

Infection Prevention and Control Guidance for Adult Social Care

To be read in conjunction with the WCC Infection Prevention and Control Policy and supporting documentation

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1. About this document

The Infection Prevention and Control guidance provides guidance for all staff and managers within Adult Social Care.

This guidance document should be read in conjunction with the Warwickshire County Council (WCC) [Infection Prevention & Control Policy, Health and Safety policies and supporting documentation](#) available on the WCC Intranet.

2. Infection Prevention and Control considerations

2.1 What are Standard Infection Control Precautions?

Standard Infection Control Precautions (SICP) are designed to prevent cross transmission from recognised and unrecognised sources of infection. These sources of (potential) infection include blood and other bodily fluid secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment which are likely to become contaminated.

2.2 Why are Standard Infection Control Precautions necessary?

SICPs are necessary to ensure the safety of customers as well as social care personnel and those who visit. In order to avoid occupational exposure to potentially infectious agents, particularly those microorganisms that may be found in blood and other body fluids, precautions are essential while providing care. It must always be assumed that every person encountered could be carrying potentially harmful microorganisms that might be transmitted and cause harm to others. Therefore precautions to prevent exposure to these should be taken as standard.

2.3 When should Standard Infection Control Precautions be applied?

SICPs should be applied at all times within a healthcare setting, or where health and social care is being provided, including Customers' homes, and must underpin all health and social care activities. The application of SICPs during care delivery is determined by the level of interaction between the staff and the customer and the anticipated level of exposure to blood or other body fluids.

2.4 What responsibilities do staff have regarding Standard Infection Control Precautions?

- All staff providing direct care must apply the principles of Standard Infection Control

Precautions (SICPs). All staff have a responsibility to ensure that they comply with the principles of standard infection control precautions: this includes staff who do not provide direct care. All staff have a responsibility to encourage customers, residents, carers and visitors and other staff to comply with the principles of standard infection control precautions and report factors in relation to SICPs, including facilities/equipment or incidents, that may have resulted in cross contamination.

- Relevant staff must:
 - attend induction and mandatory/update infection prevention and control education sessions.
 - consider the elements of SICPs such as hand hygiene as an objective within staff continuing professional development, ensuring continuous updating of knowledge and skills.
 - be aware of local and national policies, procedures and campaigns regarding standard infection control precautions.
- There is a requirement to prevent the spreading of infections either within a hospital setting or a home environment by taking the appropriate preventative steps which are contained within this procedure.
- Staff with skin conditions should seek advice from Occupational Health or their GP to minimise their risk of infection through open skin lesions.
- All staff must report any illness which may be as a result of occupational exposure to the WCC Health, Safety & Wellbeing Service. Some occupational exposures to blood-borne viruses, (Hepatitis B virus (HBV), Hepatitis C virus (HCV) and human immunodeficiency virus (HIV)), are reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR). Where a confirmed case has been diagnosed, staff must not provide direct customer care until a risk assessment has been completed and the line manager has been consulted.

2.5 Vaccinations

WCC Occupational Health provision (Duradiamond Healthcare) does not routinely offer vaccinations to staff however, these are available if managers/services require them. The requirement and provision of vaccinations is based on an assessment of risk, taking into consideration factors such as the likelihood of staff using sharps, coming into contact with bodily fluids etc. also bearing in mind existing precautions that are in place.

3. Standard Infection Control Precautions

3.1 Hand hygiene

Hand hygiene is the single most important activity for reducing the spread of disease: the correct technique needs to be used to ensure no areas of the hands are missed. Staff are to follow the hand hygiene procedure when washing with soap and water, or using an alcohol hand gel or rub if soap and water is not available. (See **Appendix 1a and Appendix 1b**)

➤ **Before customer contact**

When? Clean your hands before touching a customer.

Why? To protect the customer.

➤ **After bodily fluid exposure risk**

When? Clean your hands immediately after an exposure risk to body fluids and after glove removal.

Why? To protect yourself and the care environment.

➤ **After customer contact**

When? Clean your hands after touching a customer, his/her immediate surroundings and when leaving the customer's side.

Why? To protect yourself and the care environment.

➤ **After contact with customer surroundings**

When? Clean your hands after touching any object or furniture in the customer's immediate surroundings when leaving - even if the customer has not been touched.

Why? To protect yourself and the care environment.

3.2 Hand hygiene and jewellery

It has been shown that contamination of jewellery, particularly rings with stones and/or jewellery of intricate detail, can occur. Jewellery must therefore be removed when working in customer settings. It is acceptable to wear plain wedding bands however these must be removed when hand hygiene is being performed in order to reach the bacteria which can collect underneath them. Random hand hygiene audits may be undertaken to ensure compliance.

3.3 Hand hygiene frequency and preparation

Hand hygiene should be performed for between 15 seconds and 3 minutes depending on the level of hand hygiene being performed. Washing for longer than these times is not recommended as this may damage the skin.

Staff should:

- keep nails short, clean and polish free: artificial nails must not be worn
- avoid wearing wrist watches and jewellery, especially rings with ridges or stones
- cover any cuts and abrasions with a waterproof dressing

Preparation:

- Gather all relevant equipment and ensure that everything which is needed to perform hand hygiene is present
- Ensure the sink area is empty
- Ensure jackets/coats are removed, and wrists and forearms are exposed
- Remove wrist watch, any bracelets and jewellery and roll up long sleeves before washing.

Hands should be decontaminated before direct contact with customers and after the removal of gloves.

NB Staff should minimise the equipment/objects that are taken and used in the environment and keep these hygienically clean e.g. use antiseptic wipes.

3.4 Respiratory hygiene/cough

Respiratory hygiene and cough etiquette should be applied as a standard infection control precaution at all times. The measures include:

- Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing nose
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

4. Dress code & Personal Protective Equipment

The use of Personal Protective Equipment (PPE) is essential and should be provided by your employer or hospital/care setting. Selection of PPE must be based on a clear assessment of risk. The benefit of wearing PPE is two-fold, offering protection to both customers and those caring for them.

For the purposes of this guideline, the PPE described, which might be used in general health and social care settings, includes:

- Disposable gloves.
- Plastic aprons/gowns.

- Other PPE under the instruction of Health colleagues

(See Appendix 2)

4.1 Disposable gloves

How to ensure the correct glove is used

Gloves must be well fitting and be available in a variety of sizes.

When to wear gloves

Disposable gloves are not a substitute for employing good hand hygiene, but when used:

- Gloves must be worn for all activities carrying a risk of exposure to blood, body fluids, secretions and excretions; and when handling sharp or contaminated instruments.
- Gloves should be pulled on by holding the wrist end of the glove open with one hand to allow the other hand to enter easily (do not wear jewellery other than a wedding band under gloves).
- Gloves must be worn as single use items. A new pair of disposable gloves and an apron must be worn for each customer and disposed of after use. They are put on immediately before an episode of customer contact or treatment and removed as soon as the activity is completed.
- Gloves are changed between caring for different customers, or between different care or treatment activities for the same customer.
- The same PPE should never be worn for a different customer, procedure or area.
- Never perform hand washing whilst wearing gloves, and never use products such as alcohol-based hand rub to clean gloves.
- Hand hygiene, should be performed before donning gloves, immediately after the removal and disposal of gloves, and between every change of gloves.
- Disposable gloves may leak even when apparently undamaged. The use of gloves as a method of barrier protection reduces the risk of contamination but does not eliminate it and hands are not necessarily clean because gloves have been worn. Therefore compliance with hand hygiene measures is essential.
- Gloves should be removed promptly after use and before touching non-contaminated/clean areas/items, environmental surfaces, or other persons (including the person wearing them).
- Gloves should not be worn to handle or write on records or to touch any other communal, clean surface.

Care should be taken when removing used gloves to avoid contamination of hands and clothing.

- The wrist end of the glove should be handled and the glove should be pulled down gently over the hand, turning the outer contaminated surface inward while doing so,

i.e. the gloves are then disposed of inside out, preferably with the second glove also pulled over the first while removing it so that they are wrapped together.

- Used gloves should never be placed on surfaces, but disposed of safely and immediately following use. The gloves should be bagged and sealed before disposal into a waste / dustbin.

Hand hygiene should be performed immediately after the removal and disposal of gloves.

4.2 Aprons

When to wear and how to choose an apron

The use of disposable plastic aprons are indicated for a wide array of activities within care settings including “clean” and “dirty” tasks. They must be worn when close contact with the customer, materials or equipment are anticipated. Aprons should be appropriate for use, fit for purpose and should avoid any interference during procedures. Never reuse or wash single-use disposable aprons/gowns.

When to change an apron and how to remove and dispose of it

- Aprons should be changed between customers or procedures.
- It may be necessary to change aprons between tasks on the same customer to prevent unnecessary cross-contamination.
- Remove aprons immediately once a task is finished. Never wear them while moving to a different customer or area.
- Torn or otherwise damaged aprons should not be used and should be removed immediately.
- Remove aprons carefully to avoid contact with the most likely contaminated areas (e.g. the front surface), and prevent contamination of clothes under them. The outer contaminated side of the apron should be turned inward, rolled into a ball and then disposed of as per gloves.

Hand hygiene should be performed immediately after the removal and disposal of aprons.

4.3 Removal and Disposal of PPE

- When removing PPE, gloves should be removed first, then the apron.
- Dispose of PPE according to waste regulations. Refer to the [www.gov.uk](https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste) guidance on management and disposal of healthcare waste.
<https://www.gov.uk/government/publications/guidance-on-the-safe-management-of-healthcare-waste> Information on disposal of clinical waste is available from the District and Borough councils.
- Wash and dry hands thoroughly after removal of all PPE.

4.4 Footwear

Footwear should be considered to promote infection control and prevention practice. Staff must not wear open footwear. Shoes should be flat with enclosed toes and a non-slip sole. They should be worn at all times to avoid contamination. Footwear should be kept clean and good hygiene practices should be followed to avoid any contamination.

4.5 Other clothing (if uniform is not provided)

Suitable clothing should be worn to allow for moving and handling techniques. Arms should be bare below the elbow. Any concerns about the requirements should be raised with line managers. It is not acceptable to wear low cut or sleeveless tops. Staff must tie long hair back and not wear any jewellery, ties or scarves which may be grabbed and cause choking, or cause injury to a customer.

4.6 Occupational exposure management, including sharps

For the purposes of these guidelines, the definition of a needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, and any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds, such as razors, sharp tissues, and teeth.

- All staff must wear gloves when handling sharps or at other times when exposure to blood, other body fluids, excretions, secretions, non-intact skin or contaminated wound dressings might occur.
- All staff must use devices to protect against exposure during mouth-to-mouth resuscitation, e.g. pocket masks. All staff must clean spillages of blood or other body fluids or contaminated items immediately. This guidance on [Cleaning up body fluids](#) may be useful.

4.7 Incident reporting

Staff involved in any incident where occupational exposure has occurred must report the incident to their line-manager, attend Accident and Emergency, and complete the online Accident/Incident Reporting process. It is essential that all actions are taken in a timely manner when dealing with these incidents.

4.8 Management of care equipment

Care equipment used on customers can become contaminated during the delivery of care. Therefore care equipment must be managed appropriately in order to limit the risk of contamination.

For the purposes of these guidelines, care equipment includes items that are non-invasive and reusable e.g. hoist.

Where specific known infections are present e.g. Clostridium difficile (C diff), MRSA,

advice should be sought from the local infection prevention and control team in the local hospital.

- Equipment should be checked for cleanliness prior to use.
- Care equipment must be stored clean and dry following use.
- When spillages or contamination has occurred, equipment should be cleaned (according to manufacturer's instructions) immediately.
- Single use items of equipment (such as single use slings) are to be disposed of after one use.

4.9 Management of IT equipment and mobile phones

It is important to minimise the equipment taken into a customer environment and manage it appropriately in order to limit the risk of contamination. To clean devices, please read the manufacturer's instructions to ensure the antiseptic wipes will not damage the screen.

4.10 Safe care of linen including uniforms / clothes

It is important to ensure that the appropriate precautions are taken to ensure that contamination to and from linen / uniforms or clothing does not occur. It is not considered that uniforms/clothing are a serious source of infection. The transfer of microorganisms from linen to customers, staff and others is primarily through contact and all stages of linen management should be considered including storage, handling, bagging, transporting and laundering.

- A disposable plastic apron should always be worn when handling used linen (and disposable gloves where linen is soiled/foul) e.g. during bed making.
- Always hold used linen away from yourself to avoid contamination of clothing from linen
- Hand hygiene should be performed following handling of linen and removal of apron
- Any incident where inappropriate linen disposal has occurred should be reported in line with local incident reporting procedures.

Uniforms should only be worn when working and should be covered in public places during duty working hours. Wash uniforms/clothing at the hottest programme suitable for the fabric.

Washable clothes, bedding, hoist slings and linen that is stained with blood or other body fluids should be:

- Washed in a washing machine in a cool pre wash followed by a hot wash at 80°C.
- Heat sensitive fabric stained with blood or bodily fluids can be washed on a cooler temperature of 40°C and tumble dried at a minimum of 60°C

Non-washable items should be dry cleaned. If outside dry cleaners or laundries are used, the soiled items should be placed in the water soluble red bags and clearly marked so that precautions can be taken by the laundry staff.

4.11 Customer home and equipment

- Remove solid waste into the toilet
- Place linen in an identified carrier or bin bag.
- Ensure the customer or their family understands that it needs a cool pre- wash before a hot wash
- It should be washed separately from other laundry.

Hoist slings ideally should be single use or kept for individual customers. Hoist slings must not be shared between customers.

Mattress covers, curtains and other fabrics should be on a regular cleaning routine.

Mattress covers should be discarded if fluids have penetrated the cover. Mattresses/ Propad cushions should be examined at least weekly. Soiled covers and mattresses and /or foam should be replaced if staining is evident.

4.12 Control of environment

The care setting, in particular, contains a diverse population of microorganisms and this must be considered when caring for those who are susceptible to infection.

The transfer of microorganisms from environmental surfaces to customers is largely considered to be via direct (hand) contact with these surfaces. As a consequence, hand hygiene is paramount in reducing infection spread via this route as well as the appropriate control of the environment.

A tidy, 'clutter free' environment is also important to ensure cleaning can be undertaken.

Ward closures due to infection

Staff are able to go on closed wards, but these should be visited at the end of the day, after any other calls/ visits, and the infection prevention and control procedure followed.

Staff must not go from ward to ward. If a patient is being “barrier” nursed, the staff member must follow the specific procedure in consultation with the nursing staff on the ward.

Cleaning procedures

The use of Personal Protective Equipment (PPE) to protect those keeping the care environment clean is important, as is the disposal of PPE immediately following use.

Hand hygiene is also essential, even if gloves are worn during the procedure.

- Gather all relevant equipment for use and ensure all equipment/receptacles used to clean the environment are clean before use.
- Utilise single use items, such as disposable cloths and mop heads, as far as possible in care settings.

The choice of cleaning agent that best meets overall needs is important and should be included in local cleaning procedure. General purpose neutral detergent is suitable for routine environmental cleaning. Do not use chlorhexidine, e.g. Hibiscrub and other hand antiseptic agents, for cleaning of the environment. Alcohol and detergent wipes should not be used for routine cleaning of the environment as detergent wipes are not suitable for large surface cleaning.

Follow guidance (e.g. manufacturer's' instructions and recommendations) provided on cleaning agents, regarding amount used, dilution and contact time and ensure solutions are made up freshly.

Customer equipment

- Customers' combs, towels, face flannels, razors, toothbrushes, wash bowls or other implements which could become contaminated with blood must not be shared.
- Toiletries must be own use and not shared with others
- Any equipment shared (e.g. bed pans / commode pots, physio equipment, activity items) must be cleaned thoroughly between each use, even if not contaminated.
- Use a hot water and a suitable detergent, rinse and dry.
- For bedpans/urinals use a washer-disinfector (e.g. 80°C for one minute) if available, store dry.
- This disinfector should be subject to regular checks and a maintenance programme put in place to ensure the effectiveness of the decontamination cycle.
- No special disinfectants are necessary for baths, washbasins, wash bowls or sinks, which can be washed with a suitable detergent daily or after each use whichever is more appropriate.
- Hoist frames and wheelchairs, should be checked daily for damage and wiped clean with detergent and dried, on a regular basis.
- Crockery and cutlery can be shared and washed in hot soapy water with standard washing up liquid, or cleaned in a dishwasher.
- Wash and dry hands thoroughly after cleaning.

Incident reporting

Areas/items which are found to be consistently unclean, particularly following times when cleaning routines should have been performed, and items which are in a poor state of repair should all be reported. Where there is concern about risk of infection, the concern should be reported using the incident reporting system used locally.

Damage to equipment should be reported to the line manager.

5. Information in other formats

We will aim to provide this information in a format suitable for your needs. Please contact your Operations Manager via email so we can discuss your requirements.

6. Appendices

- 1a Hand-washing technique with soap and water
- 1b Alcohol handrub hand hygiene technique
- 2 Putting on and removing Personal Protective Equipment

1a Hand-washing technique with soap and water



Hand-washing technique with soap and water



1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



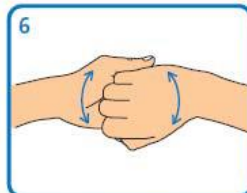
3 Rub hands palm to palm



4 Rub back of each hand with palm of other hand with fingers interlaced



5 Rub palm to palm with fingers interlaced



6 Rub with back of fingers to opposing palms with fingers interlocked



7 Rub each thumb clasped in opposite hand using a rotational movement



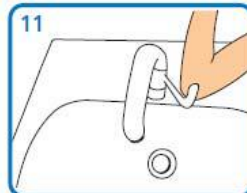
8 Rub tips of fingers in opposite palm in a circular motion



9 Rub each wrist with opposite hand



10 Rinse hands with water



11 Use elbow to turn off tap



12 Dry thoroughly with a single-use towel



13 Hand washing should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*





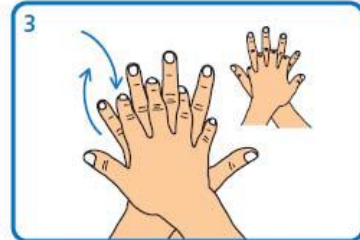
Alcohol handrub hand hygiene technique – for visibly clean hands



1 Apply a small amount (about 3 ml) of the product in a cupped hand



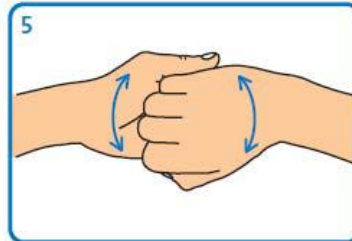
2 Rub hands together palm to palm, spreading the handrub over the hands



3 Rub back of each hand with palm of other hand with fingers interlaced



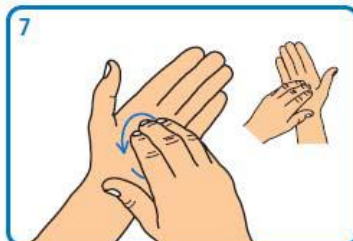
4 Rub palm to palm with fingers interlaced



5 Rub back of fingers to opposing palms with fingers interlocked



6 Rub each thumb clasped in opposite hand using a rotational movement



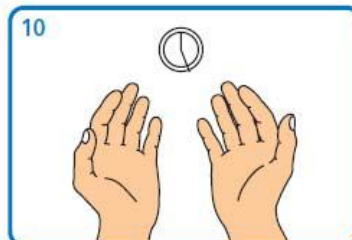
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



2 Putting on and removing Personal Protective Equipment

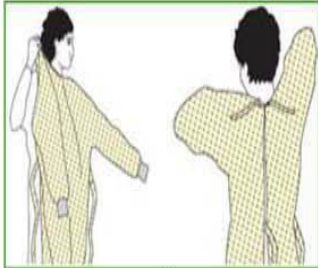
The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required. The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves.

1. Putting on Personal Protective Equipment (PPE)

- Perform hand hygiene before putting on PPE



- Apron**
- Pull over head and fasten at back of waist



- Gown**
- Fully cover torso from neck to knees, arms to end of wrist and wrap around the back. Fasten at the back



- Surgical Mask (or respirator)**
- Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit/check respirator if being worn



- Eye Protection (Goggles/Face Shield)**
- Place over face and eyes and adjust to fit



- Gloves**
- Select according to hand size
 - Extend to cover wrist

2. Removing Personal Protective Equipment (PPE)



- Gloves**
- Outside of gloves are contaminated
 - Grasp the outside of the glove with the opposite gloved hand; peel off
 - Hold the removed glove in the gloved hand
 - Slide the fingers of the ungloved hand under the remaining glove at the wrist
 - Peel the second glove off over the first glove
 - Discard into an appropriate lined waste bin



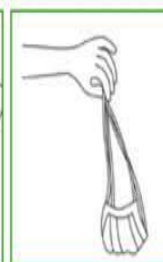
- Apron**
- Apron front is contaminated
 - Unfasten or break ties
 - Pull apron away from neck and shoulders lifting over head, touching inside only
 - Fold or roll into a bundle
 - Discard into an appropriate lined waste bin



- Gown**
- Gown front and sleeves are contaminated
 - Unfasten neck, then waist ties
 - Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
 - Gown will turn inside out
 - Hold removed gown away from body, roll into a bundle and discard into an appropriate lined waste bin or linen receptacle



- Eye Protection (Goggles/Face Shield)**
- Outside of goggles or face shield are contaminated
 - Handle only by the headband or the sides
 - Place in designated receptacle for reprocessing or into an appropriate lined waste bin



- Surgical Mask (or respirator)**
- Front of mask/respirator is contaminated – do not touch
 - Unfasten the ties – first the bottom, then the top
 - Pull away from the face without touching front of mask/respirator
 - Discard into an appropriate lined waste bin

- Perform hand hygiene immediately on removal

Use safe work practices to protect yourself and limit the spread of infection

- Keep hands away from face and PPE being worn
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Regularly perform hand hygiene

NB Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.