# Infection Prevention and Control Policy

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

## POLICY AT A GLANCE

- **Hand hygiene is the single most important thing.** Wash with soap and water for 20 seconds, or use gel when hands are not visibly dirty, at the five moments in section 5.
- **Soap and water, not gel,** when hands are visibly dirty, after using the toilet, and always where there has been diarrhoea and vomiting.
- **Gloves and apron** for any contact with blood or body fluids. New pair for each task and each person. Gloves are not a substitute for handwashing.
- **Bare below the elbow** when giving support: short sleeves or sleeves rolled up, no wrist jewellery or watch, short clean nails, no nail polish or false nails.
- **Do not come to work** with diarrhoea or vomiting until 48 hours clear of symptoms. Ring the office early so cover can be arranged.
- **Report suspected infection** in a person you support to the office the same day, and any outbreak or notifiable disease to the Registered Manager at once.
- **Sharps go straight into the sharps bin.** Never re-cap a lancet or needle.

## SERVICE DETAILS (fill in before issuing)

| | |
|---|---|
| **Registered Manager** | Iffrah Ishtiaq |
| **Nominated Individual** | Iffrah Ishtiaq |
| **Infection prevention and control lead** | Iffrah Ishtiaq |
| **Office phone** | 07448 266215 |
| **Out-of-hours / on-call number** | |
| **Date issued** | 01-10-2026 |
| **Next review date** | |


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## 1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") prevents and controls infection, to protect the people we support, our workers, and everyone else who comes into contact with our service.

1.2 It reflects Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires providers to assess the risk of, and prevent, detect and control the spread of infections, and the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections (the Hygiene Code).

1.3 Many of the people we support are older, frail or living with long-term conditions, so an infection that would be mild for a worker can be serious for them. Good basic practice, done every time, prevents most of it.

## 2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 This policy covers work in people's homes, in our office, and travel between them. Where our workers are supplied to a care home, hospital or other provider, that organisation's infection control policies apply on site and our workers must follow them, including any outbreak measures, and must report any concern to that organisation and to our office.

2.4 Failure to follow this policy may lead to action under our Disciplinary Policy.


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## 3. ROLES AND RESPONSIBILITIES

| Role | Responsibilities |
|---|---|
| Nominated Individual | Makes sure infection prevention is resourced, including a reliable supply of PPE, and reviews infection incidents and audits at least quarterly. |
| Registered Manager | Makes sure staff are trained and competent, PPE is available, risks are assessed in every home, outbreaks are managed and reported, and audits are carried out. |
| Infection prevention and control lead | The named person (the Registered Manager unless someone else is named on page 1) who keeps practice up to date with UKHSA guidance, orders PPE, and carries out hand hygiene and practice audits. |
| Field Supervisor / Care Coordinator | Checks infection control practice during spot checks, including hand hygiene, PPE use and waste, and reports concerns. |
| All staff | Follow standard precautions every time, use PPE correctly, keep their own vaccinations and health in mind, report symptoms and stay away from work when required, and report any concern about hygiene in a home. |

## 4. STANDARD PRECAUTIONS

4.1 Standard precautions are used with **everyone**, all the time, whether or not an infection is known about. We never rely on knowing who is infectious, because often no one knows.

4.2 They are: hand hygiene; personal protective equipment; respiratory and cough hygiene; safe handling and disposal of sharps; safe management of blood and body fluid spillages; safe management of linen and waste; cleaning of equipment; and staff health and exclusion.

### Hand hygiene: the five moments

4.3 Workers clean their hands:

- **before** touching or supporting a person;
- **before** a clean or aseptic task, such as preparing food or handling medicines;
- **after** any risk of contact with body fluids, including after removing gloves;
- **after** touching or supporting a person;
- **after** touching the person's surroundings, equipment or belongings.

4.4 Also on arriving at and before leaving every home, before and after eating, after using the toilet, after coughing, sneezing or blowing the nose, after handling waste or laundry, and after handling pets.

4.5 **Technique.** Wet hands, apply soap, rub all surfaces for at least 20 seconds including thumbs, fingertips and between fingers, rinse and dry thoroughly with a clean or disposable towel. Alcohol gel may be used where hands are not visibly soiled, rubbing until dry.

4.6 **Soap and water must be used,** not gel, when hands are visibly dirty, after using the toilet, after supporting someone with diarrhoea or vomiting, and where an infection such as norovirus or *Clostridioides difficile* is suspected, because alcohol gel does not kill those organisms.

4.7 **Bare below the elbow:** short sleeves or sleeves rolled up, no wrist watch, bracelets or rings other than a plain band, nails short, clean and free of polish, gel or extensions. Cuts and grazes are covered with a waterproof dressing.


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4.8 Workers should tell the office if their hands become sore or cracked, so that skin care and, where needed, occupational advice can be arranged. Broken skin is an infection risk both ways.

## 5. PERSONAL PROTECTIVE EQUIPMENT (PPE)

5.1 We provide PPE free of charge. Workers must use it, and must tell the office before supplies run low.

| Item | When to use it |
|---|---|
| Disposable gloves | Any contact with blood, body fluids, broken skin, or contaminated items; when handling cleaning chemicals. A new pair for every task and every person; never washed or reused; hands washed before and after. |
| Disposable apron | Any task where clothing may be contaminated, including cleaning, laundry, and food preparation where required. One per task and per person. |
| Fluid-resistant surgical mask | Where there is a risk of splashing to the face, or where national or local guidance requires it during an outbreak or for a person with a respiratory infection. |
| Eye protection | Where there is a risk of splashing into the eyes. |

5.2 PPE is put on and taken off in the right order, and removed before leaving the person's home. The order for removing is: gloves, then apron, then eye protection, then mask, cleaning hands after each step or at least at the end. Used PPE is disposed of as waste in the person's home, never carried in a bag or car.

5.3 PPE is single use. Workers must not wear the same gloves or apron between two people, or between two tasks for the same person, such as cleaning a toilet and then making a meal.

## 6. UNIFORM, CLOTHING AND TRAVEL

6.1 Where a uniform is worn, workers should travel to and from work covered, change or wash it after every shift, and wash it separately at the hottest temperature the fabric allows. Workers who do not wear a uniform should wear clean clothes each day and keep sleeves clear.

6.2 Bags and equipment are kept off beds, floors and food surfaces. Cars are kept clean, and hand gel is carried between homes.

## 7. CLEANING AND EQUIPMENT

7.1 Where cleaning is part of the support plan, workers use the person's own cleaning products as directed, follow the label, and use separate cloths for kitchen, bathroom and general areas, disposing of or laundering them properly.

7.2 Any equipment our workers use, such as a blood pressure monitor, is cleaned after every use following the manufacturer's instructions, and between people, as set out in our Medical Devices and Health Monitoring Equipment Policy. Equipment contaminated with blood or body fluids is cleaned and disinfected, or taken out of use if it cannot be cleaned.

7.3 A glucose meter used by our staff is assigned to one named person only and never shared.

## 8. BLOOD AND BODY FLUID SPILLAGES

8.1 Spillages are dealt with promptly, wearing gloves and an apron:

- keep others away from the area;


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- for blood, use a spillage kit where one is available, or cover with disposable paper towels and apply a chlorine-releasing disinfectant at 10,000 parts per million available chlorine, leave for the stated contact time, then remove and clean the area with detergent and water;
- for urine, vomit or faeces, remove the bulk with paper towels, clean with detergent and hot water, then disinfect with a chlorine solution at 1,000 parts per million where the surface allows;
- never mix chlorine products with urine or with other cleaning products, because this releases harmful gas;
- dispose of all waste and PPE safely, then wash hands;
- record what happened and tell the office if there is any risk of exposure.

## 9. SHARPS AND EXPOSURE TO BLOOD

9.1 Sharps, including lancets, go straight into a sharps bin at the point of use. Needles and lancets are never re-capped, bent or passed by hand. The bin is kept out of reach of children and pets, closed between uses, and never filled above the fill line. Arrangements for collection are agreed with the person, their GP or the council.

9.2 If a worker suffers a sharps injury or is splashed with blood or body fluid:

- encourage the wound to bleed gently; do not scrub or suck it;
- wash under running water with soap; irrigate eyes, nose or mouth with plenty of water;
- cover with a waterproof dressing;
- report to the office immediately, whatever the time;
- seek medical advice the same day, through NHS 111, the GP or A&E, because any treatment to prevent infection works best when started quickly;
- record it as an incident. It may be reportable under RIDDOR.

## 10. WASTE AND LAUNDRY

10.1 Household waste from the person's home is disposed of in their normal waste. Waste contaminated with blood or body fluids, and used PPE from such tasks, is double-bagged and disposed of as the person's arrangements allow; where there is a lot of such waste, the Registered Manager arranges clinical waste collection with the council or the person's health team.

10.2 Soiled laundry is handled as little as possible, not shaken, carried in a way that avoids contact with clothing, and washed at the hottest temperature the fabric allows, separately from other items. Gloves and an apron are worn.

## 11. SUSPECTED INFECTION AND OUTBREAKS

11.1 Workers must tell the office the same day if a person they support has:

- diarrhoea or vomiting;
- a new or worsening cough, fever, breathlessness or flu-like symptoms;
- a rash, or a wound that is red, hot, swollen, smelly or leaking;
- pain or burning passing urine, new confusion, or strong-smelling urine;
- any known infection such as MRSA, *C. difficile*, scabies, shingles, COVID-19 or influenza.


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11.2 The office records it, contacts the person's GP or NHS 111 where needed, updates the support plan, and tells other workers who visit that home what precautions to take. Where several people or workers are affected, the Registered Manager treats it as a possible outbreak, contacts the UK Health Security Agency North East health protection team and Durham County Council for advice, and follows the advice given.

11.3 Certain diseases are notifiable in law by a doctor, and the Registered Manager cooperates fully with any public health investigation. Serious infection incidents affecting the people we support are also notified to CQC where required, and recorded under our Incident Reporting Policy.

11.4 During an outbreak we may increase PPE, change the order of shifts so that affected homes are visited last, allocate consistent workers, and suspend non-essential visits, following current national guidance.

## 12. STAFF HEALTH, SICKNESS AND VACCINATION

12.1 Workers must not attend work if they have:

- diarrhoea or vomiting: stay away until **48 hours** after the last episode;
- a fever or flu-like illness: stay away until well and fever-free;
- an undiagnosed rash, conjunctivitis, or a skin infection on exposed skin;
- any infection they have been told is contagious.

12.2 Workers must ring the office as early as possible so cover can be arranged. No worker should feel pressured to work while unwell, and no one will be penalised for reporting symptoms honestly. Our Sickness Absence Policy explains pay and reporting.

12.3 We encourage all workers to take up the seasonal flu and COVID-19 vaccinations offered to health and social care staff, and to be up to date with hepatitis B vaccination where their role involves exposure risk. Vaccination is not a condition of employment and is recorded confidentially with consent.

## 13. ASSESSING INFECTION RISK IN EACH HOME

13.1 Infection risks are considered as part of the Home Environment Risk Assessment: hand washing facilities, hot water, soap and towels, waste arrangements, laundry, pets, any known infection, and anything about the home that makes hygiene harder.

13.2 Where facilities are poor, for example no hot water or no soap, the Registered Manager discusses it with the person and their family, provides hand gel and, where needed, disposable towels, and raises it with the council or landlord if it cannot be resolved.

## 14. TRAINING, AUDIT AND MONITORING

14.1 All workers complete infection prevention and control training, including hand hygiene and PPE, before working alone, and refresh it every year. Practical hand hygiene technique is observed, not just certificated.

14.2 The infection prevention lead carries out hand hygiene and practice observations during spot checks, and a written infection control audit at least twice a year, covering PPE use, waste, equipment cleaning and records. Findings, actions and completion dates are recorded.

14.3 The Registered Manager reviews infection incidents monthly; the Nominated Individual reviews a summary at least quarterly.


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14.4 This policy is reviewed every year, and immediately whenever national guidance changes, for example during an outbreak or pandemic.

## 15. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 12 (safe care and treatment) and Regulation 15 (premises and equipment)
- Health and Social Care Act 2008: Code of Practice on the prevention and control of infections (Hygiene Code)
- Health and Safety at Work etc. Act 1974
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Personal Protective Equipment at Work Regulations 1992 (as amended 2022)
- Health Protection (Notification) Regulations 2010
- UK Health Security Agency guidance for adult social care and on infection prevention and control
- NICE quality standard QS61 and guideline CG139: Infection prevention and control
- NICE guideline NG21: Home care

## 16. RELATED POLICIES AND FORMS

Related policies: Health and Safety; Medical Devices and Health Monitoring Equipment; Nutrition and Hydration; Incident and Accident Reporting; Business Continuity; Staff Training and Competency; Sickness Absence; Safeguarding Adults; Support Records and Record Keeping.

Forms: Infection Control Audit (Appendix A); Hand Hygiene Observation Record; Home Environment Risk Assessment; Incident Report; PPE Stock Record.

## 17. DOCUMENT CONTROL

| Version | Date | Approved by | Role | Reason |
|---|---|---|---|---|
| 1.0 | | | Nominated Individual | New policy for local authority assurance and CQC registration |


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## APPENDIX A: INFECTION CONTROL AUDIT

Complete at least twice a year, and during spot checks. Observe practice; do not rely on asking.

Worker / home observed: _____ Audited by: _____ Date: _____

| Standard | Met (Y/N) | Comments and action |
|---|---|---|
| Hands cleaned on entering the home | | |
| Hands cleaned at the five moments during the shift | | |
| Correct handwashing technique, at least 20 seconds | | |
| Soap and water used where gel is not appropriate | | |
| Bare below the elbow; nails short, clean, unvarnished | | |
| Cuts and grazes covered with waterproof dressing | | |
| Gloves worn for the right tasks, changed between tasks and people | | |
| Apron worn and changed appropriately | | |
| PPE removed in the correct order and disposed of in the home | | |
| PPE stock available and in date | | |
| Equipment cleaned after use; glucose meter not shared | | |
| Cloths and cleaning products used correctly and separately | | |
| Waste disposed of correctly; sharps bin correct and not overfilled | | |
| Laundry handled safely, not shaken, washed appropriately | | |
| Food prepared hygienically; fridge and dates checked | | |
| Worker aware of the person's infection status and precautions | | |
| Worker knows what to do after a sharps injury | | |

Feedback given at the time: Yes / No Actions and by when: _____

Signed (auditor): _____ Re-check due: _____


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