

Infection Prevention & Control

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1. Background

Effective management of Infection Control is essential in care and nursing homes, but also of equal importance for elderly residents in supported housing, who are also at risk of infection due to shared communal eating and living environments.

Infections can become serious and life threatening in elderly residents who have increased vulnerability due to age and in many cases underlying medical conditions.

It is important to reassure residents and their relatives and friends that effective preventative and control measures are implemented within a safe and clean environment.

The general legislative and regulatory requirements are to:

- Carry out risk assessments, identifying control measures and actions to be taken, monitoring, and reviewing the risk assessment regularly or with any change.
- Ensure that exposure to the risk of infection is prevented or adequately controlled.
- Provide personal protective equipment (PPE) to prevent exposure.
- Maintain premises and equipment in a safe and clean condition.
- Put in place arrangements for dealing with accidents, incidents, and emergencies.
- Follow suitable waste disposal arrangements.
- Provide instruction, training, and supervision.
- Implement reporting systems.
- Monitor and review procedures, supervision, and training at suitable intervals.
- Provide occupational health intervention and surveillance as appropriate.

2. Objectives

Abbeyfield The Dales Ltd. (ATD) is committed to providing services that enhance the quality of life for older people and developing services that will meet the needs of future generations. This commitment is based on the Mission and Values of ATD. ATD will also comply with all relevant and current legislation.

The Infection Prevention and Control policy aims to:

- Reduce the risk of infections through the implementation of preventative and control measures within ATD managed supported houses, independent living premises and care homes so that residents, staff, volunteers, and visitors are assured of a safe and clean environment.
- Promote best practice for infection prevention and control measures by providing guidance and easy to follow information.
- Ensure ATD complies with all relevant legislation and regulations.

ATD will comply with all epidemic relevant legislation and regulations including the COVID-19 pandemic.

3. Scope

All staff and volunteers working in houses and care homes, and staff based at head office.

Health and safety legislation and regulation to prevent and control infection so far as reasonably practical, is relevant to all ATD care homes, supported housing, sheltered housing, independent living premises, and office premises.

4. Policy

ATD is committed to providing the highest standards of care and ensuring all reasonable steps are taken to protect residents, staff, volunteers, and visitors from acquiring or spreading infections.

Everyone is responsible and is expected to follow good practice procedures to minimise exposure to the risk of and spread of infection. ATD will promote a positive infection control culture and work proactively together with other health and social care professionals to reduce and control the risk of infection.

ATD Prevention and Control of Infection procedures covers:

- Standard precautions which include:
 1. Hand hygiene (See appendix 1 & 2)
 2. Use of personal protective equipment (See Appendix 3)
 3. Safe handling and disposal of sharps
- Packing, handling, and delivery of laboratory specimens.
- Outbreaks of communicable infection.
- Care of residents isolated with an infection.
- Occupational health exposure.
- Correct donning and doffing of PPE. (See appendix 4)
- Use of face covering / masks.
- Staff separation.
- Closure of rooms and premises to new admissions.
- Transfer of residents.
- Residents return from hospital.
- Notifiable diseases.
- Laundry management.
- Traveling in passenger lifts.
- Monitoring and audit.
- Disinfection.
- Steam cleaning of touch points.
- Cleaning and decontamination systems for the premises and equipment.
- Safe handling and disposal of clinical and general waste.
- Safe food delivery.
- Care of deceased persons.
- Uniform and personal hygiene.
- Pest Control.
- Pets.

4.1. Definitions

4.1.1. Infection Prevention and Control:

Systems implemented to prevent, reduce, and control the risk of exposure to and transmission of infection within ATD managed premises.

4.1.2. Infection:

When organisms in or on the body have started to multiply and/or invade a part of the body where they are not normally found. The body develops a reaction leading to disease or illness.

4.1.3. Communicable Disease:

Infection which can spread from person to person. Spread of Infection is usually spread by one of the following means:

- Direct Contact: particularly through hands that have become contaminated.
- Indirect Contact: Through equipment such as bedpans/commodes/bed etc.
- Air Borne Spread: aerosol via droplets from coughing and sneezing.
- Vectors: third parties such as cockroaches, fleas, flies and mosquitoes.

4.1.4. Outbreaks:

This is defined as when there are two or more cases of the same infection occurring in the home within a short space of time.

4.1.5. Pandemic:

Is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. In an epidemic, one of the most important numbers is **R** - the reproduction number. If this is below one, then on average each infected person will infect fewer than one other person; the number of new infections will fall over time.

4.2. Roles & Responsibilities

4.2.1. Chief Executive (CE), Members of the Senior Management Team, and Quality Manager will:

- Provide leadership, promote, and support regulatory compliance and good practice in infection prevention and control.
- Appoint and support competent persons with delegated responsibility to manage and implement suitable arrangements, policy, and procedures.
- Support good practice in infection prevention and control by monitoring and reviewing performance to prevent and control infections and manage outbreaks.
- Ensure that adequate training and education is provided for all staff and volunteers according to their delegated roles and responsibilities.
- Allocate sufficient resources to enable preventative and control measures in practice.
- Review the implementation of infection control measures to ensure standards and quality of care service provision are being maintained within safe and clean environments.
- Provide guidance and support to managers to implement and maintain prevention and control of infection policies, procedures, standards and good practice.
- Support managers to complete infection prevention control audits.

4.2.2. The Health and Safety Manager & Quality Manager will:

- Develop, plan and implement systems to monitor, audit and review the infection control policy and procedures to ensure they are effective and up to date with current legislation and practice.
- Through risk assessment, identify infection risks for services and suitable measures for prevention and control.
- Integrate management systems with operational services to ensure compliance with legal and regulatory requirements and promote good standards of practice.
- Provide support, information and guidance to all staff for the prevention and control of infection in homes.
- Support the development and implementation of information, instruction, training and supervision for infection control to ensure competency of staff.
- Monitor, audit, inspect and review performance in infection control measures and standards of good practice.
- Support and provide guidance for the management of incidents and outbreaks.
- Monitor and review incidents and outbreaks of infection, providing regular reports to senior managers.
- Provide an annual report on infection control for the Directors and Trustees.

- Monitor Government / Public Health England (PHE) and local authority briefing daily as required and advise senior managers of any issues of changes.

4.2.3. Managers are required to:

- Promote good practice in infection and control ensuring staff maintain high standards at all times.
- Identify a lead person for infection prevention and control within the location with responsibility to support the management of prevention and control of infection policy and procedures, support supervision and training, promote standards and good practice, co-ordinate and liaise with external specialist infection control agencies.
- Designate a lead person or team member to ensure equipment cleaning and decontamination systems are in place and are being followed.
- Have access to information and up to date contact details for suitably qualified and competent persons from their local community health services and authorities for advice on infection prevention and control to include:
 1. Local Health Protection Units (HPU).
 2. Consultant in Communicable Disease Control (CCDC) and/or Consultants in Health Protection (CHP).
 3. Health Protection Nurse (HPN)
 4. General Practitioner (GP)
 5. Community Infection Prevention and Control Nurse (CIPCN)
 6. Environmental Health Officer (EHO)
- Make sure there is an up-to-date copy of the local Community Infection Control Policy (usually available from the local Clinical Commissioning Groups (CCG)).
- Undertake infection prevention and control risk assessments with residents and record actions taken to reduce or remove risks.
- Ensure that procedures, standards and good practice is implemented and being followed by all staff, volunteers and visitors.
- Maintain standards and processes to ensure that equipment is clean.
- Provide adequate Personal Protective Equipment, cleaning materials and supplies.
- Ensure all staff are made aware of, have access to and understand infection prevention and control policies and procedures used within the location.
- Identify individual training needs and ensure that all staff and volunteers are provided with instruction, supervision and training on infection prevention and control appropriate to their roles and responsibilities.
- Routinely monitor and review infection prevention and control management systems, standards and practice.
- Establish systems for staff to follow for reporting suspected outbreaks of infection and implementing actions to reduce and control the risk of infection within the location.
- Provide reports on incidents and outbreaks of infection as part of routine reporting procedures.
- Carry out Infection prevention and control audits annually or more frequently if required.
- Complete an annual infection control report for the location.
- Ensure for reference there is in each location a copy of the 'DH Code of Practice for health and adult social care on the prevention and control of infections and related guidance'.

4.2.4. All staff, agency workers and volunteers:

- Adhere to good practice guidance for handwashing (appendix 1 & 2), the use of PPE (Appendix 3) and donning and doffing of PPE (Appendix 4).
- Are responsible for following and ensuring that infection prevention and control policy, procedures, standards and good practice are maintained within the location.
- Must be aware of the risks of infection, reporting systems and know how to access policy, procedures and contact information in the event of an outbreak.
- Must not report for work duty if feeling unwell. In the case of Covid -19 must not attend any ATD building with any of the following: new loss of taste or smell, fever or chills, new cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhoea.
- Must fill out health questionnaire when asked by ATD and fully take part in temperature checks.
- Must follow all other temporary procedures and practices implemented by senior managers to reduce the spread of infection.

4.2.5. Contractors and Visitors are required to:

- Follow information, good practice guidance and precautions to prevent and control infection within the location.
- Liaise with the manager or care senior on duty (where applicable) if there is a suspected outbreak of infection.
- Use and follow precautions put in place to prevent and control infection within the home.
- Report any suspected incidents or outbreaks of infection to the manager.
- Contact the manager for advice and/or defer visiting the location if suffering from a suspected infection.
- Must not report for work duty if feeling unwell. In the case of Covid -19 must not attend any ATD building with any of the following: new loss of taste or smell, fever or chills, new cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhoea.
- Must fill out health questionnaire when asked by ATD and fully take part in temperature checks.
- Must follow all social distancing signage on display at any ATD building EG: 2 meters apart at all times.

4.3. Arrangements

Designated infection control leads in each location have been trained in the prevention and control measures and will support staff, volunteers, service providers and visitors to maintain effective implementation of prevention and control measures.

Infection control leads will liaise and co-ordinate with other service providers to provide competent and up to date local epidemiological infection risk information and to reduce the risk of infection exposure entering and being transmitted within the location or to other social and healthcare service providers.

A record of key contact details for suitably qualified persons in the local community health services and authorities will be maintained. This will enable care staff to access competent information, advice and guidance for suspected infections, in the event of an outbreak or for general prevention and control measures.

4.4. Risk Assessment

There are three types of risk assessment for operational use which are:

4.4.1. Generic infection control risk assessment:

This is based upon COSHH 2002 principles where control measures are implemented on an infection risk priority basis and system of control so that whenever possible an infection hazard is identified, eliminated or the risk of exposure reduced. This assessment must be carried out six-monthly, reviewed and updated with changes to work activities, risks, information, policies and procedures. It must consider individual residents' infection control risk assessment and care plans.

4.4.2. Residents' individual infection control risk assessment:

Each resident will be assessed for infection risk as part of admission and transfer procedures from the location to other social and health facilities.

The assessment will be monitored routinely with care/support plans every six months or more frequently as required. It will consider for each resident the risks of potential infection exposure within the home environment and specifically to the level of care being required and/or nursing and clinical interventions.

4.4.3. Dynamic Risk Assessment for Management of an Infection Outbreak:

This will be used during an infection outbreak to frequently monitor, review and update on the:

- Type and severity of harm of an infection.
- Level of spread within the home.
- Operational risk to maintain services.
- Prevention and control measures that have been implemented and maintained to ensure they are sufficient.
- Need for further prevention and control measures.

The dynamic risk assessment will be used during the onset of a suspected or potential infection outbreak and reviewed frequently, at every shift, daily or weekly depending on the risk of infection to health and its transmission rate.

The risk assessment procedures are provided in the 'ATD Prevention and Control of Infection Procedures' with forms in the attached appendices.

4.5. Clean Hands

It is well documented that one of the main methods for maintaining good infection prevention and control is keeping hands clean to prevent cross infection or contamination. All staff are required to maintain good hand hygiene and wash/sanitise their hands regularly, but particularly in the following circumstances:

- When they first arrive at work, and before they begin work.
- Before and after taking a break.
- Before, during (where appropriate) and after handling food.
- Before and after donning and doffing of PPE.
- Before and after delivering personal care to residents.
- After handling waste of any kind.
- If the hands become soiled or dirty for any reason.

This list is not exhaustive.

Hand washing, using hand wash and hot water, is the most effective method for keeping hands clean and free from infection. Please refer to appendix 1 & 2 for the correct method to wash your hands in every instance to ensure they are thoroughly sanitised.

Staff can also use hand gel provided to sanitise your hands, although this is not an appropriate method of sanitisation for hands that become soiled. Please refer to appendix 2 for the correct method of sanitisation.

All staff are required to complete the e-learning module on Infection Prevention and Control, that provides further guidance and information on hand hygiene that all staff must follow.

4.6. Personal Protective Equipment (PPE)

The use of some personal protective equipment is essential when carrying out some tasks in a care setting. This not only protects the individual who wears the PPE, but also ensures that potential harmful sources of infection are not spread to others through cross contamination.

The chart at appendix 3 shows when certain PPE should be used when delivering personal care to residents and shows the difference between delivering care under normal circumstances, and in the event a resident has some infection or in the event of an outbreak.

All staff are required to observe the correct methods and sequence for donning and doffing PPE as shown in appendix 4.

All staff are required to complete the e-learning module on Infection Prevention and Control, that provides further guidance and information on when to use PPE, and shows the correct procedure for donning and doffing PPE that all staff must follow.

Alongside Appendix 3 the Community Infection Prevention and Control Team for Care Homes No. 64 (06.01.26) gives the following advice.

Appropriate glove use:

- ✓ Use gloves when anticipated or likely exposure to:
 - Blood and/or other body fluids
 - Non-intact skin
 - Mucous membranes
 - Resident with a confirmed or suspected infection
 - Hazardous chemicals
- ✓ Gloves selected are appropriate for the tasks being undertaken, taking into account the substances being handled, type and duration of contact, size and comfort of the gloves.
- ✓ Use gloves as part of standard infection control precautions

Gloves are not required:

- ✗ When handing out oral medication.
- ✗ When assisting a resident to get dressed.
- ✗ If you are helping a resident to eat or drink.
- ✗ When you are collecting resident's used crockery, e.g. plates and trays.
- ✗ When assisting a resident with their mobility.
- ✗ When completing administrative tasks

4.7. Clean Environment

All services will be provided within a clean and safe environment which is suitable for purpose, in good repair and condition with systems and procedures to prevent, reduce and control the risk of infection.

There is a designated lead to ensure equipment, cleaning and decontamination systems are in place and being maintained.

Each location will have a cleaning plan and frequency schedule with information, guidance and procedures to support and maintain good practice standards.

Hand washing facilities will be provided as appropriate to amenities and service requirements.

Care service equipment will be cleaned following use and as part of normal cleaning, disinfection and decontamination schedules.

Detailed standards and systems for maintaining a clean environment include:

- Cleaning plan and schedules.
- Decontamination of medical devices & equipment.
- Daily steam cleaning of touch points.
- Spillages.
- Biohazard spill cleaning kits.
- Laundry management.
- Clinical waste separated for 72 hours and general waste management.
- Pest control.

Refer to the ATD policies for Food Hygiene and Legionella which contain specific prevention and control measures for the risk of infections with food services and water systems.

4.7.1. Offensive/Hygiene Waste

The term offensive/hygiene waste describes waste which is non-infectious, and which does not require specialist treatment or disposal, but may cause offence to those coming into contact with it. Offensive/hygiene waste includes waste previously described as human hygiene waste and does not need to be classified for transport.

Examples of offensive/hygiene waste includes:

- Incontinence and other waste produced from human hygiene.
- Sanitary waste.
- Nappies.
- Blood and Body Fluid Spillages.

The yellow/black bags (tiger bags) should be used for offensive/hygiene waste. These colours are widely recognised for the use of sanitary/offensive/hygiene waste stream. Tiger waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection (Yellow Bin). Always segregate domestic, clinical waste and offensive/hygiene waste.

4.7.2. Blood & Body Fluid Spillages

Blood and body fluid spillages may contain blood-borne viruses (for example, Hepatitis B, C, or HIV) or other bacterial and viral pathogens. As it is not always possible to know who is infected with these pathogens, precautions must always be taken when handling any blood or body fluid.

Any spill containing blood/body fluid must be dealt with promptly, preferably using a recognised spillage kit containing granules or a liquid solution of hypochlorite at 10,000ppm, disposable gloves, shovel and yellow/black (tiger) bag. Disposable aprons should always be worn. If there is a risk of blood/body fluid splashing in the face, protective eyewear must be worn.

4.8. Treatment & Care

Infections in residents must be identified promptly so that they receive appropriate treatment and care to reduce the risk of exposure and transmission to other people. This requires:

- All staff to understand their role and responsibilities for infection prevention and control within the location.

- Staff to be able to identify signs and symptoms of possible infection, report it promptly and put in place precautionary infection control measures.
- Referring and seeking advice from residents' GPs and/or healthcare practitioners and infection control nurses so that a prompt diagnosis can be made, relevant treatment and precautions commenced.
- A resident's individual infection control risk assessment must be completed if an infection is suspected or diagnosed and the generic risk assessment for the home reviewed to ensure all control measures are identified and implemented.

All staff must be informed and advised of any suspected or diagnosed infection and the preventative and control measures that are implemented and reinforced.

Relevant infection control staff in Clinical Commissioning Groups and Health Protection Units must be informed of any outbreaks or unusual infection incidents.

Staff should raise and discuss concerns with a GP if a resident has been on long term antibiotics and the potential risk of infection.

4.9. Isolation of Residents

- Residents with suspected infections will be required to remain in their own room/flat until advice and guidance is provided by a competent health service practitioner or environmental officer.
- The decision to isolate a resident with an infection will be risk based and on recommended advice from the Health Protection Unit or Local Environmental Authority.
- All staff and visitors must be made aware and informed of any residents being cared for/supported with isolation procedures in place and follow procedures.

4.10. Occupational Health

- All staff are responsible for ensuring that they are free from any infection before employment and during work activities within the location.
- A workplace assessment must be carried out with each staff member before commencing work which provides the opportunity to access immunisation and occupational health service advice and recommendations or referral to GP services if required.
- All staff must report if they are suffering from any infections or suspected illness that could be due to an infection.
- Depending upon the risks associated with an infection and type of work activity undertaken within the home, staff must be excluded until they are free from any infection.
- Staff are required to report any occupational exposure to blood borne viruses and take immediate action to seek post exposure treatment as recommended.

Where advised by a suitable healthcare practitioner, occupational health screening and immunisations will be provided during employment.

4.11. Information for residents, visitors, and contractors

Residents, relatives, visitors and contractors will be provided with relevant information on the risk of infection and systems in place within the location. Information will include:

- General policy and procedures for infection prevention and control within the location, staff roles and who to contact to report any concerns.
- Importance to follow infection control measures for hand hygiene and visiting policy procedures.
- Explanations of an incident or outbreak, how it will be managed and guidance procedures to be followed.

4.12. Information for all staff and other services

All staff working within the location and those who provide supportive health, medical and social care services must be informed of any risk of infection and systems in place for prevention and control. Information will include:

- Sharing relevant information on the risk of known or suspected infections and procedures to follow by all staff within the location including, volunteers, cleaners and catering teams; and
- Sharing relevant information with other service personnel providing supportive health, medical and social services to ensure there is co-operation and co-ordination across different organisations to prevent and reduce the risk of transmission.

For all transfers of residents in and out of the location, ensure that an 'Hospital Admission & Discharge Checklist' (Appendix 10) has been completed by the transferring service and supplied to the receiving healthcare establishment.

4.13. Co-operation and co-ordination

- Managers must make sure that all staff and visitors take responsibility for infection control within the location which includes visitors, district nurses, GPs, contractors and tradesmen.
- All staff will work together with other support and advisory services to co-ordinate and implement infection prevention and control measures, promoting a positive culture.
- Regular access to advice and information on good practice standards will be made with local specialist practitioners, groups and nationally recognised resources to continually promote and improve practice standards in the prevention and control of infection in the home and community.

4.14. Reporting

- All staff must be made aware and informed of reporting procedures for infection.
- Outbreaks of infection must be reported to the Health Protection Unit, line manager and health and safety team.
- An annual report will be provided for each care and nursing home with information on incidents and outbreaks of infection, risk assessments, training and education of staff, infection control audit outcomes and actions taken to rectify and improve any identified problems.

4.15. Monitoring, Audit & Review

- Infection incidents and outbreaks will be reported monthly, and data collated for annual reporting.
- Infection control audits will be carried out at least twice each year to ensure standards are being maintained, and more during a epidemic (Located: S:\ATD\Health & Safety\H&S - Infection Control)
- The outcomes from reporting and auditing systems will be collated, analysed, and reviewed to identify any preventative and control measures and improvements required to continually improve and promote standards of good practice.
- Policies and procedures will be reviewed regularly and updated with new developments and changes to evidence-based practice.

4.16. Training

Training will be provided on infection control:

- As part of the Health and Safety Awareness Training.
- As a specific infection control course which can be completed via E-Learning training.

- As part of an induction process to provide all new staff and volunteers with guidance on prevention and control of infection precautions, their implementation into practice generally within the home and to their roles, responsibilities, and work activities.

Where training is essential for a staff member to carry out their role, it is a mandatory requirement they attend when training sessions are arranged to ensure the company complies with their legal duty in managing infection control. A record of training must be maintained and kept up to date for each staff and volunteer member.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices (The appendices show examples for specific sites. A special SOP will be created for each site as appropriate)

APPENDIX 1: Hand Sanitising

APPENDIX 2: Hand Washing

APPENDIX 3: Use of Personal Protective Equipment (PPE)

APPENDIX 4: Correct Donning & Doffing of PPE

APPENDIX 5: Safe food delivery

APPENDIX 6: Staff Separation

APPENDIX 7: Residents Return from Hospital A&E to ATD Building Coronavirus (COVID-19) SOP

APPENDIX 8: Infection control cleaning points during Covid-19 pandemic

APPENDIX 9: Example Steam Cleaner Risk Assessment

APPENDIX 10: Hospital Admission & Discharge Checklist

7. Linked Policies

Health & Safety (HSF007)

8. Legislation/Regulation

All services and locations must comply with:

- The Health and Safety at Work Act 1974.
- Management of Health and Safety at Work Regulations.
- Control of Substances Hazardous to Health Regulations 2002.

Registered care services must comply with the:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Regulation 12.
- The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
- Care Quality Commission (Registration) Regulations 2009.

Details of the key requirements are as follows:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requires compliance with 'Cleanliness and infection control' with the key specifications as follows:

The manager must, so far as reasonably practicable, ensure that service users, persons employed, and others are protected against the identifiable risks of acquiring infection such an infection as specified by:

- a) The effective operation systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection.*

- b) *Where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection.*
- c) *The maintenance of appropriate standards of cleanliness and hygiene in relation to premises, equipment and materials.*

References:

1. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Regulation 12.
2. The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
3. Care Quality Commission (Registration) Regulations 2009.
4. Prevention and control of infection in care homes (Consultation Document DH 2009 due for publication Autumn 2010)
5. Infection Control Guidance for Care Homes. Infection Control Nurses Association: DH 2006.
6. Audit Tools for monitoring infection control guidelines with the community setting DH 2005
7. Essex Health Protection Unit: Part of Health Protection Agency. Infection Control Guidelines Care Homes 2007.
8. The national specifications for cleanliness: guidance on setting and measuring performance outcomes in care homes. National Patient Safety Agency (accessed web: 2010)
9. The Health and Safety at Work Act 1974.
10. Management of Health and Safety at Work Regulations 1999.
11. Control of Substances Hazardous to Health Regulations 2002.

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

10.1. Common Infections

Infections can occur on a seasonal basis, as an epidemic both nationally and locally, through clinical interventions, poor antibiotic prescribing, inadequate food hygiene controls, from person to person or from recent travels abroad.

Common infections include:

- MRSA.
- Clostridium difficile.
- Norovirus.
- Influenza.
- Viral respiratory or gastrointestinal infections.

Access to information on other infections is provided through local community expert contacts and the Health Protection Agency website.

APPENDIX 1: Hand Washing

Best Practice: Appendix 1 - How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.



Adapted from the World Health Organization



*Any skin complaints should be referred to local occupational health or GP.

Germs. Wash your hands of them.




Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>.
Produced by: Health Protection Scotland, July 2018.

APPENDIX 2: Hand Sanitising

Before putting on your PPE hands must be washed / cleansed.

Hand rub

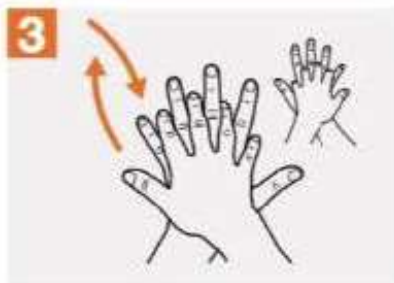
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

APPENDIX 3: Use of Personal Protective Equipment (PPE)

Residents without symptoms				
Type of PPE (disposable)	Personal Care Tasks for Service User (during aerosol procedures i.e. tracheal suctioning) no respiratory symptoms contact within one metre (a)	Personal Care Tasks for Service User no respiratory symptoms contact within one metre	Contact with Service User no respiratory symptoms contact within two metres	Contact with Service User no respiratory symptoms contact outside two metres
Hand Hygiene	Y	Y	Y	Y
Gloves	Y	Y	Dependent on task	Y
Disposable Aprons	Y	Y	Dependent on task	Y
Fluid Resistant Surgical facemask (b)	N	N	Dependent on task	N
FFP3 mask	N	N	N	N
Eye Protection (c)	N	N	N	N
Symptomatic Service Users				
Type of PPE (disposable)	Personal Care Tasks for Service User (during aerosol procedures i.e. tracheal suctioning) no respiratory symptoms contact within one metre (a)	Personal Care Tasks for Service User no respiratory symptoms contact within one metre	Contact with Service User no respiratory symptoms contact within two metres	Contact with Service User no respiratory symptoms contact outside two metres
Hand Hygiene	Y	Y	Y	Y
Gloves	Y	Y	Y	Y
Disposable Aprons	Y	Y	Y	Y
Fluid Resistant Surgical facemask (b)	Y	Y	Y	if resident has a cough
Eye Protection (c)	N	N	N	N

For PPE used for care staff all equipment should be single-use.

All PPE if re-used could harbour infections and if re-used will be a risk when put back on. Putting on PPE (donning) must be preceded with strict hand hygiene and if this isn't adhered to then PPE will potentially be contaminated. Most importantly if PPE isn't doffed (taken off) in the correct manner and order then contamination of the person/staff member is **significantly increased**.

APPENDIX 4: Correct Donning & Doffing of PPE



Guide to donning (putting on) and doffing (removing) PPE (non AGP) in adult social care settings



The items of PPE needed will depend on the caring scenario and whether the person you're caring for has suspected or confirmed COVID-19. See details in the COVID-19 IPC supplement: www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care

Putting on PPE

Before putting on your PPE

Make sure you drink some fluids

Tie hair back

Remove jewellery

Check PPE in the correct size is available

1



Clean your hands and wrists using alcohol based hand rub/gel or use soap and water

2



Put on apron and tie at waist

3



Put on facemask

4



Fit mask around nose. Cover mouth and chin

5



Put on your eye protection

6



Put on gloves

Taking off PPE

PPE should be removed in the order shown below

1



Remove gloves

2



Clean hands and wrists (and forearms if necessary) with water and soap, or alcohol based handrub

3



Remove apron. Do not touch the outside front of the apron, **this will be contaminated**

4



Clean hands and wrists (and forearms if necessary) with water and soap, or alcohol based handrub

5



When 2m from the client, carefully remove eye protection by the sidearms or side straps. Discard or disinfect for next use

6



Clean hands and wrists (and forearms if necessary) with water and soap, or alcohol based handrub

7



Remove mask. Do not touch the front of the mask but remove by the ear loops/ties.

8



Clean hands and wrists (and forearms if necessary) with water and soap, or alcohol based handrub

9



Don't forget to put on a clean facemask if having contact with others in a care setting/service

Infection Control

Food Delivery SOP (Standard Operating Procedure)

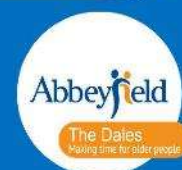
Background: The purpose of food delivery forms part of our infection control within all our buildings. By staff delivering food to safe zones within the building this will reducing the risk of infection spreading and cross contamination within the building and to staff

Fern House

1. Ground floor safe zone is just at the side of the hair salon, food to be left here goes into the residential care unit on the ground floor only
2. First floor safe zone is in the residential unit reception area next to the seniors/managers office food to be left here goes into the residential care unit on the first floor only
3. Second floor safe zone will be outside the residential unit main door and food to be left here goes into the residential care unit on the second floor only
4. Staff from either department are to never get closer that 2 meters
5. Kitchen/dining room staff will sanitise their hands before taking all food to the safe zone
6. Before care staff collect the food on the trolleys they will remove PPE and wash their hands before coming out of the unit
7. The process for delivering food will be as follows: Kitchen will call using the internal mobile phone system to let care staff know that the food is being sent. Staff WILL NOT meet in the safe zone, once food has been put in the safe place the kitchen staff will ring the care staff to let them know the food is in the safe zone
8. Once the residents has finished all cutlery MUST be pre-washed before removing it and placing on the trolley for return from that unit/floor
9. Care staff will fully clean the trolley for infection control purpose before calling to let kitchen staff know that the trolley is being sent back to the safe zone for that floor. Care staff must make sure that they safely remove all PPE and dispose of this correctly and hand sanitise before taking the food trolleys out of the unit to the safe zone
10. Kitchen staff will use PPE to collect trolleys from each safe zone and should only collect one zone at a time, each trolley will be fully sanitised as soon as it has be returned to the kitchen.

Health & Safety Manager A Russell April 2020

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APPENDIX 6: Staff Separation

Reviewed by: Nigel Billson (Quality Manager) / Philip Birkinshaw (Chief Executive) / Quality Governance Committee
Approved by ATD Board: 30/01/2026

Infection Control

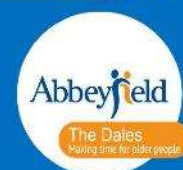
Staff Separation SOP (Standard Operation Procedure)

Background: The purpose of staff separation forms part of our infection control within all our buildings. By keeping working staff separate we are reducing the risk of infection spreading within the building and staff.

Grove House Kitchen

1. The first staff member will sign in at reception as normal but take the signing in book to the kitchen staff room with you.
2. All staff will go to the back door, next to the rear kitchen door and sign in within the kitchen staff room.
3. In the event of a fire the head chef will take the signing in book to the fire assembly point.
4. During the working shift staff are not to enter the rest of the building and remain in their own working area.
5. When staff leave they will use the rear door next to the kitchen back door and not go into any other part of the building and leave the same way that they came in.
6. Staff must not leave the building together and go into the rest of the building even if you are the last two member of staff.
7. The final staff member will take the signing in book back to reception via the outside shortest way and not mix or be close to other staff.

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Residents Return from Hospital A&E to ATD Building Coronavirus (COVID-19) Standard Operating Procedure (SOP)

Background: The purpose of this staff SOP for residents returning from A&E forms part of our infection control within all our buildings. Updates are constantly changing from PHE/ Local Authority by following this SOP we are reducing the risk of Covid –19 infection spreading within the residents, staff and buildings.

This ATD standard operating procedure used for a Residents discharge from Hospital A&E meets all the Government, PHE and NHS standards.

Firstly this document must be read in conjunction with the Safe Hospital Discharge Protocol & Barrier Nursing documents created on the 1/4/20 April By the Director of Care Services and the Health and Safety Manager.

The first thing to note should a resident be discharged from Hospital A&E it would be highly unlikely that they are positive for Covid-19 as they have only been in A&E for a short time however we must take all resealable steps to reduce the risk.

When a resident is discharged from A&E they must self isolate in their room for 14 days while the resident is self-isolating full barrier nursing and full PPE must be used and followed.

The hospital may have tested the resident for Covid-19 while and the documents will be included in the discharge papers stating awaiting results. If the resident has not been tested ATD will test them after 48 hours.

Self-isolating and full barrier nursing MUST continue until the residents results come back negative then the resident can come out of isolation.

If the results come back positive, 14 days isolation will start from the day of the positive test result and full barrier nursing for Covid –19 will be followed, the resident will be re-tested on the 12 day of isolation once negative results are given then the resident can come out of isolation.

For the 14-day period the PPE that staff will be required to use will be as follows:

Gloves

Apron

Fluid repellent face mask

Overshoes

Eye protection if there is risk of splashing

Health & Safety Manager A Russell August 2020

Abbeyfield The Dales Ltd
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APPENDIX 8: Infection control cleaning points during Covid-19 pandemic

Reviewed by: Nigel Billson (Quality Manager) / Philip Birkinshaw (Chief Executive) / Quality Governance Committee
Approved by ATD Board: 30/01/2026



Abbeyfield The Dales Ltd

Check list for infection control cleaning during Covid-19 pandemic.

Every item listed below must be cleaned once per shift and after each sitting in the dining room. There should be a constant cleaning of the property e.g. just cleaning for infection control with steamers sanitisers in all high-risk areas.

We should have a SOP (standard operating procedure) that ATD uses in all buildings to be cleaned as above PLUS when a member of staff goes of sick with symptoms of Covid-19 that the staff members steps are retraced for the whole shift and that all the working areas are cleaned, with steam if possible.

Coffee cups

Refrigerator handles/ doors

Countertops

Tables

Handrails

Handrails on all staircases (Ing Royd)

Ground-floor lift buttons. (BIG Infection point)

All lifts buttons on all floors

Toaster buttons

Kettle buttons

Drugs cabinet doors

Drugs cabinet handles

Drugs cabinet plugs

Water cooler buttons

TV remotes

Back/tops of chairs in the dining room

Chair arms

Phones

Mobile phone not to be used when working

Keyboards in care offices/ reception (needs wipe 3 time a day)

Piano/keyboard if we have one

Access button's (Grove House care unit)

Staff room simplex lock (Fern House)

7/4/20 HSM



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Staff room lockers doors

Staff room boilers/kettle

Staff room toaster

All staff room tables and chairs

Reception table/chairs (Fern House)

Shop door

Shop counter

Desk tables

Signing in book and pen (needs wipe 3 time a day)

Remove communal jigsaws

Bingo games all other game that share counters/ boards etc

Chess/ all board game

The I-pads that care staff you are using for face time

7/4/20 HSM



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Risk Assessment

Site Name	Grove House & Fern House (Abbeyfield The Dales)	Address	Fern House, Fernbank Drive Bingley BD16 5FA 12 Riddings Rd, Ilkley LS29 9BF
Activity	Use of KARCHER SG4/4 Steam Cleaner		Date 17/04/2020

Groups at Risk
 Employees, Domestic Staff/ATD Team members Residents and Visitors

Ref No	Task/Activity	Hazard/Risk	Likelihood x Severity = Risk Rating			Current Controls	Likelihood x Severity = Risk Rating (with controls)		
			L	S	RR		L	S	RR
1.	Person's in the building	Fire	2	2	4	<ul style="list-style-type: none"> Fire extinguishers placed in strategic places Fire exits clearly marked and checked daily for obstructions. Fire alarm tested weekly. Fire procedure in place and drills recorded Fire procedure (public information) displayed around the site and assembly point clearly marked. No smoking sites Trained fire marshals 	1	2	2
2.	Filling the machine	Risk of burns, scalds when filling, re-filling and when emptying	3	3	9	<ul style="list-style-type: none"> Staff must fully read manufacturer's instructions manual that have been highlighted in yellow before use. Attach the general-purpose nozzle head. Unwind the cable, plug into a mains socket and turn on the machine. The supplied RCD plug MUST always be used . Wait for the water to reach the required temperature, following the manufacturer's instructions. This will normally take between 4 and 8 minutes depending on the machine used. Staff are always to follow manufactures instructions Steam cleaner to be always placed on a flat surface. 	1	3	3

1



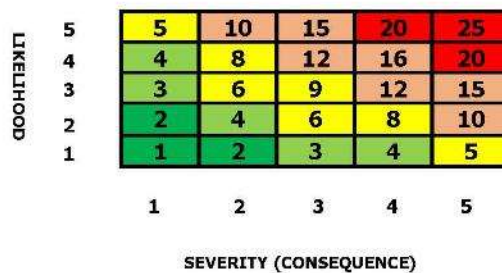
ABBEYFIELD THE DALES

						<ul style="list-style-type: none"> When re-filling the machine this can be done while the machine is still running by filling the cold-water tank. Care must be taken to open the correct tank. Never open the cap when the steam cleaner is hot and under pressure 			
3.	Using Embank steam cleaner Domestic Staff/ATD Team	Burns/scalds to the hands, burns to the, face, eyes, arm's and body. Burns scalds to person passing by. Burns/scalds with steam system that can instantly clean and dry surfaces without leaving any unhygienic residue and can be operated by ATD staff and domestic staff. Steam cleaning uses superheated dry steam delivered under pressure. It has a dual cleaning and	4	4	16	<ul style="list-style-type: none"> Staff are to wear the full PPE that has been issued for the use of this equipment. Staff are always to keep hands, arms and all other body parts away from the nozzle / steam end. A Do Not enter sign must be used on every use and seal area of by suitable means, following fire alarm requirements. Equipment and materials required: <ul style="list-style-type: none"> Protective gloves Colour-coded cloths Plastic apron Pressurised steam cleaner Steam cleaner accessories Warning signs / no entry notice When the machine is ready to use, begin cleaning. Starting with the highest areas and moving to the lowest, clean ledges and surfaces in a 1-2 metre section, taking care not to overstretch. Adjust the steam so that it does not damage any items that are being cleaned. Always use the manufacturer's instructions. <ul style="list-style-type: none"> Attach the general-purpose nozzle head. Unwind the cable, plug into a mains socket and turn on the machine. Wait for the water to reach the required temperature, following the manufacturer's instructions and training. This will normally take between 4 and 8 minutes depending on the machine used. Do Not use near electrical sockets or light switches. Staff are always to follow manufactures instructions Steam cleaner to be always placed on a flat surface. When re-filling the machine it must be allowed to cool before the fill cap is opened. Never open the cap when the steam cleaner is hot and under pressure. The amount of steam can be adjusted that ranges from hot water to steam great care must be taken when doing this. Staff should never put their hands near the end that can come into contact with steam or hot water. 	1	4	4

2

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4.	Packing equipment away	Risk of burns, scalds when filling, re-filling and when emptying	2	3	6	<ul style="list-style-type: none"> Once completed turn off the machine. With dry hands remove the plug from the mains socket and rewind the lead. Empty the dirty water into the sluice or the cleaning cupboard 	1	3	3
5.	Slips and trips	ATD staff may fall over obstructive items on the floor or the room including chairs, tables or damaged floor covering /carpets. Staff, residents, visitors may slip on spillages of steam/ water, which could result in bruises and potentially fractures.	3	3	6	<ul style="list-style-type: none"> ATD staff to visually inspect the room for obstructions prior to start of work. Any defects which may pose a trip hazard to be reported to onsite maintenance staff and rectified accordingly. Any cables to be kept tidy and away from egress routes. All spillages to be cleaned immediately. 	2	2	4
6.									



Risk Status

- 1 – 4 = Acceptable No further action required.
- 5 – 9 = Adequate look to improve at next review.

3

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- 10 – 16 = Tolerable look to improve within specified time frame.
- 17 – 25 = Stop activity and make immediate improvements.

Risk Assessment Carried Out By	Date	Signature
Andrew Russell	17/04/2020	<i>A.M. Russell</i>

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Action Plan

Activity/Situation/Hazard	Action Required	Action By	Completed By (name & date)
N/A	N/A		

4

Hospital Admission & Discharge Checklist



Name:

Apt/Suite No:

Date

 / /

On Admission to Hospital

Task

File Note made with contact made to whom and list of symptoms of Resident which was given above their normal presentation.

Request Made to have Covid Test completed on admission.

Hospital Grab Pack is ready to be handed over contents checked:

- Cover sheet
- Summary Sheet
- Care Overview

Current Mar Chart is copied and put in hospital grab pack.

DNACPR is added to Hospital grab pack if applicable along with any advance care plan decisions.

Request made that emergency services aware that they will be required to don appropriate PPE prior to admittance to our building.

Ensure that responders are met at the entrance by a member of staff in PPE, they have appropriate PPE on, and they escorted directly to the resident.

Checked & Completed

Whilst the Resident is in Hospital

Task

Contact the hospital when they have confirmed they will be admitted and again ask that they are tested prior to returning home.

Ask that they confirm the test date and result to you either via email or in discharge notes.

At the point they confirm fit for discharge ask for full update on condition, ongoing treatment, changes to care or medication.

Ask them to again make those responsible for transporting our Resident home to ensure PPE is worn.

Ensure that those bringing our Resident home are met at the entrance by a member of staff in PPE, they have appropriate PPE on, and they escorted directly to the resident's room/suite/apartment.

Check that they have discharge notes, test date and ongoing care are noted, DNACPR has been returned and any medication is present.

Explain barrier nursing to the resident, the length of time this will be in place, isolation period and why this is needed.

Checked & Completed

Reviewed by Director of Operational & Shared Services March 2020.
Abbeyfield The Dales Ltd. Registered Charity Number: 1160253, Company No: 9002620, Home England No: 5066

Caring for Resident on their Return Home

Task

Checked & Completed

Barrier Nursing and self-isolation is maintained for 14 days.
 Note the commencement and end date in communication book and diarise this so everyone is aware of the duration.

Start Date:		/		/		
End Date:		/		/		

Closely Monitor the resident’s condition for any signs of a relapse or deterioration and act accordingly during this initial 14-day period and usual checks prevail.

Start Date:		/		/		
End Date:		/		/		

Note to all staff in communication books to remind of need for PPE, correct donning, doffing and disposal.

All PPE disposed of following safe protocol of potentially infected waste.

Start Date:		/		/		
End Date:		/		/		

Prompt Resident about personal hygiene and hand washing in particular.

Safe systems in relation to food delivery is observed by all staff as per protocol.

Ensure that everywhere is cleaned after use as no formal domestic input during this 14-day period.

Note the end date when this period of barrier nursing and isolation ends and book with housekeeping tea to have a deep clean.

End Date:		/		/		
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Please ensure that each member of staff responsible for completing any area of this form, signs and dates tasks completed section.