



Infection prevention and control

Guidance for adult social care providers

Revised 23 April 2020

Introduction

This guidance provides advice and information on infection prevention and control. It aims to help adult social care providers protect the health and well-being of service users in care settings, and to reduce the effect of an infection outbreak on service provision. Effective infection prevention and control depends on early recognition and timely intervention. This in turn depends on surveillance of infection.

This guidance should be used in conjunction with national guidance and local policies.

It is aimed at all managers within adult social care providers in England in both residential and home care settings.

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What is infection prevention and control?

Good infection prevention and control management is essential to ensure people receive safe care and support in care settings. It also ensures safe practice. All staff play an important role in the prevention and control of infection in their individual actions and in the workplace.

You should consider the contents of this document as guidance. It cannot and does not attempt to cover all eventualities. As a care provider, you will need to adapt your response according to the particular circumstances that you face. You should also ensure you keep up to date with official government advice and guidance on particular infection outbreaks.

What causes infection?

People can be infected with a virus or bacteria that can cause illness. This can be mild or severe. Protozoa and other parasites, such as head or body lice may also cause illness. A dirty environment and poor personal hygiene practices are often major factors in increasing the risk of infection.

Infection prevention and control plan

Infections, including flu, happen on a regular basis. You should have up-to-date plans in place so that your staff know what to do to reduce the risk of an infection spreading, and to manage staff and service users in the event of an outbreak occurring.

You should:

- Train all staff on infection prevention and control as part of their induction. Everyone who might have any contact with people who use services should be trained. Depending on the setting, this could include care staff, cleaners, catering, administration and management staff. Good personal hygiene practices are key and staff should be given clear instructions as to what to do during an outbreak of infection.
- It may be appropriate to identify an infection control lead for your service. This person will oversee your infection control plan - including liaising with Public Health England's local team, briefing staff, ensuring procedures are followed and equipment is in stock, and liaising with people who use services and carers. If

not, you should seek advice from your local Public Health England Health Protection team and/or seek advice from NHS 111.

- Develop, share and update your infection control and protection plan regularly with staff. Your plan should include:
 - arrangements to prevent/reduce the likelihood of an outbreak such as:
 - everyday infection control procedures
 - how to identify and access the necessary equipment
 - training programme, and testing staff's skills, awareness and application of procedures.
 - roles and responsibilities in the event of an outbreak
 - contact details for reporting including infection control leads within your own service and organisation, your local [Public Health England team](#), and primary care services
 - escalation processes if an outbreak spreads
 - arrangements for isolating people if required
 - arrangements for decontaminating areas of a care home, if appropriate
 - arrangements of accessing supplies and services (e.g. additional cleaning supplies and cleaners, disinfectant, gloves, masks etc) in the event of these being consumed at a higher rate than usual.
- Your infection prevention and control plan should be customised to your care setting to make sure the actions expected of staff are appropriate to the care situation and care environment.

What to do if an outbreak occurs

Care providers should:

- Ensure that national and local guidance is followed and that you follow best practice, appropriate to your setting, as outlined here.
- Maintain up-to-date risk assessments for the control of infection within your setting.

- Review procedures for rapidly decontaminating parts of the environment (e.g. in a care home), if appropriate, where a possible case has been located.
- Make sure your staff know who to contact within the organisation to discuss possible cases. Keep the Infection Control Lead or senior managers informed about any issues related to infection outbreaks.
- Notify the following organisations about suspected outbreaks, and update them again when the outbreak has ended:
 - [local Public Health England team](#), as advised by your primary care practitioner in England (see section on *Reporting* below)
 - local authority, as they may need to stop new placements on a temporary basis
 - your Care Quality Commission link (if you are regulated service).
- Ensure that adequate supplies and equipment are available to staff (with appropriate training provided)
 - Remind your staff that all employees are responsible for keeping up-to-date with guidance on what to do during an outbreak of infection.

Reporting an outbreak

If there is a suspected outbreak of infection, your staff should:

- inform their service manager or team leader,
- inform your infection prevention and control lead and report outbreaks of infection to your local Public Health England team as advised by your primary care practitioner. It may also be appropriate to inform the CQC and your local authority commissioner(s).

Infections that you need to recognise and report include:

- [notifiable diseases](#)
- episodes of possible cross-infection or infections with a significant risk of cross-infection. Staff should be reminded of the importance of good hygiene practices to minimise the spread of infection, including the appropriate use and disposal of PPE and the need for rigorous hand washing.
- serious and unusual infections
- for residential settings, an outbreak of infection affecting two or more people, and

- an outbreak of food-borne illness affecting two or more people.

Please see the [Useful Links section](#) for further details on who to notify based on the type of service you provide.

Your team leader or service manager should also inform all relevant contacts as noted above when the outbreak is declared ended. See [At the end of the infection](#).

Initial investigation

When an outbreak occurs, you should carry out an initial investigation in order to:

- determine whether a problem or outbreak exists
- determine the nature and extent of the incident or outbreak
- decide on immediate control measures
- identify those who are ill
- ensure people receive appropriate care
- control the source of infection by following best practice guidelines and advice, and
- contain the infection by using best practice infection control measures.

New clients

When an outbreak occurs, you should seek advice from NHS 111, your local Public Health England team or your infection prevention and control lead if you are able to continue supporting new clients. In some settings, and depending on the nature of the infection, you may not be able to take in new clients – unless they require urgent care - until the last affected person is symptom-free. See [Reporting an outbreak](#).

If a new client being transferred to your service has tested positive for a contagious infection, the transferring agency (eg hospital or other service) should make you aware of this. You should ensure managers and staff are aware of their status and follow appropriate infection control guidance, based on the client's status. This may include use of personal protective equipment, limiting contact with service users, and restricting visitors and access to that client.

In home care or other community settings, all staff coming into contact with a new client who has tested positive, should be made aware of their status and supplied with the appropriate PPE and training to support that person.

Transferring people

In **residential settings** it is good practice to limit the transfer of people who may be infected until the last affected person is symptom-free – unless of course they require hospitalisation for critical treatment.

Similarly, in home care or community settings, it is good practice to limit the transfer of clients with infections until that person is symptom-free, unless they require hospitalisation for critical treatment.

During an outbreak you should:

- Seek advice from your local Public Health England team or your infection prevention and control lead on the transfer of people using your service to other healthcare environments.
- If arrangements are made for an infected person to be moved from your care to that of another organisation – for example, in urgent A&E transfers – you should provide the receiving organisation with information on the person's infection status to minimise the risk of infection of other people. If appropriate, the person's transport providers should also be informed of any infection

Isolating people

Sometimes you will need to isolate people in order to reduce the spread of infection, or to protect them from infection. You should:

- Seek advice from your local Public Health England team or infection prevention and control lead if it is necessary or appropriate to isolate people with an infection in your care setting and what actions to take to continue to provide care, particularly in a homecare setting.
- If you operate in a communal residential setting and are advised to isolate people, affected people should be isolated in their bedrooms, where possible, until they are symptom-free. However, the personal safety of people should not be compromised.

- If it is not possible to isolate people – for example, those who need dementia support or other specialist needs – symptomatic individuals should be cared for in an area that can be separated from those who are unaffected.
- If affected people cannot be isolated, report this to the infection prevention and control lead at your local Public Health England team.

Visitors

Visitors to a residential care service or a person's own home are potentially at risk of contracting or spreading infections. During an outbreak you should:

- Seek the advice of your local Public Health England team as to what actions to take with respect to managing visitors
- Where possible and appropriate, notify visitors of an outbreak of infection at the premises. Visitors may need to be restricted to essential visits only, if considered appropriate to prevent the spread of infection.
- With certain infections – such as norovirus – it may be necessary to contact regular visitors and ask them not to visit the care setting during the outbreak of infection. Check with the local Public Health England team or your infection prevention and control lead.
- If appropriate and advised by the local Public Health England team personal protective equipment (PPE) may be offered to visitors (if required). It is important that visitors are given clear instructions as to the safe use and disposal of PPE and are supervised. See section on [PPE](#).

Informing service users about the infection outbreak

It's good practice to inform people using your service and their next-of-kin about the infection outbreak if this is appropriate for your care setting.

During an outbreak, you should:

- make people who use your services aware of the steps you are taking to prevent the spread of the infection, and what they can do to help protect themselves.

- respect client confidentiality, dignity and privacy. Be sensitive about disclosing the source of the outbreak, and do not disclose such information without the relevant person's permission.

Record keeping

Keeping good records during an outbreak is essential. It helps to ensure all your staff are aware of what is happening and how to support individuals. You should:

- Update the care records of people affected and record any specific needs and action required.
- Keep a record of the numbers of people affected, date of onset of the infection, symptoms and date when they are symptom-free.

Hand hygiene

All staff (including volunteers, visiting professionals and others) should follow standard infection prevention and control precautions, including careful attention to hand hygiene, at all times. This is the basis of infection control and should be followed both to prevent an outbreak occurring and to control its spread if one does occur.

All staff, volunteers and visiting professionals should:

- follow good hand hygiene procedures before and after all contact, remove protective clothing and decontaminate the environment
- use soap and warm water to wash hands and dry them thoroughly using disposable paper towels or a clean hand towel

Wash your hands:

- before and after each of your visits/contact with service users. This includes different home care visits, and different contact with different clients in a residential setting
- after contact with bodily fluids or secretions
- after removing gloves or other PPE

- after handling soiled or contaminated equipment, clothes or bedding
- before eating, drinking or handling food
- after using the toilet
- after touching animals or animal foods
- if you sneeze or cough (always sneeze or cough into a tissue and dispose of the tissue immediately).

If soap, water or towels are not available your employer may provide you with a liquid hand wash or gel.

In some settings and if made available, an alcohol hand rub may be used if hands are visibly clean.

Providers should consider whether to make alcohol rubs available at all times, and particularly during infection outbreaks. If so, these should be placed prominently to encourage people to use them, with a notice requesting that people use them. Also have them available in other areas of your care setting as appropriate – for example, where food and drink is available.

Care staff should not wear rings (other than a plain smooth band), wrist watches or wrist jewellery when providing care.

Equipment

- During an outbreak of infection, the following equipment should be made available to staff as appropriate to your care setting:
 - non-sterile disposable gloves
 - disposable plastic aprons
 - hazardous waste bags – in a rigid container
 - liquid soap and paper towels
 - face masks.
- It is good practice to check that sufficient stocks of cleaning products are available within the care setting to help prevent the spread of infection.
- If re-useable equipment is used, it should be handled and decontaminated according to the manufacturer's instructions

- Dispose of single use equipment safely after use as per your clinical waste policy. Items such as sharps should be placed in appropriate containers and disposed of safely.

Personal protective equipment (PPE)

Personal protective equipment – known as ‘PPE’ – is used to protect staff while performing specific tasks that might involve them coming into contact with blood or body fluids that may contain some infectious agents.

It includes gowns, gloves and masks. These items are, generally, for single-use only.

During an outbreak staff must use appropriate PPE for care procedures.

You should:

- always wear gloves and aprons during care procedures where staff may come into contact with blood or bodily fluids or when handling waste
- wear face masks, goggles, or face shields where appropriate (this will depend on the nature of the infection e.g. airborne or transferred by droplets)
- make sure that clean supplies of PPE are segregated to minimise the risk of cross-contamination
- follow national and local advice relating specifically to the procedures to use for a specific infection outbreak.

Laundry

Linen including bed sheets, towels and clothing, can carry infection. If there is an infection outbreak in **a residential setting** you should:

- wear gloves and aprons when handling all linen.
- treat all linen from a person known to have an infectious condition as infected linen. Put it into a red or clear hot-water-soluble (alginate) bag, and place this inside a red linen or red plastic bag
- not perform manual sluicing of laundry

- refer to advice from local infection prevention and control lead for local policy.

In a **homecare setting**, if you are changing a service user's bedding, you should try to avoid creating dust or dispersing bacteria or viruses. Don't shake out sheets and don't hug bedding or other items to you when taking it to the washing machine. If clothes or bed linen are soiled with faeces, use disposable gloves and paper towels to remove as much as possible before putting them in the washing machine.

Appropriate PPE should be worn for all activities related to a client known to have a communicable disease.

Dirty laundry that has been in contact with an ill person can be washed with other people's items. If the individual does not have a washing machine, wait a further 72 hours after any isolation period has ended; the laundry can then be taken to a public laundromat.

Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

Clothes and bedding should be machine washed according to manufacturers' instructions, unless otherwise stated in national or local guidance. A normal household washing machine can be used on the hot wash setting. Bedding and clothes that have a build-up of emollient residue should be washed at the highest temperature recommended on the care label.

Housekeeping

Keeping the environment clean is essential to reducing the spread of infection. In residential settings you should brief your cleaning staff about the infection outbreak and ensure they are trained and supported to carry out their duties – and protect themselves.

If appropriate to the setting, you should increase the frequency of environmental cleaning during outbreaks of infection and until the last affected person is symptom-free. Cleaning and decontamination should be performed by staff who have been trained in the use of the appropriate PPE and disinfectant.

You or your cleaning staff should:

- disinfect hard surfaces using disinfectants such as Difficil-S at least once a day.
- clean areas that are frequently handled – such as handrails, door handles, toilet rails, bath rails and taps – at least three times a day with disinfectant.

- where possible, open windows to allow ventilation of the area and keep the area clear for as long as possible
- avoid vacuuming or buffering of floors in areas where there is illness, as this may contribute to recirculation of the virus or bacteria in the air.
- consider steam-cleaning soft furnishings in the affected unit or area
- double-bag used tissues, and set aside from other waste – if the infection is transferred in this way
- keep nails short, clean and free from nail varnish and false nails.

Please seek national guidance on environmental hygiene on the use of chemical disinfectants when carrying out environmental disinfection during and after outbreaks of infection. Additional information available from the [Health and Safety Executive](#).

In **homecare settings**, if care workers undertake cleaning duties, then they should use usual household products, such as detergents and bleach as these will be very effective at getting rid of bacteria and viruses on surfaces. Frequently touched surfaces should be cleaned regularly.

Personal waste (for example, used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within your own room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

Supplies and equipment being taken from one person's home to another's should be cleaned thoroughly, in accordance with manufacturers' instructions. Clean equipment such as commodes thoroughly, with detergent and hot water after use.

Staffing

If a staff member has symptoms relating to an infectious illness (e.g. vomiting or diarrhoea) they should alert their supervisor. In some instances, they may not be able to return to work within a certain period, or they may not be able to carry out certain activities (e.g. not prepare food for 48 hours after vomiting or diarrhoea). The arrangements will vary depending on the nature of the infection.

If agency staff are used by your service you may consider restricting the use of such staff for the duration of an outbreak. If this is unavoidable, block-book staff during the outbreak to limit the numbers of individual agency staff potentially affected.

If staff are taken ill as a result of being exposed to the infection, you should follow national and local guidance on how to prevent the spread of the infection and the incubation period required to be symptom-free. Your business continuity plan should detail the steps which should be taken to manage unexpected staff absence.

At the end of the outbreak

An outbreak is considered to have ended when there have been no new cases, and affected people have been free of symptoms for a period of time. That period of time will depend on the infection. You should check national guidance on the appropriate symptom-free period.

At the end of the outbreak, you should:

- lift control procedures
- deep-clean the area, including washing, shampooing or steam-cleaning carpets, curtains and soft furnishings in residential settings or where cleaning is part of a homecare contract.
- hold a de-briefing session to review what you learned and if you need to amend any of your infection prevention and control policies or procedures.

Useful links

[Healthcare associated infections: prevention and control in primary and community care - NICE](#)

[Public Health England national guidance on infection control](#)

[Public Health England – local and regional contacts](#)

[Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)

[Infection prevention and control - NICE](#)

[Guidance on outbreaks of influenza in care homes – Government information](#)

[Care homes: Infection prevention and control – Government information](#)

[Essential Practice for the Prevention and Control of Infections – Royal College of Nursing](#)

[Adult Social Care: Information for Providers – Care Quality Commission](#)

[Health and Safety Executive – Decontamination](#)

Contacts

There are many people and organisations who may be able to help.

- A local care association or one of the national associations which make up the Care Provider Alliance could offer peer support, resources and advice.
- Other local services, or networks such as the Skills for Care Registered Manager Forums, which can provide peer support for first line leaders.
- Local authority and health care commissioners – who may have concerns, but who won't want to see a service close unless it is unavoidable.

Care Provider Alliance – email info@careprovideralliance.org.uk

[Public Health England – local and regional contacts](#)

[Associated Retirement Community Operators](#)

[Association for Real Change](#)

[Association of Mental Health Providers](#)

[Care England](#)

[National Care Association](#)

[National Care Forum](#)

[Registered Nursing Home Association](#)

[Shared Lives Plus](#)

[United Kingdom Homecare Association](#)

[Voluntary Organisations Disability Group](#)

[Local care association - contacts](#)

[Care Quality Commission](#)

[NICE](#)

[Social Care Institute for Excellence](#)

[Skills for Care](#)