

TITLE		Infection Prevention and Control Policy		
Policy ref:	YH010P		Approval date	February 2024
Owner	Customer Operations Director		Planned review date	February 2027
Department(s):				
Approved by	Executive Committee			

1. Background	Good infection prevention and control (IPC), including cleanliness, is essential in care services, but of equal importance for residents in sheltered housing and independent living settings who may be at risk of infection due to shared communal eating and living environments. Infections can become serious and life threatening in older people who have increased vulnerability due to age and in many cases underlying medical conditions. Health and safety legislation and regulation detail the steps that need to be in place to prevent and control infection so far as reasonably practical and is relevant to all Abbeyfield Living Society (ALS) settings. Throughout this policy, IPC should be interpreted as including cleanliness. Effective IPC must be part of everyday practice and be applied consistently by everyone. This policy and its accompanying procedures should be read in conjunction with related policies relevant to specific aspects of IPC, including Cleaning (YH022P), COVID-19 (LG007P), Dress Code (S043P), Immunisation (S044P), Food Safety and Hygiene (HSF003), Legionella Management and Control (YH014P) and Safe Premises and Equipment (YH020P).
2. Objectives	The aims of this policy are to: • Reduce the risk of infections through the implementation of preventative and control measures within Abbeyfield services so that residents, staff, volunteers, and visitors are assured of a safe and clean environment. • Ensure Abbeyfield complies with all IPC related relevant legislation, regulations, and best practice.

3. Scope	All employees, including bank and agency workers, and volunteers in all Abbeyfield services. Some procedures only apply to care services. Any reference to care homes is intended to include nursing homes.
4. Policy	4.1 Abbeyfield is committed to providing the highest standards of IPC by ensuring all reasonable steps are taken to protect residents, staff, volunteers, and visitors from acquiring or spreading infections. Everyone is responsible for maintaining the required standards and is expected to follow best practice procedures to minimise exposure to the risk of and spread of infection. Abbeyfield will promote a positive IPC culture and work proactively with other health and social care professionals to reduce and control the risk of infection. Abbeyfield will ensure continuous improvement in IPC through accountable leadership, multi-agency working and the use of internal monitoring and reporting systems. 4.2 In order to ensure effective IPC, Abbeyfield will: • include IPC within its overall business strategy; • ensure those with overall responsibility and accountability for governance, safety and quality are up to date with, and have a working knowledge and understanding of, IPC; • assign a nominated IPC Lead to take an active role in IPC; • support and participate in joint working initiatives beyond mandatory or contractual requirements, to reduce infections; • ensure there are adequately resourced surveillance and monitoring systems in place for preventing and managing healthcare-associated infections. 4.3 This policy and associated procedures follow the standards set down in the <u>Health and Social Care Act 2008: code of practice on the prevention and control of infections</u> and related guidance. The code of practice outlines ten criteria which care organisations must demonstrate compliance against. Adult social care providers will need to demonstrate that they: 1. Have systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them. 2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

	3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance. 4. Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion. 5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people. 6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection. 7. Provide or secure adequate isolation facilities. 8. Secure and adequate access to laboratory support as appropriate. 9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections. 10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection. Compliance with the above criterion by registered providers forms part of the Care Quality Commission (CQC) inspection framework. 4.4 NOMINATED IPC LEADS Abbeyfield's Head of Operational Care Compliance is the nominated IPC Lead for the organisation. The IPC Lead should: • be responsible for the organisation's IPC (including cleanliness); • oversee IPC policies and their implementation and work with local IPC Leads when needed; • promote respectful challenge of inappropriate practice amongst all workers and have the authority to set and challenge standards of cleanliness; • assess the impact of all existing and new policies on infections and make recommendations for change; • be an integral member of the organisation's governance, and safety teams and structures where they exist; and • produce an annual statement with regard to compliance with practice on IPC (including cleanliness) and make it available on request. In addition, each registered care service will assign a local IPC Lead with appropriate knowledge and skills to support the registered manager to maintain effective IPC arrangements within the service. Local IPC Leads will support the management team and staff by ensuring IPC standards are maintained. They will provide information to the registered manager to enable them to liaise with other service providers and local
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	agencies, as appropriate, to reduce the risk of infection entering and being transmitted within the service or to other health and social care service providers and to ensure appropriate measures are in place in the event of an infectious outbreak. 4.5 STANDARD INFECTION CONTROL PRECAUTIONS (SICPs) SICPs are to be used by all staff, in all care settings, at all times, for all residents whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment. SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. Sources of (potential) infection include blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated. The application of SICPs during care delivery is determined by assessing risk to and from individuals. This includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids. To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to resident, staff and visitor safety as required by the Health and Safety Executive (HSE) and the Care Quality Commission (CQC). There are 10 elements of SICPs: 1. Patient placement/assessment of infection risk 2. Hand hygiene 3. Respiratory and cough hygiene 4. Personal protective equipment (PPE) 5. Safe management of the care environment 6. Safe management of care equipment 7. Safe management of healthcare linen 8. Safe management of blood and body fluids 9. Safe disposal of waste (including sharps) 10. Occupational safety/managing prevention of exposure (including sharps) 4.6 TRANSMISSION BASED PRECAUTIONS (TBPs) SICPs may be insufficient to prevent cross transmission of specific infectious agents and additional precautions called Transmission Based Precautions
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	(TBPs) may be required when caring for people with known/suspected infection or colonisation. TBPs are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route). Clinical judgement and decisions should be made by staff on what additional precautions are required and this will be based on: • suspected/known infectious agent • severity of the illness caused • transmission route of the infectious agent • care setting and procedures undertaken. 4.6.1 Contact precautions: Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission. 4.6.2 Droplet precautions: Measures used to prevent, and control infections spread over short distances (at least 1 metre) via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. 4.6.3 Airborne precautions: Measures used to prevent, and control infection spread without necessarily having close patient contact via aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. 4.7 CLEANLINESS Care and housing services will be provided within a clean and safe environment which is fit for purpose, in a good state of repair with systems and procedures in place to prevent, reduce and control the risk of infection. Our care homes aim to provide a place where residents feel at home and the arrangements to keep the environment clean must take this into account. All cleaning routines must respect the fact that a resident's bedroom and other shared areas may have furniture and other possessions that belong to that individual. We aim to support residents to be independent and to have choice and control over their daily life, including decisions about the environment in which they live. This must be reflected in cleaning arrangements and may include residents assuming responsibilities for certain cleaning tasks.
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	Staff will be clear about their roles and responsibilities regarding cleaning and local IPC Leads in care homes will ensure equipment, cleaning and decontamination systems are in place and being maintained. Each care service will have cleaning plans and frequency schedules in place to include information, guidance and procedures to support and maintain good IPC standards. Staff should refer to the Cleaning Policy (YH022P) for full details. 4.8 CARE AND TREATMENT In care services, 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 staff to: • Understand their role and responsibilities for infection prevention and control within the home; • Be able to identify signs and symptoms of possible infection, report it promptly and put in place precautionary infection control measures; • Refer to and seek 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; • Complete individual infection control risk assessments if an infection is suspected or diagnosed and review the generic risk assessment for the home to ensure all control measures are identified and implemented; • Be informed and advised of any suspected or diagnosed infection so that preventative and control measures can be implemented; • Inform relevant infection control staff and Health Protection Teams of any outbreaks or unusual infection incidents; • Raise and discuss concerns with a GP if a resident has been on long term antibiotics and the potential risk of infection. 4.9 OCCUPATIONAL HEALTH All staff providing direct care are responsible for ensuring that they are free from any infection before and during work activities. Before commencing work in a new role, new staff should be advised on any infection risks and, where appropriate, how to access immunisations and occupational health advice. 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 the infection and type of work activity undertaken within the home, staff may need to be excluded or redeployed until they are free from any infection.
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	Staff are required to report any occupational exposure to blood borne viruses to their line manager and take immediate action to seek post exposure treatment as recommended. Where advised by a healthcare practitioner, occupational health screening and immunisations will be provided during employment. 4.10 ESSENTIAL CONTACTS A list of up-to-date contact details for suitably qualified and competent professionals from the local community health services and authorities should be available within each service. These are the key contacts for the provision of information, guidance and advice on infection precautions, standards in practice and for the management of suspected outbreaks. Contacts include: • Local Health Protection Teams (HPT) • Consultant in Communicable Disease Control (CCDC) and/or Consultants in Health Protection (CHP) • Health Protection Nurse (HPN) • General Practitioner (GP) • Community Infection Prevention and Control Practitioner (CIPCP) • Environmental Health Officer (EHO). 4.11 INFORMATION FOR RESIDENTS, VISITORS AND CONTRACTORS Residents, relatives, visitors and contractors in care services will be provided with relevant information on the risk of infection and the IPC systems in place. Information will include: • general policy and procedures for IPC within the service, staff roles and who to contact to report any concerns. • the importance of following IPC measures, such as hand hygiene. • explanations in the event of an incident or outbreak, how it will be managed and any guidance to be followed. 4.12 INFORMATION FOR STAFF AND HEALTH AND SOCIAL CARE PROFESSIONALS All staff working in care services and visiting health and social care professionals must be informed of any risk of infection and the IPC measures that are in place. This will include: • Sharing relevant information about the risk of known or suspected infections and the procedures to be followed within the service; • Sharing relevant information with other relevant services to ensure there is co-operation and co-ordination across different organisations to prevent and reduce the risk of transmission. • For all residents being admitted or discharged, sharing infection risk information by the transferring service to the receiving service.
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4.13 MONITORING AUDIT AND REVIEW

- IPC audits will be carried out in accordance with agreed audit schedules to ensure standards are being maintained.
- Regular observations of IPC practice including hand hygiene and use of PPE will be undertaken to ensure staff compliance with procedure and to demonstrate good governance.
- The outcomes from auditing will be collated, analysed and reviewed by Head of Operational Care Compliance and/or the Health and Safety Team 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 to reflect new developments and changes to evidence-based practice.

4.14 ROLES AND RESPONSIBILITIES

4.14.1 Trustees and the Executive Team

The Trustees and the Executive Team are responsible under health and safety legislation for maintaining an environment which is safe for residents, visitors, staff and volunteers alike. The Trustees and the Executive Team will:

- Ensure suitable policies and procedures are in place and that they are regularly reviewed to ensure they are in line with legislation and current guidance.
- Ensure suitable management and reporting arrangements for IPC form part of internal health and safety requirements.
- Seek competent external advice from appropriate agencies when required.
- Ensure sufficient and suitable resources are available to prevent and control infections within the organisation.

4.14.2 Operations Directors and Regional Operations Managers

The Operations Directors and Regional Operations Managers will:

- Provide leadership and promote and support regulatory compliance and good practice in IPC.
- Ensure support is given to local IPC Leads with delegated responsibility for IPC to implement the policy and related procedures within their respective services.
- Monitor and review IPC practice to prevent and control infections and manage outbreaks.
- Ensure that adequate training and education is provided for all staff specific to their roles and responsibilities.
- Ensure sufficient resources are allocated to enable preventative and control measures to be put in place to meet the needs of all services.
- Review the implementation of IPC measures to ensure high standards of care are being maintained within safe and clean environments.

	• Provide guidance and support to registered managers to implement and maintain IPC policies, procedures, standards and good practice. • Support services to complete IPC audits. 4.14.3 Head of Operational Care Compliance The Head of Operational Care Compliance will: • Act as the IPC Lead on matters relating to infection control. • Develop, plan and implement systems to monitor, audit and review the IPC policy and procedures to ensure they are effective and up to date with current legislation and practice. • Input into the risk assessment process put in place to identify infection risks for services and advise on 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 telephone and email support, information and guidance to all staff for the prevention and control of infection within services. • Support the development and implementation of information, instruction, training and supervision for IPC to ensure competency of staff. • Support local IPC Leads to monitor, audit, inspect and review performance in IPC 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 the management team. 4.14.4 Learning & Development Team The Learning & Development Team will: • Ensure a suitable programme of IPC training is available for all staff. • Ensure the frequency and content of IPC training is in line with current guidance and legal frameworks. • Keep an up to date central record of all IPC training. • Ensure due diligence is completed when sourcing external training. • Ensure internal trainers are kept up to date with changes in legislation and best practice and in line with regulations and guidance. 4.14.5 Care Home Managers Care Home Managers will: • Ensure high standards of IPC are maintained and that the environment is safe for residents, visitors, and staff alike. • Ensure suitable arrangements are in place for monitoring IPC and ensuring compliance with IPC procedures and guidance.
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- Identify a local IPC Lead to be responsible for supporting the implementation of IPC policy and procedures and act as a point of contact for staff on matters of IPC.
- Ensure the local IPC Lead receives supervision and training, to enable them to promote good practice within the staff group.
- Designate a lead person to ensure equipment cleaning and decontamination systems are in place and are being followed. This may be the IPC Lead or may be delegated to a member of the housekeeping team.
- Ensure all staff have access to and understand the IPC policy and procedures, including when and how to report infections.
- Identify individual training needs specific to roles and responsibilities and ensure that all staff are provided with appropriate instruction, supervision, and training in IPC
- Have access to information and up to date contact details for suitably qualified and competent persons for advice on IPC to include:
 - local Health Protection Team (HPT)
 - infection control team
 - local authority or commissioners
 - integrated care system
 - environmental health (for suspected food related outbreaks)
 - primary care network.
- Undertake IPC risk assessments with residents and record actions taken to reduce or remove risks.
- Ensure that procedures, standards, and good practice are implemented and being followed by all staff, volunteers, and visitors.
- Provide adequate supplies of Personal Protective Equipment (PPE) and cleaning materials and supplies.
- Routinely monitor and review infection prevention and control management systems, standards, and practice.
- Establish systems for senior care staff to follow for reporting suspected outbreaks of infection, and implementing actions to reduce and control the risk of infection within the home.
- Provide reports on incidents and outbreaks of infection as part of routine reporting procedures.
- Carry out IPC audits as required.
- Prepare an annual statement on the IPC arrangements in place
- Make available for staff a copy of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*.
- Ensure outbreaks of infection are reported to the Health Protection Team and their line manager and to CQC when required.

4.14.6 Sheltered Housing and Operations Managers

	Sheltered Housing and Operations Managers will: • Ensure high standards of IPC are maintained and that the environment is safe for residents, visitors, and staff alike. • Ensure suitable arrangements are in place for monitoring IPC and ensuring compliance with IPC procedures and guidance. • Ensure all staff have access to and understand the IPC policy and procedures, including when and how to report infections. • Identify individual training needs specific to roles and responsibilities and ensure that all staff are provided with appropriate instruction, supervision, and training in IPC • Undertake IPC risk assessments with residents and record actions taken to reduce or remove risks. • Ensure that procedures, standards, and good practice are implemented and being followed by all staff, volunteers, and visitors. • Provide adequate supplies of Personal Protective Equipment (PPE) and cleaning materials and supplies. • Routinely monitor and review infection prevention and control management systems, standards, and practice. • Provide reports on incidents and outbreaks of infection as part of routine reporting procedures. 4.14.7 All staff and volunteers All staff, agency workers, and volunteers: • Have a duty to ensure they attend training and follow the policies and procedures laid down in the infection control manual. • If they become unwell at work, they will immediately inform their line manager. • All members of staff have a duty to report any suspected infections to their line manager. • Are responsible for following and ensuring that infection prevention and control policy, procedures, standards and good practice are maintained within the home. • 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. 4.15 TRAINING All staff should have sufficient and appropriate IPC training which is commensurate with their duties. IPC training will be provided: • As part of the induction process to provide all new staff with guidance on IPC to include procedures to be followed and their role and responsibilities regarding IPC.
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	• As a specific IPC course which can be completed via E-Learning. • In care services, to ensure IPC Leads can carry out their role effectively. Where IPC training is considered essential for a worker's role, it is a mandatory requirement that 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 member.
5. Finance, Value for Money & Social Value	N/A
6. Linked policies	• Cleaning (YH022P) • COSHH - Control of Substances Hazardous to Health (YH004P) • COVID-19 (LG007P) • Dress Code (S043P) • Health and Safety (YH009P) • Immunisation (S044P) • Food Safety and Hygiene (HSF003) • Legionella Management and Control (YH014P) • Safe Premises and Equipment (YH020P)
7. Relevant Legislation/ Regulation	• The Health and Safety at Work etc Act 1974 • HSE Health and safety regulation • Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe care and treatment • Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15 Premises and equipment • Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations (2009)
8. Guidance	• Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance • GOV.UK: Infection prevention and control: resource for adult social care • National infection prevention and control manual (NIPCM) for England • NHS: National infection prevention and control • NICE Clinical guideline (CG139) Healthcare-associated infections: prevention and control in primary and community care • NICE Quality Standard (QS61) Infection prevention and control • NICE: Helping to prevent infection - A quick guide for care homes: • DHSC Care homes: infection prevention and control

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	• HSE: Blood-borne viruses (BBV) • CQC: Infection prevention and control in care homes • Infection prevention and control in supported living services and Extra Care housing • NHS Infection. Prevention. Control
9. Review	Every 3 years, subject to any regulatory or legislative updates.
10. Procedure(s)	10.1 Assessment of Infection Risk 10.2 Hand Hygiene 10.3 Respiratory and Cough Hygiene 10.4 Use of Personal Protective Equipment (PPE) for infection control purposes 10.5 Safe Management of Blood and Body Fluid Spillages 10.6 Safe Management of Waste 10.7 Managing Infectious Outbreaks 10.8 IPC monitoring, auditing and reporting 10.9 Safe Management of Care Equipment 10.10 Safe Handling of Specimens 10.11 Care of Deceased Persons 10.12 Use of Aseptic Technique
11. Process Map(s)	None

Version	Purpose/change	Resident Panel Involvement	Author	Date
1.0	Policy written		S. Kendall	May 2018
2.0	Policy reviewed to ensure it met organisational needs during the COVID-19 pandemic.		J. Conway	August 2020
3.0	Policy reviewed and updated. Procedure manual replaced with SOPs. New IPC Lead identified for the organisation.		L Garrett, Quality & Compliance Manager	January 2024