Proxycare Personnel Ltd

Infection Prevention & Control Policy

Regulatory Links

- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
- Regulation 12: Safe care and treatment — requires that people receive care and treatment in a safe way, including protection from avoidable harm such as healthcare-associated infection. This policy sets out how we meet this duty by implementing standard infection control precautions and transmission-based precautions across all community care visits.
- Regulation 15: Premises and equipment — equipment used in care must be clean, suitable, and properly maintained. This policy describes how staff manage, clean, and store equipment used in people's homes.
- Regulation 17: Good governance — providers must have effective systems to assess, monitor, and improve infection prevention and control practices. This policy is part of our governance framework, supported by audits, training records, and outbreak reporting.
- **CQC Quality Statements**
- **Safe environments:** *"We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care."* This policy supports this statement by requiring staff to carry out a risk assessment at every visit, maintain and clean equipment, and report environmental hazards promptly.
- **Infection prevention and control:** *"We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly."* This policy directly addresses this statement through the 10 Standard Infection Control Precautions (SICPs), outbreak management procedures, and notification requirements.
- **Learning, improvement and innovation:** *"We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research."* This policy supports this statement through mandatory training, competency assessments, post-outbreak review, and regular policy updates in line with national guidance.

Scope

This policy applies to all staff, volunteers, and contractors working within our domiciliary care and community-based services in England. It covers all care and support activities delivered in people's own homes, including supported living settings. This policy and procedure are provided for the regulated activity of personal care.
All staff must read and comply with this policy. Those providing direct personal care to people we support will receive role-specific training appropriate to the nature and complexity of the care they deliver.
This policy applies in full to agency workers providing care on our behalf. Where staff are employed by a third party, we will confirm that equivalent infection prevention and control standards are in place before they begin work.

Related policies

This policy should be read alongside our:

- Health and Safety Policy
- COSHH Policy
- Safeguarding Adults Policy

- Medication Management Policy
- Legionella and Water Testing Policy
- Sharps and Needlestick Injuries Policy
- Food Safety Policy

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person centred care and independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

We are committed to preventing and controlling the spread of infection among the people we support, our staff, and the wider community. Effective infection prevention and control is not an optional extra — it is a core part of safe, high-quality care. Every member of staff contributes to this, whether they are delivering personal care, working in the office, or supporting people with daily activities in their homes.
We follow the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections, the National Infection Prevention and Control Manual (NIPCM) for England, and guidance from NICE, UKHSA, and the Department of Health and Social Care. We will update our practice whenever guidance changes.
This policy links directly to CQC quality statements on safe environments, infection prevention and control, and learning and improvement. We are committed to building a culture where infection control is embedded in daily practice, staff are confident and competent, and concerns are raised and acted on promptly.

Policy Detail

Roles and Responsibilities

The Registered Provider

The Registered Provider is responsible under health and safety legislation for staff, the people we support, and anyone else who may come into contact with the organisation. This includes ensuring that suitable arrangements for infection prevention and control are in place and properly resourced.

The Registered Manager

The Registered Manager leads the organisation's approach to infection prevention and control. Their responsibilities include:

- Appointing and supporting an Infection Prevention and Control (IPC) Lead.
- Ensuring policies and procedures are kept up to date and communicated to all staff.
- Providing staff with access to relevant training at induction and annually.
- Maintaining accessible contact details for expert advisers, including the local UKHSA Health Protection Team (HPT), local IPC team, and GPs, reviewed at least annually.
- Carrying out or commissioning infection control risk assessments.
- Reviewing and responding to incidents, outbreaks, and audit findings within 48 hours of becoming aware of a significant concern.

The IPC Lead

The IPC Lead **Will work with Maxwell Odoom** is the Registered Manager.
The IPC Lead is responsible for:

- Overseeing infection prevention and control across the service.
- Ensuring policies and procedures reflect current guidance.
- Supporting staff training and competency assessments.
- Leading the response to outbreaks and incidents.
- Reporting to the Registered Manager on IPC matters at least monthly, or immediately following any outbreak or significant incident.

All Staff

Everyone who works for us plays a part in preventing infection. All staff are responsible for:

- Following this policy and all associated procedures at every visit.
- Using standard infection control precautions consistently.
- Maintaining good personal hygiene and wearing appropriate PPE.
- Reporting concerns about infection risks, equipment, or hygiene to their line manager without delay.
- Completing IPC training at induction and every year.
- Escalating any health concerns about the people we support to their line manager or the office promptly — do not wait until the end of a shift.

Infection Prevention and Control in People's Own Homes

Providing care in someone's home is different to working in a care home or hospital. You are a guest in a person's private space. The same clinical standards apply — but sensitivity and awareness of the home environment matter too.
Key considerations for community care:

- You cannot control the home environment in the same way as a clinical setting. Carry out a quick risk assessment at each visit and adapt your approach accordingly.
- Always carry your own PPE. Do not rely on equipment being available in the home.
- All equipment brought into the person's home must be cleaned before you leave, in line with SICP 5.
- Respect the home and the person. Ask before moving items or entering rooms.
- If you have concerns about hygiene or infection risk in the home, report these to your line manager that day. Do not attempt to manage significant risks alone.

Standard Infection Control Precautions (SICPs)

SICPs are the baseline infection prevention and control measures that all staff must use at all times, with all people we support, regardless of whether infection is known or suspected. There are 10 elements, each set out in full in Section 6.

The 10 Standard Infection Control Precautions
1. Person placement / assessment for infection risk
2. Hand hygiene
3. Respiratory and cough hygiene
4. Personal protective equipment (PPE)
5. Safe management of care equipment
6. Safe management of the care environment
7. Safe management of linen
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)
10. Occupational safety / prevention of exposure (including sharps)

Understanding How Infection Spreads

The Chain of Infection

The fundamental principle of infection control is to break the chain of infection. Understanding this helps staff make sense of why each SICP matters.

Breaking the chain of infection — key actions for community staff
• Infectious agent: good hand hygiene, prompt identification of illness, supporting people to access treatment.
• Reservoir: good hygiene in the home, hand hygiene, supporting the person with personal hygiene.
• Portal of exit: hand hygiene, correct use of PPE, respiratory hygiene.
• Mode of transmission: hand hygiene, correct waste disposal, cleaning and decontamination of equipment.
• Portal of entry: hand hygiene, wound care, catheter care where applicable.
• Susceptible host: recognising when someone is unwell, escalating promptly, supporting immunisation.

Routes of Transmission

Understanding how infection spreads helps staff apply the right precautions:

- **Contact** — infections spread by direct or indirect contact with a person or the care environment.
- **Droplet** — infections spread by large droplets generated by coughs or sneezes.
- **Airborne** — infections spread by small particles that remain infectious while suspended in the air.

Healthcare-Associated Infections (HCAIs)

We treat everyone the same way by using standard infection control precautions at all times, regardless of whether we know infection is present. This universal approach protects the people we support, our staff, and the wider community. HCAIs can affect any part of the body and occur in community settings as well as hospitals. Common types include:

- Respiratory tract infections affecting the lungs and airways.
- Urinary tract infections involving the bladder, urethra, or kidneys.
- Bloodstream infections caused by bacteria entering the bloodstream.
- Gastrointestinal infections, including Clostridioides difficile.

Transmission-Based Precautions (TBPs)

Standard infection control precautions (SICPs) are the foundation of all infection prevention and must be used at all times with all people. Transmission-based precautions (TBPs) are additional measures applied on top of SICPs when SICPs alone are not sufficient to prevent the spread of a specific infectious agent.

TBPs are required when caring for or supporting someone with a known or suspected infection that can spread in ways SICPs do not fully address. In a community setting, the most likely situations where TBPs are needed include:

- **Contact precautions** — for infections spread by direct or indirect contact, such as MRSA, Clostridioides difficile, or carbapenemase-producing enterobacterales (CPE). Use gloves and apron for all contact with the person and their immediate environment. Dedicate equipment to that person where possible.
- **Droplet precautions** — for infections spread by respiratory droplets, such as influenza and COVID-19. Use a fluid-resistant surgical mask (Type IIR) in addition to standard PPE during close personal care.
- **Airborne precautions** — for infections spread by small airborne particles, such as tuberculosis (TB) or chickenpox. Contact the IPC Lead and the person's GP or District Nurse immediately. Do not deliver personal care until you have received specific guidance.

Applying TBPs in the Home

- You cannot isolate a person in their own home in the same way as a clinical setting. Work with the person and their household to minimise transmission as practically as possible.
- All care plan documentation must record known infections and the precautions required. Review this before every visit.
- If a person has a known multi-drug resistant organism (MDRO), such as MRSA or CPE, this must be documented in the care plan and communicated to any other care providers involved in their care.
- When transferring care — for example, when the person is going to hospital or receiving care from another provider — share relevant infection status information promptly.
- Dispose of all PPE and any contaminated waste before leaving the home.

Transmission Based Precautions

Training Requirements

Infection prevention and control training is mandatory for all staff:

- All new staff complete IPC training as part of their induction before working unsupervised.
- All staff complete an annual refresher, or more frequently if guidance changes significantly.
- Staff who carry out clinical procedures receive additional specialist training from a qualified healthcare professional before undertaking those tasks unsupervised.
- IPC Champions receive additional support to develop their role and share learning across the team.

Additional training will be arranged promptly where:

- The needs of the people we support change in a way that creates new infection risks.
- A staff member's practice falls below expected standards.
- A new disease or outbreak requires a specific response.

Responding to Epidemics and Pandemics

During epidemics and pandemics, the Registered Manager and IPC Lead will:

- Carry out updated risk assessments to identify and manage transmission risks.
- Review and implement guidance from NHS England, CQC, DHSC, and UKHSA within 24 hours of it being published.
- Update PPE requirements in line with current guidance and communicate changes to all staff before their next shift.
- Support staff and the people we support to access testing and vaccination where available.
- Share updated information with staff through team meetings, supervisions, and written communications.
- Learn from incidents and use this to improve systems and practice.

Outbreaks of Communicable Disease

An outbreak is defined as two or more linked cases of the same infection, or a greater number of infections than would normally be expected. If a suspected outbreak occurs, the Registered Manager must:

- Identify the nature and scale of the outbreak within 24 hours.

- Report the outbreak to the local UKHSA Health Protection Team on the same day — contact details are available at: https://www.gov.uk/guidance/contacts-phe-health-protection-teams
- Notify the Local Environmental Health Officer under RIDDOR where required.
- Work with GPs, District Nurses, and other health professionals to manage the situation.
- Keep a full written record of the outbreak, actions taken, and outcomes. This record must be retained for at least three years.

We can seek further information and support from: **Here are the contact details for key supporting organizations that may be relevant to your operations: Public Health England (now part of the UK Health Security Agency) Website: www.gov.uk/government/organisations/public-health-england Phone: 020 8200 4400 Email: contact@phe.gov.uk Local Environmental Health Department Contact details vary by local council. You can find your local Environmental Health contact information by visiting your local council's website or using the following link: Website: Find your local council Care Quality Commission (CQC) Website: www.cqc.org.uk Phone: 03000 616161 Email: enquiries@cqc.org.uk Health and Safety Executive (HSE) Website: www.hse.gov.uk Phone: 0300 003 1647 Email: hse.infoline@hse.gov.uk These organizations can provide guidance and support on public health, safety, and regulatory compliance. For specific queries or further assistance, it's recommended to reach out to them directly via the contact methods provided.**

Notifiable Diseases

Registered medical practitioners have a statutory duty to notify the proper officer at the local authority or local UKHSA Health Protection Team of suspected cases of certain infectious diseases. The full list is maintained by UKHSA: see link in References.

Staff should be aware that some conditions they may encounter are notifiable. If you suspect a notifiable disease in a person you support, report immediately to the Registered Manager, who will liaise with the GP and UKHSA as required. Do not wait to see if symptoms worsen.

Immunisation of People We Support

As part of the care planning process we will:

- Keep a record of the vaccination status of people we support where relevant to their care.
- Support people to access vaccinations, for example the annual influenza vaccine.
- Liaise with GPs and District Nurses to ensure immunisations are kept up to date in line with national schedules.

Staff Vaccinations and Health

For staff recruited from overseas, the Registered Manager will check immunisation status against UK requirements as part of the recruitment process. Where vaccinations are missing or cannot be verified, the Registered Manager will arrange for these to be completed before the staff member begins delivering personal care. This includes any vaccinations recommended by the Department of Health and Social Care for healthcare and social care workers in England.

We will carry out risk assessments to identify which vaccinations are recommended for staff based on the nature of their role — for example, hepatitis B, seasonal influenza, and COVID-19.

The IPC Lead will advise staff on recommended vaccinations. With the staff member's permission, vaccination status will be recorded in their personnel file.

All new staff complete a confidential health assessment as part of their conditional offer of employment, covering previous illnesses and relevant immunisation history.

Under COSHH Regulations, where a risk assessment identifies a risk of exposure to biological agents and effective vaccines exist, we will offer these to staff at no cost to the employee.

Staff can access occupational health services for health surveillance, vaccination advice, and fitness-to-work assessments. Our occupational health provider is: **From the local authority**

Accessing Expert IPC Advice

The Registered Manager will maintain accessible contact information for expert IPC advice, reviewed and updated at least annually. This includes:

- The local UKHSA Health Protection Team.
- The local NHS Trust infection control team, **01889 571837and 01208 25130**
- Primary care pharmacists and antimicrobial pharmacists.

- Occupational health services.

Record Keeping

We will maintain records of:

- IPC training and competency assessments for all staff.
- Risk assessments for each working environment, including the homes of people we support.
- Equipment maintenance, cleaning, and decontamination logs.
- Any outbreak, incident, or significant IPC concern, together with the actions taken and outcomes.
- Contact details for expert advisers, reviewed and updated at least annually.

All records must be retained in line with our data protection obligations under UK GDPR and the Data Protection Act 2018.

Compliance with the Health and Social Care Act 2008 Code of Practice

The Code of Practice sets out 10 compliance criteria. Not all apply to every regulated activity. The following explains which criteria apply to our community care service and how we comply with each.

Criterion 1: Systems to manage and monitor infection prevention and control

We have a governance structure in place with a named IPC Lead accountable to the Registered Manager. We maintain up-to-date policies, provide training, and keep records of key contacts. We monitor compliance through supervisions, competency assessments, and audits.

Criterion 2: Clean and appropriate environment

Domiciliary care services supporting people in their own homes are not required to comply with this criterion. See the Health and Social Care Act 2008 Code of Practice Part 4, Table 1a.

Criterion 3: Antimicrobial stewardship

We are not required to comply fully with this criterion in a domiciliary care context. However, we keep accurate records of any antimicrobial prescriptions for the people we support, including allergies, dose, duration, and reason for treatment.

Criterion 4: Providing information about infections

We provide information on infection prevention to people we support, their families, and health and care partners in a timely and accessible way. This includes information on hand hygiene, our IPC approach, and outbreak management.

Criterion 5: Identifying and managing people at risk

Staff are trained to recognise signs of infection and to escalate concerns to their line manager and/or the relevant health professional without delay. The Registered Manager and IPC Lead draw on specialist support where needed.

Criterion 6: Staff responsibilities

IPC responsibilities are set out in all staff job descriptions. Training is provided at induction and annually. All staff, including agency workers and volunteers, understand and comply with IPC requirements as a condition of working for or with us.

Criterion 7: Isolation facilities

Domiciliary care services supporting people in their own homes are not required to comply with this criterion.

Criterion 8: Laboratory support

Domiciliary care services supporting people in their own homes are not required to comply with this criterion.

Criterion 9: Policies for individual care

We have IPC policies and risk assessments in place covering all relevant topics, including standard precautions, PPE, sharps, MRSA, waste management, urinary catheters, linen management, and immunisation. These are reviewed at least annually and whenever national guidance changes.

Criterion 10: Staff health and well-being

Staff can access occupational health support and professional IPC advice through the following route:
From the local authority

Procedures

The following procedures set out how the 10 Standard Infection Control Precautions are applied in our community care service. Each procedure applies at every visit unless otherwise stated.

SICP 1: Assessing Infection Risk at Every Visit

Before and during every visit, staff must assess infection risks in the person's home and adapt their approach. This assessment is part of the wider care assessment.

- Check the care plan before each visit for any known or suspected infections affecting the person you are supporting. If a known infection is recorded, identify the precautions required before you arrive.
- On arrival, observe the home environment for any visible hygiene or infection risks — for example, signs of pests, mould, or evidence of vomiting or diarrhoea — and note any concerns.
- If the person has signs of infection — such as a high temperature, unexplained rash, diarrhoea, or vomiting — contact the office and the person's GP or District Nurse before providing personal care where possible. If direct care cannot wait, apply appropriate PPE and TBPs.
- Record any concerns in the care notes and report them to your line manager by the end of your visit.

Care reviews are undertaken at least **Quarterly** and must include a review of any infection prevention and control needs.

SICP 2: Hand Hygiene

Hand hygiene is the single most effective measure for preventing the spread of infection. Staff must decontaminate their hands:

- Immediately before every episode of direct care.
- Immediately after delivering direct care.
- Immediately after any exposure to body fluids.
- After any contact with the person's home environment that could contaminate hands.
- Before any clean or aseptic procedure.
- After removing PPE.

Using liquid soap and water

Use liquid soap and running water when hands are visibly dirty, after contact with body fluids, or when caring for someone with a suspected or confirmed gastrointestinal infection such as norovirus or Clostridioides difficile.

- Wet hands under tepid running water, then apply liquid soap.
- Rub all surfaces of the hands for at least 20 seconds — paying attention to fingertips, thumbs, and between fingers. Rinse thoroughly.
- Dry hands completely using disposable paper towels. Discard paper towels into the household waste bin.

Using alcohol-based hand rub (ABHR)

ABHR of at least 70% alcohol can be used for routine hand hygiene when hands are not visibly soiled. Staff must carry personal ABHR where a fixed dispenser is not available. ABHR is not a substitute for soap and water in the situations described above.

Hand care

Staff who provide direct personal care must:

- Be bare below the elbow during care.
- Remove wrist and hand jewellery, except for a plain metal band.
- Keep fingernails short, clean, and free of nail polish and false nails.
- Cover cuts and abrasions with a waterproof dressing before starting work.

Apply emollient hand cream regularly to protect skin from the drying effects of frequent handwashing. Report any skin reactions to liquid soap, ABHR, or gloves to your line manager on the same day.

SICP 3: Respiratory and Cough Hygiene

Staff must follow these steps to reduce the spread of respiratory illness, including COVID-19 and influenza.

- Cover your nose and mouth with a disposable tissue when sneezing or coughing.
- Dispose of used tissues immediately in a waste bin.
- Wash hands after coughing, sneezing, or using tissues.
- Where running water is not immediately available, use hand wipes followed by ABHR, then wash hands at the first opportunity.

Where the person you are supporting needs help with respiratory hygiene — for example, elderly people or those with dementia — assist them to follow these steps and provide tissues and a waste bag.

SICP 4: Personal Protective Equipment (PPE)

PPE protects both the person we support and the staff member from infection. Before each procedure, assess the likely exposure to blood, body fluids, non-intact skin, or mucous membranes and choose PPE accordingly.
All PPE must be:

- Carried by staff to each visit in a clean receptacle.
- Stored in a clean, dry area until needed, and used before its expiry date.
- Single-use only, unless the manufacturer specifies otherwise.
- Changed between different care tasks and between different people.
- Disposed of into the correct waste stream after use.
- Discarded immediately if damaged or contaminated.

Gloves

Wear disposable gloves for invasive procedures, contact with blood or body fluids, and contact with non-intact skin. Put gloves on immediately before the episode of care and remove them straight afterwards. Wash hands before and after wearing gloves. Gloves do not replace handwashing.
Vinyl gloves are suitable for most care tasks. Use nitrile gloves for tasks requiring greater dexterity or an extended period of wear. Staff with latex sensitivity will be provided with alternative gloves.

Disposable aprons

Wear a disposable plastic apron for all personal care. Aprons are single-use items and must be disposed of in the correct waste bag after each episode of care. In high-risk situations, a fluid-repellent gown may be required.

Face masks

Wear a fluid-resistant surgical mask (Type IIR) where there is a risk of respiratory droplets from the person you are supporting — for example, during close personal care of someone with a suspected or confirmed acute respiratory infection. Follow current DHSC guidance on PPE requirements for acute respiratory infections.

Eye protection

Wear eye protection where there is a risk of splashing of body fluids or respiratory droplets reaching your eyes. Eye protection must cover the eye fully — prescription glasses are not sufficient. Clean reusable eye protection according to the manufacturer's instructions.

SICP 5: Safe Management of Care Equipment

Care equipment can become contaminated during use and is a common route of infection transmission. All equipment brought into or used in someone's home must be managed safely.
Equipment is classified as:

- **Single use** — used once then discarded. These items carry the '2 in circle' symbol and must never be reused.
- **Single patient use** — can be reused on the same person following decontamination.
- **Reusable** — used on more than one person after full decontamination between each use.

Before leaving a person's home:

- Clean all reusable equipment using approved detergent wipes or a detergent solution, following the manufacturer's instructions.
- Store cleaned equipment in a clean, dry receptacle, separate from any used or contaminated items.

- Report any equipment that appears damaged, defective, or unsuitable to the Registered Manager on the same day.
- Complete equipment maintenance logs as required.

If equipment requires servicing or repair by a third party, attach an equipment decontamination status certificate before it leaves the person's home.

SICP 6: Safe Management of the Care Environment

Carry out a risk assessment of each working environment, including the home of each person we support, with infection prevention and control risks in mind.

Blood spill procedure

- Put on disposable PPE (gloves and apron at minimum).
- Ventilate the area by opening a window.
- Cover the spill with disposable paper towels.
- Pour a 1-in-10 dilution of household bleach (10 ml bleach in 100 ml water) onto the paper towels and leave for 5 to 10 minutes.
- Remove the paper towels and place in a plastic bag.
- Clean the area with household detergent and warm water, then dry.
- Seal the plastic bag and dispose of as clinical waste.
- Remove PPE, wash hands with soap and water.

Non-blood spillage procedure (urine, faeces, vomit)

Use a 1-in-100 dilution of bleach (10 ml bleach in 1,000 ml water). Follow the same steps as the blood spill procedure above. Do not add bleach directly to urine — this produces toxic fumes.

Food Hygiene

Staff must follow safe food handling practices in line with our Food Safety Policy. Staff who feel unwell while preparing food must stop immediately, contact the office, and ensure alternative arrangements are made for the person they are supporting. Any member of staff with a gastrointestinal infection must remain away from food handling until they have been clear of symptoms for at least 48 hours.

Legionnaires' Disease

Legionnaires' disease is a serious lung infection caused by inhaling contaminated water droplets. In a community setting, be alert to risk when a property has been unoccupied — for example, after the person has been in hospital.
If there is a concern about water stagnation:

- Ask the person to leave the room if possible.
- Run taps and showers for at least two minutes before use.
- Run any taps in infrequently used areas of the property on a weekly basis when visiting.
- Report the concern to the Registered Manager, who will arrange a formal water risk assessment if required.

Refer to the Legionella and Water Testing Policy for further guidance.

SICP 7: Safe Management of Linen

Handling clean linen

- Wash hands before handling clean linen.
- Store clean linen above floor level in a clean, dry, enclosed area.
- Keep clean linen physically separate from soiled or infectious linen at all times.

Handling soiled or used linen

- Wear a disposable apron when making beds or handling used linen.
- Wear disposable gloves when handling visibly soiled or infected linen.
- Place used linen directly in a laundry basket. Never put linen on the floor.
- Do not shake linen — this spreads micro-organisms into the air.

- Remove items one at a time and place directly into the laundry receptacle.
- Do not overfill receptacles. Never place sharps or other items in laundry bags.
- Wash linen on the highest temperature suitable for the fabric, ideally 60°C.
- Wash hands thoroughly after removing gloves.

Staff uniforms

- Wear a clean uniform at each shift and change immediately if soiled.
- Launder uniforms separately from other clothing on a hot wash at 60°C, or the highest temperature the manufacturer recommends.
- Tumble drying or ironing will further reduce the presence of micro-organisms.
- Tie back long hair during care.
- Cover the uniform completely when travelling to and from work and in public places.
- Wear footwear that is clean, non-slip, and covers the entire foot.

SICP 8: Safe Management of Blood and Body Fluids

Blood and body fluids contain micro-organisms that can cause infection. Deal with any spillage immediately. Wear PPE and follow the decontamination procedure in SICP 6.
Disinfection guidance:

- Thoroughly clean surfaces before applying disinfectant — cleaning removes the majority of micro-organisms.
- Use only disinfectants of proven value. Limit the range in use to avoid confusion.
- Follow the manufacturer's instructions for dilution, contact time, and suitable surfaces.
- Single-use equipment must be discarded after use. Reusable equipment must be fully decontaminated before use with another person.

SICP 9: Safe Disposal of Waste

All waste must be correctly segregated and stored safely until collected or disposed of.

Household and offensive/hygiene waste

Where waste is not derived from an infected individual and does not contain blood products or body parts, it may be classified as offensive/hygiene waste. Small items such as plasters, pads, and stoma bags may go into a black or grey bag as household waste with the person's agreement.
Larger volumes of such waste produced regularly should be placed in yellow bags with a black stripe (Tiger bags), clearly labelled with the postcode, and kept in a designated secure area for collection.

Sharps disposal

Used sharps must be discarded immediately after use into a sharps container conforming to current standards. Sharps containers must:

- Have a temporary closure mechanism used when not in use.
- Be labelled with the point of origin and date of assembly.
- Be disposed of when the fill line is reached — never overfilled.
- Be disposed of at least every three months, even if not full, via the licensed collection route.

Agree with the person we support who is responsible for ordering and arranging collection of sharps containers. Keep sharps containers out of reach of children at all times.

SICP 10: Occupational Safety and Prevention of Sharps Injuries

Preventing sharps injuries

- Avoid the use of sharps wherever possible.
- Where sharps are unavoidable, use approved safety devices.
- Never resheath or recap needles after use.
- Never pass sharps hand to hand.
- Dispose of needles and syringes together as one unit, immediately after use.

- When transporting sharps containers in the community, use the temporary closure.

If a needlestick or sharps injury occurs

- Encourage the wound to bleed by holding it under running water. Do not squeeze the wound.
- Wash the wound with running water and soap. Do not scrub the wound. Do not suck the wound.
- Dry the wound and cover with a waterproof plaster.
- Contact the Registered Manager or the senior person on duty immediately — this is a legal requirement under RIDDOR. Do not wait until the end of your shift.
- The Registered Manager will advise you to contact occupational health, your GP, NHS 111, or the nearest A&E department. Seek advice urgently — post-exposure treatment may be time-critical.
- Complete a full incident report on the same day, recording the date, time, location, source person (if known), first aid given, and advice received. File this in the staff member's personnel record and retain for at least three years.

The main risks from a sharps injury are hepatitis B, hepatitis C, and HIV.
Staff must contact occupational health as soon as possible following a sharps injury. Our occupational health provider is:
From the local authority

Splashes of blood or body fluids

If blood or body fluids splash into your eyes or mouth, rinse immediately with copious amounts of water, then follow steps 4–6 above and seek urgent medical advice.

Supporting People with Urinary Catheters

Catheter-associated urinary tract infection (CAUTI) is one of the most common healthcare-associated infections in community settings. Safe catheter care is an essential part of infection prevention in domiciliary care.
Staff involved in catheter care must be trained and assessed as competent before undertaking this task unsupervised. Training and ongoing competency assessment is the responsibility of the Registered Manager in conjunction with the IPC Lead and, where appropriate, the person's District Nurse.

Principles of safe catheter care

- Always wash hands before and after any catheter care task. Wear a disposable apron and gloves throughout.
- Maintain a closed drainage system at all times. Never disconnect the catheter from the drainage bag unnecessarily — this breaks the closed system and significantly increases infection risk.
- Keep the drainage bag below the level of the bladder at all times to prevent backflow of urine. Bags must never rest on the floor.
- Empty the drainage bag when it is two-thirds full, or as directed in the care plan. Use a separate, clean container each time and avoid contact between the drainage tap and the container.
- Overnight drainage bags attached to a leg bag are single use only. Never wash out and reuse overnight bags.
- Catheter bags and valves must be changed at the frequency specified in the care plan or as directed by the District Nurse or GP — typically every five to seven days for valves and every seven days for leg bags. Always follow individual care plan guidance.
- Record the date of each bag change in the care notes.
- Catheter valves must be changed every five to seven days. Follow the care plan and the District Nurse's instructions.

Signs of a catheter-related infection — when to escalate

Be alert to signs that a person with a catheter may have a urinary tract infection, including:

- Cloudiness, unusual smell, or visible debris in the urine.
- Leaking or bypassing around the catheter.
- Fever, confusion, or a general deterioration in the person's wellbeing.
- Pain or discomfort in the lower abdomen or back.

If you notice any of these signs, report them to the office and the person's GP or District Nurse on the same day. Do not suggest antibiotics — diagnosis and prescribing is the responsibility of the GP.

Contact the District Nurse or GP immediately if the catheter becomes blocked or has stopped draining, if the catheter has fallen out or been accidentally removed, or if there are signs of trauma, bleeding, or significant leaking.

References and Further Reading

Legislation

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections
- Health and Safety at Work etc. Act 1974
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Environmental Protection Act 1990
- Public Health (Infectious Diseases) Regulations 1988
- Food Safety Act 1990
- Data Protection Act 2018 / UK GDPR

National Guidance

- National Infection Prevention and Control Manual (NIPCM) for England, NHS England
england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/
- NIPCM Chapter 2: Transmission Based Precautions
england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/
- UKHSA A-Z of Pathogens (available via the NIPCM homepage above)
- Infection prevention and control: resource for adult social care, DHSC
gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-settings
- Infection prevention and control in adult social care: acute respiratory infection (ARI), DHSC/UKHSA, updated March 2024
gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-acute-respiratory-infection
- Living safely with respiratory infections, including COVID-19, DHSC
gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19
- PPE guidance for acute respiratory infections in adult social care, DHSC/UKHSA
gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-acute-respiratory-infection
- NICE Guideline CG139: Healthcare-associated infections — prevention and control in primary and community care
nice.org.uk/guidance/cg139
- NICE Quality Standard QS61: Infection prevention and control (including quality statement 4 on urinary catheters)
nice.org.uk/guidance/qs61
- NICE Quick Guide: Helping to prevent infection (PDF)
nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf
- Notifiable diseases and how to report them, UKHSA
gov.uk/guidance/notifiable-diseases-and-how-to-report-them
- UKHSA Health Protection Teams contacts
gov.uk/guidance/contacts-phe-health-protection-teams
- Community Infection Prevention and Control Policies for Domiciliary Care (includes DC 19: Urinary catheter care)
infectionpreventioncontrol.co.uk
- HSE: Immunisation
hse.gov.uk/biosafety/blood-borne-viruses/immunisation.htm

- NHS: What to do if injured with a used needle
nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-i-injure-myself-with-a-used-needle/

Skills for Care

- Infection prevention and control resources
skillsforcare.org.uk/Developing-your-workforce/Care-topics/Infection-prevention-and-control/Infection-prevention-and-control.aspx
- Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Managing-people/Code-of-conduct/Code-of-Conduct.pdf