

Control of Infection Procedure

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Version Control

Date	Owner	Version	Reason for Change
Aug 2020	Brian Gunn	5.0	3 yearly review and new procedure format

Summary of Changes

Section	Change
5.2	Add information on infection control in ARK offices
8.3	Section added with information on Coronavirus
Appendix 4	ARK traffic light infection control guide

Control of Infection Procedure

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1.0 Introduction

Everyday life brings us into contact with infection and viruses of various types from the common cold to coronaviruses. The majority of people will recover from these illnesses with few, if any long lasting side effects. However, there are some people for whom these same infections can result in serious consequences and have lasting effects for people with underlying health conditions, older people, people with low immunity and those who are pregnant.

1.1 Infection Control Overview

ARK recognises that there are some work situations where a risk to employees exists from contact with infectious materials. This includes needlestick injuries, contact with supported people, and handling of materials with biological hazards e.g. soiled bed linen. In contrast, some of the work tasks may also represent a risk of cross-infection to supported people.

ARK Senior Leadership Team is to be kept informed of infection control issues that affect ARK workplaces. Infectious outbreaks that have to be reported to the local health protection teams will be highlighted in the quarterly health and safety report.

2.0 Roles, Responsibilities and Duties

2.1 Directors and Senior Managers

All workplaces have access to this procedure and that these are shared appropriately through the agreed channels with all staff.

There are suitable arrangements to provide information, instruction, training and supervision to all employees.

There are suitable arrangements for employees who may need vaccinations.

Health surveillance of staff when required.

There are suitable arrangements for the supply of Personal Protective Equipment.

ARK Senior Leadership Team made aware of infection control issues via the quarterly health and safety report.

There is a risk assessment policy and procedure for identifying employees whose work tasks may pose a risk to themselves or to others from sources of infection.

2.2 ARK Managers

Employees are informed of policy and procedure and are available for staff to view.

Risk assessments are completed for work tasks where a source of infection has been identified as a hazard.

There are arrangements / departmental checklists for monitoring and reviewing the control measures identified by the risk assessment.

Personal protective equipment and hygiene materials are available.

All procedures are implemented and followed.

Any breaches of procedure are handled in accordance with Organisational Development policies.

2.3 ARK Employees

All employees including Priory staff, North office staff, agency and relief staff have a responsibility to comply with this policy and procedure appropriate to their job.

Follow any safe working procedures, instructions and information as detailed in the Infection Control Guidance – Appendix 4.

Safely wear and dispose of any provided personal protective equipment (PPE).

Maintain high standards of hygiene at work e.g. frequent hand washing, cleaning of surfaces, changing of clothes.

Attend any training connected to infection control.

Consult with their ARK manager about any new hazards connected to their work task and updating the risk assessment for infection control.

Conduct infection control inspections of the workplace when asked and report any hazards.

Contact ARK manager, Health Protection Scotland, NHS24 or a GP if they believe they have been exposed to an infection or virus.

Attend hospital if staff suffer a sharp injury from a high risk source of infection and use the hospital introduction letter. (Appendix 1)

3.0 Hand Hygiene

Hand washing is the single most important factor in the spread of infection.

Hand washing and finger nail hygiene removes or destroys any germs / viruses picked up by the hands and reduces the number of germs / viruses which normally live on the skin. The purpose of hand washing is to protect you and others by preventing transmission of germs / viruses to people and frequently touched items and surfaces.

All jewellery on hands and wrists must be removed when washing hands and not worn during support where regular hand washing is required.

The six steps of handwashing. (Appendix 3)

3.1 When to wash or sanitise your hands

- Wash hands before entering and leaving your place of work.
- Regularly during your working day.
- After blowing your nose or covering a sneeze or cough.
- Before and after wearing protective clothing.
- After touching frequently touched surfaces without gloves on.
- After using or cleaning a toilet.
- After handling laundry, waste or suspected contaminated items.
- If you have direct contact with a supported person without wearing disposable gloves.
- After handling raw meat or unwashed vegetables.
- After contact with any body fluids.
- After contact with any pets.
- Hands or fingernails are dirty.

3.2 Hand cleansing products

The use of liquid or bar soap with warm water is acceptable in ARK workplaces. Liquid soap is preferable to bar soap, if bar soap is used it should be kept clean.

Alcohol hand gel or sanitiser should be used when hand washing facilities are not available. To be effective they must have an alcohol content of 70%. It must not be used as a routine alternative to washing hands with soap and warm water.

Hand wipes should only be used if they have a 70% alcohol content for killing most germs and viruses.

3.3 Hand Drying

Hands should be dried on paper towels whenever possible. When paper towels are not available, a clean material towel or an electric hand dryer can be used.

3.4 Skin Care

A healthy intact skin provides an effective barrier against infection. It is important to keep the skin in good condition by using correct hand washing technique, drying hands thoroughly and regularly using hand cream.

Anyone with a skin allergy or condition such as psoriasis or dermatitis should speak to their manager and get H&S advice.

4.0 Personal Protective Equipment (PPE)

Personal protective equipment should be worn as identified by a risk assessment. It should be worn at all times when carrying out the identified work tasks. The type of PPE to be worn will be detailed in a risk assessment.

Suitable PPE must be worn where there is a risk of cross contamination of germs / viruses, where the supported person may be at risk of contamination from staff or others and where ARK staff come into contact with bodily fluids.

PPE should also be worn to prevent staff clothing becoming contaminated with any germs / viruses that could be transferred to others.

Information when PPE equipment is required to be worn by ARK staff after risk assessment. (Appendix 3)

4.1 Disposable Gloves

Well fitting gloves are worn to prevent the hands becoming contaminated with dirt or germs. They prevent the transfer of germs / viruses already on hands.

- Nitrile gloves are suitable for any personal care, cleaning up blood and bodily fluid spillages.
- Vinyl gloves are suitable for general cleaning and any non personal care work.
- Disposable gloves should not be reused or rewashed.
- False finger nails / long finger nails / hand & wrist jewellery must be removed if they

pierce holes in gloves and the work task involves personal care, cleaning or dealing with bodily fluid spillages.

- Gloves should be removed by holding the wrist end and pulled down gently over the hand, turning the glove inside out while doing so. Dispose of used gloves immediately in a pedal operated bin.

4.2 Eye Protection

Eye protection should be worn if there is a risk of splashing from bodily fluids or other contaminants splashing into the eye. Eye protection should also be worn if there are known spitting behaviours while providing support. Eye protection can be re usable or disposable glasses type / google type / face shield.

4.3 Face Masks

Face masks should be worn when there is a risk of transferring infections from bodily fluids / airborne infection / chemical vapours / noxious smells.

Surgical mask - Fits loosely over the mouth and nose. These masks shield against large coughs / sneeze droplets / splashes / sprays but they cannot protect against smaller droplets. These masks should not be shared and should be single use only as re-use could lead to self contamination.

Respirators FFP2/3 N95 -These types of mask are needed for more clinical settings and they have to be face fit tested to form a seal around the mouth and nose to provide added protection to airborne infections such as Coronavirus. These masks should not be shared and should be single use only as re-use could lead to self contamination.

Cloth face coverings – can be used in certain scenarios when supporting people outdoors to provide protection including scarves and bandanas. Research shows that a combination tightly woven fibres and synthetics are most effective.

4.4 Aprons

Clothing may be contaminated during support work and aprons can provide protection to minimise any contamination.

Disposable aprons offer the most effective protection as they are water repellent, impermeable to germs and cover parts of the body which frequently come into contact with contamination. They should be worn routinely during infection outbreaks / support with personal care / identified splashing risk. Aprons must be changed between each area of

support work and disposed off in a PPE waste bin and not re-used.

4.5 Plastic Overshoes

Can be worn to prevent cross contamination during infectious outbreaks from outdoor footwear in a workplace and when supporting a person during personal care in a shower / bath room.

5.0 Infection Control in ARK workplaces

5.1 Care & Support

As ARK Care & Support provides person-centred support for people that require assistance to live either in their own homes, Registered Care Homes or Homes of Multiple Occupation (HMO's), as the reason for supporting a person varies; it is possible that some people may have difficulties in keeping their home or room in a reasonable condition. In fact, this could be the main reason why ARK is commissioned to support them.

There are various reasons why a home where ARK is not commissioned to maintain a tenancy agreement cannot be kept in a reasonable condition, care should be taken as to how the person and/or their family is approached on this subject, particularly as 'reasonable condition' is difficult to define. Reasonable condition mainly means cleanliness but could also include tidiness (or extremely unclean and/or extremely untidy). Care should be taken in the use of words such as dirty, or the tone of voice, as these can cause upset to supported people and/or their families.

This does not detract from the health and safety and infection control obligation that ARK has to its employees and in order to fully assess the support, and any measures required to provide the support, each persons home should be risk assessed before support work commences.

At this stage the ARK manager should be advised if the house is considered to be of significant risk, if support is to commence before additional precautions are taken.

It may be necessary for additional precautions to be taken during the initial stages of support if this is the case, for example additional PPE, extra hygiene and infection control measures and reduced time in the house etc. Care should be taken not to distress the person during this time as they may be unable to keep their environment in a reasonably clean condition, or be unaware of the need to do so.

Where support is ongoing, staff members should consult with their ARK manager if they think

that the person responsible has become unable to carry out housekeeping tasks to a reasonable level. As this may require additional support, the staff member should consult with the manager if this situation arises.

Note: A 'reasonable condition' is difficult to define but would include things like unhygienic conditions, risk of cross contamination of infections to support workers and rodent or other infestations.

5.2 Priory / North Office

ARK staff that carry out office functions and site visits to work locations have to follow all current infection control guidance, checklists, risk assessment to assist them in carrying out their role safely.

All offices should follow current infection control guidelines, risk assessment and promote high hygiene standards that area relevant at the time.

Site visits should be planned and organised to ensure that the area is safe to visit and all current infection control procedures, staff risk assessments have been viewed pre visit.

A risk assessment and a departmental checklist will help you assess the risk to you and others for any planned visit. If the area is deemed unsafe by staff / manager / yourself you will have to cancel a planned visit if there are not enough control measures in place to support a site visit safely.

All incidents involving non compliance of risk assessment and infection control procedures have to be reported, investigated by the reporting staff member's manager and actions taken to prevent a repeat of the incident.

5.3 Household Waste / Hygiene Infection Risk

Where there has been an accumulation of household waste / hygiene risk within a supported workplace where ARK are not commissioned to manage a tenancy, staff should first try to support and encourage the person to maintain reasonable hygiene standards in the first instance. If this practice does not work then you will have to discuss the situation with your manager, risk assess the workplace to ensure staff safety is managed and a discussion is held with the supported person.

ARK managers may have to discuss any further developments with waste and infection control with the local authority, guardians and commissioners if the workplace is unsafe for ARK staff to continue supporting the person. This could mean ARK will have to suspend or

return a support/ service agreement to the commissioner if infection control standards cannot be achieved to provide a safe environment for staff.

5.4 Household Pet's Management

Where pets are being considered or present in the supported person's home then this should be included in the service agreement and good life plan. Support work may involve, for example, cleaning cat litter trays, dog walking (picking up faeces) etc. These pet care responsibilities should be carried out at the initial assessment before support work commences. This should not detract from the supported person having a pet. Advice may be given on choosing a suitable pet e.g. one which is not too large for the person's home.

Staff working with supported person's pets, or who have pets, should be asked about allergies before support work commences and prepare a risk assessment. Having a pet allergy could prevent a support worker working with a supported person, depending on the support provided.

5.5 Household Infestations

Staff should report any type of infestation in an internal or external workplace to the owner / landlord to allow them to investigate the reason for the infestation using a pest control expert. ARK staff may need to deep clean regularly and use provided pest control equipment during an infestation and to prevent a future re- infestation.

Types of infestation include fleas, bed bugs, ants, flies, mice and other vermin , a risk assessment should be completed to prevent illness and infection from any infestation identified so that suitable infection control and actions can be completed.

6.0 Action to be taken when exposed to blood / bodily fluids

Everyone should exercise great care when handling or disposing of any item which could cause an injury e.g. a razor, broken glass, etc.

In the event of an accident occurring resulting in exposure to another person's blood or body fluids via a sharp wound, other type of wound, bite, or splashing of mouth or eyes, the following first aid action must be taken immediately. The injured person should: (or if unable to, seek help from a First Aider or other competent person):

- Encourage bleeding by gently squeezing – DO NOT SUCK;
- Gently wash the area, preferably with warm running water and soap;

- Cover with a waterproof dressing (e.g. Elastoplast or similar);
- Irrigate eye or mouth splashes with copious amounts of clean water.
- Wash your hands with soap and warm water.
- Report incident to your Manager.
- Seek medical advice at NHS 24.

6.1 Occupational exposure to blood / blood borne viruses and bodily fluids

If a supported person is identified with a blood borne virus such as Hepatitis B and C / HIV etc., this should be noted in care plan with risk assessment / PPE guidance / incident reporting system in place for cuts / contact with bodily fluids that could transfer infection to ARK staff.

If an employee has a sharps injury / needlestick injury / contamination of blood or bodily fluids to mouth, eyes, skin and mouth they must follow first aid procedures and make contact with NHS24 / GP / hospital for advice, this may mean a hospital visit, and staff should take ARK's hospital introductory letter with them, (Appendix1) detailing what happened and what blood borne diseases may be involved.

6.2 Cleaning up body fluid spillages

Spillages of any body fluids - blood, vomit, urine and faeces - should be dealt with promptly. A disposable plastic apron and disposable gloves (nitrile) should be worn when dealing with all body fluid spillages and disposed off by agreed waste management procedures.

6.3 Blood Spillages

To safely clean a blood spillage:

On a **carpeted floor**:

- Mop up the spillage with absorbent paper towels;
- Clean the area with a general purpose detergent and warm water;
- Dry the area using paper towels.

On a **hard surface flooring** e.g. vinyl

- Cover the spillage with paper towels soaked in cleaning fluid (e.g. bactericide);
- Leave for 2 minutes;
- Mop up the spillage with paper towels;
- Wash the area with general purpose detergent and warm water;
- Dry using paper towels.

6.4 Urine, faeces and vomit

To safely clean urine, faeces and vomit spillages on all surfaces:

- Mop up the spillage with absorbent paper towels;
- Clean the area with a general purpose detergent and warm water;
- Dry the area using paper towels.

6.5 Soiled clothing, bed linen or materials

Soiled clothing, bed linen or materials should be removed and placed in a plastic container. (If they can't be immediately placed in a washing machine), then the container should be sealed.

6.6 Supporting a person during a hospital stay

Soiled clothing belonging to service users which is returned by a hospital to be laundered should be handled using PPE. Items should be washed immediately.

7.0 Sharps Injuries

Sharps are needles and other medical equipment that can be used in the care sector and cause injury by cutting or piercing the skin. Sharps injuries are a well known risk in the care sector and only trained staff should be using sharps of any kind when assisting supported people with any support involving sharps.

Sharps contaminated with an infected service user's blood can transmit more than 20 diseases including Hepatitis B, C and HIV. Because of the transmission risk, sharp injuries cause worry and stress to people who receive them.

Staff in the care sector are at risk, all support work involving sharps must be risk assessed and only trained staff involved in using sharps.

Training of staff from health professionals and risk assessing will give ARK employees information on:

- What types of biological agent they may be exposed to;
- What Personal Protective Equipment is required;
- How to dispose of sharps and store safely away from others;
- What procedures are in place for in the event of a sharps injury.

After a sharp incident the ARK Manager should:

- Clarify the circumstances of the incident;
- Ensure the injured person has sought medical advice, which may require providing

- transport;
- follow the current incident and/or accident reporting procedure;
- Review all risk assessment and look at new control measures.

8.0 Infection control during an outbreak of infectious illnesses

It is good practice to call the local health protection contact in your area if 1 supported person or staff member has any type of [contagious infection](#) this may help to prevent the spread of the infection to others in the workplace. Keep your local health protection team phone number available so that they can advise on infection control measures.

8.1 About Norovirus

Norovirus causes diarrhoea and vomiting and is one of the most common stomach bugs in the UK. It's also called the "winter vomiting bug" because it's more common in winter, although you can catch it at any time of the year.

Norovirus can be very unpleasant but it usually clears up by itself in a few days.

Try to avoid going to your GP, as norovirus can spread to others very easily, call Health Protection Scotland for advice.

8.2 Norovirus outbreak at an ARK workplace

If there are 2 or more supported people or staff with symptoms of vomiting or diarrhoea at an ARK location, this constitutes a possible outbreak of Norovirus, particularly within a care home / home of multiple occupancy (HMO) / supported living.

Similarly if 2 or more supported people or staff show symptoms of any other infectious illness, this too may be classed as an outbreak.

In such cases, employees should follow the best practice guidance set out in the Health Protection Scotland (HPS)/ NHS National Services Scotland publication '[General information and infection prevention and control precautions to prepare for and manage Norovirus in Care Homes](#)' and [National Infection Prevention and Control Manual](#).

Although this guidance is written primarily for care homes, it makes clear that it could be used in other non-hospital settings where accommodation services care are provided. As such this guidance should be followed by all employees in such situations.

8.3 About Coronavirus (COVID- 19)

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus in late 2019.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

There is also evidence that people from the BAME community are at a higher risk of illness if they contract COVID-19.

The best way to prevent and slow down transmission is well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

At the time of writing this guidance, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

Common symptoms of Coronavirus:

- New or continuous cough
- Fever or high temperature;
- Loss of / Change in sense of smell or taste.

8.4 Coronavirus outbreak at an ARK workplace

In the absence of effective drugs or a vaccine, control of this disease relies on the prompt identification, shielding of vulnerable individuals, appropriate risk assessment, PPE availability and safe use, management and isolation of possible and confirmed cases and the investigation and follow up of close contacts to minimise potential onward transmission. In preparation, care professionals or facilities that may be involved in the investigation or management and care of possible or confirmed cases should make staff aware of the following:

When a staff member or a supported person;

- Has known Coronavirus symptoms;

- Has a positive test for Coronavirus;
- Lives with close household member that has tested positive for Coronavirus;
- Has been contacted by a track and trace system and told to self isolate.

If staff member / supported person have any of the above they must follow isolation / testing / tracking procedures to ensure that the virus is not spread in the workplace.

Any positive case of Coronavirus in an ARK workplace involving Care & Support services will have to be reported by the ARK manager as an infection control incident to Health Protection Scotland (HPS) / Local GP / Care Inspectorate / Social Work / Family / Guardian, in addition a report may have to be sent to HSE / RIDDOR by ARK's H&S adviser if the infection incident was connected to a work activity.

ARK Care & Support managers and staff can refer to local risk assessment / ARK Infection Control Guidance (Appendix 4) / Health Protection Scotland Guidance / National Infection Prevention and Control Manual / ARK H&S Adviser for advice on how to manage and control a Coronavirus outbreak in a service.

ARK offices will also have to follow all workplace regulatory advice / procedures / risk assessment in managing the occupational health risk from Coronavirus.

To prevent the spread of infection in care settings, HPS will advise managers on how to control the outbreak by following strict infection control guideline and quarantine procedures during any outbreak.

Health Protection Scotland may also advise strict quarantine measures at care settings if there is a national / local outbreak to protect vulnerable groups even if no confirmed cases have been identified in ARK workplaces.

9.0 Implementation and Review

9.1 Implementation

The Chief Executive is responsible for ensuring that this policy, and the procedures that support it, are followed by all employees and Board Members.

9.2 Review

The Chief Executive will ensure that this procedure is reviewed at least every three years, and that any amendments required are submitted to the Board of Management for approval.

Appendix 1- Hospital Introductory Letter

TO: Accident & Emergency Department

OCCUPATIONAL EXPOSURE TO BLOOD OR BODY FLUIDS

The individual presenting this letter is an employee of ARK Housing Association. They have been involved in a possible exposure to blood borne viruses in the workplace.

In accordance with the Association's guidance in this situation they have completed a questionnaire to give you details of the incident.

Please would you see them and advise on what future action, if any, is appropriate.

Thank you for your help.

CONTACT DETAILS

ARK HOUSING ASSOCIATION CONTACT PERSON

TITLE.....

ADDRESS.....

.....

.....

TEL NO.....

CONTACT TELEPHONE NUMBER FOR ARK HOUSING ASSOCIATION – TEL No. 0131 447 9027

OCCUPATIONAL EXPOSURE TO BLOOD AND BODY FLUIDS
(INCLUDING SHARPS, NEEDLESTICK INJURIES, SPLASHES,
OR CONTAMINATION TO EYES, MOUTH OR SKIN)

[* Circle one answer.]

1. About you	Name:	Date of Birth:
Job Title:		
Have you ever suffered from jaundice?		Yes/No/Don't Know*
Have you ever been immunised against Hepatitis B?		Yes/No/Don't Know*
2. About what happened	A. Date of incident: Time:	
	How did the incident occur?	
B. Were you injured by something sharp? If NO , go to part C. If YES , was it: - a recently used needle? - a discarded needle? - some other sharp object? - a bite?		Yes/No/Don't Know* Yes/No/Don't Know* Yes/No/Don't Know* Yes/No/Don't Know* Yes/No/Don't Know*
C. Was your skin broken or damaged before the incident e.g. by an abrasion, cut, rash? If YES , did the damaged skin come into contact with another person's blood (through splashing)? Or did it come into contact with vomit, saliva?		Yes/No/Don't Know* Yes/No/Don't Know* Yes/No/Don't Know*
D. Did blood, vomit or saliva come into contact with your eyes or mouth?		Yes/No/Don't Know*
3. Has an accident form been completed?		Yes/No*

Appendix 2 – Six Steps to Handwashing



1. Soap palms, rub together for a minimum of 20 seconds.



2. Rub back of each hand with the other palm.



3. Interlace fingers and rub together.



4. Curl the backs of the fingers into one palm then the other.



5. Hold thumb and rotate, repeat with both hands.



6. Hold fingers and rotate, repeat with both hands.

Appendix 3 – Personal Protective Clothing Guide - all PPE use subject to risk assessment

Activity	Eye/face protection	Face mask	Plastic apron	Nitrile/non latex gloves	Vinyl gloves	Household rubber gloves
Airborne infection from sneezing / coughing	✓	✓	✓	✓	-	-
Behavioural (spitting)	✓	✓	✓	✓	-	-
Personal Care No visible blood / body fluids	RA	RA	✓	✓	-	-
Contact with wounds, skin lesions.	RA	RA	✓	✓ -	-	-
Cleaning up incontinence.	RA	RA	✓	✓	-	-
Cleaning up spillages of blood/body fluids.	RA	RA	✓	✓	-	-
Applying topical lotions, creams, ointments etc.	RA	RA	✓	✓	-	-
Emptying urinary catheter bag	RA	RA	✓	✓	-	-
Changing urinary catheter bag	RA	RA	✓	✓	-	-
Using disinfectants, cleaning agents	RA	RA	✓	-	✓	✓

Appendix 4 – Infection Control Guide

CARE & SUPPORT

INFECTION CONTROL GUIDANCE

Content

Introduction

Standard Infection Control

Green Section

Transmission Control Measures

Amber Section

Red Section

Appendix

1. Checklist
2. Observation Checklist
3. Hand Washing Guide
4. PPE Visual Guide
5. Service User RAG Spreadsheet
6. Service Continuity Plan
7. Staffing Contingency Plan
8. Coronavirus SW Risk Assessment
9. Ark Infection Control Policy
10. Glove use selection chart
11. Coronavirus Care Home Staff Testing Risk Assessment

Introduction

The aim of the Infection Control Guidance is to make it easy for staff to apply effective infection prevention and control precautions in the support provided to people in our organisation and Care and Support staff.

The guidance is divided into 3 distinct sections

STANDARD INFECTION PREVENTION	Used by all staff, in all care settings, at all times, for all supported people 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.
TRANSMISSION INFECTION PREVENTION & CONTROL	Additional preventative measures to minimise the risk of an infectious outbreak occurring within a service, when there is heightened concern due an outbreak nationally or within a local area
TRANSMISSION INFECTION CONTROL	Control measures when a suspected or confirmed case of infectious disease is present in a service, to protect other supported people, staff and others who may come into contact with the service.

Staff must follow all guidance and be aware what level of infection control alert their support service is working within:

Care Home/ Supported Living Dwelling i.e. HMO

- Staff and visitor will adhere to the Infection Control alert when entering the dwelling
- The infection level will be highlighted by the display of signage at the entrance to the dwelling using (Green/Amber/Red).
- Service Management will be responsible for the implementation and monitoring of this process.

Care at Home/Housing Support

- Service management will be responsible for the development of a staff infection control alert system, using (Green/Amber/Red), suitable for their service.
- Service Management will be responsible for the implementation and monitoring of this process.

Staff Protection

Presentation

Staff should ensure before coming on shift they following the guidance noted below:

- Staff should wear appropriate clothing with short sleeves, arms should be bare from the elbow down.
- Footwear will be flat and closed.
- Long hair should be tied back.
- Nails should be trimmed with no false nails or nail polish worn.
- No jewellery should be worn on shift, this includes wrist watches.

Hand Hygiene

Staff must ensure hand hygiene is maintained during support shifts. Handwashing is the most important factor in the prevention of the spread of infection. Where handwashing sinks are available these must be used – this would be in care home and HMO environments.

Before washing hands staff must:

- Expose forearms and wash along with hands.
- Ensure finger nails are clean and short – false nails and nail polish are not to be worn.
- Cover any cuts or abrasions with a waterproof dressing – available in first aid kit.

Handwashing must take place:

- Before and after supporting with personal care tasks, including support with getting dressed or undressed.
- Before and after administration of medication.
- After dealing with bodily fluids.
- Before eating, drinking or handling food.
- After using or cleaning the toilet.
- After removing protective clothing e.g. gloves, plastic apron.
- After handling laundry, waste or contaminated equipment.
- After handling or cleaning up after any pets.
- After blowing nose or covering a sneeze or cough.
- After handling raw meat or unwashed vegetables.

Hand wipes should only be used when soap and water is not available as they do not have the same cleaning effect.

Alcohol hand rub or gel should only be used on socially clean hands when hand-washing facilities are not immediately available. It must not be used as a routine alternative to washing hands with soap and water.

Skin Care

- Dry hands after washing (with disposable towels where possible).
- Use a hand cream during work and when off duty – Do not use shared tubs of hand cream.
- Where staff have skin conditions advice should be sought from GP.

Respiratory and cough hygiene

Where a staff member has a cough the following guidance must be followed:

- Cover nose and mouth with a disposable tissue when coughing, sneezing, wiping and blowing nose.
- Dispose of all tissues promptly into bin.
- Wash hands following the guidance with water and soap after coughing, sneezing and using tissues
- Keep contaminated hands away from nose and mouth.

Where supporting person with respiratory or cough hygiene, staff will give support to follow the above guidance.

PPE

Occasions where PPE will be used:

- For all personal care tasks including applying topical lotions and cream.
- When there is a risk of staff coming into contact with bodily fluids.
 - Emptying or changing urinary catheter bags.
 - Cleaning up incontinence – emptying commodes, changing or disposing of continence pads.
 - Changing soiled bedding and dealing with soiled laundry.
- Contact with wounds .
- Where a service user may be at risk of contamination from a support worker e.g dressing an open wound.
- When using detergents and cleaning products to carry out cleaning tasks.

This list is not exhaustive and staff should use guidance on any other tasks which they feel may require the use of PPE equipment.

PPE must be:

- Located close to where it is required to be used.
- Stored in a clean/dry area until it is required to be used.
- Stock checked and ordered as required by a designated person.
- Is for single use only.
- Changed after completion of task.
- Disposed of into domestic waste.

STAFF MUST BE VIGILANT OF NOT TOUCHING THEIR FACE INCLUDING MASK AND EYE PROTECTION WHEN WEARING PPE

Gloves

Gloves are worn to prevent the hands from becoming contaminated with dirt or germs. They prevent the transfer of germs already on the hands. Intact gloves provide an effective barrier. Nitrile or vinyl gloves are used where possible to minimise the risk of skin allergy. (See Appendix 10 Gloves Use Selection Chart)

- Nitrile Gloves: They should be close fitting and offer effective protection for routine activities included in the use of personal care with a supported person cleaning up blood/body fluid spillages, supporting service users with incontinence.
- Vinyl Gloves: They should be close fitting and should be used for equipment procedure or environmental cleaning only.

- Disposable gloves should not be reused or re washed as the glove will become damaged.
- If false or normal fingernails pierce holes in gloves, staff must cut or remove nails to complete the work task if it involves personal care, cleaning or dealing with body fluid spillages.

Aprons

- Clothing may be contaminated during client care tasks and, if so, should be protected to minimise this contamination.
- Disposable plastic aprons cover parts of the body which most frequently come into contact with the client.
- Disposable plastic aprons should be worn routinely during activities which may lead to soiling, wetting or contamination of clothing.
- Aprons must be changed between each activity carried out, and especially between clean and dirty activities.

Putting on PPE

- Wash/Sanitise hands prior to putting on PPE.
- The order putting on of PPE: apron and then gloves last.

Taking off PPE

- PPE should be removed in an order that minimises the potential for cross-contamination as follows:

Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the glove off and discard appropriately.

Apron

- Unfasten or break ties from behind the neck.
- Pull apron away from the neck and shoulders, touching the inside of the apron only.
- Break or untie the waist ties from the back.
- Turn the apron inside out, fold or roll into a bundle and discard.

Spillages

- Staff will clean up any spillages of any body fluids - blood, vomit, urine and faeces promptly.
- A disposable plastic apron and disposable gloves (nitrile) should be worn when dealing with all body fluid spillages.
- Staff will refer to specific guidance for cleaning of fluids as details in Infection Control Policy (HS10).

Cleaning Environment and Ventilation - (Where Support Contract includes Support to Maintain the Dwelling)

- Cloths which are machine washable can be used.
- Cleaning products will be used (following COSHH assessments where required) – where risks are identified cleaning products will be kept in locked cupboard following risk assessment and agreement with required parties.
- Care Home/ Supported Living Dwelling i.e. HMO etc – A separate mop and bucket will be used for the kitchen area and the bathroom areas – mop heads will be washed once weekly and replaced when required.
- Service users will be supported following their good life plans to carry out household tasks.
- Windows will be opened where possible and where supported person consent to allow ventilation into living spaces.
- Health and safety checks will be carried out as per guidance/policy and procedure.
- Care Home/ Supported Living Dwelling i.e. HMO etc. Infection control cleaning checklist will be completed and signed by staff on shift.
- Staff will support service users with cleaning as per good life plan as part of their agreed support.

Cleaning Equipment

- Staff will clean equipment after use i.e. hoists; commodes; standing aids; bath chairs etc.,
- Staff will clean equipment as identified using washable cloths or sanitising wipes.

Laundry

- Staff will support the resident or supported person with laundry as per good life plan.
- Where there is soiled laundry – this will be washed promptly.
- Where laundry is soiled and unable to be cleaned – this may be bagged and put into waste bin – this would be discussed with person and/or guardian.
- Where laundry facilities are shared i.e. Care Homes or HMOs – the laundry facilities will be cleaned as per infection control cleaning checklist – this will be completed and signed by staff on duty.

Waste

- Staff will ensure waste is disposed of promptly.
- Rubbish bins will be emptied daily.
- Staff will ensure PPE is used in accordance with guidance to dispose of waste which may contain bodily fluids – emptying commodes or waste bins where continence products are disposed of.
- Waste such as urine or faeces will be discharged into the toilet i.e. waste in commodes including toilet tissue used/ catheters etc.,

Service Management

Shared Accommodation

When in the green zone, there are no restrictions (unless otherwise stated in good life plans).

- All communal areas including bathrooms can be used by all service users.
- The communal areas can be used for socialising, doing activities and interacting.
- Shared support may take place where staff are supporting more than one service user during a support shift.

Appendix:

1. Checklist
2. Hand Washing Guide
3. PPE Visual Guide
10. Glove use selection chart

For specific Infection Disease Control please refer to Ark's Infection Control Policy (HS10)

[illegible]

Where there is a heightened alert of an outbreak of infectious disease nationally or in the local area, staff should immediately instigate additional infection control measures from that of Standard Infection Control Practice, as detailed in **Green** section of this guide. This will assist in minimising the risk of Transmission of infection within the service.

The following guidance should be adhered to in these circumstances:

Staff Protection

Staff Testing

- **Care Home Staff** will require to complete a Corona Virus Swab Test on a weekly basis to enable them to continue providing support within a Care Home. (See Testing Risk Assessment appendix 11)

Presentation

All staff should follow guidance set out in Standard Infection Control **Green** section for Staff Protection/Presentation as well as additional measures as follows:

- **Care Home Staff** will change into clean clothes at the beginning of their shift, before engaging in any support with a supported person and change from these clothes at the end of their shift before leaving the building.
- **Supported Living Dwelling i.e.HMO:** Staff **may be required** to change into clean clothes at the beginning of their shift, before engaging in any support with a supported person and change from these clothes at the end of their shift before leaving the building. This will be based on risk assessment carried out by the CSM/ROM.
- Outreach or Supported Living Dwelling: Clothes should be changed daily, if on consecutive shifts.
- It is recommended on return home, that clothes and shoes are removed and clothes are laundered.
- Care Home/Supported Living Dwelling i.e. HMO: All staff to wear surgical masks at **all times** to protect the people we support and themselves from those who may have the virus but not be aware of it.
- Outreach: Staff may choose to wear a Fluid Resistant Mask over and above the advised PPE (see below) to protect themselves and people they support.

Hand Hygiene

- Hand Hygiene remains a vital part of infection control, all staff should follow guidance set out in Standard Infection Control **Green** section for Staff Protection/Hand Hygiene on:
 - When hands should be cleaned.
 - Process for safe cleaning of hands. (appendix 2)
- Hands should be sanitised by all Staff and Visitors, on entering and leaving the Care Home/ Supported Living Dwelling i.e. HMO or Support Person's Home.
- Hands should be sanitised by all Staff and Visitors, on entering and leaving the Care Home/ Supported Living Dwelling i.e. HMO or Support Person's Home.

Social Distancing

Staff should be observing social distancing as far as practicably possible (out with 2 metres)

- When social distancing is not possible (within 2 metres) i.e. personal care, PPE, including Fluid Resistant Masks where Shielding Support is required (see PPE/Shielding), should be used.

PPE

All staff should follow guidance set out in Standard Infection Control **Green** section for PPE as well as additional measures as follows

Shielding

Shielding is a measure to protect, the people we support, who are extremely vulnerable to severe illness from infectious disease because of certain underlying health conditions. The aim of shielding is to minimise interaction between these individuals and others to protect them from coming into contact with the virus. Full PPE **must** be used when supporting individuals in this group where the task requires you to be within the 2 metres.

Advised PPE Items

- **Gloves**
- **Aprons**
- **Fluid Resistant Mask (IIR) (see Shielding and Staff Presentation)**
- **Visor/Eye Protection (only required following service risk assessment)**

Removing PPE

Eye Protection (Only required after service risk assessment)

- To remove, handle by headband or earpieces and discard appropriately.
- Where this is reusable, place in a bag and clean with detergent wipes

Fluid Resistant Surgical Facemask

- Remove after leaving care area, **these do not need removed after each task see below.**
- Care Home/ Supported Living Dwelling i.e. HMO etc., - Mask to be used for a session (session lasting max 3 hours) before disposing and reapplying new mask before commencing further support in that location.
- Outreach – Masks are single use for each visit.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only and discard as clinical waste.
- If the mask becomes wet or damaged within the above timescale, remove/dispose/reapply new mask.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used. Perform hand hygiene immediately after removing all PPE.

STAFF MUST BE VIGILANT OF NOT TOUCHING THEIR FACE INCLUDING MASK AND EYE PROTECTION WHEN WEARING PPE.

Cleaning Environment and Ventilation

Care Home/Supported Accommodation i.e. HMO and Outreach where appropriate

- Remove all towels and dish towel and place in laundry bags, after single use.
- Remove reusable clothes and **use only** disposable clothes.
- Clean using a wet cloth, not duster, and diluted detergent disinfectant.
- Ensure any crockery and cutlery in shared kitchen areas is cleaned in a dishwasher, if possible or with or hot soapy water, after each use, and dried before being stored for re-use.
- Keep areas clutter free and avoid leaving food stuffs exposed and open for communal sharing unless they are individually wrapped.
- Care Homes/Supported Accommodation i.e. HMO: avoid storing any residents personal items or soft furnishings in communal spaces i.e. personal care products in communal bathrooms.
- Keep windows open in the dwelling to provide ventilation and circulation of air where possible.
- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Clean and disinfect all hard surfaces/floor/chairs/door handles/ switches/toileting and bathing facilities as detailed on Section B & C of the Infection Control Checklist (Appendix 1), for all rooms in the dwelling.
- For carpeted floors/items that cannot withstand bleach, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

Finishing Cleaning of Environment

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of waste (See Waste Management Section for storage and disposing).
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles and heads.
- Perform hand hygiene.

Cleaning Equipment

- **If it is not possible to dedicate pieces of equipment to the individual, such as commodes or moving aides, these must be decontaminated immediately after use and before use on any other individual.**
- Clean and disinfect all re-useable equipment as per Section B & C of the Infection Control Checklist. (Appendix 1)
- Equipment should be cleaned systematically from top to bottom.
- Dispose any disposable items that have been used for the cleaning of equipment. (see Waste Management)

Laundry

- Clothes and linen for people should not be shaken / place in a laundry basket before being taken to washing machine and washed at normal temperature.
- Where there is soiled laundry – this will be washed promptly and not left in laundry hamper/bags.
- Where laundry facilities are shared i.e. Care Homes or HMOs – Do not store soiled or clean laundry in the shared laundry room. These should be put in the washing machine immediately or clean laundry returned to the persons room/storage area.
- Where laundry facilities are shared i.e. Care Homes or HMOs – the laundry facilities will be cleaned as per infection control cleaning checklist – this will be completed and signed by staff on duty.

Waste

- **Pedal operated bins (with bin liners) will be located within bathrooms and/or bedrooms for the disposing of personal care/PPE/continence products.**
- All bins will be emptied (bin liner tied) on a daily basis, including normal household waste and disposed of in the outside waste container.

Service Management

Comms

- **Care Home/ Supported Living Dwelling i.e. HMO etc., - Display **Amber** signs at the entrance to inform of the outbreak and infection control measures,**
- Service Management will inform All Staff of any suspected or confirmed outbreak of infection disease in the service. This will be communicated as follows:
- **(Each service should detail there own method of communicating with Staff)**

Grouping

Care Home/ Supported Living Dwelling i.e. HMO etc..

- Implement daily monitoring of symptoms amongst residents for any symptoms of infectious disease i.e. COVID 19 persistent cough; fever and shortness of breathe, or a change to normal behaviour i.e. changes in normal cough pattern. (see Infection Control Checklist)
- Family and friends should be advised not to visit care homes/supported living dwelling, except next of kin in exceptional situations. Follow the social distancing guidance.
- Visitors should be asked to limited to one at a time to preserve physical distancing.
- Visitors should be asked not to visit if they are showing symptoms of the virus or are unwell.
- Visitors should be reminded to wash their hands for 20 seconds on entering and leaving the home and catch coughs and sneezes in tissues.
- Visitors should visit the resident in their own room directly upon arrival and leave immediately after the visit.
- Visitors to minimise contact with other residents and staff.
- Contractors on site should be kept to a minimum.

Care Home/ Supported Living Dwelling i.e. HMO etc., AND Supported Person Home

- The use of bank or agency staff should be avoided wherever possible.
- If possible ensure that staff are not working across different facilities.

Support

- Support should be provided following Social **Distancing** measures for everyone, wherever possible, and the **Shielding** guidance for the extremely vulnerable group.
- Alternatives to visitors should be explored, including the use of telephones or video.
- Cancel all gatherings and plan alternative arrangements for communal activities which incorporate social distancing.
- Attention should be taken to the mental and emotional well being of supported people who are shielding and isolating. Activities explored to maintain engagement and boredom.

- Care homes/HMO/Support Accommodation services - Restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other residents. Cleaning of shared devices should be carried out after every use, using detergent wipes.
- Care homes/HMO/ Support Accommodation services - Restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other residents. Cleaning of shared devices should be carried out after every use, using detergent wipes.
- Where possible, supported people should use their own mobile phone; gadgets etc., and these remain in their own room/flat.
- Disposable single use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissue should be disposed of promptly in the nearest foot operated waste bin. Hands should be cleaned with soap and water if possible, after coughing or sneezing, using tissues or after contact with respiratory secretions and/or contaminated objects. (see waste for guidance of disposing)

These measures should remain in place until all national guidance has been relaxed or where a suspected or confirmed case of symptoms have been observed in the service. In this instance, please refer to **RED category Infection Control Measures**

Associated Appendix:

1. Checklist
2. Observation Checklist
3. Hand Washing Guide
4. PPE Visual Guide
5. Service User RAG Spreadsheet
6. Service Continuity Plan
7. Staffing Contingency Plan
8. Coronavirus SW Risk Assessment
9. Ark Infection Control Policy
10. Glove use selection chart
11. Coronavirus Care Home Staff Testing

For specific Infection Disease Controls please refer to Ark's Infection Control Policy (HS10)

REVIEW AND UPDATED

[illegible]

Where there is 1 or more **suspected or confirmed** infected resident/supported persons' staff must immediately instigate full infection control measures to care for the person/people with symptoms, which will avoid the virus spreading to other people in the service and stop staff members becoming infected.

The following guidance must be adhered to in these circumstances:

Staff Protection

Presentation

All staff must follow guidance set out in Standard Infection Control **Green** section for Staff Protection/Presentation as well as additional measures as follows:

- **Care Home Staff** will change into clean clothes at the beginning of their shift, before engaging in any support with a supported person and change from these clothes at the end of their shift before leaving the building.
- **Supported Living Dwelling i.e.HMO:** Staff **may be required** to change into clean clothes at the beginning of their shift, before engaging in any support with a supported person and change from these clothes at the end of their shift before leaving the building. This will be based on risk assessment carried out by the CSM/ROM.
- **Outreach or Supported Living Dwelling:** Clothes should be changed daily, if on consecutive shifts
- It is recommended on return home, that clothes and shoes are removed and clothes are laundered
 - separately from other household linen,
 - in a load not more than half the machine capacity,
 - at the maximum temperature the fabric can tolerate.

Hand Hygiene

All staff must follow guidance set out in Standard Infection Control **Green** section for Staff Protection/Hand Hygiene on:

- Hands must be sanitised by all Staff and Visitors, on **entering** and **leaving** the Care Home/ Supported Living Dwelling i.e. HMO or Support Person's Home.

Social Distancing

- **Staff must wear appropriate PPE when entering the care setting where there are confirmed or suspected cases of infection.**
- Staff must also be observing social distancing as far as practicably possible. (out with 2 metres)

All staff must follow guidance set out in Standard Infection Control **Green** section for PPE as well as additional measures as follows

Advised PPE Items

- **Gloves**
- **Aprons**
- **Fluid Resistant Mask (IIR)**
- **Visor/Eye Protection (where applicable)**

AGP Environments i.e. CPAP or BiPAP equipment used

- **Gloves**
 - **Long Sleeve Gowns**
 - **Fluid Resistant Ventilation Mask (FFP3) – after PPE fitting Test**
 - **Visor/Eye Protection**
-
- Full Protective Personal Equipment (PPE) **must** be used when within the care setting of the Supported People with suspected or confirmed symptoms. (use of Visor/Eye Protections will be used where assessed)
 - **STAFF MUST BE VIGILANT OF NOT TOUCHING THEIR FACE INCLUDING MASK AND EYE PROTECTION WHEN WEARING PPE**

Removing PPE

- PPE must be removed directly outside the isolated Room/Dwelling.
- PPE must be removed in an order that minimises the potential for cross-contamination as follows:

Eye Protection

- To remove, handle by headband or earpieces and discard appropriately.
- Where this is reusable, place in a bag and clean with detergent wipes.

Fluid Resistant Surgical Facemask

- Remove after leaving care area, **these do not need removed after each task.**
- Care Home/ Supported Living Dwelling i.e. HMO etc., - Mask to be used for a session (session lasting max 3 hours) before disposing and reapplying new mask before commencing further support in that location.
- Care Home/ Supported Living Dwelling i.e. HMO etc. – When staff are working across confirmed/suspected/ no symptoms, **(Full PPE change, including mask before support with people with no symptoms)** .
- Outreach – Masks are single use for each visit.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only and discard as clinical waste.
- If the mask becomes wet or damaged within the above timescale, remove/dispose/reapply new mask.

To minimise cross-contamination, the order outlined above must be applied, perform hand hygiene immediately after removing all PPE.

Cleaning Environment and Ventilation – (Where Support Contract includes Support to Maintain the Dwelling)

Care Home/Supported Accommodation i.e. HMO and Outreach where appropriate

- **Only use disposable cloths.**
- Care Home/ Supported Living Dwelling i.e. HMO etc., - Mop heads for Isolation Rooms **cannot** be used in non isolation rooms.
- Clean using a wet cloth, not duster, and diluted detergent disinfectant.
- Staff must clean the isolation room(s) after all other unaffected areas of the accommodation have been cleaned. Ideally, isolation room/accommodation cleaning should be undertaken by staff that is also providing care in that room/home i.e. where staff are providing personal care, the same member of staff provides cleaning tasks.
- Keep windows open in the dwelling to provide ventilation and circulation of air where possible.

In preparation

- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths used must be disposed of as single use items. (See waste for disposing)
- Mop heads must be cleaned using bleach and rinsed thoroughly daily.

On entering the room/Dwelling

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the supported person
- Clean and disinfect all hard surfaces/floor/chairs/door handles/ switches/toileting and bathing facilities as detailed on Section B & C of the Infection Control Checklist (Appendix 1), for all rooms in the dwelling.
- For carpeted floors/items that cannot withstand bleach, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

On leaving the room/Dwelling

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of waste. (See Waste Management Section for storage and disposing).
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.

Cleaning Equipment

- Clean and disinfect all re-useable equipment as per Section B & C of the Infection Control Checklist. (Appendix 1).
- Clean all equipment in an isolated room prior to their removal.
- Equipment must be cleaned systematically from top to bottom.
- Bag any disposable items that have been used for the cleaning of equipment. (see Waste Management).

Laundry

- **Any towels or other laundry used by an individual, with suspected or confirmed symptoms, must be treated as infectious.**
- Place all used laundry **directly** in a double bin liner, tie and label with today's date.
- The bagged laundry must be stored in the isolated room i.e. person's bedroom for **72 hours** before laundering.
- When transferring the bagged laundry to the utility room/washing machine, the person's laundry basket/bag must be brought to the door of the isolating room, without the laundry basket/bag entering the isolated room and the bagged laundry placed directly into the laundry basket/bag.
- **Do Not** Rinse, shake or sort laundry, including bedding.
- **Do Not** Place used/infectious laundry on the floor or any other surface e.g. table top.
- **Do Not** Re-handle used/infectious laundry when bagged.
- **Do Not** Overfill the washing machine.
- Any items which are heavily soiled of bodily fluids i.e. faeces/vomit should be disposed of following consent from the Supported Person and/or Guardian. (See Waste Management for disposing)

Waste Management

- All waste items that have been in contact with a person with suspected or confirmed symptoms, including
 - Tissues
 - Continence Aids
 - Food
 - Wipes
 - PPE
- Put in a plastic rubbish bag, double bagged tied and labelled with "Waste and Date".
- Stored in a secured isolated room for **72 hours** before placing in the normal outside waste containers.

Service Management

All staff must follow guidance set out in Transmission Control **Amber** section for Service Management as well as additional measures as follows ;

Communication

Shared Accommodation

- Place **Red** signage on the rooms where the infected person/people are occupying, including any communal rooms i.e. toilets etc.,
- Service Management will inform All Staff of any suspected or confirmed outbreak of infection disease in the service. This will be communicated as follows:
 - **(Each service must detail their own method of communicating with Staff)**
- Service Management will inform the infected persons' and any other resident in the shared accommodation Guardian and/or next of kin of a suspected or confirmed case on infectious disease (be mindful of the need for confidentiality of the infected person).

Grouping

- Any resident presenting with symptoms of infectious disease must be promptly isolated and separated in a single room with a separate bathroom, where possible.
- Room door(s) must be kept closed where possible and safe to do so. Where this is not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres distance to the open door
- Single case - Isolation of a symptomatic resident/supported person: All symptomatic residents should be immediately isolated for 14 days from onset of symptoms.
- More than one case - Symptomatic residents should ideally be isolated in single occupancy rooms. Where this is not practical, group symptomatic residents together in multi-occupancy rooms.
- Residents with suspected symptoms must be grouped only with other residents with suspected symptoms.
- Residents with suspected symptoms must **not** be grouped with residents with confirmed symptoms.
- Do not group suspected or confirmed patients next to immunocompromised residents.
- When transferring symptomatic residents between rooms, the resident must wear a surgical face mask i.e. using a communal bathroom or dining room.
- Staff caring for symptomatic patients must also be grouped away from other care home residents and other staff, where possible/practical.

Support

- All necessary procedures and care must be carried out within the resident's room. Only essential staff (wearing PPE) must enter the resident's room.
- Entry and exit from the room must be minimised during support, ensure you have all items required to carry out that episode of support before entering the room or accommodation.

Continue all strict control measures including isolation; grouping and infection control measures until results for all residents who were tested are obtained or until the period of isolation has been completed. The outbreak can be declared over once no new cases have occurred in the 14 days preceding that of the appearance of symptoms in the most recent case.

Associated Appendix

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ARK Infection Control Checklist

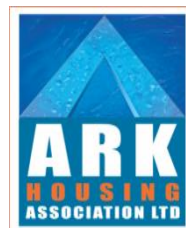
Service :

Week beginning:

				Mon	Tues	Wed	Thur	Fri	Sat	Sun
A	Cleaning Procedures									
1	All floors mopped daily with disinfectant and mop heads sanitised weekly and cleaning materials stored in a designated cupboard		**							
2	All sinks, including those in service users rooms, are cleaned daily									
3	Paper hand towels, hand soap and sanitiser checked/restocked at the start of every shift									
4	Living chairs, individual tables, wheelchair handles and brake levers, should be washed before and after use.									
5	All hoists sanitised before and after each use									
6	All showers and baths should be cleaned before and after use and between different service users									
7	The door and control panel/buttons and handles of the dishwasher, washing machine and tumble drier as well as the handle of the iron should be sanitised before and after each use									
8	Disposable bin liners used in every bin and bins emptied daily									
9	All tables and work surfaces should be cleaned before each and every use									

1 ** Daily

**Surfaces must be cleaned with diluted bleach, cleaners with at least 70% alcohol, or disinfectants.
Antibacterial wipes or sprays can be used but only if they are also disinfectants.**



ARK Infection Control Checklist

Service :

Week beginning:

				Mon	Tues	Wed	Thur	Fri	Sat	Sun
B	High Contact Cleaning Procedures – <u>these surfaces should be cleaned at the start of each shift or after use</u>									
10	All door, cupboard and drawer handles									
11	The handle and lid of kettles									
12	The button, lever and dials of the toaster if used									
13	The door handle and control panel of the microwave if used									
14	Control panel and door handle of the cooker if used									
15	The fridge and freezer door handles									
16	Taps in kitchen									
17	Taps in and bathrooms and toilet flush handles after each use where possible									
18	Light switches									
19	Telephone handsets inc mobiles and key pads, remote controls, tablets after each use if not for personal use. (Where possible service users to use their own phone)									
20	Hand rails, grab rails, bed rails, zimmers, delta walkers and other walking aids after each use									
21	Chair handles, including the arms of commodes after each use									

Surfaces must be cleaned with diluted bleach, cleaners with at least 70% alcohol, or disinfectants.

Antibacterial wipes or sprays can be used but only if they are also disinfectant

Observation Checklist

Staff to observe the supported person's well being at least twice per day morning and evening. If the supported person is showing any of the first 4 indicators Health Protection Scotland to be called immediately.

Name:

Week Beginning: ____/____/____

Insert Y or N against each indicator and initial

Indicator	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Fever Temp > 37.8 (if you have a thermometer please record the temperature)	am	am	am	am	am	am	am
Observation may include looking flushed, hot to touch, shivering, sweating	pm	pm	pm	pm	pm	pm	pm
Persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
Change in normal cough	am	am	am	am	am	am	am
This may sound dry and more persistent than usual (see above)	pm	pm	pm	pm	pm	pm	pm
Loss in smell and/or taste	am	am	am	am	am	am	am
	pm	pm	pm	pm	pm	pm	pm
Unusual shortness of breath	am	am	am	am	am	am	am
This may include breathing faster, gasping for a breath	pm	pm	pm	pm	pm	pm	pm
Change in general behaviour	am	am	am	am	am	am	am
This may include change in sleeping pattern; eating pattern etc	pm	pm	pm	pm	pm	pm	pm

Hand Hygiene

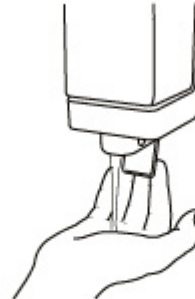
Steps 3-8 should take at least 15 seconds

1



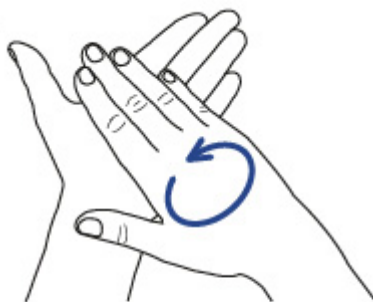
Wet hands with water.

2



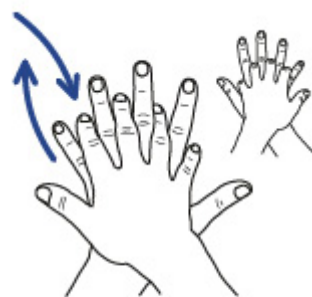
Apply enough soap to cover all hand surfaces.

3



Rub hands palm to palm.

4



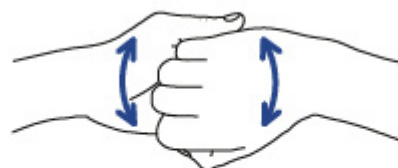
Right palm over the back of the other hand with interlaced fingers and vice versa.

5



Palm to palm with fingers interlaced.

6



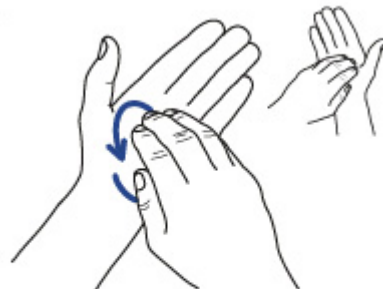
Backs of fingers to opposing palms with fingers interlocked.

7



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

8



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

9



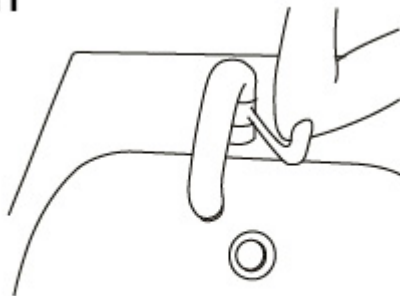
Rinse hands with water.

10



Dry thoroughly with towel.

11

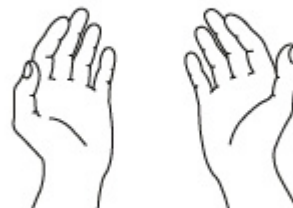


Use elbow to turn off tap.

12



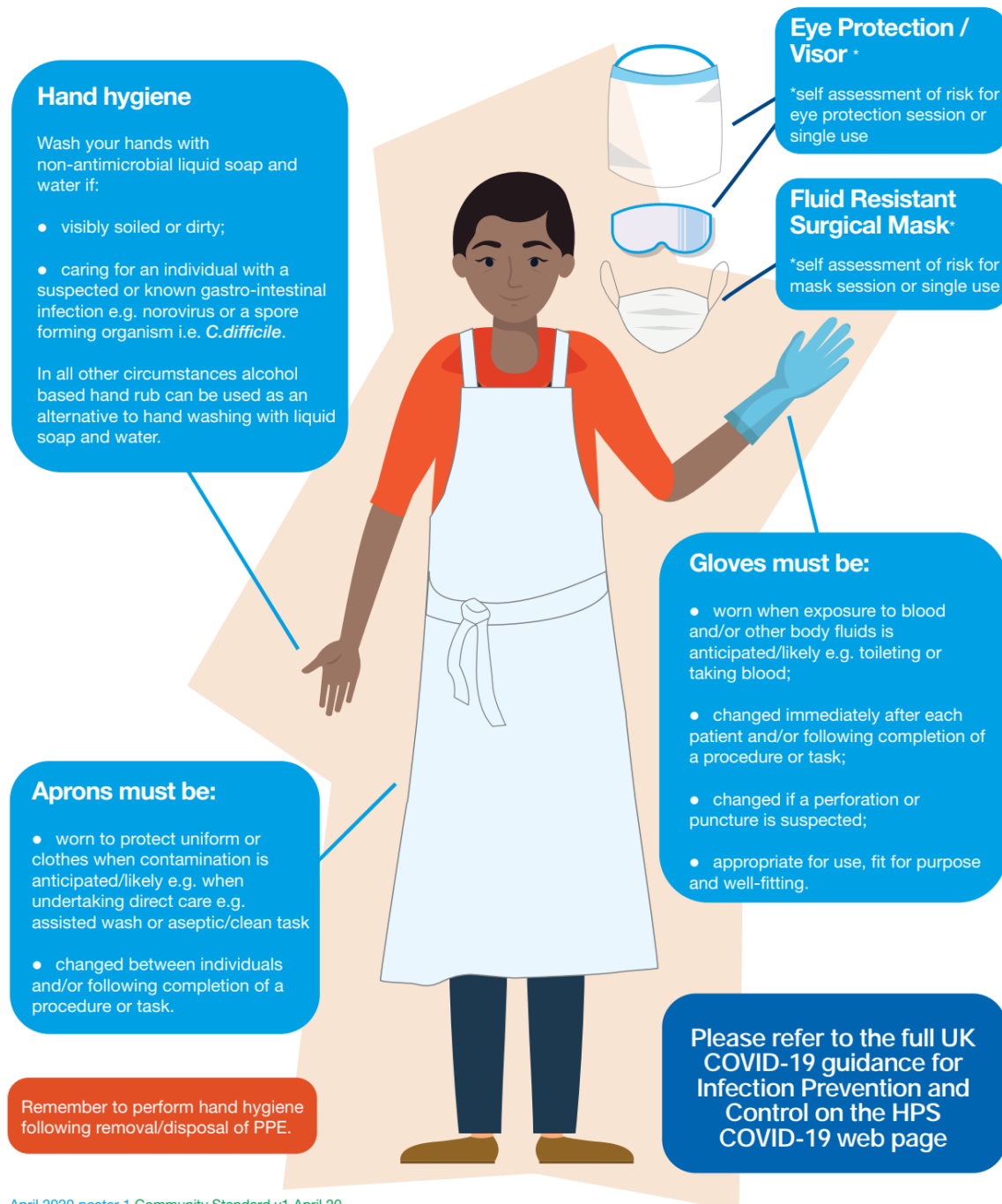
Steps 3-8 should take at least 15 seconds.



...and your hands are safe*.

Unsuspected COVID-19

PPE in Social/Community/Residential



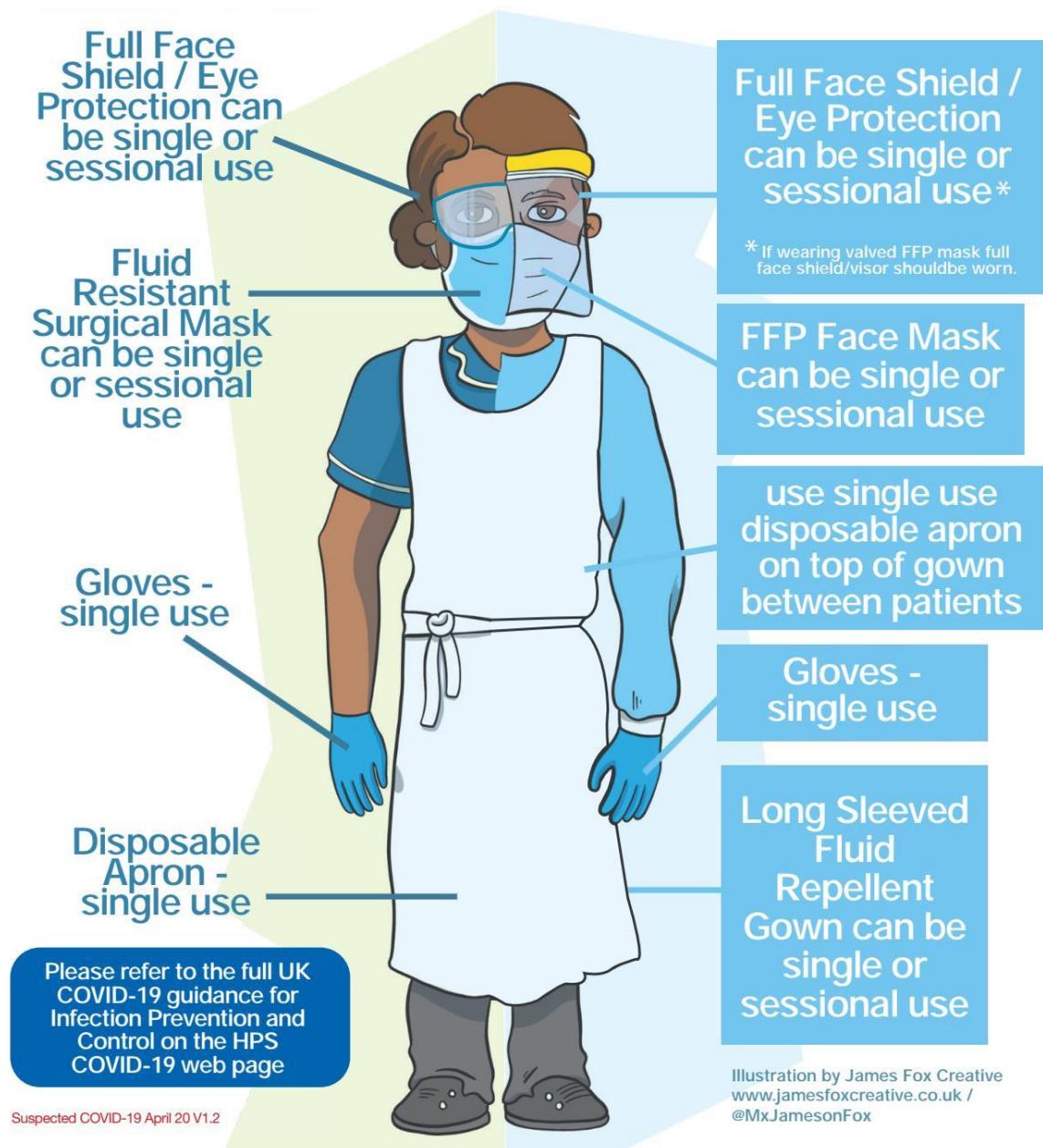
Suspected/confirmed COVID-19 PPE General Area



General contact
with COVID-19 case

Aerosol Generating
Procedures

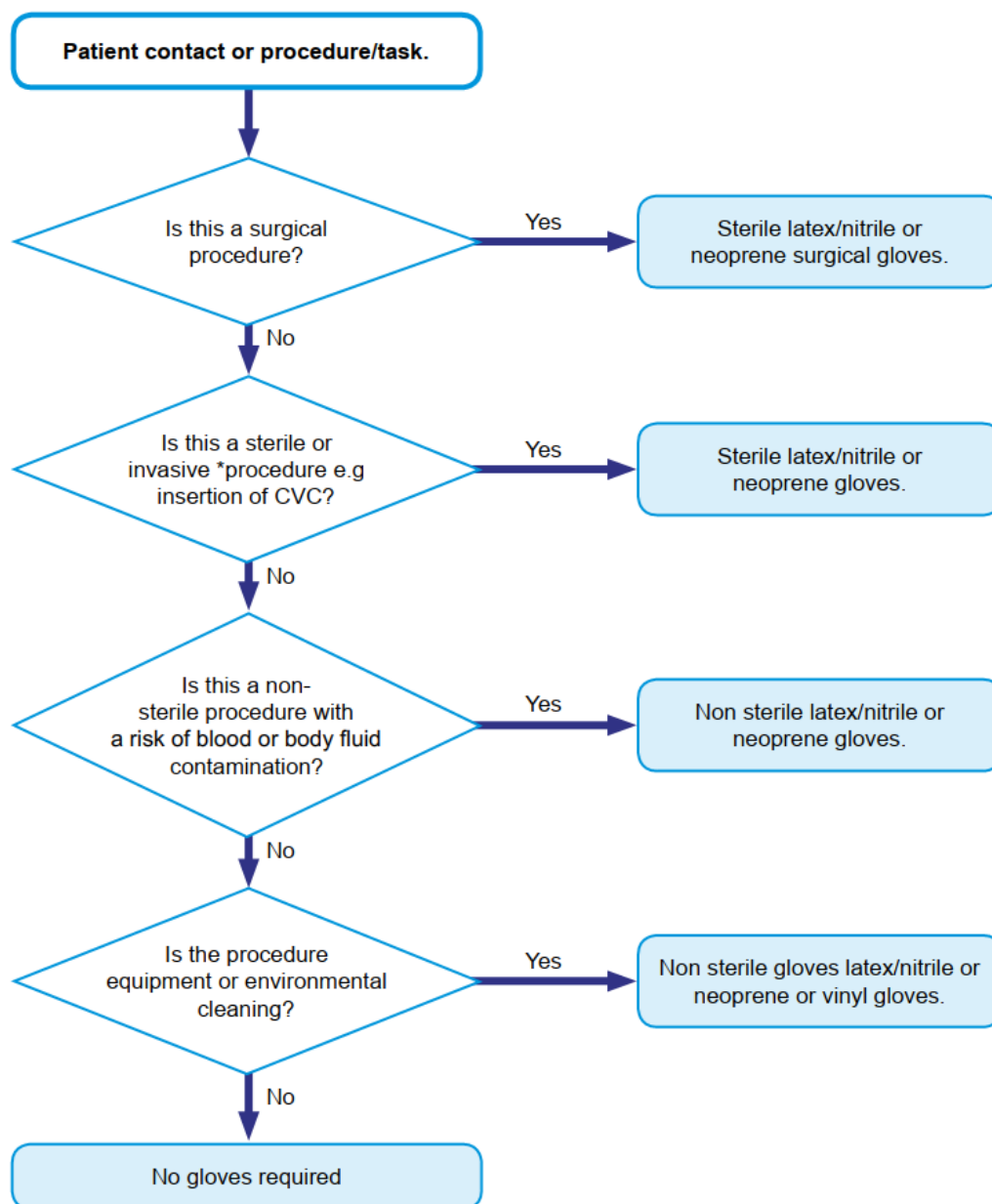
FOR ALL HEALTH & SOCIAL CARE SETTINGS



Suspected COVID-19 April 20 V1.2

Illustration by James Fox Creative
www.jamesfoxcreative.co.uk /
@MxJamesonFox

Best Practice: Appendix 5 – Glove use and selection



*sterile gloves are not required e.g for insertion of a PVC or obtaining blood cultures or when a safety device/technique is used.

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.

