

Control of Infection Procedure

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Owner:	Brian Gunn	Job Title:	H&S Adviser
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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
Apr 2022	Brian Gunn	2.0	New IPC procedure
Sept 2022	Brian Gunn	3.0	New IPC procedures

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
Appendix 4	New IPC procedure / infection control guide
Appendix 4	Face mask use & Covid testing update Sept 22 – Infection control guide

Control of Infection Procedure

Contents

1.0 Introduction	4
1.1 Infection Control Overview	4
2.0 Roles, Responsibilities and Duties	4
2.1 Directors and Senior Managers	4
2.2 ARK Managers	5
2.3 ARK Employees	5
3.0 Hand Hygiene	6
3.1 When to wash or sanitise your hands	6
3.2 Hand cleaning products	6
3.3 Hand Drying	7
3.4 Skin Care	7
4.0 Personal Protective Equipment (PPE)	7
4.1 Gloves	7
4.2 Eye Protection	8
4.3 Face Masks	8
4.4 Aprons	8
4.5 Plastic Overshoes	9
5.0 Infection Control in ARK Workplaces	9
5.1 Care & Support	9
5.2 Priory / North Office	10
5.3 Household Waste / Hygien Infection Risk	10

5.4 Household Pet Management	11
5.5 Household Infestations	11
6.0 Action to be taken when exposed to blood / bodily fluids	11
6.1 Occupational exposure to blood /blood borne viruses and bodily fluids	12
6.2 Cleaning up bodily fluids	12
6.3 Blood Spillages	12
6.4 Urine, faeces and vomit	13
6.5 Soiled clothing , bed linen or materials	13
6.6 Supporting a person during a hospital stay	13
7.0 Sharps Injuries	13
8.0 Infection control during an outbreak of infectious illnesses	14
8.1 About Norovirus	14
8.2 Norovirus outbreak at an ARK workplace	14
8.3 About Coronavirus	15
8.4 Coronavirus outbreak at an ARK workplace	15
9.0 Implementation and Review	16
9.1 Implementation	16
9.2 Review	16
Appendix 1 Hospital Introductory Letter	17
Appendix 2 Six Steps to Handwashing	19
Appendix 3 Personal Protective Equipment Guide	20
Appendix 4 ARK Infection Control Guide	21

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:		Yes/No/Don't Know*
- a recently used needle?		Yes/No/Don't Know*
- a discarded needle?		Yes/No/Don't Know*
- some other sharp object?		Yes/No/Don't Know*
- a bite?		Yes/No/Don't Know*
C. Was your skin broken or damaged before the incident e.g. by an abrasion, cut, rash?		Yes/No/Don't Know*
If YES , did the damaged skin come into contact with another person's blood (through splashing)?		Yes/No/Don't Know*
Or did it come into contact with vomit, saliva?		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

Ark's Infection Prevention and Control Manual is a practice guide for use in all our Care & Support Services, which when used can help reduce the risk of Healthcare Associated Infection (HAI) and ensure the safety of those being supported, staff and visitors.

Infection Prevention and Control Manual

Care & Support Services

Content

Introduction

Standard Infection Control Precautions

Green Chapter

Transmission Based Precautions

Amber Chapter (including Respiratory Pathway Section)

Appendix

1. New Supported Person IPC Assessment
2. Infection Pathway
3. Non Respiratory PPE Poster
4. Respiratory PPE Poster
5. Cleaning Guide
6. Cleaning Schedule
7. Equipment Cleaning Guide
8. Isolation Room Cleaning Guide
9. Ark Infection Control Policy
10. Transmissible Infection Risk Assessment
11. Support Person RAG Spreadsheet
12. Service Continuity Plan
13. Aerosol Generated Procedure Guidance (AGPs)
14. AGP PPE Poster
15. ARHAI Community IPC COVID19 Appendix
16. Face Mask use in Social Care Settings

* Hyperlink to National Infection Prevention Control Manual (NIPCM) and Care Home (IPCM) [here](#)

Introduction

The aim of this manual is to make it easy for staff to apply effective infection prevention and control precautions to people we support, our staff and visitors within our Care & Support Services. It incorporates all guidance detailed in the NHS National Infection Prevention and Control (NIPC) and Care Home Infection Prevention and Control Manuals for Scotland including the Community Infection Prevention and Control COVID19 Appendix . A hyperlink to these can be found in the appendix section.

The guidance is divided into 2 distinct Chapters:

STANDARD INFECTION CONTROL PRECAUTIONS (SICP)	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 BASED PRECAUTIONS (TBP) including RESPIRATORY PATHWAY (RP)	Additional control measures when a suspected or confirmed case of infectious disease is present in a service, including further guidance and measures for Respiratory Infection, including COVID-19

This guidance is generic and applies across all the settings however, where specific guidance for Care Homes exists, it will be highlighted as indicated below and applies to:

Care Home/HMO and Care & Support Office (where applicable)

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/ Amber RP)
- 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/ Amber RP) suitable for their service
- Service Management will be responsible for the implementation and monitoring of this process

REVIEW

Date	Section	Changes
30/6/22	Appendix List	Addition at Appendix 15 ARHAI Community IPC COVID19 Appendix
30/6/22	Introduction	Removal of reference to Winter Respiratory Pathway 2021/22 to Community IPC COVID19 Appendix
08/09/22	Appendix	Updated Hyperlink to NIPC Manual Website
08/09/22	Appendix	Addition – Appendix 16 Use of Face Mask in Social Care Settings

STANDARD INFECTION CONTROL PRECAUTIONS

Standard Infection Control Precautions (SICPs) covered in this Chapter are to be used by:

- All staff
- In all Care & Support Settings (including Care & Support Offices)
- At all times
- For all Supported People whether infection is known to be present or not

Where infection has been identified, SICP (**Green**) Chapter will be used in conjunction with Transmission Based Precautions, TBPs (**Amber**) Chapter and/or Respiratory Pathway

Assessment

New Supported Person Infection Assessment

A New Supported Person Infection Prevention Assessment will be completed via telephone 24 hours prior of the support commencing (appendix 1). This will assist us in reducing the risk of infection transmission and influence the decision in accordance with their care needs

If an individual lacks the ability to answer questions by telephone, an assessment should be made on arrival keeping 1 metre from the individual where possible, ensuring that a Type IIR FRSM is worn. If this is not possible, treat as having Infectious Pathogen and respiratory symptoms until a direct assessment by observation can be made and all screening questions have been answered, to enable staff to decipher the correct Infection Control Precautions.

People who may present a cross-infection risk includes those with:

- Diarrhoea
- Vomiting
- An unexplained rash
- Fever >37.8 or looking flushed, hot to touch, shivering, sweating
- Respiratory symptoms: Rhinorrhoea (Runny nose), Congestion in the nasal sinuses or lungs. Sore throat, Sneezing, Coughing
- A known (laboratory confirmed) or suspected infectious pathogen for which a duration of precautions are not yet completed
- A close contact of a person who has been colonised or infected with MRSA, CPE (superbug) in last 12 months
- In contact with a confirmed COVID -19 individual and is still in isolation period
- Known to have been previously positive with a Multi-drug Resistant Organism e.g. MRSA, CPE.
- Who have been hospitalised (inpatient) outside Scotland in the last 12 months.

STANDARD INFECTION CONTROL PRECAUTIONS

Assessment Cont.

Continuous Assessment

Staff should be vigilant of any symptoms of infectious (Respiratory and Non Respiratory) agents whilst supporting the individuals and/or information, from the person or others, that they may have come into contact with an infected person.

Details of any infectious pathogen observed or received should be recorded within the Supported Person's Good Life Plan and medical advice sought from their GP and/or HPT without delay to ensure the correct precautions can be applied.

The flowchart detailed in **Appendix 2** will support the decision making on whether the support for a Supported Person or group of people should be followed using Standard Infection Control Precautions (SICPs) or the addition of Transmission Based Precautions (TBPs), including Respiratory or Non- Respiratory Pathway (TBP/RP).

Where a Supported Person is suspected or confirmed as having a **Respiratory Infection**, the service Supported Person RAG Spreadsheet (Appendix 11) should be referred to for guidance regarding the continuation or level of support.

Care Home and HMO environments

- The **Influenza (flu) guidance for care homes** and **norovirus guidance for care homes** will help you prepare and manage these infections in your care home.
- If you suspect or know that a resident has an infection, then details must be confirmed in order for you to put in place the correct IPC measures.

Staff 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 –A single, plain metal finger ring and/or religion bangle is permitted but should be removed or moved up during hand hygiene
- No False Lashes

STANDARD INFECTION CONTROL PRECAUTIONS

Staff Testing (COVID 19)

Should a staff member show sign of respiratory infectious symptoms (See Assessment Section), staff are encouraged to carry out a LFD test.

If the test results show positive, Staff and Manager will refer to guidance detailed in H&S Coronavirus Risk Assessment (Appendix 10)

If a test result is showing as negative however the staff member is continues showing signs of respiratory infectious symptoms, an Extra Duty of Care Risk Assessment will be carried out by the CSM/OM to minimise risk to individuals, especially those people immunocompromised.

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.

Handwashing must take place:

- Before and after supporting with personal care tasks, including support with getting dressed or undressed
- Between carrying out different care tasks/activities for the same supported individual
- Before and after providing support from one supported individual to another
- After touching a supported persons surroundings
- Before and after administration of medication
- After dealing with bodily fluids
- Before preparing food
- Before eating, drinking or handling food
- After using the toilet
- After cleaning /aseptic procedures
- Before donning and after removing protective personal equipment e.g. gloves, plastic aprons
- 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

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
- Any rings worn must be moved up/down to clean underneath

If religious bangles are worn these must be moved up the arm while washing

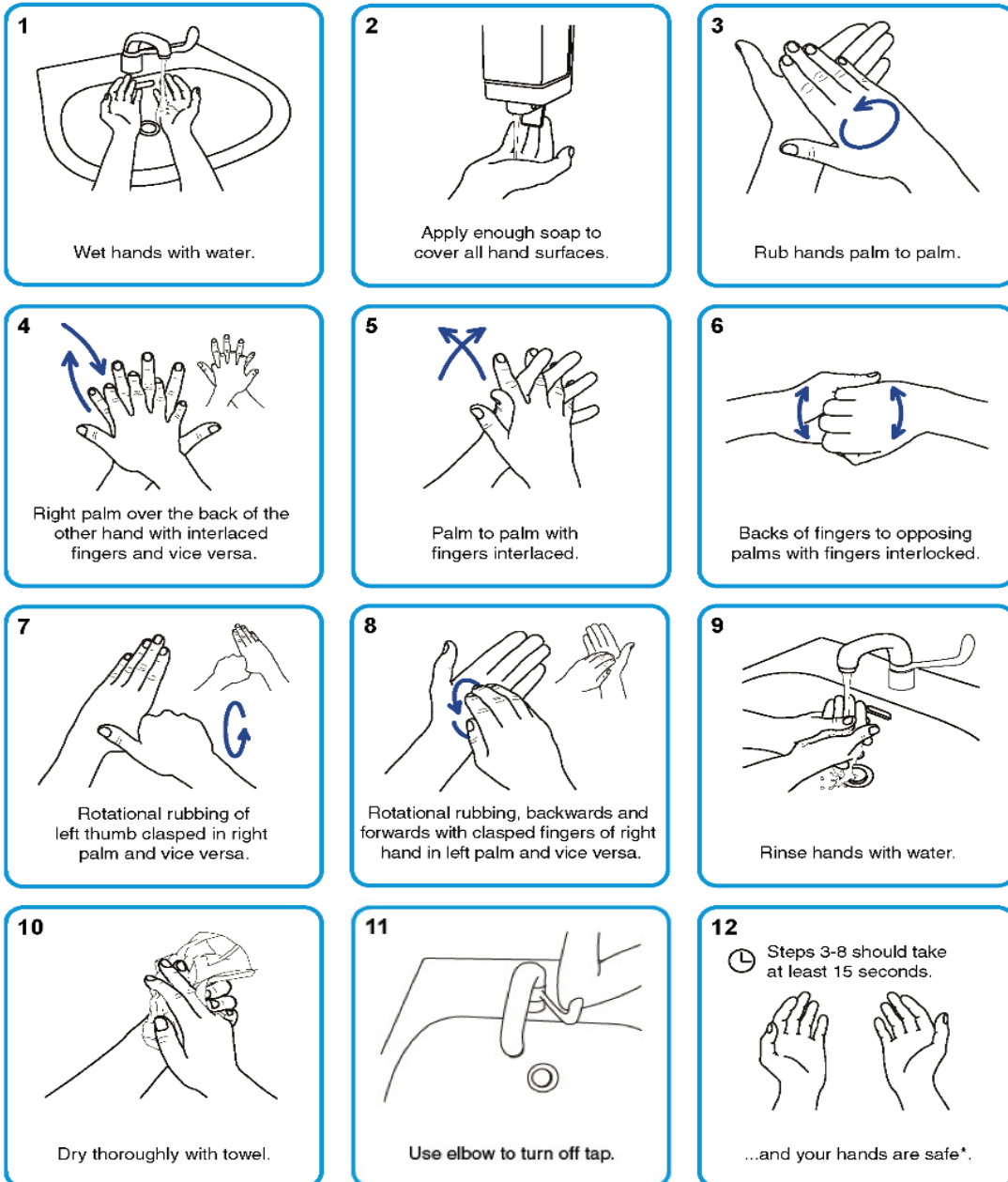
STANDARD INFECTION CONTROL PRECAUTIONS

Hand Hygiene Cont.

Hand Washing Process

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

Steps 3-8 should take at least 15 seconds.



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



STANDARD INFECTION CONTROL PRECAUTIONS

Hand Hygiene Cont.

Alcohol Based Hand Rub Use

Alcohol Based Hand Rub (ABHR) 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.

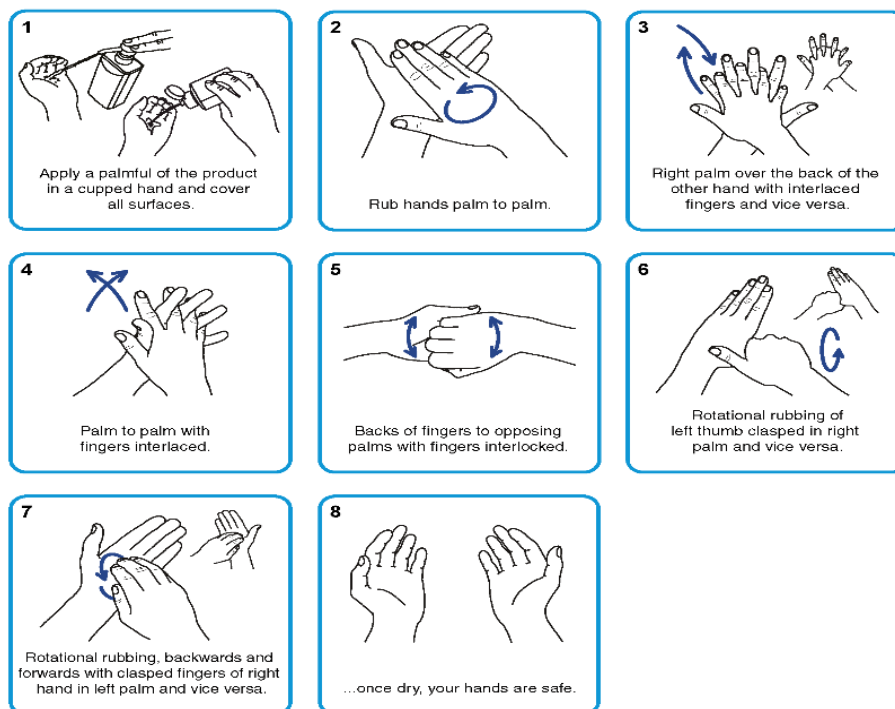
Hand rub should **not** be used on the following.

- Soiled hands
- Supported person has vomit or diarrhoea
- Supported person has known gastral-intestinal infection i.e. Noro/CDIF

Alcohol Based Hand Rub will be readily available throughout the Care Environment, where this is not practical, personal dispensers should be used.

Best Practice: Appendix 2 - How to handrub step by step images

Duration of the process: 20-30 seconds.



Hand wipes, should only be used when soap and water is not available, to clean soiled hands, as they do not have the same cleaning effect. When using Hand Wipes, ABHR must also be used to complete this procedure, **Handwashing must take place as soon as you have access to hand washing facilities**

STANDARD INFECTION CONTROL PRECAUTIONS

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 handcream**
- Where staff have skin conditions advice should be sought from GP
- Tepid water should be used not hot water

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, where not available use hand wipes and ABHR.
- Keep contaminated hands away from eyes nose and mouth.

Where supporting a person with respiratory or cough hygiene, staff will give support to follow the above guidance, providing access to bins or waste bags to dispose of tissues or wipes.

PPE

PPE will be used at all times for the following;

- 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 Supported Person 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
- Use with Supported People who use Aerosol Generated Procedures (AGPs)
- Fluid resistant mask should be used where: **(Appendix 16)**
 - ▲ There is a risk of splashing when providing direct support
 - ▲ In Crowded Places
 - ▲ There is poor ventilation
 - ▲ Applying Transmission Based Precautions (See TBP/Respiratory Pathway/PPE)

STANDARD INFECTION CONTROL PRECAUTIONS

PPE Cont.

PPE must be:

- Donned before entering room.
- 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
- 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

Staff should refer to Appendix 3 for PPE that should be used when apply SICPs

Gloves

Gloves should be:



- Single Use Only
- Worn to prevent the hands from becoming contaminated with dirt or germs. They prevent the transfer of germs already on the hands.
- Worn when it is likely that you will be exposed to blood and/or other body fluids (BBF)
- Appropriate for use, fit for purpose and well-fitting.
- Changed immediately after each individual and/or following completion of a procedure or task
- Changed if damaged or a perforation or puncture is suspected.
- Using gloves reduces the risk of contamination but does not remove it all. Gloves should not be used instead of carrying out hand hygiene.
- Gloves should never be decontaminated or cleaned with ABHR or by washing with cleaning products.

Nitrile gloves: These should be used where possible to minimise the risk of skin allergy. They should be close fitting and offer effective protection for many routine activities e.g. cleaning up blood/body fluid spillages, supporting a person with personal care where exposure to bodily fluids is anticipated, administration of medication, support with incontinence or any other body fluids, attending to dressings, cut and abrasions, cleaning when using Chlorine solutions

Vinyl gloves: These should be used when carry out cleaning where there is no possible exposure to bodily fluids and using general detergent solutions

STANDARD INFECTION CONTROL PRECAUTIONS

PPE Cont.

Aprons

Aprons should be:



- Single Use
- Worn when there is a risk of clothing being contaminated with blood or other body fluids
- Worn during direct care, handling used linen, or when undertaking the cleaning and decontamination of equipment and environment
- Changed between each activity carried out, and especially between clean and dirty activities.

Masks

Fluid Resistant Type IIR surgical face mask should be:



- Sessional Use
- Can be used at all times if chosen by the staff member
- Should be worn at all times at the Support Person's request
- Should the staff member wish on Public Transport and Indoor Public Places (Covid Sense)
- See previous page for further circumstance of use
- Changed and when leaving the Care Environment or
- Changed when ending support with a person on the Respiratory Pathway or
- Changed if wet through moisture build up, contaminated and damaged
- Worn in combination with eye protection if there is risk of splashing
- Well fitting, fully covering the mouth and nose (pinched on the nose to avoid slipping)

STANDARD INFECTION CONTROL PRECAUTIONS

Re- Usable PPE Items

Eye/Face Protection

Eye/Face Protection should :



- Be worn if blood and/or body fluid contamination to the eyes/face is expected/likely
- not be touched when worn.
- Not include the wearing of Facial accessories such as piercings or false eyelashes when using eye/face protection
- Disposed of after single use or decontaminated following equipment decontaminated procedure

Putting on (Donning) PPE

Always perform hand hygiene before putting on PPE.

The order for putting on PPE is:

1. Apron or Gown
2. Surgical Mask
3. Eye Protection (where required)
4. Gloves

STANDARD INFECTION CONTROL PRECAUTIONS

PPE Cont.

Taking off PPE

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

1. 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

2. 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

3. Eye/Face Protection

- Visor – Remove the headband from the back of the head and place directly into a bin liner for decontamination procedure or discard
- Goggles – Using both hands, remove the legs of goggles away from behind the ear and face. Place the goggles directly into a bin liner for decontamination procedure

4. Masks

- pull the loops over the ears, holding only the loops or straps and discard

CARRY OUT HAND HYGIENE PROCEDURE

ALL PPE MUST BE DISPOSED OF AS CLINICAL WASTE. See Waste Management.

STANDARD INFECTION CONTROL PRECAUTIONS

Aerosol Generated Procedures (AGPs)

An AGP is a medical procedure that can result in the release of airborne particles from the respiratory tract when treating someone who is suspected or known to be suffering from a respiratory infection transmitted wholly or partly by the airborne or droplet route.

Staff should follow AGP procedure for Infection Control Appendix 13 & 14 when supporting a person who use AGPs either with Support or Independently. CSM will ensure that the use of AGPs is recorded within the Supported Person's Good Life Plan **whether this forms a part of their support or not.**

Occupational Safety Prevention and Exposure Management

Occupational exposure is exposure of healthcare workers or care staff to blood or body fluids in the course of their work.

A significant occupational exposure is when someone is injured at work from using sharps or exposed to risk from blood or body fluids which may then result in a blood borne virus (BBV) or other infection.

Examples of this would be:

- a puncture injury for example injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of broken skin (abrasions, cuts, eczema, etc.); and/or
- exposure of mucous membranes including the eye from splashing of blood or other high risk body fluids.

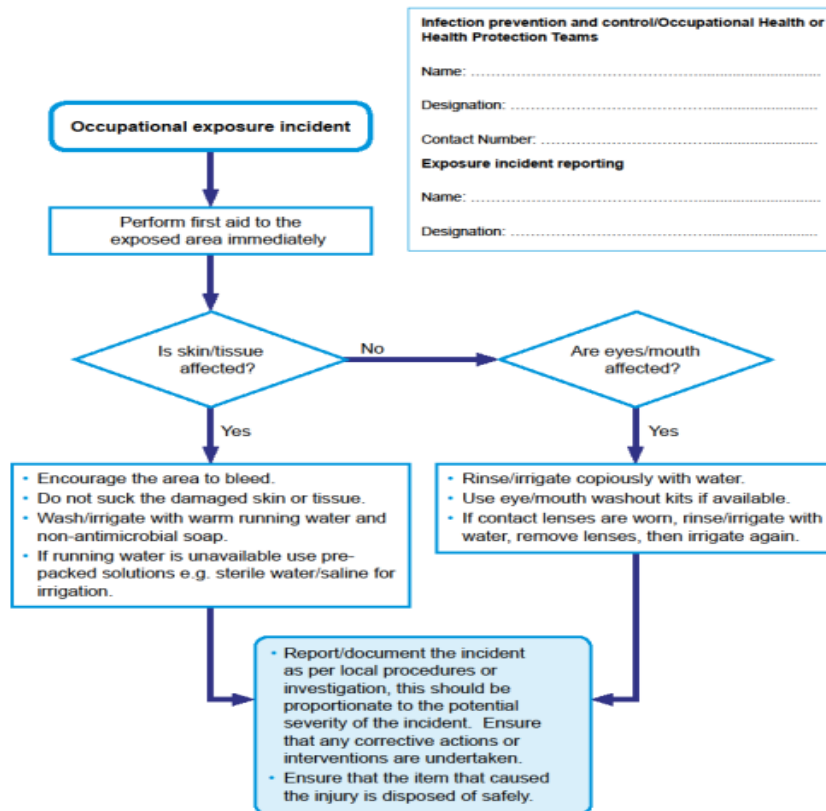
If you think or know you have had a significant occupational exposure you must:

- report this immediately to the Care Support Manager/Operations Manager (On call Manager), this is a legal requirement;
- Follow the process detailed in H&S HS10 Infection Control Procedure and follow the management of occupational injuries flow chart below:

STANDARD INFECTION CONTROL PRECAUTIONS

Occupational Safety Prevention and Exposure Management Cont

Best Practice: Appendix 10 – Management of occupational exposure incidents



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



Spillages

- Staff will clean up any spillages of any body fluids - blood, vomit, urine and faeces promptly.
- Staff must use paper towels to cover and absorb bodily fluid spillages prior to using general purpose detergent to clean area
- 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 H&S Infection Control Policy (HS10)

Care Home/HMO

- Spillage Kits should be used to for the cleaning of Blood and Bodily Fluids
- Use the poster [management of blood and body fluids](#) to help you when you clean up blood and body fluid spillages.

STANDARD INFECTION CONTROL PRECAUTIONS

Ventilation

Naturally ventilated areas (No mechanical ventilation)

Ensure areas are ventilated as much and as frequently as possible by opening windows if temperature/weather conditions allow. If possible, open windows at different sides to get a cross flow of ventilation. Where it is safe to do so, doors may be opened. NB fire doors must NEVER be propped open. Airing rooms as frequently as permitted and even for short period of time will help improve ventilation. Staff should seek the permission from the supported person when opening windows to inform them why and for how long this will take place.

Care Home/HMO
<ul style="list-style-type: none">• Portable fans should not be used in communal areas

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

- Staff will follow the guidance contained in Appendix 5 – Cleaning Guide to minimise risk of cross infection as a result of cleaning the environment whilst maintaining a standard of cleanliness
- 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
- People will be supported following their good life plans to carry out household tasks
- Health and safety checks will be carried out as per guidance/policy and procedure
- Surfaces should be visibly clean and free from non-essential items
- Environment should be well maintained and in good state of repair
- Any equipment or surfaces with breaks/ rips including paint chips should be repaired promptly

STANDARD INFECTION CONTROL PRECAUTIONS

Cleaning Environment - (Where Support Contract includes Support to Maintain the Dwelling) Cont.

Care Home/HMO & Office

- well maintained and in a good state of repair
- routinely cleaned in accordance with the specified Cleaning Schedules (appendix 6) should be carried out. (It is the responsibility of the CSM/OM to develop the Cleaning Schedule)
- A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or at 15 minutes' intervals or when changing tasks.
- Routine disinfection of the environment is not recommended. However, 1,000 parts per million available chlorine (ppm available chlorine (av.cl.) should be used routinely on sanitary fittings.
- 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
- If the soft furnishing is heavily contaminated with blood or body fluids, it may have to be discarded. If it is safe to clean with standard detergent and disinfectant alone then follow appropriate procedure.
- If the item cannot withstand chlorine releasing agents staff are advised to consult the manufacturer's instructions for a suitable alternative to use following or combined with detergent cleaning. Any alternative disinfectant used must meet the relevant BS EN Standards as detailed previously
- Staff must:
- Report any issues with the environment cleanliness or maintenance to a CSM/OM to ensure that the care environment is safe. The manager must then act on problems reported to them.

Care Home Operations Manager should follow guidance contained in The Safe Management of Care Environment Guidance

<https://www.nss.nhs.scot/publications/safe-management-of-the-care-environment-shfn-01-05/>

STANDARD INFECTION CONTROL PRECAUTIONS

Cleaning Equipment

Re-usable non invasive equipment is equipment that is communal equipment and used for more than one individual such as commodes, stand aids, bath chairs, shower chairs, hoists etc.,

Cleaning and Decontamination of reusable non-invasive care equipment must be undertaken:

- After each use
- after blood and/or body fluid contamination
- at regular predefined intervals as part of the Support Cleaning Schedule (Appendix 6)
- before inspection, servicing or repair

Cleaning and Decontamination of Non Invasive equipment

The method and measures for the cleaning and decontamination of the equipment will depend of the exposure of bodily fluids. Staff should refer to Appendix 7 and follow the flowchart to determine the correct measures.

When cleaning Non-Invasive equipment

- Wear the appropriate PPE
- Clean the piece of equipment from the top or furthest away point and cleanest to dirtiest.
- Dispose any disposable items that have been used for the cleaning of equipment (see Waste Management)
- Dispose of PPE and perform Hand Hygiene

Care Home/HMO
<ul style="list-style-type: none">• If the resident has a known infection or the equipment is contaminated with blood or body fluids, then a disinfection agent needs to be used.• Do not use household bleach as the required dilution cannot be guaranteed.• Do not use refillable spray container for cleaning products as there is a risk of contamination

STANDARD INFECTION CONTROL PRECAUTIONS

Laundry

Linen used by a Supported Person are referred to in 3 categories:

Clean – Linen washed and ready for use

Used – All used linen in the care setting not contaminated by blood or body fluids

Infectious – All linen used by a person known or suspected to be infectious **and/or** linen that is contaminated with blood or body fluids, e.g. faeces, urine, vomit etc.,

- Wear appropriate PPE
- Staff will support the Supported Person with laundry as per good life plan
- The Supported Person should be encouraged/supported to store clean linen/clothing in a place, away from used/infectious linen/clothing
- Soiled/Infectious laundry – this will be washed promptly
- Where laundry is soiled/infectious and unable to be cleaned – this may be bagged and put into waste bin – this would firstly be discussed with person and/or guardian
- Do not rinse or shake bedding
- Do not place clean laundry on the floor.
- Perform Hand Hygiene after handling use and infectious linen.

Care Home/HMO

- If visitors wish to take their relatives clothes home to be laundered, place laundry in an appropriate bag and provide them with a washing clothes at home leaflet.

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.,
- Bags should be no more than $\frac{3}{4}$ full
- There should be no build-up of any waste
- clean waste bins regularly with a general purpose neutral detergent

Care Home/HMO

- a designated locked storage area should be in identified and waste stored there which cannot be immediately placed in the waste disposal bins

STANDARD INFECTION CONTROL PRECAUTIONS

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 Supported Persons
- The communal areas can be used for socialising, doing activities and interacting
- Shared support may take place where staff are supporting more than one Supported Person during a support shift

Care Home & Office

- Signage will be displayed at the entrance to the Care Home to direct visitors to complete a Visitors Screening Questionnaire (Care Home Only)
- ABHR and Face mask will be available for use at the entrance to the building
- Signage will be displayed at the entrance to advise on the wearing of face covering and applying physical distance whilst in the building

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

STANDARD INFECTION CONTROL PRECAUTIONS

REVIEW AND UPDATED

[illegible]

TRANSMISSION BASED PRECAUTIONS

SICPs (**Green**) may be insufficient to prevent cross transmission of specific infectious agents. Therefore additional precautions Transmission Based Precautions (TBPs) are required to be used by staff when caring for Supported People with a known or suspected infection or colonisation (see SICP (**Green**) Chapter/Assessment).

Judgement and decisions should be made by the Support Worker and Management Team on the necessary precautions. This must be based on the:

- suspected or known infectious agent
- transmission route of the infectious agent
- care setting and support undertaken
- severity of the illness caused

TBPs are categorised by the route of transmission of infectious agents (see Introduction Section) and some infectious agents can be transmitted by more than one route. Application of infection control procedures will assist in minimising the risk of Transmission of infection within the service.

To enable you to determine the correct ICP to apply for a possible or confirmed infection person, the Assessment Questionnaire will determine if the person should be supported on the **Respiratory** or **Non-Respiratory** Pathway. Apply these measures until the infectious period lapses (see Stepping Down section).

- **Non Respiratory:** Follow guidance in TBP Chapter, excluding Respiratory Pathway Section
- **Respiratory:** Follow guidance in Respiratory Pathway Section in addition to all other TBP Chapter guidance

Stepping Down/Ending TBP's

The addition of Transmission Based Precautions can end and resuming of SICP will vary depending on the infectious pathogen.

- **Non Respiratory Pathway:** Free from symptoms for 48 hours however Staff should refer to Period of Infectivity for the pathogen in the [A-Z Pathogen](#)
- **Respiratory Pathway/COVID19:** 10 days since 1st day of symptoms or positive PCR **and** free from fever for 48 hours without the use of antipyretic medication
- **Respiratory Pathway/Non COVID19:** Refer to A-Z (link above) for pathogen Infectivity **and** free from fever for 48 hours without the use of antipyretic medication

Aerosol Generated Procedures (AGPs)

Staff should refer to Aerosol Generated Procedures (AGP's) Appendix 13 for all supported people who require AGP's as part of their support needs.

TRANSMISSION BASED PRECAUTIONS

Ventilation

Keep windows open in the dwelling to provide ventilation and circulation of air where possible and keep doors to room, used by the infected person, closed.

Staff Presentation

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

- 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

Hand Hygiene remains a vital part of infection control, all staff should follow guidance set out in Standard Infection Control Precautions (**Green**) Chapter for Staff Protection/Hand Hygiene on:

- When hands should be cleaned
- Process for safe cleaning of hands (appendix 2)

PPE

All staff should follow guidance set out in the Standard Infection Control Precautions (SICPs) **Green** Chapter for PPE as well as the additional measures as follows:

Advised PPE Items- (see appendix 3)

- **Gloves** – single use – Replace if damaged
- **Aprons** - single use – Replace if damaged
- ***Type IIR FRSM Fluid Resistant Mask** - sessional use
- ***Visor/Eye Protection** - Optional if there is a risk of spraying from coughing, sneezing etc., and Supported Person is infected with droplet transmitted infectious agents. Staff should refer to the SICP Chapter/Assessment/A-Z Pathogen link for the infectious pathogen/Main Route of Transmission.

*Replace item if it is visibly contaminated and/or damaged

Do not touch eye protection or the front of the face mask. If staff inadvertently touch these, they must perform hand hygiene immediately

TRANSMISSION BASED PRECAUTIONS

Donning and Doffing PPE

Staff should refer to SICP/PPE/Donning (Putting On) and Doffing (Removing). **Carry out Hand Hygiene immediately after removing PPE**

Cleaning Environment

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

Rooms not used by the infected person should be cleaned as per Standard Infection Control Precautions (SICP) and Cleaning Schedule for the accommodation

Isolation Rooms or Rooms dedicated/used by the infected person/people should be cleaned twice daily following Isolation Room Cleaning Guide (appendix8):

- 1st clean – Full Clean
- 2nd Clean –Touch Surfaces such as door handles, push pads, taps, light switches

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.

Cleaning Material

- Combined detergent/disinfectant solution should be used for cleaning of the environment.
- Only use disposable cloths

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 Management)
- 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

Cleaning Environment Cont.

On leaving the room/Dwelling

TRANSMISSION BASED PRECAUTIONS

- 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.
- Perform hand hygiene

Cleaning Equipment

All staff should follow guidance set out in Standard Infection Control **Green** Chapter for Cleaning of Equipment and Appendix 7 Decontamination of reusable non-invasive care equipment, as well as additional measures as follows:

- Reusable non-invasive care equipment should be dedicated to the infected person or people and decontaminated immediately after use by each person, dried and stored.
- If it is not possible to dedicate pieces of equipment to the infected individual or people, such as commodes or hoists etc., these must be decontaminated immediately after use and stored thereafter outside the isolation room.
- Dispose any disposable items that have been used for the cleaning of equipment (see Waste Management)
- Dispose of PPE and perform Hand Hygiene

Laundry

All used clothes and linen for the infected person/people should 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 room and the bagged laundry placed directly into the laundry basket/bag.
- Infected laundry should NOT be washed with any other laundry
- **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)

TRANSMISSION BASED PRECAUTIONS

Waste

Pedal operated bins (with bin liners) will be located within bathrooms and/or bedrooms for the disposing of all waste items that have been in contact with an infectious person, including:

- Tissues
- Continence Aids
- Food
- Wipes
- PPE

Where bins are not available in the supported person's home, staff should dispose of the above waste directly into a bin liner.

- Put the bin liner into an additional plastic rubbish bag, double bagged, tie and label with "Waste and Date".
- Store in a secured isolated room i.e. cupboard or room for **72 hours** before placing in the normal outside waste containers

Service Management

Comms

- Service Management will inform All Staff that Infectious Outbreak and TBP's applied in the named Supported Person support service. This will be communicated as follows:
- **(Each service should detail their own method of communicating with Staff)**

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

TRANSMISSION BASED PRECAUTIONS

RESPIRATORY PATHWAY

Respiratory Pathway guidance should be followed in addition to general Transmission Based Precautions, **Amber** and Standard Infection Control Precautions **Green** Chapter (SICP) for Supported People with a Suspected or Confirmed Respiratory Infection.

Respiratory Infection Definitions

Establishing which symptoms are a result of COVID-19 and which symptoms are a result of another respiratory virus is often not possible. Respiratory testing is the only way to identify the causative pathogen.

Routine test of Respiratory Infection other than COVID-19 does not general take place, however the Supported Person's GP or Healthcare Professional may recommend this to be carried out to support the person's clinical treatment.

COVID-19 Definition

A person will be supported using additional TBP's on the **Respiratory Pathway** when they are identified under the category:

Possible COVID-19 case - A person presenting recent onset of one or more of the following cardinal COVID-19 symptoms:

- new continuous cough
- fever/temperature $\geq 37.8^{\circ}\text{C}$
- loss of, or change in, sense of smell (anosmia) or taste (ageusia).

Probable COVID-19 case - A person with a positive LFD test.

Confirmed COVID-19 case – A person with a positive PCR test

Any person with symptoms of COVID-19 should be encouraged to take a LFD test. Should this be refused or unable to take place, support should be provided following addition TBP's on the Respiratory Pathway as a Positive covid-19 case.

Care Home
<ul style="list-style-type: none">• Guidance on COVID-19 testing in care home settings can be found in the PHS COVID-19: Information and Guidance for Care Homes (Adults and Older People).

TRANSMISSION BASED PRECAUTIONS

RESPIRATORY PATHWAY Cont.

Supported Person Co-horting

Care Home/HMO
<ul style="list-style-type: none">• People with a Possible, Probable or Confirmed case of covid-19 should be supported to isolate in designated areas i.e. bedroom and allocation bathroom, where possible• Supported Person who are defined as Possible or Probable should not be co-horted with Supported Persons' who are defined as Confirmed

PPE

All staff should follow guidance set out in the Standard Infection Control Precautions (SICPs) **Green** Chapter for PPE as well as the additional measures as follows:

Advised PPE Items- (see appendix 4)

- **Gloves** – single use – Replace if damaged
- **Aprons** - single use – Replace if damaged
- ***Type IIR FRSM Fluid Resistant Mask** - sessional use
- ***Visor/Eye Protection** – Sessional Use

***Replace all PPE items:**

- if it is visibly contaminated and/or damaged.
- when support to the person on the respiratory pathway ends
- when leaving an isolation area
- when starting support to a person on the Respiratory Pathway
- Before supporting anyone without any respiratory infection

TRANSMISSION BASED PRECAUTIONS

Service Management

Staff Co-horting

- Efforts should be made as far as reasonably practicable to dedicate assigned teams of staff to care for service users on the respiratory pathways where TBPs are applied.
- There should be as much consistency in staff allocation as possible, reducing movement of staff and the crossover between the respiratory pathway and all other service users.
- Rotas should be planned in advance wherever possible, to take account of the respiratory pathway and staff allocation.
- For staff groups who need to go between pathways, efforts should be made to see Supported People on the non-respiratory pathway first.
- 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
- 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

TRANSMISSION BASED PRECAUTIONS

REVIEW AND UPDATED

[illegible]

Appendix 1 -New Supported Person Infection Control Checklist

Welcome to Ark

We want to ensure the safety for everyone we support so it is important that you complete this questionnaire prior to you being supported by Ark

This reduces risk of infection within the service and is a critical safety measure for you, other people we support, our staff and visitors.

Name of Supported Person:

Please answer Yes or No for each of the following questions and sign the document.

General Infection Transmission Questions	YES	NO
Have you been previously positive with a Multi-drug Resistant Organism e.g. MRSA, CPE.		
Have you been a close contact of a person who has been colonised or infected with MRSA CPE (superbugs) in last 12 months		
Who have been hospitalised (inpatient) outside Scotland in the last 12 months		
If YES to any of the above, contact the local HPT for advice on Infection Control Precaution before commencing support		
Are you current or experienced vomiting within the last 48 hours		
Are you current or experience Diaphorrea within the last 48 hours		
Do you have any skin rashes		
Do you currently have Chicken pox/shingles		
Do you currently have Measles		
Do you have any other illness which your GP has advised to be infectious		
Apply Transmission Based Precautions (Amber) and refer to A-Z Pathogens for infectivity period and route		

Respiratory Screening Questions

Respiratory Symptoms

The list of respiratory symptoms below may indicate a respiratory virus;

- Rhinorrhoea (Runny nose)
- Congestion in the nasal sinuses or lungs
- Sore throat
- Sneezing
- Coughing

COVID-19 Vaccination Status	YES	NO	Not Disclosed
Have you fully vaccinated(including booster)			

Appendix 1 -New Supported Person Infection Control Checklist

COVID-19 Screening Questions	YES	NO
Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 10 days?		
Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?		
Have you travelled internationally in the last 10 days to a country that is on the Government red list?		
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?		
Do you have any of the following symptoms; •High temperature or fever? •New, continuous cough? •A loss or alteration to taste or smell?		

If the Supported Person answers 'Yes' to **any** of the COVID-19 screening questions above:

- Delay the commencement of the Support

If it is essential that support commences during this period of infection risk:

- Place on the Respiratory Pathway and commence support following TBP(Amber RP).

If the service user answers 'No' to **all** of the COVID-19 screening questions above, proceed to general respiratory screening questions below.

Respiratory Screening Questions	YES	NO
Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? (See Respiratory Symptoms above)		
Have you been had a laboratory test with a confirmed respiratory virus/infection such as Influenza in the last 10 days?		

If the Supported Person answers 'Yes' to any of the COVID-19 or the Respiratory Screening Questions:

- Delay the commencement of the support

If it is essential that support commences during this period of infection risk:

- Place on the Respiratory Pathway and commence support following TBP(Amber RP).

Staff should refer to TBP Chapter/Stepping Down/Ending TBP's guidance on the period to either commence support or resuming Standard Infection Control Precautions

Appendix 1 -New Supported Person Infection Control Checklist

Care Home/HMO

This guidance below can be used for current tenants returning to the Care/HMO after a prolonged stay in hospital or non hospital setting as well as New Tenants.

Supported Person attending hospital as a day patient are not required to isolate on return to the Care Home/HMO

Supported Person staying overnight in hospital or short stay in non hospital setting do not required to isolate on return to the Care Home/HMO

COVID19 PCR Test Result

1 st PCR Test Prior to arrival (max 3 days prior)		
Date	Result	Confirmation Provided (Yes/No)

Self-Isolating

For new tenants arriving from non- hospital environments, they will require to self-isolate in their bedroom for 14 days upon arrival.

Non Hospital

Is the person able to self-isolate in their bedroom for 14 days Yes/No

Hospital Discharge

Date is which to person commenced self-isolating: __/__/__

Remaining days required to self-isolate on discharge: __days

Name:

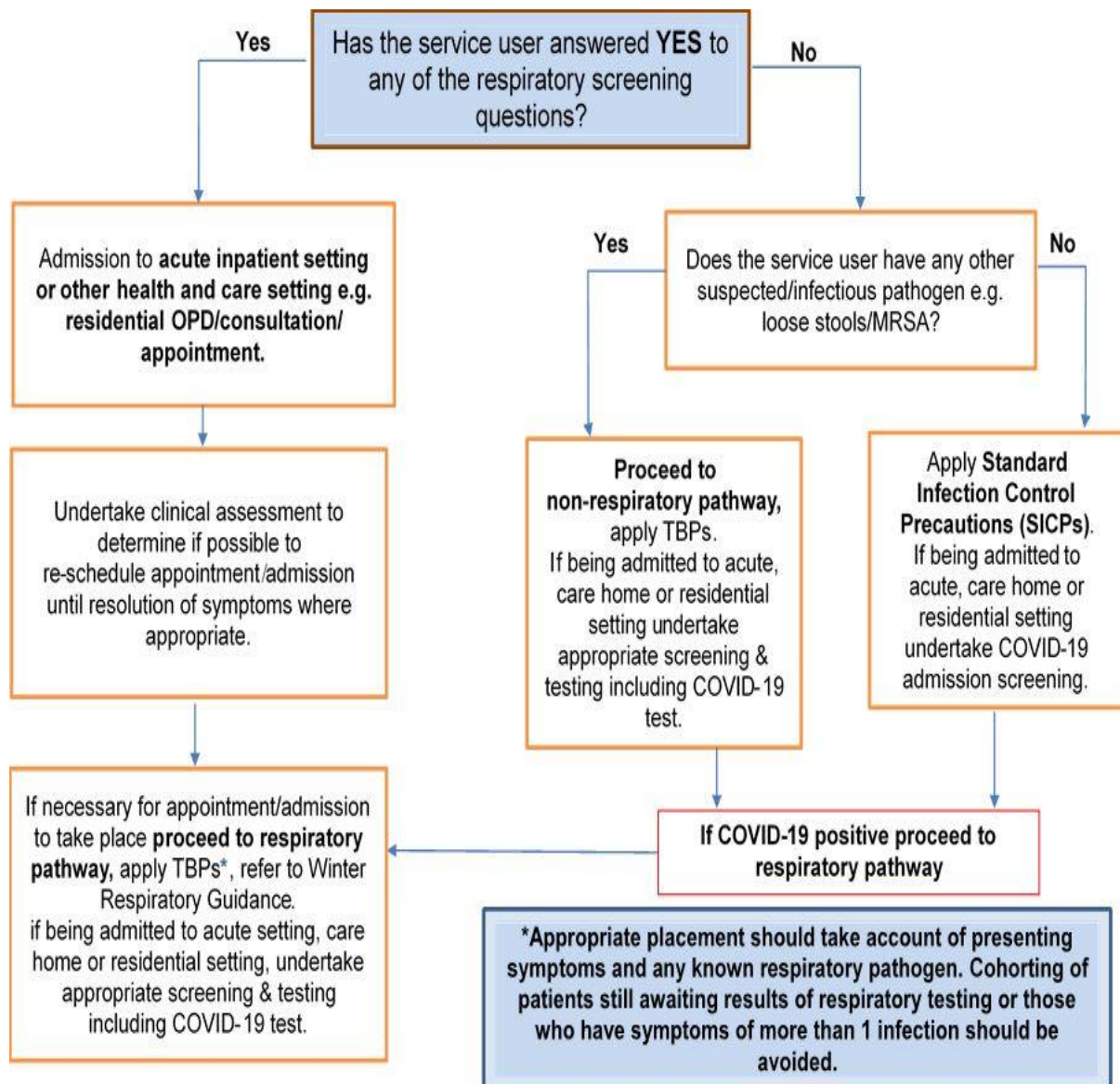
Signed:

Date:

Ark Manager Sign:

Date:

Appendix 2 – Respiratory Care Pathway Flowchart



PPE for direct care delivery (non AGPs) on the Non Respiratory Pathway



(Standard Infection Control Precautions)

For all Health and Social Care Settings

Full Face Shield / Eye Protection

Risk Assess: Not routinely required unless blood/body fluid splash/spray risk to face anticipated

Fluid Resistant Surgical Mask Type 11R

(single use or sessional use)
Worn within 2 metres of service user and as per extended use of face mask policy – This is a COVID-19 pandemic measure

Gloves (single use)

Risk Assess: Wear if contact with blood and/or body fluid is anticipated

Apron (single use)

Risk Assess: Wear for direct contact with service user, their environment or blood and body fluid exposure anticipated. Gown if extensive splash/ spray with blood/body fluid anticipated



Appendix 4 – PPE Respiratory Care Pathway Poster

PPE for direct care delivery (non AGPs) on the Respiratory Pathway



(Transmission Based Precautions)

For all Health and Social Care Settings

Full Face Shield / Eye Protection

(single / sessional use or reusable following decontamination)
Worn for all direct care delivery provided to service users with respiratory symptoms.

Fluid Resistant Surgical Mask Type 11R

(single or sessional use)
Always within 2 metres of service user with suspected confirmed respiratory pathogen.
And as per extended use of face mask policy – this is a COVID-19 pandemic measure.

Gloves (single use)
Worn for direct care delivery.

Apron (single use)
Worn for all direct care delivery (contact with service user, their environment or blood and body fluid exposure anticipated).
Gown if extensive splashing anticipated.



Appendix 5 - CLEANING GUIDE

The process applies to Supporting People residing in:

- Care Home
- HMO
- 24/7 Care at Home Support
- Care at Home contract where support dictates this level of support

This guide will also be followed for Ark's Care & Support offices, where we are responsible for cleaning and maintenance of the environment.

The appropriate frequencies for each task, to enable the required outcomes to be achieved, will be determined by the CSM/OM for the service, depending on the accommodation and detailed in a Cleaning Schedule (Appendix 6).

It is the responsibility of the CSM/OM to ensure the level of cleaning is being carried out as per the Required Outcomes for each task.

High Level Cleaning

Particular attention should be given to the cleaning of high level surfaces to prevent the buildup of dust.

- Worktops
- Kitchen appliances
- Furniture
- Cupboards
- Doors and surrounds
- Light switches
- Window and sills

This list is not exhaustive and attention should be given to all high level areas within the environment

Required Outcome: Following the cleaning process the required standards are as follows:

- each item is cleaned in a systematic way to reduce the risk of cross infection i.e. top/further away to bottom;
- hard surfaces should be free from soil, spots and dust;
- soft surfaces should be free from soil, stains, film and dust;
- edges, corners and wheels are free from soil, dust and film;
- surfaces should be free from tape and sticky residue.

Appendix 5 - CLEANING GUIDE

Soft and Hard Flooring

Soft Flooring i.e. carpeting; Rugs

Routine cleaning of soft floor generally involves removal of debris and suction cleaning of carpeted flooring.

Required Outcome: Following the cleaning process the required standards are as follows:

- the floor is free from debris, stains, dust and grit;
- Inaccessible areas are free from debris and dust i.e. behind furniture;
- barrier matting is free from ingrained debris, dust, grit, and stains;
- stains that cannot be removed by suction cleaning should be spot cleaned or deep cleaned using carpet cleaning kit.

Soft and Hard Flooring

Hard Flooring i.e. tiles; laminate; lino etc.,

Routine cleaning of hard floor generally involves removal of debris and suction cleaning or sweeping of the flooring followed by mopping with a damp mop using the required cleaning agent.

Required Outcome: Following the cleaning process the required standards are as follows:

- hard surfaces should be free from soil, spots and dust;
- edges, corners are free from soil, dust and film;
- surfaces should be free from tape and sticky residue

Paintwork, Walls and Doors

Paintwork, walls and doors are cleaned in a systematic way to reduce the risk of cross infection.

Required Outcome: Following the cleaning process the required standards are as follows:

- all surfaces should be free from soil, spots, dust and fingerprints;
- low level air vents, grilles and any other air outlets are unblocked and free from dust, grit, soil and cobwebs;
- door tracks, surrounds and skirts are free from grit and other debris;
- all surfaces are free from tape and sticky residue.

Appendix 5 - CLEANING GUIDE

Sanitary Fixtures and Fittings

To effectively reduce the risk of cross infection emphasis requires to be placed on the cleaning of contact surfaces such as taps, dispensers etc.

This process applies to toilets, sinks, wash hand basins, baths and showers

- Wear appropriate PPE

Fixture and Fitting

- Ensure to always work clean to dirty, paying particular attention to touch surfaces such as handles and light pulls/switches, dispensers' undersides and nozzles
- then dispose of cloth

Toilet

- Flush before cleaning
- Push the water in the pan behind the bend with the toilet brush, leaving about an inch and put cleaning agent in bowl giving it time to work, as per manufacturer's instructions
- Clean inside bowl including the rim with the toilet brush and flush
- Keep brush in the fresh flushing water to clean
- Using a new disposable cloth and chlorine cleaning agent, wash pedestal of the toilet from the base to the bowl (clean to dirty) towards the rim of the pan and continue cleaning upwards towards the cistern and finally the flush handle.
- Particular attention should be paid to the toilet seat, hinges and surround.
- Dispose of cloth.

Sink and Bath

- Clear plug and overflow of debris
- Using a clean cloth and chlorine cleaning agent
- Clean splash back working from top to bottom
- Clean the underside of the sink/basin working from rim downwards
- Clean the sink bowl starting at the tap outlet end (do not put cloth inside the tap outlet), finish at the base and then clean tap handles
- Clean the accessible part of the overflow or waste outlet/pipe to remove visible dirt,
- Dispose of the cloth in the appropriate waste bag

Shower

- clear plug of debris and run water
- using a new disposable cloth and Chlorine cleaning agent
- Starting at highest point, clean shower walls downward, then clean shower head, hose and taps
- Pay particular attention to shower head for any mineral deposit build up

Appendix 5 - CLEANING GUIDE

Sanitary Fixtures and Fittings Cont.

Shower Cont.

- If a shower tray is present, clean inside and outside,
- If a wet room, damp mop as per Hard Surface Floor Cleaning

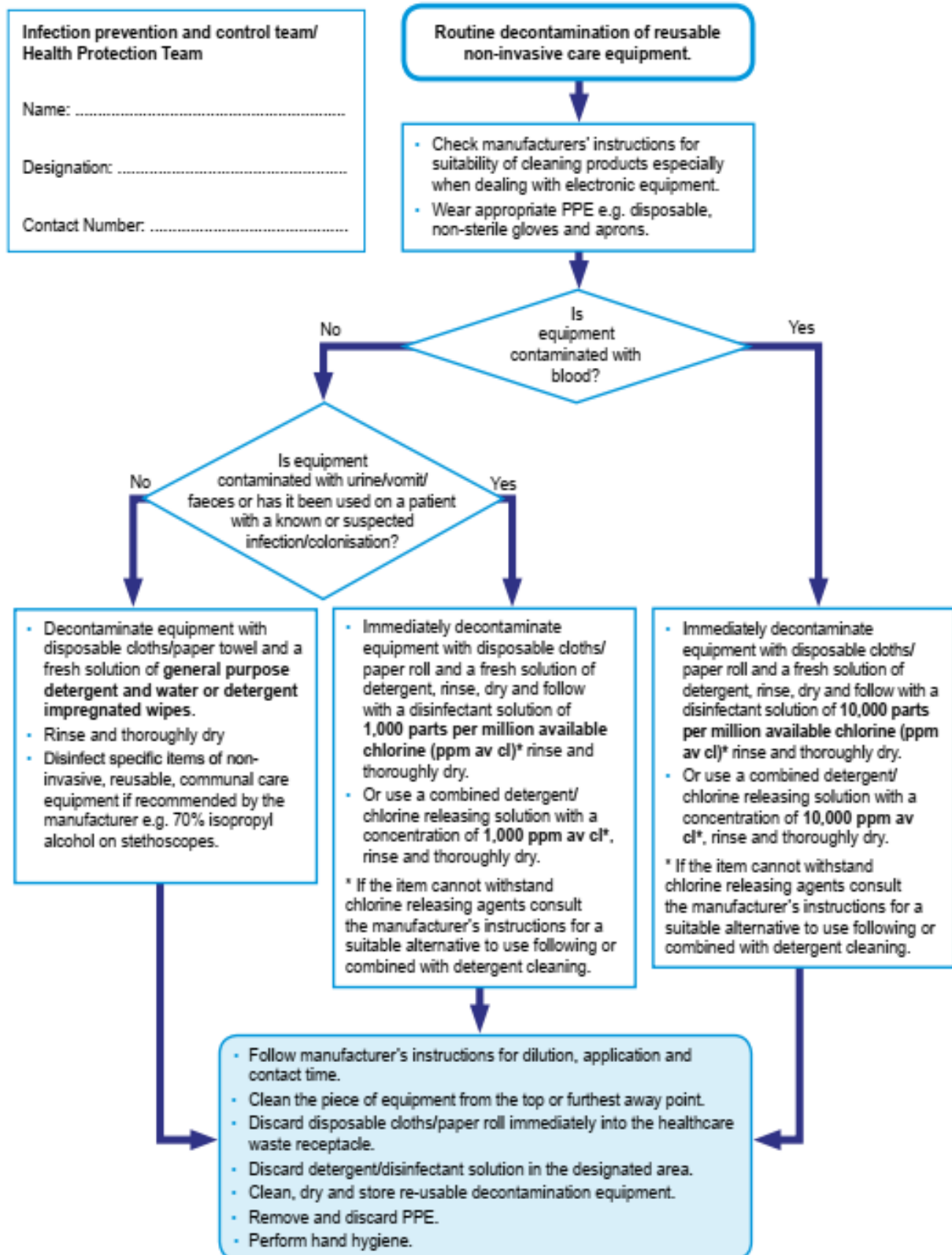
General

- Empty bins (see SICP or TBP Waste Management)
- Remove any empty or non-essential items from the area
- Remove and dispose of PPE

Required Outcome: Following the cleaning process the required standards are as follows:

- Surfaces should be free from smudges, smears, bodily fluids, soap build up and mineral deposits;
- Walls, fixtures and fittings should be free from dust, grit, streaks, smudges, mould, soap build up and bodily fluids;
- Consumable items are well stocked in appropriate clean, sealed dispensers.

Decontamination of reusable non-invasive care equipment



APPENDIX 8 - RESPIRATORY AND NON – RESPIRATORY

DEDICATED ISOLATION ROOM DAILY CLEANING

The following process should be followed on a Daily basis for any Supported Person presenting with infection pathogen and staff are following TBC measures on the Respiratory and Non-Respiratory Pathway, in addition to Standard Cleaning Schedules. Consideration should be given for additional cleaning to bathrooms/toilets, where infection cause diarrhoea etc., This guidance applies to Supporting People residing in:

- Care Home
- HMO
- 24/7 Care at Home Support
- Care at Home contract where support dictates this level of support

Isolation Room and dedicated bath/shower room including WC
wear appropriate PPE
Change curtains when visibly soiled. Place into sack/washing bag for laundering
Remove bed linen and place into sack/wash bag for laundering (see TBP laundry)
Complete the isolation clean using the correct cleaning solution (non refillable) including all fixtures and fittings
Clean the refuse container and change the bin liner (see TBP waste management)
Place all used clothes into sack/washing bag for laundering (see TBP laundry)
Remove any debris from the bedroom floor and vacuum and/or damp mop working from further away point to the exit.
Place the cleaning equipment into the bathroom
Clean the sanitary fixtures and fittings as per standard operating procedures using Chlorine releasing agent to the correct dilution.
See Cleaning Guide for procedure for cleaning bathroom and shower rooms including WC
Remove any debris from the floor and wash using a damp mop, with appropriate cleaning agent, working from the further point to the exit
Remove mop head from the mop and place into sack for cleaning. Cleaning the mop handle using a clean cloth and cleaning agent and return to storage area.
Remove PPE and dispose of in allocated PPE bin
Take Laundry to the washing machine (see TBP Laundry)

FREQUENTLY TOUCHED AREAS

Frequently touched areas should be cleaned, using disinfectant cleaning solution, twice daily. These surfaces include:

- Door Handles
- Light Switches
- Remote Controls
- Bed Frames

This list is not exhaustive and an assessment of frequently touch areas should made for each Supported Person's circumstance and living environment and added to the cleaning schedule checklist

Work Task Risk Assessment – Ark Staff Covid 19 / Transmissible Respiratory Infection / Face Mask & Testing Update

Project/Department	Social Care Staff	Date	September 2022 v2
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Work Task	Hazards	Risks	Workplace Precautions
Support staff who are identified as having an underlying health condition that will cause illness if they develop COVID-19 or other respiratory illness.	<p>Staff not LFD testing and recording results.</p> <p>Not informing manager of a close contact with a positive case.</p> <p>Not wearing a mask during support work. when asked .</p> <p>Complete and extra duty of care assessment and review at regular intervals.</p> <p>Not washing hands regularly while at work.</p>	<p>Coming into work with COVID-19 symptoms and spreading infection.</p> <p>COVID-19 related illness for support staff / supported people that have an underlying health condition.</p>	<p><u>The recommendation that face masks are worn at all times is now removed. See Face Mask Wearing Poster for more detail.</u></p> <p><u>Asymptomatic LFD and PCR testing has now been paused</u> - keep a stock for staff symptomatic testing - testing may re-start if advised by Health Professionals.</p> <p>Do not attend work if you test positive without symptoms or display symptoms connected to coronavirus infection and have tested positive using an LFD. See May 1st update for isolation information.</p> <p>You have been identified as a close contact, you must continue to test twice weekly and discuss with manager ways of reducing risk of transmission to identified vulnerable people you support. See May 1st update for information.</p> <p>Staff with underlying health conditions can work with an extra duty of care assessment (EDOC) that must be strictly followed and reviewed for all support work.</p> <p>Staff in this category to not support anyone that has suspected COVID-19 / confirmed COVID-19 / suspected or confirmed other transmissible respiratory infection.</p> <p>Nitrile gloves / aprons for support work involving personal care.</p> <p>Staff to wear vinyl gloves for support work involving cleaning.</p> <p><u>No social distancing unless there is a respiratory pathogen outbreak in workplace / advised to social distance by HPT.</u></p> <p>Handwashing and high hygiene standards - Refer to infection control procedures.</p> <p>Follow all current infection control guidance for your workplace</p>

Work Task	Hazards	Risks	Workplace Precautions
Ark support staff that do not have an underlying health problem	<p>Staff not LFD testing and recording results.</p> <p>Not informing manager of a close contact with a positive case.</p> <p>Not wearing a mask during support work when asked.</p> <p>Not washing hands regularly while at work.</p>	<p>Coming into work with COVID-19 symptoms and spreading infection.</p> <p>COVID-19 related illness for support staff / supported people that have an underlying health condition</p>	<p><u>The recommendation that face masks are worn at all times is now removed.</u> <u>See Face Mask Wearing Poster for more detail.</u></p> <p><u>Asymptomatic LFD and PCR testing has now been paused</u> - keep a stock for staff symptomatic testing - testing may re-start if advised by Health Professionals.</p> <p>Do not attend work if you test positive without symptoms or have symptoms connected to coronavirus infection and have tested positive using an LFD. See May 1st update for isolation information.</p> <p>You have been identified as a close contact, you must continue to test twice weekly and discuss with your manager ways of reducing risk of transmission to identified vulnerable people you support. See May 1st update for information.</p> <p>Nitrile gloves / aprons for support work involving personal care.</p> <p>Staff to wear vinyl gloves for support work involving cleaning.</p> <p><u>No social distancing unless there is a respiratory pathogen outbreak in the workplace / advised to social distance by HPT.</u></p> <p>Handwashing and high hygiene standards - Refer to infection control procedures.</p> <p>Follow all current infection control guidance for your workplace</p>

Work Task	Hazards	Risks	Workplace Precautions
Support work if you have tested positive and are returning to work or are a close contact.	<p>Not informing manager of a close contact with a positive case.</p> <p>Staff may be infectious for up to 10 days.</p>	COVID-19 related illness for support staff / supported people.	<p>Staff that test positive must not attend work for 5 full days and only return after having two negative LFD tests / if well enough / do not have a high temperature. See May 1st Update.</p> <p>Staff may be redeployed to services where there is a lower risk of serious illness to identified staff and residents if they return to work after a positive test or they are a close contact for the 10 day period .</p> <p>Staff must rigorously follow infection control procedures during 10 day period.</p> <p>Staff can return to work after 10 days if LFD test is positive, if well enough / do not have a high temperature and follow rigorously infection control procedures.</p>
Support work in the community with a supported person.	<p>Not wearing facemask in high risk indoor spaces.</p> <p>Travelling with passengers in a vehicle.</p> <p>No handwashing after touching surfaces.</p>	<p>Spread of Infection.</p> <p>Illness connected to Coronavirus.</p>	<p>Avoid overcrowding and indoor areas with poor ventilation when supporting in the community and consider mask wearing for staff and supported person</p> <p>If having to car share or use public transport it is advised to wear a mask, open windows and wash hands after transport use.</p> <p>Welfare facilities or hand sanitisers are available when going out in the community.</p> <p>Staff can return to workplace with a supported person if they consider community area is not safe for support work.</p> <p>Listen to local media for news of local outbreaks and refer to infection control guidance for your workplace.</p>

Work Task	Hazards	Risks	Workplace Precautions
Visitors / meeting outside during support work.	<p>No social distancing from family / other visitors.</p> <p>Hand shaking or other contact.</p>	<p>Spread of Infection.</p> <p>Illness connected to Coronavirus.</p>	<p>Visitors such as family and friends do not need to social distance or wear a mask when visiting a supported person at their residence but follow Scot Govt guidelines for staying safe and protecting others.</p> <p>Staff do not need to social distance or wear appropriate PPE if supporting an individual during a household visit or during indoor / outdoor socialising if safe to do so.</p> <p>Visitors do not need to test before visiting Ark workplaces but use COViD sense if unwell.</p>
Supporting a person who is identified as a positive case or has symptoms.	<p>Transmission of virus to Ark staff.</p> <p>Not following positive isolation procedure</p>	Illness connected to COVID-19.	If supported person has COVID-19 symptoms, Non - EDOC Ark staff only will have to follow infection control procedures (TBP- Amber) and the supported person to follow self- isolation procedures for general public.
Supporting a person who is a close contact of someone who has tested positive.	Potential transmission of virus to Ark staff and others.	Illness connected to COVID-19.	<p>Ask resident to avoid contact with anyone who is at high risk of illness for 10 days</p> <p>Ask resident to limit contact with people in crowded or poor ventilated areas.</p> <p>Ask resident to wear a facemask if they are in close contact with staff and others.</p> <p>Staff to follow infection control procedures (SICP- Green)</p>

Health and Social Care staff who work in a face to face setting

Staff to continue with twice weekly LFD testing and record results on the NSS portal.

Staff with symptoms of a respiratory infection

(Including Covid -19 – negative result)

- Staff who have symptoms of a respiratory infection / high temperature / not fit to work are advised to stay at home and avoid contact with people / LFD test and report result to manager.
- If an LFD test is negative, staff should attend work if they are well enough and do not have a temperature.
- Staff should resume twice weekly testing after a negative result.
- If staff are still displaying symptoms when they return to work, the Ark manager must risk assess their support work duties to protect supported people whose immune systems mean that they are higher risk of serious illness despite vaccination.
- Staff returning to work must comply Ark infection control precautions / wear PPE properly / aware of any symptoms that may develop.

Staff who receive a positive LFD test result for Covid-19

- If staff receive a positive LFD result, they should not attend work for a minimum of 5 full days.
- Staff working in face to face settings can return to work when they have had 2 consecutive negative LFD test results (taken at least 24 hours apart).
- The first LFD should be taken on day 5 after the day their symptoms started or first positive test was taken. **(Day 1 is first full day after symptoms appear or after a positive test)**.
- Staff can return to work after 2nd negative test 24 hours after 1st negative test if they feel well enough to work / do not have a high temperature / comply with infection control procedures and PPE is worn correctly.
- A risk assessment is required if the support worker is supporting people with immune systems mean that they are at higher risk of serious illness (despite vaccination), until 10 days after their symptoms started, or consider redeployment to another supported person .
- If day 5 LFD test is positive, they should test daily until they receive 2 negative test results.
- If the support worker is still positive on day 10 they should return to work with a risk assessment in place.
- Once the support worker returns to work, twice weekly LFD testing should stop for 28 days from date of first positive test .

Health and Social Care staff who work in a face to face setting Cont...

Staff who are contacts of a confirmed case of Covid –19

- Support workers who have had overnight or household contact with someone who had a confirmed Covid –19 test should continue twice weekly LFD testing and record results.
- It can take up to 10 days for infection to develop.
- Support worker and manager to discuss how to minimise risk of transmission by considering redeployment to lower risk support work if supported people whose immune systems mean that they are higher risk of serious illness despite vaccination / limiting close contact with other people in crowded, enclosed or poorly ventilated areas.
- When attending work must comply rigorously with Ark infection control precautions / wear PPE properly during the 10 day period.

Updated list of Covid –19 symptoms and other common respiratory infections

- Continuous Cough
- High temperature / fever / chills.
- Loss of, or change in your normal sense of taste or smell.
- Shortness of breath.
- Unexplained tiredness, lack of energy.
- Muscle aches or pains that are not due to exercise.
- Not wanting to eat or not feeling hungry.
- Headache that is unusual or longer lasting than usual.
- Sore throat, stuffy or runny nose.
- Diarrhoea, feeling sick or being sick.

Positive Case Timeline – Example

Mon	Tues	Wed	Thu	Fri	Sat	Sun
Positive test or symptoms Day 0	Day 1	Day 2	Day 3	Day 4	Day 5 test	Day 6 test

2 negative tests required before returning to work

If the support worker is still positive on day 10 they should return to work with a risk assessment in place.

Please contact Brian Gunn if you require any H&S assistance
Please share this alert with all Ark staff in your teams via email, notice board, team meeting agenda and any other communication methods.

Face Mask Use within Social Care Settings

Staff and visitors within social care settings **do not** need to routinely wear a face mask or face covering at all times.

Instead, staff and visitors **should** put on a face mask in the following situations:

- 

1 If they choose to wear one
- 

2 Following professional judgement e.g. where there is poor ventilation / crowding / risk of splash
- 

3 If health protection teams advise on extending the use of face masks in an **outbreak** or **suspected outbreak**
- 

4 If the **individual receiving care and support** wants staff to wear a mask, this should be supported
- 

5 When on **public transport** or in **indoor public places** in line with COVID sense guidance: www.gov.scot/coronavirus-covid-19

The face mask should be worn correctly **covering your nose and mouth** then **disposed of appropriately**: www.nipcm.hps.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/#a1085



Full guidance on face mask use for social care staff is detailed here:
www.gov.scot/face-masks-social-care

APPENDIX 13

Aerosol Generating Procedures (AGP) for Ark Social Care Settings

An **AGP** is a medical procedure that can result in the release of airborne particles from the respiratory tract when treating someone who is suspected or known to be suffering from a respiratory infection transmitted wholly or partly by the airborne or droplet route.

It is also possible for asymptomatic and pre-symptomatic carriers of COVID-19 to transmit COVID-19 during AGPs.

Ark staff may be asked to support people with AGP procedures such as **CPAP** / **BiPAP** / **OXYGEN** equipment, all support needs should be noted in care plan as to what level of support for this procedure, (setting up / taking off / cleaning equipment).

What are the new Pathways replacing previous Red / Amber / Green

SICP or TBP Non Respiratory Pathway – A person who does not have a suspected / infectious virus/pathogen or has a Non –Respiratory suspected/infectious but may require use of an AGP.

Respiratory Pathway - People with suspected / known respiratory viruses / infection who uses an AGP.

See Pathway Table for more information

Ark Staff Safety Control Measures

Where possible, do not enter a room where the supported person is on CPAP/BiPAP/Oxygen until at least an hour (Fallow time) or more after the CPAP/ BiPAP/Oxygen has been switched off and ventilate the room.

Unless:

- non respiratory pathway
- and the person has a COVID-19 negative PCR
- and no other respiratory symptoms 72 hours prior to undertaking the AGP – you can go in room in less than an hour

Where staff have concerns about potential COVID-19 exposure to themselves during this ongoing COVID-19 pandemic, they may choose to wear an FFP3 respirator rather than an FRSM when supporting people provided they are fit tested and after an extra duty of care risk assessment.

When supporting a person using CPAP/BiPAP/Oxygen staff must wear PPE noted below.

PPE Table for AGPs (CPAP/ BiPAP/Oxygen)

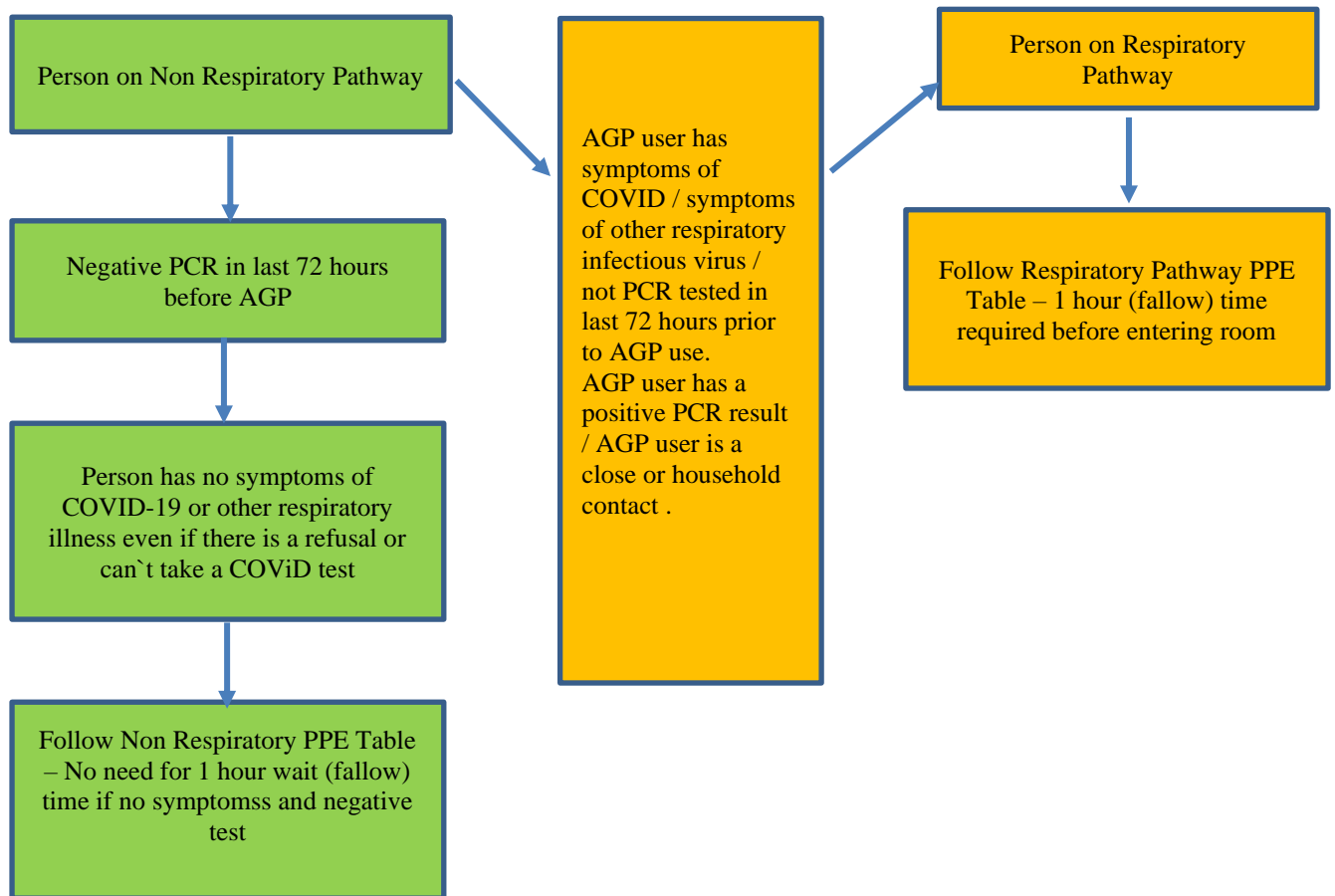
PPE Item	Non Respiratory pathway where <u>there is evidence</u> of a negative COVID-19 PCR test / no symptoms within 72 hours prior to AGP use / a refusal with no COVID or respiratory symptoms.	Respiratory Pathway and Non Respiratory Pathway where <u>there is no evidence</u> of a negative COVID-19 PCR test within 72 hours / a positive PCR test / person has COVID or other respiratory symptoms / is a close or household contact / refusal to test if symptoms identified .
Gloves	Single-use.	Single use.
Apron or gown	Single-use fluid resistant gown if excessive splashing/spraying anticipated otherwise disposable apron is sufficient.	Single-use fluid resistant gown.
Face mask (FRSM) or Respirator	Type IIR FRSM. Single or Sessional use.	FFP3 mask. Single or Sessional use.
Eye & face protection	Single use or reusable following decontamination.	Single-use, sessional or reusable following decontamination.

Pathway Table for AGPs in Social Care

Pathway using an AGP	Test results / scenario	Post AGP (Fallow) 1 hour time required	AGP management of supported people
Respiratory Pathway	No COVID symptoms / no symptoms of other respiratory illness / a negative PCR test 72 hours prior to use of AGP.	Yes	Respiratory pathway for PPE use if there is a negative PCR test and no symptoms of other respiratory illness 72 hours prior to use of AGP.
Respiratory Pathway	Positive result / symptoms / traced as a close / household.	Yes	Respiratory pathway for PPE use. Contact Local Health Protection Team.
Respiratory Pathway	Refusal of COVID PCR test / over 72 hours since negative test prior to use of AGP.	Yes	Respiratory pathway for PPE use. Contact Local Health Protection Team.
Non-respiratory pathway	COVID-19 PCR negative and no symptoms in 72 hours prior to use of AGP.	No	Non-Respiratory Pathway for PPE use.
Non-Respiratory pathway	COVID-19 positive or displaying symptoms / other respiratory illness or symptoms 72 hours prior to use of AGP.	Yes	Local Health Protection Team involved and follow PPE use .
Non-Respiratory pathway	Unable to obtain COVID-19 PCR test / refusal to take a COVID-19 PCR test / over 72 hours since last PCR negative test.	Yes	Non - Respiratory Pathway PPE use if no COVID or other respiratory illness symptoms. Go to Respiratory Pathway PPE if COVID or other respiratory symptoms / traced as a close or household contact / contact Local Health Protection Team.

Liaise with local Health Protection Team for Infection Control Measures

Flowchart for Social Care AGP Management



AGP equipment cleaning table

Pathway	Product
Routine care areas (non-respiratory pathway) – cleaning as per SICPs	General purpose detergent for routine cleaning.
Respiratory pathway - cleaning as per TBPs	Combined detergent/disinfectant solution at a dilution of 1000 ppm chlorine or general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm chlorine for routine cleaning.

Appendix 14 – PPE When Undertaking AGP's Poster

PPE when undertaking AGPs

For all health & social care settings.

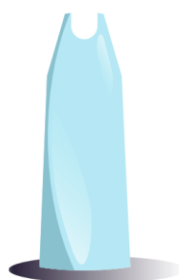


To be worn during AGP and resulting AGP fallow time where applicable.
PPE listed in donning sequence.

Service users

- on Non Respiratory pathway with evidence of negative COVID-19 PCR test* in the 72 hours prior to AGP

*LFDs must not be used to determine IPC precautions required for AGPs



Apron (single use)

Gown only if extensive splash/ spray with blood/ body fluids anticipated



Fluid Resistant Surgical Mask (Type IIR)

FFP3 may be worn if staff concerned about exposure to themselves during AGP – Personal PPE risk assessment



Full face visor/eye protection

(single use or reusable following decontamination) If wearing valved FFP3 mask full face shield/ visor should be worn



Gloves - single use

No Post AGP Fallow Time Required

All service users

- on Respiratory pathway
- on non-respiratory pathway with no evidence of negative COVID-19 test* in the 72 hours before the AGP

Fluid repellent long sleeved gown

(single use)



FFP3 Face Mask or Powered Respirator Hood

(single or sessional use)



Full face visor/eye protection

single /sessional use or reusable following decontamination) If wearing valved FFP3 mask, full face shield/ visor must be worn



Gloves - single use

Post AGP Fallow time required

Social, Community Care and Residential Settings Outbreak Checklist V1.0

(see [COVID-19: Information and guidance for social, community and residential settings](#) and the [National Infection Prevention and Control Manual](#) for further information.)

This COVID-19 tool is designed for the control of incidents and outbreaks in social, community care and residential settings.

Outbreak definition: An outbreak is normally defined as two linked cases of a disease. Assessment of individual cases when considering any potential outbreak should also include symptomatic cases who have either been transferred from the facility to hospital as a result of infection or a suspected COVID-19 individual who has died within the same time period.

Confirmed case: anyone testing PCR positive for COVID-19.

Suspected case: anyone experiencing relevant symptoms (see [case definition](#)) indicative of COVID-19, not yet confirmed by virology laboratory.

Declaring an outbreak over: The outbreak will be declared over by the local HPT when there have been no new cases within a minimum of 14 days elapsing from the last potential exposure to a suspected or confirmed case. The last potential exposure is taken from the date of the individuals isolation in their room OR staff last attendance at the workplace.

Standard Infection Prevention and Control Precautions (SIPCs):

In **all** care settings, at **all** times, for **all** individuals when blood, body fluids or recognised/unrecognised source of infection are present.

Individual Placement/Assessment of risk/Cohort area Date

Individual placement is prioritised in a suitable area pending investigation such as for a single case, i.e. single room with en-suite facilities.					
Cohort areas are established for multiple cases of confirmed COVID-19 (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed, if the facility layout can accommodate this.					
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake an individual safety risk assessment for door closure).					
Ensure all individuals placement decisions and assessment of infection risk (including isolation requirements) are clearly documented.					

Personal Protective Clothing (PPE)

Staff are aware of the correct personal protective equipment (PPE) to use. This includes when and how it must be worn and removed.					
Facility managers ensure adequate PPE supply on site and when not adequate, activate escalation.					
Staff wear the correct PPE, as per COVID-19 guidance and hand hygiene performed before leaving the isolation area/cohort.					

Safe Management of Care Equipment

Single-use items are in use.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated, ensure equipment is decontaminated following removal from the individual's room and prior to use on another resident.					

Safe Management of the Care Environment

There is a cleaning regime established for the cohort/isolation area and equipment in it.					
All areas are free from non-essential items and equipment.					
At least daily cleaning of the individual isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					

