NHS Hertfordshire and West Essex Integrated Care Board

Hertfordshire

hcpa

Infection Prevention & Control

An Introduction for Care Homes

Objectives

- Why does IPC matter?
- Cover the staples of Standard Infection Control procedure (SICPs)
- Discuss Transmission Based precautions (TBPs)
- Gain the knowledge to put IPC precautions into practice, to protect residents and colleagues, improve outbreak outcomes and reduce Healthcare Acquired Infections (HCAIs)

Why does IPC matter?

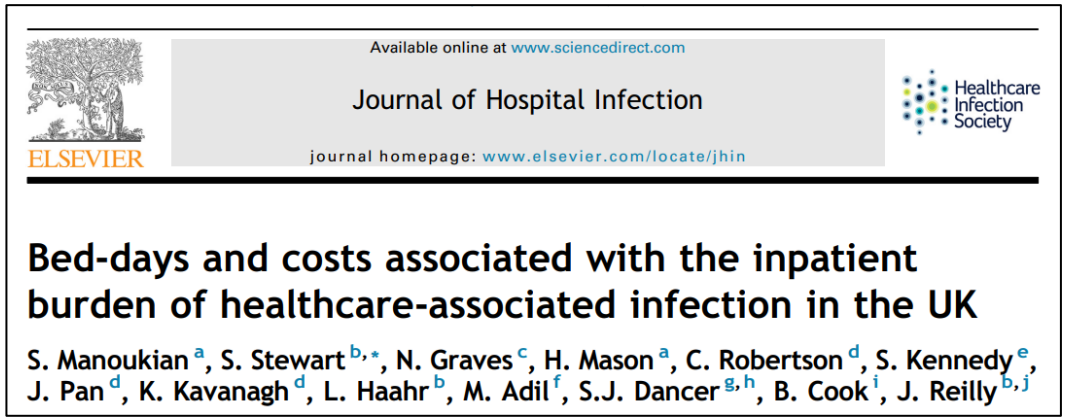
- HCAI affected an estimated 653000 patients in 2016/2017, 22800 of them died
- Treatment, additional stays in hospital, staff sickness were estimated to cost £2.1 billion
- COVID-19 has further highlighted importance of IPC


Open access Original research

BMJ Open

Modelling the annual NHS costs and outcomes attributable to healthcare-associated infections in England

Julian F Guest ,[1,2] Tomas Keating,[1] Dinah Gould ,[3,4] Neil Wigglesworth[5]


Available online at www.sciencedirect.com

Journal of Hospital Infection

journal homepage: www.elsevier.com/locate/jhin

ELSEVIER

Healthcare Infection Society

Bed-days and costs associated with the inpatient burden of healthcare-associated infection in the UK

S. Manoukian [a], S. Stewart [b,*], N. Graves [c], H. Mason [a], C. Robertson [d], S. Kennedy [e], J. Pan [d], K. Kavanagh [d], L. Haahr [b], M. Adil [f], S.J. Dancer [g,h], B. Cook [i], J. Reilly [b,j]

Antibiotic resistance (AMR) – an increasing threat to human health

- Pathogens are increasingly acquiring the ability to resist conventional antibiotics
- This makes it more difficult to treat infection, minimise severe disease and prevent diseases from spreading
- The World Health Organisation (WHO) has declared that AMR is one of the top 10 global public health threats facing humanity
- Oxford University has reported that globally, an estimated 1.2 million people died in 2019 from antibiotic-resistant bacterial infections
- The cost to the health system is huge
- One of the pillars of AMR prevention is effective IPC

Legal requirement – laws and regulations

…'Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare'… (Health and Social Care Act 2008)

Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk)

Section 2 of the Health and Safety at Work Act 1974, COSHH regulations 2002, Food safety Act 1990 – among others

CQC monitoring

PAMMS monitoring

Beating the Bugs: breaking the chain of infection

Infectious Agent

This is the microorganism (germ or bug) that can cause harmful infections and make you ill.

Common infections in care homes are respiratory such as colds and flu and stomach bugs like norovirus and Clostridiodes.difficile (C. diff).

Susceptible host

This is the person who is at risk of infection because they are unable to fight the infection. This could be residents, staff or visitors.

Elderly people can have decreased immune systems and catch infections easier.

Infections also spread quickly in care homes due to many residents living closely together.

Reservoir

This is where the germ lives and grows.

This can be on a person for example in their respiratory tract or on equipment, environment or on food or water.

Portal of entry
Way in

The germ then needs to find a way into another person.

This can be through the eyes and mouth, hands, open wounds and any tubes put into the body such as a catheter or feeding tube.

Portal of exit
Way out

The germ then needs to find a way out of the infected person so it can spread.

Ways out can be from sickness and diarrhoea and through the nose and mouth from sneezing and coughing.

Mode of transmission

Once the germ is out it can spread from one person to another by hands or on equipment such as a commode, in the air by coughing or contact with body fluids and blood.

Standard Infection Control Precautions

1. Patient/resident placement
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 spillages
9. Safe disposal of waste (including sharps)
10. Occupational Safety/managing prevention of exposure

1. Patient/resident placement (isolation)

- Consider any cross-infection risk
- Benefit of single rooms with en-suite facilities
- Residents should be assessed on admission, factors to consider are:
  - Symptoms of Infection
  - Known colonisation/previous infection with a Multi-Drug Resistant Organism (MDRO) such as MRSA or CPE

2. Hand Hygiene

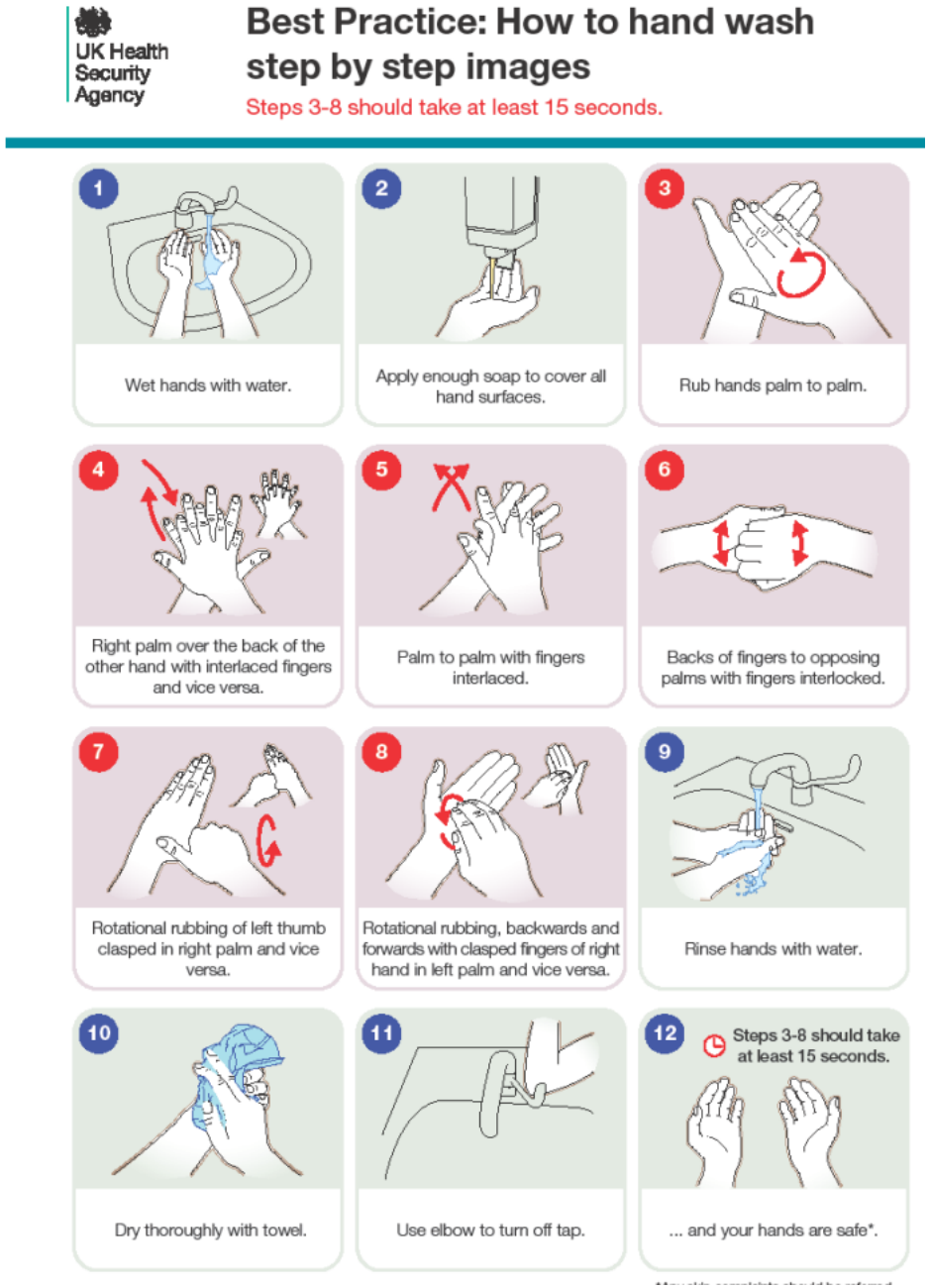
The single most effective way to reduce HCAI numbers

Adapted from the WHO Alliance for Patient Safety 2006

1	BEFORE RESIDENT CONTACT	WHEN? Clean your hands before touching a resident when approaching him/her. WHY? To protect the resident against harmful germs carried on your hands.
2	BEFORE A CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before any clean/aseptic procedure. WHY? To protect the resident against harmful germs, including the resident's own, from entering his/her body.
3	AFTER BODY 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 healthcare environment from harmful resident germs.
4	AFTER RESIDENT CONTACT	WHEN? Clean your hands after touching a resident and her/his immediate surroundings, when leaving the resident's side. WHY? To protect yourself and the healthcare environment from harmful resident germs.
5	AFTER CONTACT WITH RESIDENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the resident's immediate surroundings when leaving—even if the resident has not been touched. WHY? To protect yourself and the healthcare environment from harmful resident germs.

2. Hand Hygiene

- You must be bare below the elbows whilst at work
- Always use soap and water when hands are visibly dirty, the resident has diarrhoea and/or vomiting, after using the WC
- Always perform HH before and after wearing gloves
- Use emollient to moisturise hands regularly
- Remember to hand wash for food safety
- Video



Practical – UV light box

3. Respiratory and cough hygiene

- It’s important to remember that residents may need help to practice good hand hygiene and respiratory hygiene

- Remember to avoid touching your face if you haven’t washed your hands

4. Personal Protective Equipment (PPE)

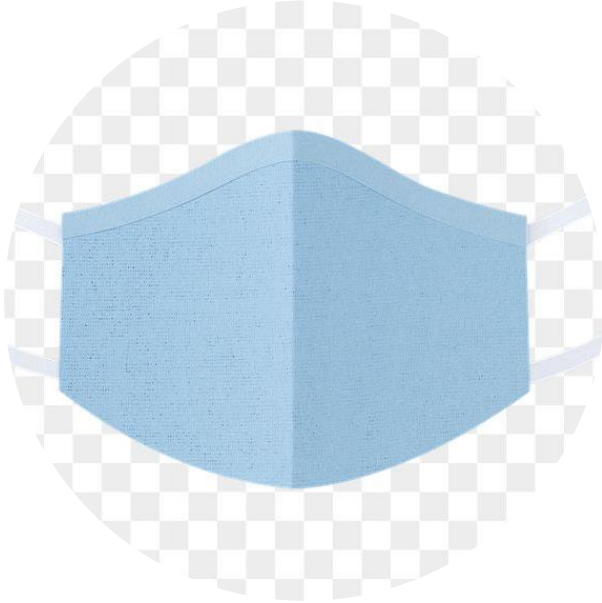
- The need for PPE should be assessed prior to undertaking any procedure/care
- When there is a risk of exposure to body fluid/chemical hazard wear gloves
- Wear an apron if you anticipate contamination of your uniform
- If there is a risk of splash, wear eye protection and a mask
- TBPs will be covered later
- Incorrect use, including unnecessary use of PPE increases the risk of cross-contamination and is detrimental to the environment
- PPE should be stored in a clean, dry area, and be disposed of in the correct waste stream
- PPE should never be stored on the floor, ideally dispensed from a wall mounted dispenser which is regularly cleaned

Face Masks

The use of face masks should continue to be risk based across adult social care

Face masks are recommended to be worn in the following circumstances:

- If the person being cared for is known or suspected to have COVID-19 (staff & visitors are recommended to wear a Type IIR fluid – repellent surgical mask)
- If a COVID-19 outbreak has been identified within a care home
- If the care recipient would prefer care worker or visitors to wear a mask while providing them with care
- Providers should also support the personal preferences of care workers & visitors who wish to wear a face mask
- A Type IIR fluid repellent mask should always be worn if there is a risk of splashing of blood or bodily fluids

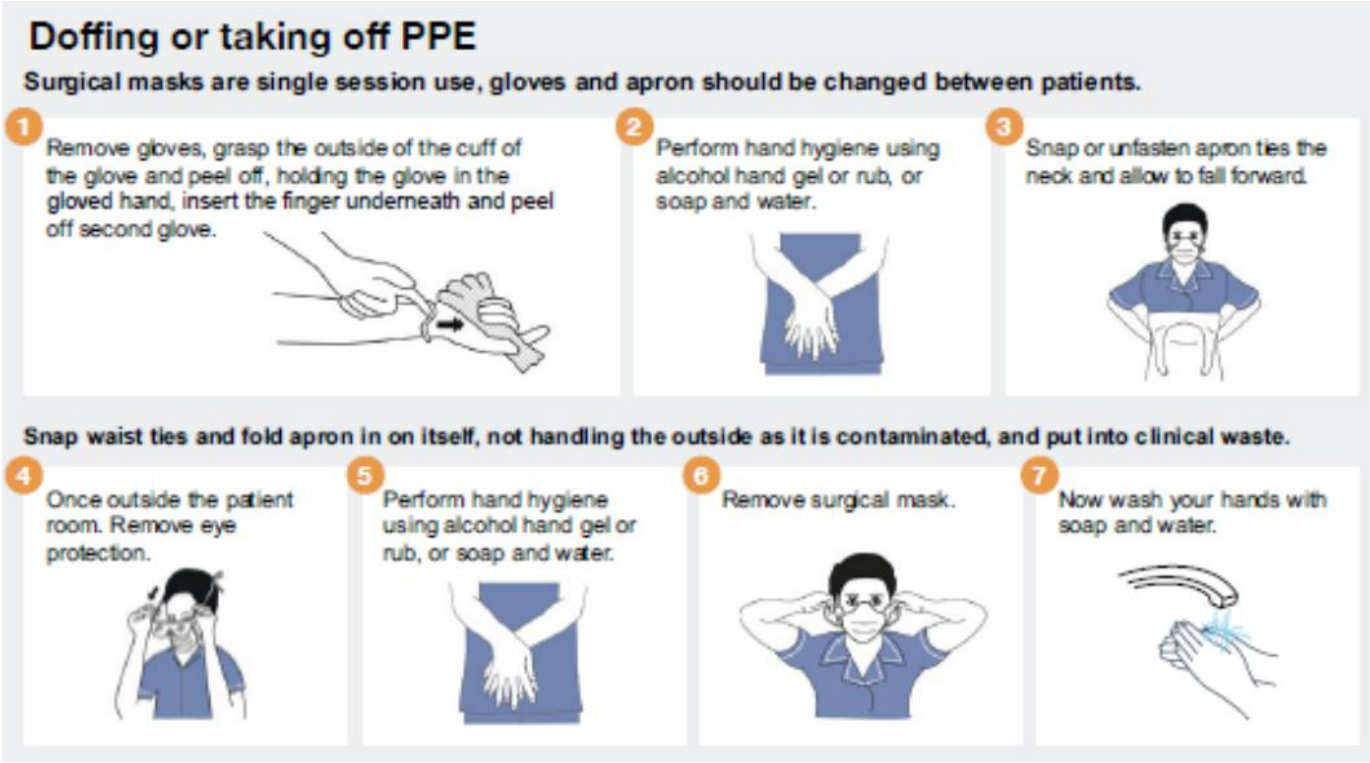


[COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)]

Donning and doffing practical

- Most PPE will be single use
- Reusable face shields/visors should be thoroughly decontaminated between uses
- PPE should be available near to the point of use

Donning and doffing practical



- Doffing PPE is the time when you are most likely to contaminate yourself
- Do not use damaged, out of date, or contaminated PPE
- Remove and dispose of PPE as soon as the procedure/care is complete

Appropriate glove use

- Do not double glove
- Do not gel gloves
- Replace gloves if they become perforated
- Wash hands before and after wearing
- Chose a size that fits well
- Change between residents, or between tasks when caring for a single resident
- Appropriate for use if you suspect to come into contact with bodily fluid, a chemical hazard, non-intact skin or a mucous membrane

Do I need to wear gloves?

- Will you carry out a procedures that may expose you to blood or body fluid, or providing personal care to a resident who is infectious? YES
- Will you be cleaning? YES (follow manufacturers guidelines)
- You DO NOT need to wear gloves if carrying out a task/procedure where there is a low risk of cross-infection, for example:
  providing personal care where there is no risk of contact with blood/body fluid, making uncontaminated beds, changing uncontaminated clothing, carrying out clinical observations

5. Safe management of care environment

- In order to be effectively cleaned, the care environment must be free of clutter and in a good state of repair
- Cleaning should be guided by the NHS National Standards of Cleanliness (care home specific document awaited) and NPSA National Specifications for Cleaning in Care Homes, link on last slide
- Ventilation
- Comprehensive cleaning schedules

Situation	Method
High touch areas	Detergent wipes are acceptable
Routine cleaning	A fresh solution of general-purpose neutral detergent in warm water
Disinfection of sanitary fittings	1,000ppm available chlorine

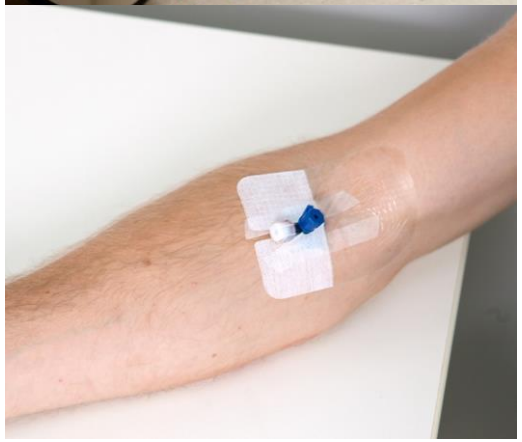
6. Safe management of care equipment

- Know which equipment is reusable and which is single use
- Before using any sterile equipment check that:
  - the packaging is intact
  - there are no obvious signs of packaging contamination
  - the expiry date remains valid
  - any sterility indicators are consistent with the process being completed successfully.

6. Safe management of care equipment

- Decontamination of re-usable equipment must be completed: between each use, between each resident, when it becomes contaminated with blood/body fluid, as a regular part of cleaning schedules and before servicing/repair
- Check manufacturer’s instructions
- Wear appropriate PPE
- If a piece of equipment is contaminated with blood, or body fluid that could be infectious, either clean with detergent followed by 1000ppm disinfectant or a combined solution

Indwelling devices & wound management



- Important portals of entry
- As well as wounds, catheters, drains, feeding tubes, IV cannulas, central venous catheters etc are often responsible for HCAIs such as UTIs, soft tissue infections or blood stream infections
- The culprits include some organisms with antibiotic resistance, such as MRSA
- It is extremely important to observe best practice when inserting or maintaining indwelling devices

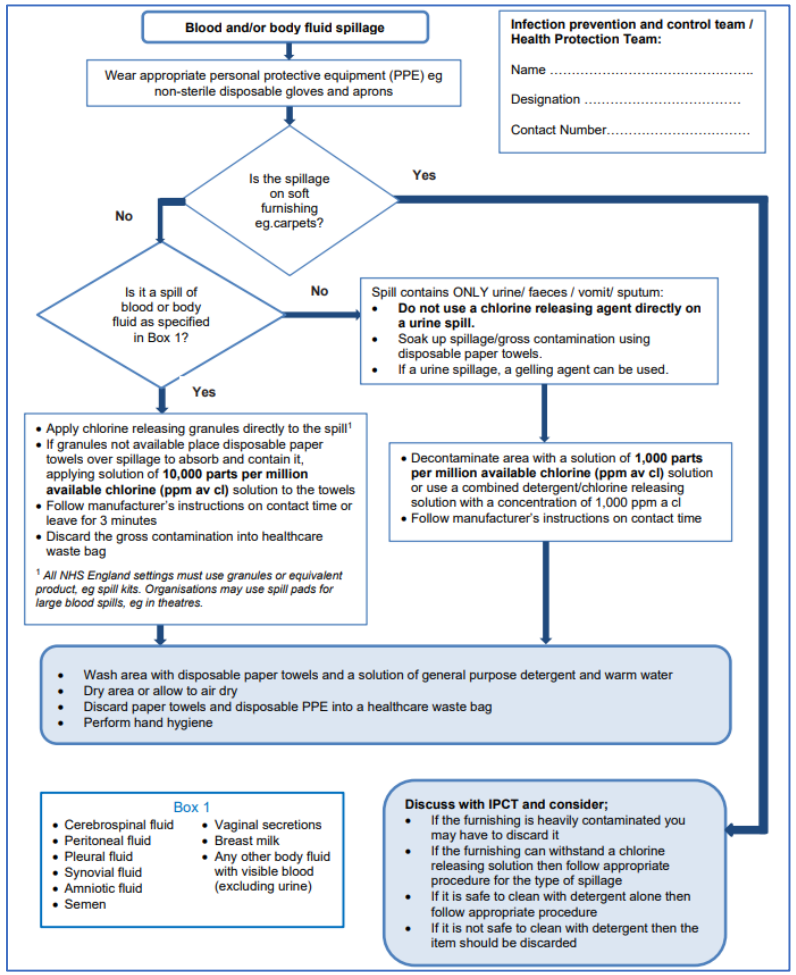
Indwelling devices & wound management

- Good practice:
  - Don’t perform any procedure/maintenance that you have not been trained to do and have been deemed competent
  - Follow ANTT principles when performing any procedure or maintenance
  - Can you remember which moment of hand hygiene would be applicable here?
  - Device requirement should be reviewed at least daily
  - Dressings, patency and signs of infections should be assessed frequently and documented (HOUDINI, VIP scores etc)
  - Any concerns should be flagged immediately
  - Don’t let the end of the catheter drag on the floor. Drainage bags should be emptied regularly enough that they don’t fill up (never down the sink!!)
  - A clean environment and equipment is important
  - Ensure appropriate PPE use

7. Safe management of linen

- **Health Technical Memorandum 01-04: Decontamination of linen for health and social care**
- Clean linen should be stored in a clean, dry and enclosed area, off of the floor and away from used linen
- It can be transported on un-covered trollies, but any unused linen must be returned immediately after
- Do not rehandle linen after it has been bagged
- Only fill laundry bins 2/3 full
- Linen should be placed into the bag immediately on removal
- Use alginate bags for infectious linen
- Do not shake used linen after removing it from a bed

8. Safe management of blood & body fluids

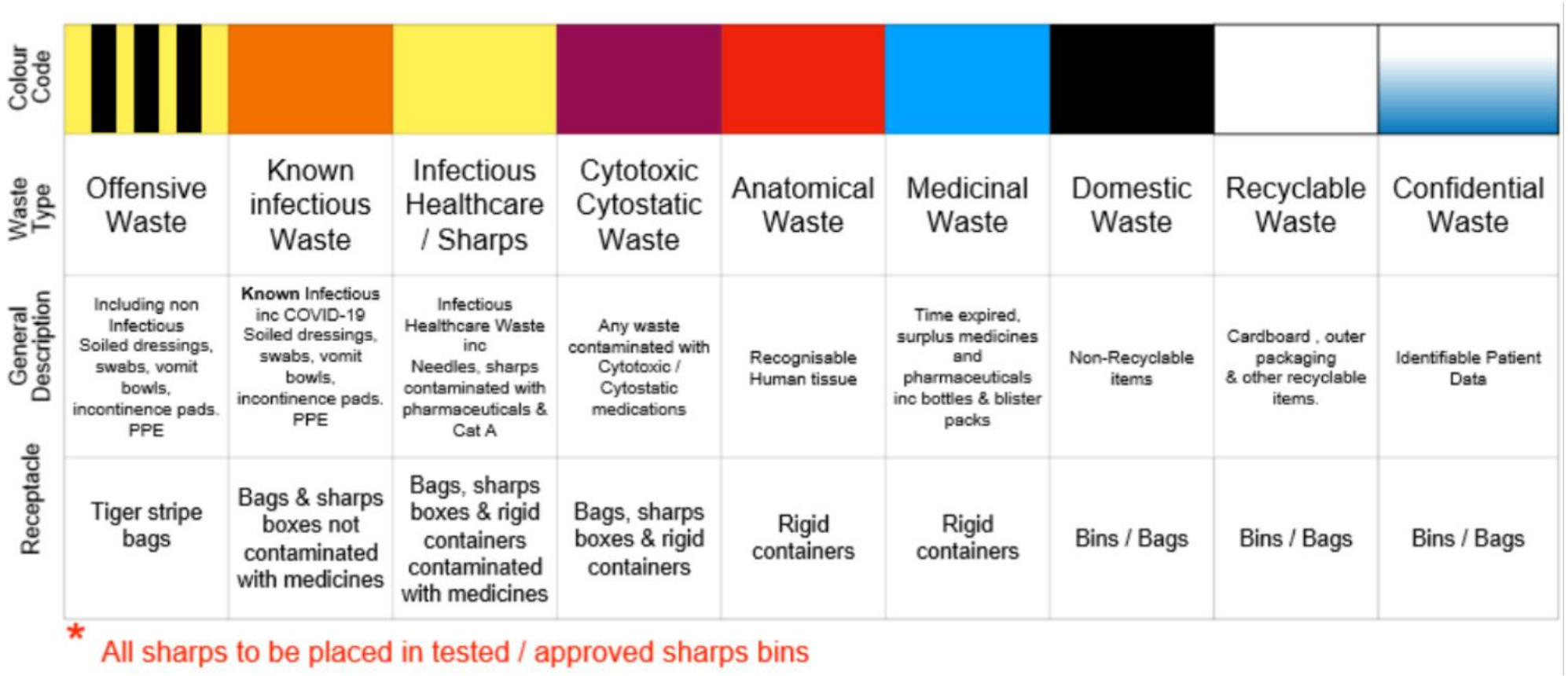


- Spillages should be treated immediately, by trained staff. Responsibilities for this must be clear within each area
- NHS IPC Manual flow chart, blood and body fluids are managed differently
- Always follow manufacturers guidelines
- Known the location of your spill kit
- Wear appropriate PPE
- Spillages may pose a risk of BBV
- Soft furnishings may need to be discarded

9. Safe disposal of waste

- **Health Technical Memorandum (HTM) 07-01 Management disposal of healthcare waste**
- Health & Safety (Sharps) Regulations 2013
- Always dispose of waste immediately, as close as possible to the point of use
- Bags should be no more than ¾ full and closed with a ratchet tag/tape around a swan neck or thoroughly tied
- Waste should be stored in a designated, safe, lockable area
- Bins should be covered, labelled with the correct use, and operated by a foot pedal mechanism
- Extremely important that waste is segregated into the disposal stream, both for safety and sustainability

9. Safe disposal of waste (including sharps)



Colour Code									
Waste Type	Offensive Waste	Known infectious Waste	Infectious Healthcare / Sharps	Cytotoxic Cytostatic Waste	Anatomical Waste	Medicinal Waste	Domestic Waste	Recyclable Waste	Confidential Waste
General Description	Including non Infectious Soiled dressings, swabs, vomit bowls, incontinence pads. PPE	**Known** Infectious inc COVID-19 Soiled dressings, swabs, vomit bowls, incontinence pads. PPE	Infectious Healthcare Waste inc Needles, sharps contaminated with pharmaceuticals & Cat A	Any waste contaminated with Cytotoxic / Cytostatic medications	Recognisable Human tissue	Time expired, surplus medicines and pharmaceuticals inc bottles & blister packs	Non-Recyclable items	Cardboard , outer packaging & other recyclable items.	Identifiable Patient Data
Receptacle	Tiger stripe bags	Bags & sharps boxes not contaminated with medicines	Bags, sharps boxes & rigid containers contaminated with medicines	Bags, sharps boxes & rigid containers	Rigid containers	Rigid containers	Bins / Bags	Bins / Bags	Bins / Bags

* All sharps to be placed in tested / approved sharps bins

9. Safe disposal of sharps

- Sharps bins should be filled no more than ¾ full (should be labelled) before disposal
- Sharps bins should not be in use for more than 3 months before disposal
- Discuss safe sharps practices with residents, encourage use of the temporary closure mechanism
- Sharps bins must be labelled and signed and dated at the beginning and end of use

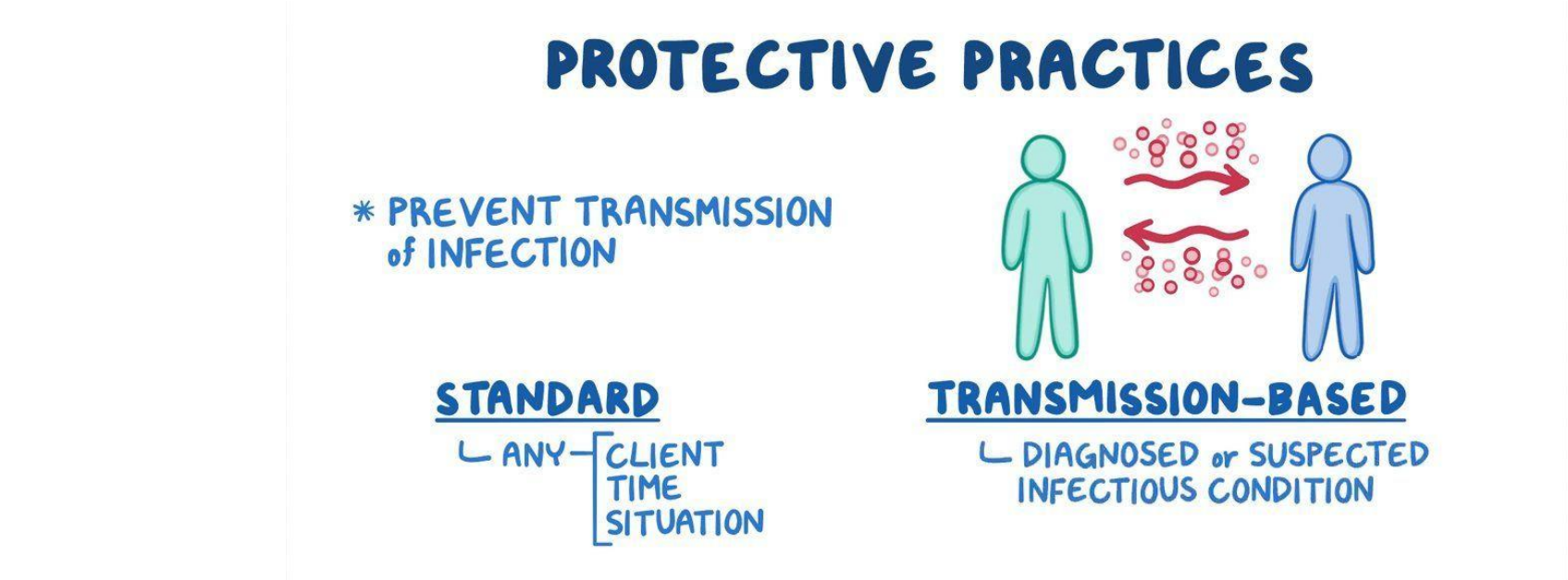
9. Safe use of sharps

- Potential risk of injury and BBV exposure
- Legal requirement to report all sharps injuries (needlestick, bites, eye-splash etc) and near misses
- Support residents to use sharps responsibly
- Are residents provider with ‘safer-sharps’ devices?
- Always follow manufacturers guidance, never re-sheath needles or disassemble syringes
- Dispose of sharps immediately after use
- Know your policy for needlestick injuries
- Sharps should be taken to, and disposed of, at the point of care

10. Occupational health/preventing exposure

- HepB vaccination: risk from 2%- 40% of transmission to HCW depending on levels in source blood
- COVID-19 and Flu vaccinations: be proactive and help reduce the chances of outbreaks within your home
- Chicken pox immunity/vaccination: if you have never had chicken pox, occy health should check you immunity and offer the vaccine if necessary
- Routine vaccinations for general public in UK: make sure you are up to date – anything you can catch, your residents can!
- Allergies
- Skin health, especially hands
- Don’t come to work if you are unwell
- 48hrs post D&V

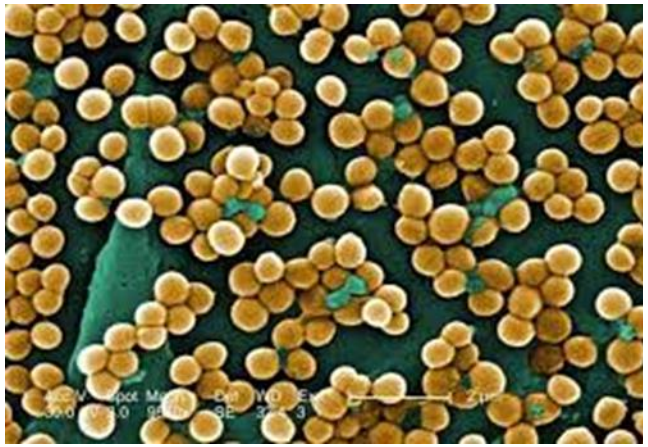
Transmission based precautions



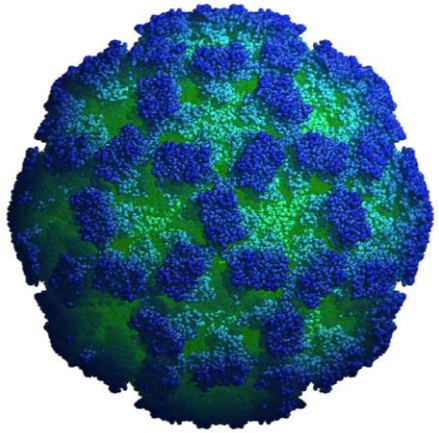
- Categorised by the route of transmission of the infectious agent
  - Contact
  - Droplet
  - Airborne

Contact precautions

- Protect against pathogens that are predominantly spread by direct contact with an infectious person and/or their surroundings
- The most common type of transmission
- Cleaning the environment and resident equipment is extremely important

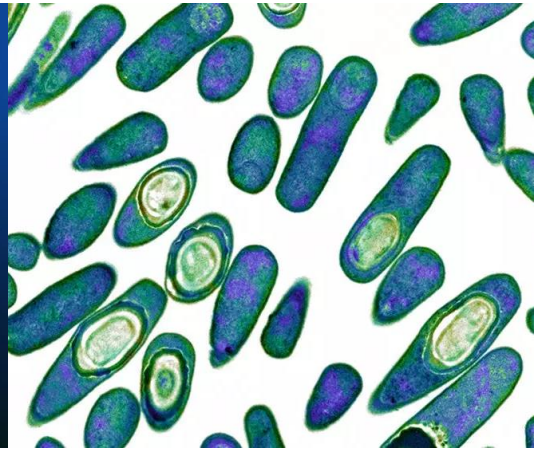


Methicillin Resistant *Staphylococcus aureus* (MRSA)



Norovirus

Carbapenemase-producing *enterobacterales (CPE)*



Clostridioides difficile

Example – Diarrhoea and vomiting

- What would you do?

Example -

- What would you do?
- **Isolation**: Single room with en-suite ideally, isolated until at least 48 hours after the last episode. Use the correct isolation sign on the door of the room to make staff aware
- **Care equipment**: Single use ideally, reusables should be allocated to the individual/cohort for the infectious period and decontaminated frequently, including before use with another resident
- **PPE:** Gloves and apron, face protection if risk of splash
- **Hand Hygiene:** Do not use gel, only soap and water. Be rigorous in observing the 5 moments. Can the resident wash their own hands?
- **Linen:** treat all as infected

Example – D&V

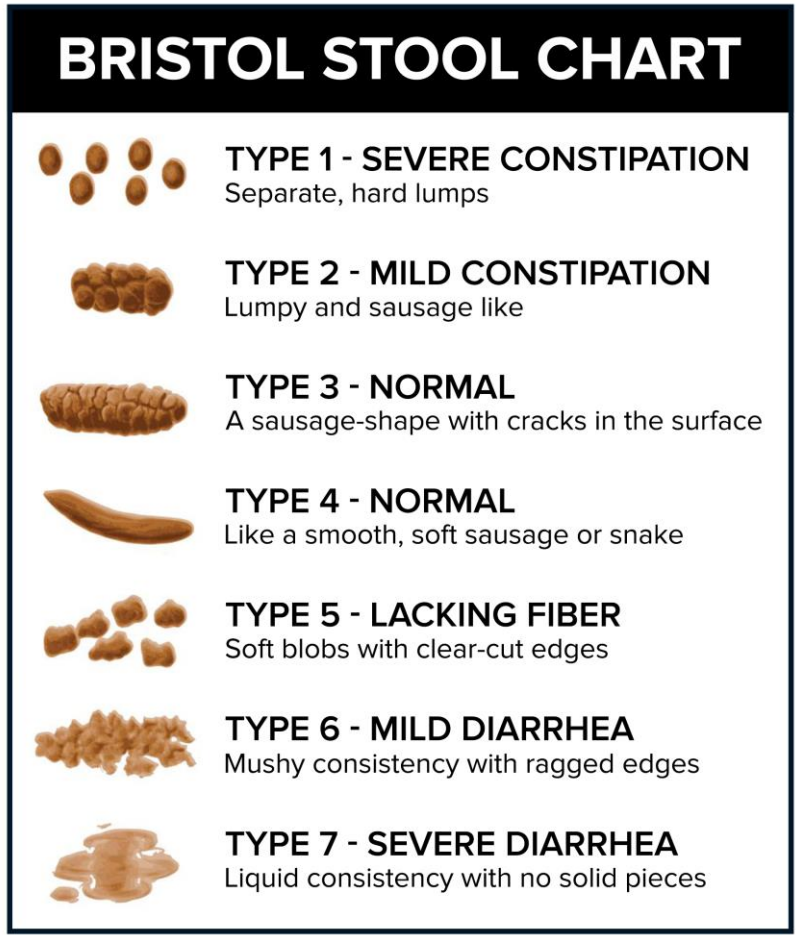
Environment:

- Use disposable or dedicated cloths/mop heads, routine cleaning with warm water and detergent is important to physically remove any spores (for c. diff) from the environment. This should be followed by wiping all hard surfaces with a chlorine based disinfectant (1000ppm) which meets ES BN 14476 standard
- Terminal clean after infection has ended – consider using a HPV fog machine if you have access
- Environment should be free of clutter to allow access for cleaning
- Increase cleaning schedule frequency in areas with a higher risk of transmission (such as toilets)
- Pay attention to manufacturers recommended ‘contact time’ for products

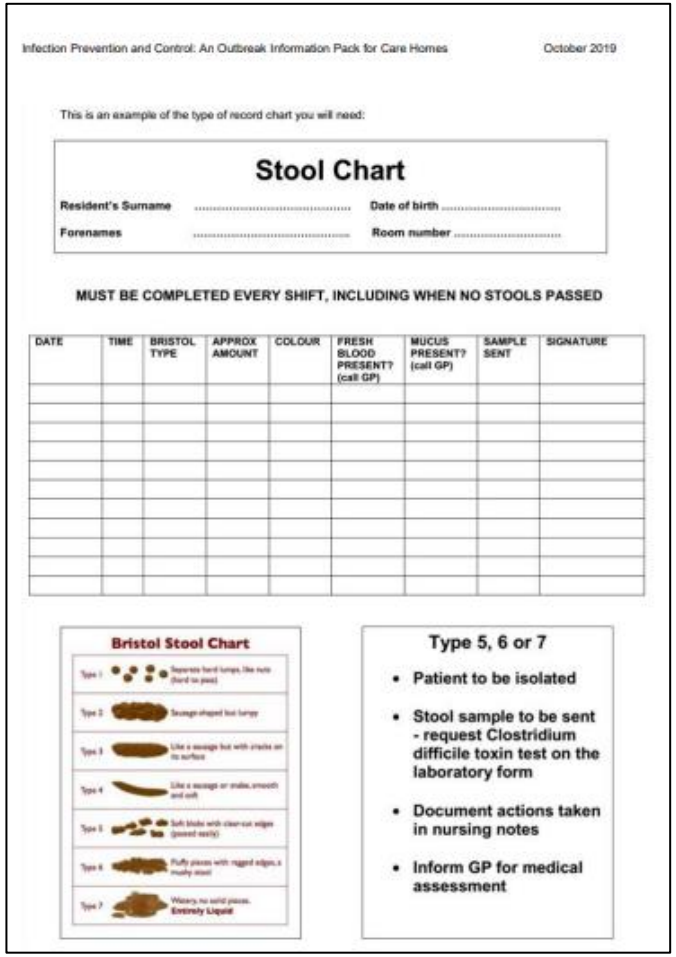
A way to remember…

S	Suspect that a case may be infectious, treat it this way until it is confirmed not to be.
I	Isolate resident while you investigate and continue until they are clear of symptoms for 48 hours.
G	Gloves and aprons must be used for all contacts with the resident and their environment.
H	Hand washing with soap and water must be done before and after each contact with the resident and environment. Alcohol gel does not work against *C. diff or* Norovirus.
T	Test the stool by sending a specimen immediately for C. difficile, Noro (might be called ‘virology’) and MC&S.

Other things to consider…



- Have any other staff/residents suffered with D&V recently? Could it be an outbreak?
- Be familiar with protocol for reporting outbreaks (2 or more cases)
- Be familiar with the process for sending samples
- Review of medication, especially laxatives
- Stool chart – key for monitoring and knowing when to de-isolate
- Food safety

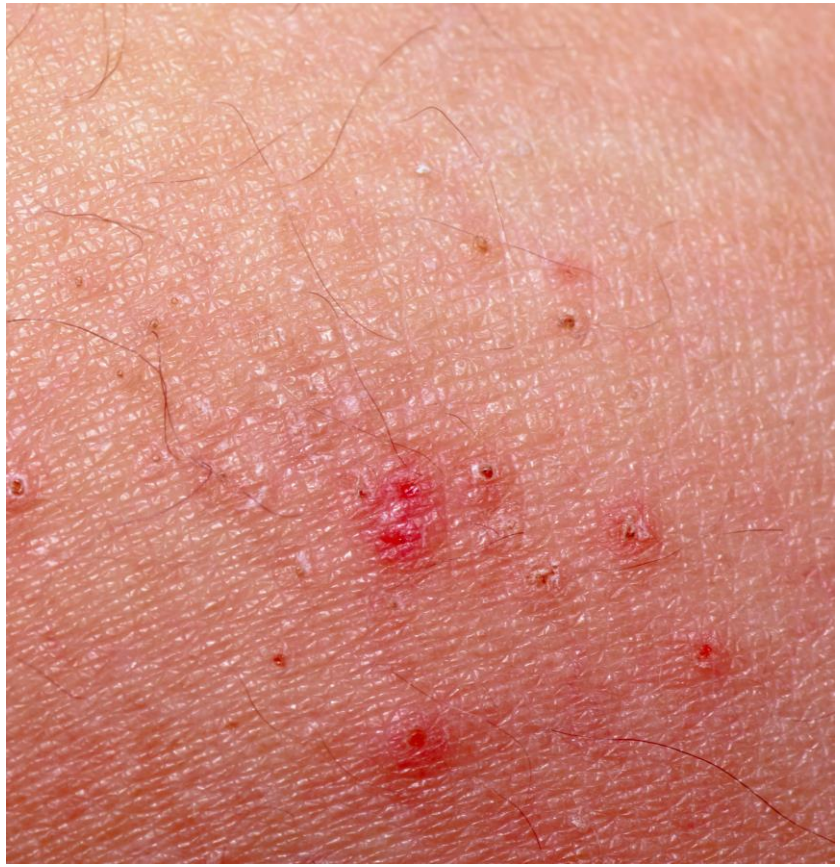


Example: Scabies

- What would you do?

Scabies

- What is Scabies?
  - Skin condition caused by an immune reaction to the mite Sarcoptes scabiei and their saliva, eggs and faeces
  - Presentation usually intense itching associated with burrows nodules and redness
  - Asymptomatic infection demonstrated in the elderly
  - Transmitted by prolonged or frequent skin to skin contact
  - Outbreaks likely to occur where people live in close proximity, and in settings where individuals receive personal care, or health care



Example - Scabies

- What would you do?
- **Isolation**: Single cases should be isolated until 24 hours of initial treatment. In an outbreak isolation is not warranted as all contacts will be receiving treatment at the same time. Staff with diagnosed scabies should not return to work until after their first 24-hour treatment
- **Environment:** Normal cleaning regime should be sufficient to remove skin scales from the environment. For crusted scabies, more regular vacuuming and a deep clean after treatment cycles (for example, damp dusting soft furnishings, cleaning touch points, vacuuming mattresses and so on) should be considered due to the increased shedding of skin associated with this form of scabies.
- **PPE:** Gloves and apron. For activities such as close personal care and handling where skin contact with patient skin, infested linen or clothing could occur, single patient use long sleeve gowns or sleeve protectors may be beneficial to reduce the risk of transmission.
- **Hand Hygiene:** Be rigorous in observing the 5 moments. Can the resident wash their own hands?
- **Linen:** treat all as infected

Other things to consider…

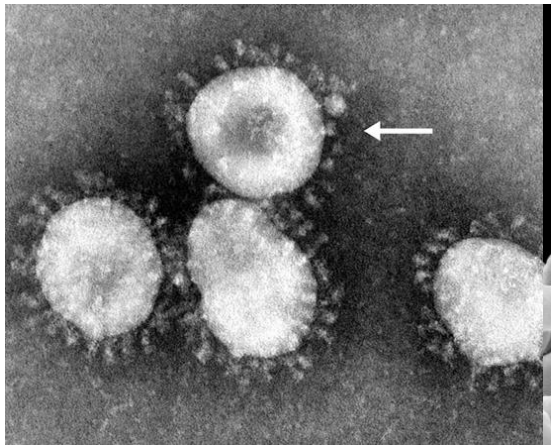
- Although scabies is not a notifiable disease, due to difficulties in diagnosis and implementation of infection control measures required to break the chain UKHSA HPT's are able to support settings when required
- If 2 or more linked cases within an 8 week period, assess all individuals (staff and residents) within the setting for scabies infection
- Avoid transfer to other setting until treatment is finished
- Follow UKHSA guidance on the management of scabies: UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - GOV.UK (www.gov.uk)
- Guidance from the pharmacy ICB team on treatment and bulk prescribing can be found here: scabies-outbreak-prescribing-guidance.pdf (hcpa.info)

Carbapenemase-producing Enterobacterales (CPE)

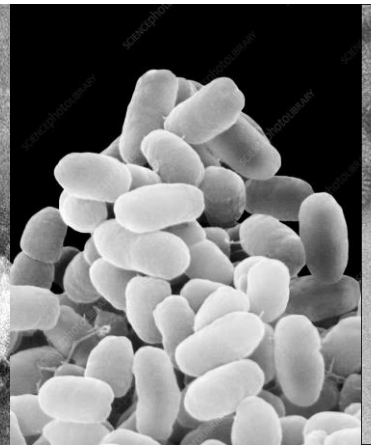
- Enterobacterales are a large family of bacteria that usually live harmlessly in the gut of humans and animals. They include species such as Escherichia coli, Klebsiella spp. and Enterobacter spp. Resistance to some or all carbapenems is an intrinsic (natural) characteristic of some Gram-negative bacteria. Others can produce carbapenemases, which are enzymes that destroy carbapenem antibiotics
- These organisms spread rapidly in healthcare settings and lead to poor clinical outcomes because of limited therapeutic options
- The increased incidence of CPE has significant cost and operational implications
- This framework sets out a range of measures, that if implemented well, will help health and social care providers minimise the impact of CPE Actions to contain carbapenemase-producing Enterobacterales (CPE) - GOV.UK (www.gov.uk) CPE advice for community settings such as care homes, mental health facilities and hospices is provided under **section 4.8 non-acute setting**
- Standard infection control precautions (SICP) and contact (transmission based) precautions should be used for patients suspected or known to be CPE positive

Droplet precautions

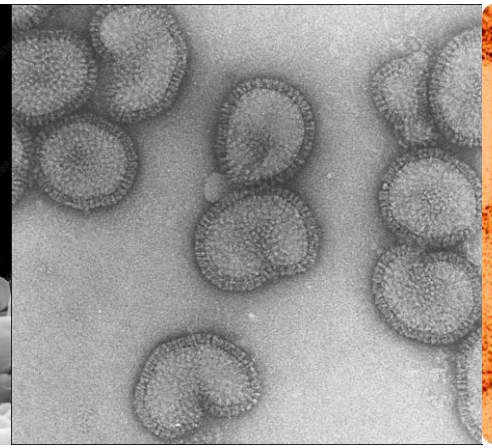
- Protect against transmission via contact with droplets from the respiratory tract of an infectious person. Droplets settle on the ground/surface and can travel at least one metre from the source.
- Risk assess use of Type IIR fluid repellent face mask where there is a risk of transmission via droplets from respiratory tract infections as per updated guidance [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)]
- Some pathogens can be spread via both the droplet and airborne routes, such as SARS-CoV-2 and Measles



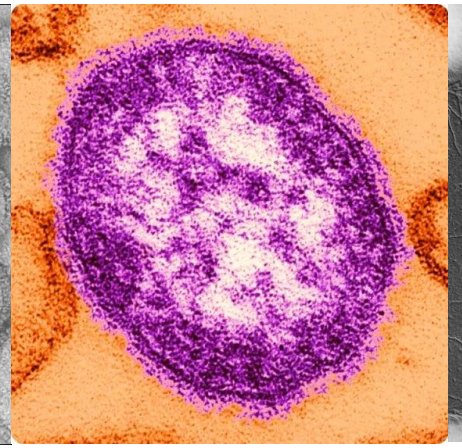
SARS-CoV-2 (COVID-19)



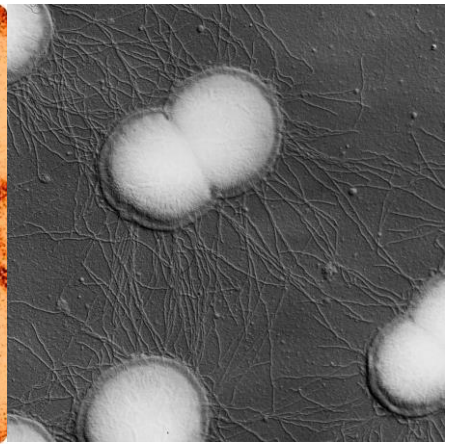
Bordetella pertussis (whooping cough)



Influenza virus



Measles virus



Neisseria meningitidis (bacterial meningitis)

Example: COVID-19

- What would you do?

Example: COVID-19

- **Isolation**: Single room with en-suite preferably. Care home residents who have a positive COVID-19 test result should **stay away from others for a minimum of 5 days** after the day they took the test. COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk).Use the correct isolation sign on the door of the room to make staff aware. **Care equipment**: Single use ideally, reusables should be allocated to the individual/cohort for the infectious period and decontaminated frequently, including before use with another resident
- **Environment:** Should be free from clutter to aid cleaning, with a method of ventilation. Rooms should be cleaned at least daily, follow manufacturers guidance for 'contact time.' Increase cleaning schedule frequency of areas with higher risk of transmission, in this case high contact touch points etc
- **PPE:** In addition to SICPs, gloves, aprons, Type IIR fluid repellent face mask, and eye protection are recommended. For **AGP**s – discussed later
- **Hand Hygiene:** Be rigorous in observing the 5 moments. Can the resident wash their own hands?
- **Linen:** treat all as infected

Other things to consider…

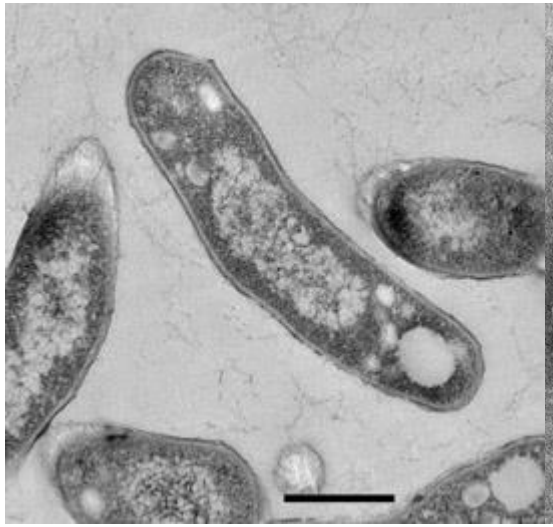
- Have there been other resident/staff cases recently? Could they be linked?
- An outbreak consists of 2 or more positive or clinically suspected linked cases of COVID-19, within the same setting within a 14-day period.
- What is the testing requirement? Refer to COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk) & COVID-19: testing from 1 April 2023 - GOV.UK (www.gov.uk)
- Are there individuals at higher risk of severe outcomes from COVID-19 & who are potentially eligible for COVID-19 treatments. Know the process for this
- Providers should review the criteria to assess whether any individuals they care for are eligible for COVID-19 treatments. Refer to Treatments for COVID-19 for a list of people at highest risk and seek clinical advice from a GP or other professional as necessary

Other things to consider Cont…

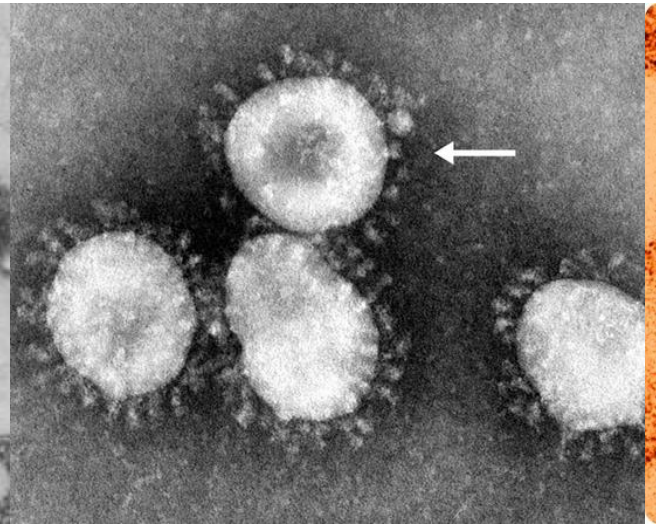
- Visiting should still be supported. In the event of an outbreak of COVID-19, each resident should (as a minimum) be able to have one visitor at a time inside the care home. Additionally, end-of-life visiting should be supported in all circumstances. Visitors should not enter the care home if they are feeling unwell & wear a face mask for certain circumstances outlined in [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)]
- Ideally dedicated staff would be allocated to care for positive residents during their infectious period

Airborne precautions

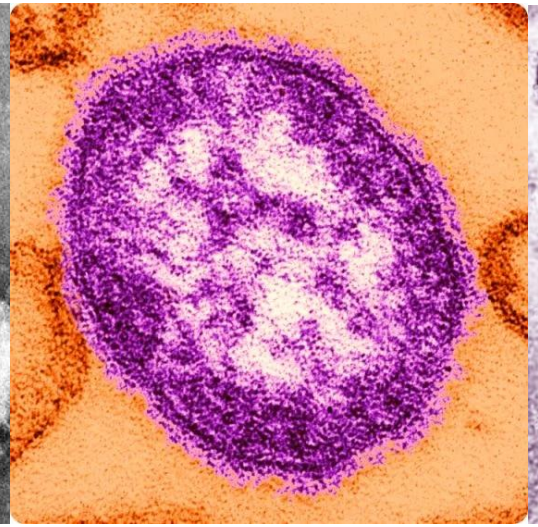
- Protect against pathogens that can be transmitted via aerosols from the respiratory tract of infected residents, over varying distances
- Respiratory PPE will sometimes be required Risk assess use of Type IIR fluid repellent face mask where there is a risk of transmission via droplets from respiratory tract infections as per updated guidance [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)]



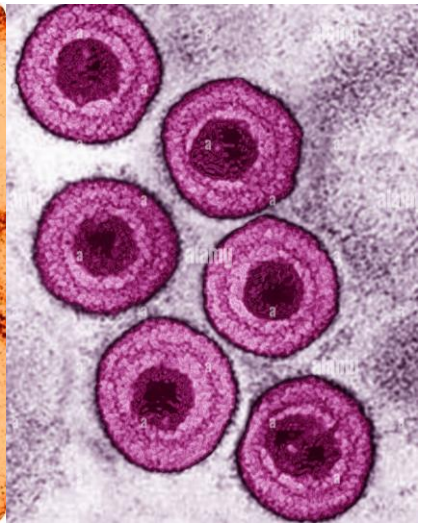
Pulmonary tuberculosis



SARS-CoV-2 (COVID-19) AGPs



Measles virus



Chickenpox (but not Shingles)

Example: COVID-19 **AGPs**

- What would you do?

Example: COVID-19 **AGPs**

- **awake* bronchoscopy** (including awake tracheal intubation)
- **awake* ear, nose, and throat** (ENT) airway procedures that involve respiratory suctioning
- **awake* upper gastro-intestinal endoscopy**
- **dental procedures** (using high speed or high frequency devices, for example ultrasonic scalers/high speed drills)
- **induction of sputum**
- **respiratory tract suctioning****
- **surgery or post-mortem procedures** (like high speed cutting / drilling) likely to produce aerosol from the respiratory tract (upper or lower) or sinuses.
- tracheostomy procedures (insertion or removal).

Example: COVID-19 **AGPs**

- **Isolation**: Single room with en-suite door closed. Use the correct isolation sign on the door of the room to make staff aware
- **Care equipment**: Single use ideally, reusables should be allocated to the individual/cohort for the infectious period and decontaminated frequently, including before use with another resident
- **Environment:** Should be free from clutter to aid cleaning, with a method of ventilation. Rooms should be cleaned at least daily, follow manufacturers guidance for 'contact time.' Increase cleaning schedule frequency of areas with higher risk of transmission, in this case high frequency touch points. RPE should be worn in the room for 30mins after the AGP is complete, to allow aerosol to clear. Open the window during this time.
- **PPE:** In addition to SICPs, gloves, aprons and eye protection are recommended for close care. For **AGP**s enhanced PPE will be required
- **Hand Hygiene:** Be rigorous in observing the 5 moments. Can the resident wash their own hands?
- **Linen:** treat all as infected

Other things to consider…

- RPE can include FFP3 masks and powered hoods (often utilised when fit testing fails
- An infected individual must never be asked to wear RPE, they should wear a facemask
- Under law, FFP3 masks must be fit tested (HSE guidance 53 and INDG479)
- FFP3 masks must be fit checked on each use to ensure a correct seal
- Reusable hoods must be decontaminated according to manufacturers guidelines after use and as per a cleaning schedule

In the event of a COVID-19 outbreak

- Report the OB to UKHSA HPT & copy in local authority PH HPT
- Undertake a risk assessment and implement proportionate outbreak management measures
- Follow updated guidance set-out in the COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk) to establish if cases are linked and determine outbreak measures
- the first 5 linked symptomatic residents should be tested using LFD tests irrespective of their eligibility for treatments. This is to determine if there are 2 or more linked cases of COVID-19 or another respiratory infection. After this, new cases do not require testing unless they are eligible for COVID-19 treatments
- One visitor at a time per resident should always be able to visit inside the care home. This number can be flexible in the case that the visitor requires accompaniment (for example if they require support, or for a parent accompanying a child). End-of-life visiting should always be supported. There should be no restrictions on visits out for individuals who are not positive or symptomatic
- Outbreak measures can be lifted 5 days after the last suspected or confirmed case. This is from the day of the last positive test, or the day the last resident became unwell, whichever is latest.
- In some instances an IMT may be necessary, your local teams will advise

IPC when caring for the deceased

- SCIPs and TBPs are still applicable, as the risk is still present
- See National IPC Manual for thorough guidance on handling

Staff uniform

- Follow your organisation’s uniform policy
- Change at work
- Clean separate to regular clothes at the highest temperature the fabric can tolerate
- Tie long hair back to the collar and have short, unvarnished nails

If you have found this presentation interesting, consider becoming an **IPC Champion** for your home!

- Improve resident care
- Promote best practice
- Enhance you CV
- Improve your knowledge

New and improved HCPA Infection Prevention & Control Page

The new and improved **HCPA Infection Prevention & Control** page provides all the latest information around **IPC** including links to up-to-date guidance, posters for your organisation and audits and competencies to use.

Check it out via:
www.hcpa.info/ipc

Recent webinars

- 10/01/23 - Infection Prevention Control webinar – Update on guidance change and PPE what to wear now IPC Webinar - 10th January 2023 – YouTube
- 12/12/22- Sepsis, how to recognise sepsis and story from a sepsis survivor Sepsis Webinar - 12th December 2022 – YouTube
- 23/11/22 Antimicrobial Awareness- Antimicrobial Awareness Webinar - 23rd November 2022 – YouTube

Resources

- PPE, sharps and hand hygiene audit tools with self-formulating graphs can be found here. These may need some adjustment for each home
- Alternative hand hygiene audit
- Alternative PPE audit
- COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)
- COVID-19: testing from 1 April 2023 - GOV.UK (www.gov.uk)
- Infection prevention and control: resource for adult social care - GOV.UK (www.gov.uk)
- Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK (www.gov.uk)
- NHS England » National infection prevention and control manual (NIPCM) for England
- National Standards of Healthcare Cleanliness
- HCPA
- Sharps HSE regulations
- HSE Management of Healthcare Waste
- CQC Sharps resources
- UKHSA HCAI guidance, data and analysis
- National patient Safety Agency (NPSA) National Specifications for Cleaning in Care Homes
- European Centre for Disease Prevention & Control - AMR
- Scabies: management advice for health professionals - GOV.UK (www.gov.uk)
- Actions to contain carbapenemase-producing Enterobacterales (CPE) - GOV.UK (www.gov.uk)