | | | |
| **A – Z Item** | **Frequency of cleaning** | **Method of cleaning – after use, infection, change of resident / death** | **Responsible Person** | | |
| **Care Staff** | **Domestic Staff** | **Other** |
| **Ambu-bags and filters. (Laerdal bags)** | Single Use |  | ✓ |  |  |
| **Aurascopes** | After each use. | Wipe handle with detergent wipe and dry. Ear pieces should be single use. | ✓ |  |  |
| **Baths and showers** | After each use | Clean inside of bath/shower, taps and plug hole with detergent and hot water and disposable cloths. | ✓ |  |  |
| **Bath mats** |  | **Must not** be used |  |  |  |
| **Bedpans and urinals**  **(disposable)** | Dispose after each use | Place in macerator - If macerator is not working, empty contents into sluice or toilet, avoiding splashing, and dispose of bedpan / urinal into appropriate waste bag. Store pulp products dry, off the floor. | ✓ |  |  |
| **Cleaning cloths - reusable** | Wash after each use. | Cloths must be colour coded - See colour coding charts. Laundering on site on as hot a wash as their label will tolerate |  |  | Laundry |
| **Commodes** | After each use | Where possible people should have access to a personal ensuite and where that is not available an individual commode for personal use only.  **If** commodes are being used by more than one person, colleagues must clean and **disinfect** them thoroughly - the seat, underneath, bars and arms During an infection outbreak, colleagues must provide infected people with a commode for personal use. If Infection is present - the toilet and commode must be disinfected – at least three times a day | ✓ |  |  |
| **Denture pots** | Daily | Individual (one person) use only. Wash with detergent and hot water. | ✓ |  |  |
| **Dressing trolleys** | Before and after each use. | Clean all surfaces with detergent and water. Dressing trolleys must **no**t be used for other equipment transportation purposes. | ✓ |  |  |
| **Electronic Devices with Screens (Nourish/RADAR)** | Before and after each use | Hand hygiene after removing PPE before using. Wipe over with detergent wipes, remove casing, air dry. | ✓ |  |  |
| **Examination tray.** | Weekly and after each use. | Remove all items. Clean tray with detergent and water. Replace paper liner. Wipe over all examination instruments with detergent and water / wipes. | ✓ |  |  |

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| **A – Z Item** | **Frequency of cleaning** | **Method of cleaning – after use, infection, change of resident / death** | **Responsible Person** | | |
| **Care Staff** | **Domestic Staff** | **Other** |
| **Eye protection – Goggles / visors / safety specs** | Dispose if single use.  After use if reusable. | Can be single use or reusable. If splashed with blood or body fluids follow body fluid spillage policy.  If reusable clean with detergent and water after use. | ✓ | ✓ |  |
| **Flower vases** | After use | Wash with detergent and water. Change water daily. Pouring water into sluice / toilet. Do not discard into hand wash basins. Store dry in non-kitchen / non-clinical area – i.e., sluice. | ✓ | ✓ |  |
| **Food preparation surfaces** | After each use. | Clean surfaces by washing with detergent and hot water. Dry. | ✓ |  | Kitchen |
| **Glucose monitoring equipment** | Lancets single use items.  Handset – daily | Discard single use lancets into sharps container after use  Weekly detergent wash of container  Daily detergent wipe of handset | ✓ |  |  |
| **Hair brush / combs.** | own equipment. | Communal brushes and combs must **not** be used. People must use their own brushes and combs. | ✓ |  |  |
| **Hoist slings** | Single person use. | Send to laundry weekly or launder if visibly soiled. Use disposable in infection outbreak. |  |  | Laundry |
| **Medicine pots** | After use | Plastic medicine pots used must be washed in the dishwasher (use a tray over the top to prevent them moving or buy a net bag) | ✓ |  |  |
| **Microwave** | After use & full clean daily. | Wipe after each use.  Wipe out with detergent and water daily. | ✓ |  | Kitchen |
| **Mops** | High-risk areas (isolation) change after each use.  General areas change daily. | Send to laundry for decontamination  Separate mop heads used in isolation rooms, either disposed of after use or sent to laundry as infected linen |  | ✓ |  |
| **Nail brushes** |  | **Must not** to be used |  |  |  |
| **Nebuliser machines** | After use. | Wipe over with detergent wipes, air dry. | ✓ |  |  |
| **Nebulisers mask / tubing** | Single person use | Ensure mask identified for individual person. Wash mask canister with detergent and water and air dry between uses. Following manufacturer’s instructions. Discard any tubing / mask after each person. | ✓ |  |  |

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| **A – Z Item** | **Frequency of cleaning** | **Method of cleaning – after use, infection, change of resident / death** | **Responsible Person** | | |
| **Care Staff** | **Domestic** | **Other** |
| **PEG (enteral) giving set** | Single use. | All enteral feeding equipment used is single use. | ✓ |  |  |
| **Pressure relieving mattresses, cushions etc.** | Daily wipe clean.  Full clean weekly | Clean with detergent and water, dry thoroughly. Check inner foam and outer cover for deterioration before storage. Store off the floor.  Disinfect if contaminated with body fluids | ✓ | ✓ |  |
| **Razors** | Disposable, single use | Discard into sharps container if available or place in plastic bag and dispose of in household waste (Waste Regs 2005).  Own razors should be rinsed in running water and air dried after use. Electric shavers to be cleaned as per manufacturer’s instructions. | ✓ |  |  |
| **Refrigerator (Drug)** | Weekly | Detergent and water. Inside and out. Dry | ✓ |  |  |
| **Shaving brush** | After each use. | Communal brushes must **not** be used. Rinse in running water and dry. | ✓ |  |  |
| **Sphygmomanometer / dinamap cuffs** | After each use. | Nylon cuffs to be wiped over with detergent wipe. | ✓ |  |  |
| **Sputum pots** | Disposable, change daily. | Seal and discard into appropriate waste bag | ✓ |  |  |
| **Stethoscopes** | After each use. | Wipe down paying particular attention to ear pieces and diaphragm. Remove earpieces and clean with detergent and water weekly using cotton bud. | ✓ |  |  |
| **Suction catheters / yankuer** | Single person use | Discard after use. Catheters should be stored in their wrapping and only attached to tubing immediately prior to use. | ✓ |  |  |
| **Syringe Drivers** | Single person use | Wipe over with water and detergent. Dispose of any tubing / syringes etc. | ✓ |  |  |
| **Thermometers** | Covers for ear pieces are single person use. | Tympanic – use disposable cover for each person.  Hand piece and rest should be wiped over with detergent wipe daily and air dried. | ✓ |  |  |

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| **A – Z Item** | **Frequency of cleaning** | **Method of cleaning – after use, infection, change of resident / death** | **Responsible Person** | | |
| **Care Staff** | **Domestic Staff** | **Other** |
| **Tooth mugs** |  | See denture pots. | ✓ |  |  |
| **Tourniquets** | After use. | Discard when soiled  Plastic tourniquets should be wiped with a detergent wipe between use | ✓ |  |  |
| **Transfer aids – Rotundas / Banana boards / slide boards** | Daily | Clean all contact points after each use and full clean weekly with detergent and water. Dry.  Follow body fluid spillage policy if visibly soiled  Rotunda non-slip mats to be cleaned after use. Dry.  Banana boards / slide boards to be stored above floor level. | ✓ | ✓ |  |
| **Urine measuring jugs** | Single person use | Plastic jugs where used, are single person use and should be disposed of after each use.  Pulp based jugs which can be macerated which have an integrated level indicator for easier measuring are a good disposable alternative. | ✓ |  |  |
| **Vomit bowls** | Single use. | Dispose of into macerator - if macerator is not working / not present, empty contents into sluice or toilet, avoiding splashing, and dispose of bowl into appropriate waste bag. Store pulp products off the floor. | ✓ |  |  |
| **Wash bowls** | After each use. | Clean after each use with detergent and water. Store dry and inverted | ✓ | ✓ |  |
| **Weighing scales** | After each use. | Clean contact points after each use and full clean weekly with detergent and water | ✓ |  |  |
| **Wheelchairs** | After each use. | Clean contact points daily with detergent and water, dry with paper towel. Full clean weekly. | ✓ |  |  |
| **Colleagues must clean all equipment before storage. After equipment has been cleaned with detergent and water, any items that have been in contact with blood or body fluids must be cleaned with Oxivir (do not use a microfiber cloth). Colleagues must check and report to the manager any damaged equipment, put a ‘do not use’ notice on and take the equipment out of use.**  **Record cleaning on Equipment Cleaning/Decontamination record** | | | | | |