

# Infection Prevention and Control 2023





epidemic

virus

disease

infection

medical

bacteria

health

lab scientist

control

mask

virology

care

hygiene

ebola

contagion

science

stop

flu

organism

hiv

blood

clinical

diagnosis

transmitted

sick

service

safety

bacterium

bloodcell

pathogen

human

microbiology

forbidden

germs

transmitting

research

protection

experiment

contagious

pandemic

patient

endemic

sickness

sanitation

protective

worker

quarantine

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# Winter Readiness in Adult Social Care (ASC)

This presentation is to support care homes to prepare for winter, to help try to avoid illness amongst staff and residents and outbreaks of infectious disease.

Care home residents and staff are susceptible to infections, particularly during the winter months, such as;

- COVID-19
- seasonal influenza (flu) and respiratory illnesses
- stomach infections e.g. norovirus, the “winter vomiting bug”

These illnesses are very infectious and can cause outbreaks due to close contact in residential settings. Good infection control practices can help reduce the risk of outbreaks occurring.

In addition, older people and those with long term conditions are particularly at risk of developing complications from diseases such as COVID-19, flu, pneumococcal infection, and shingles.

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**ARE YOU  
READY?**

# Key Messages for Care Home Managers

## Be Prepared

- Ensure residents are up to date with immunisations (COVID-19/flu).
  - Contact Sutton PCN if you are awaiting a visit from the vaccination team:  
[swlicb.houseboundvax@nhs.net](mailto:swlicb.houseboundvax@nhs.net)
- Ensure adequate supplies of personal protective equipment (PPE).
- Keep a supply of COVID-19 PCR and LFD tests so you are ready for testing.
  - Call 119 for any questions about an order. If you are close to running out of stock and require an urgent, emergency delivery, call 119.
- Ensure residents aged 65+ are immunised against pneumococcal infection.
- Ensure residents aged 70 to 79 years are immunised against shingles.

# Recognising Outbreaks

## Outbreak Definitions:

<b>Respiratory Infection</b> (includes suspected COVID-19 and flu)	<b>COVID-19</b>	<b>Influenza</b>	<b>Norovirus</b>
Two or more cases with flu-like illness* or suspected COVID-19 <sup>+</sup> within 14 days which occur in residents and/or staff in close proximity to each other.	2 or more positive or clinically suspected linked cases of COVID-19, within the same setting within a 14-day period (this means where the cases are linked to each other and transmission in the care setting is likely)	At least one confirmed case of influenza (positive test) AND one or more cases of confirmed or suspected influenza (flu like illness*) within the same 48-hour period.	Two or more cases of diarrhoea and/or vomiting within 48 hours which occur in residents and/or staff. A confirmed outbreak is where one or more cases have a positive test for norovirus.

# COVID-19

Please ensure you and your staff are aware of the [symptoms](#) of COVID-19, which can include:

- a high temperature or shivering (chills)
- a new, continuous cough
- a loss or change to your sense of smell or taste
- shortness of breath
- feeling tired or exhausted
- an aching body
- a headache
- a sore throat
- a blocked or runny nose
- loss of appetite
- diarrhoea
- feeling sick or being sick

Staff or residents with symptoms should test with an LFD as soon as they feel unwell, please see the [next slide](#) for more information on testing.

**Suspected COVID-19** is defined as any of the following symptoms:

- a temperature of 37.8oC or more
- a new continuous cough
- a loss of, or change in sense of taste or smell.

## **REMEMBER:**

People who are older or frail, or have cognitive conditions such as dementia, may present with atypical symptoms or feel different from usual.

**This must be considered when assessing whether someone may have COVID-19.**

Please refer to the:

[COVID-19 supplement to the infection prevention and control resource for adult social care](#)



# COVID-19 Testing

## **Symptomatic testing**

Symptomatic staff and residents should take an LFD test as soon as they feel unwell (day 0). Residents should be offered the choice to either self-administer the tests or to have the tests administered by a suitable member of staff.

If the first LFD test result is negative, they should take another LFD test 48 hours later.

If the second LFD test is also negative, and they feel well enough to do so, they can return to their normal activities (subject to discussion with manager and risk assessment).

If either test is positive:

- Staff - follow the [guidance](#) in the section 'If a staff member receives a positive lateral flow or PCR test result'
- Residents - follow the [guidance](#) in the section 'If a person receiving care is symptomatic or tests positive for COVID-19'

## **Asymptomatic testing**

Whilst prevalence of COVID-19 is relatively low, staff should no longer conduct regular asymptomatic staff testing.

Some staff without COVID-19 symptoms may be asked to undertake testing as part of rapid response testing or as part of outbreak testing.

# COVID-19 Testing

## **Rapid response testing**

If one or more positive cases (staff or resident) are found in a care home, then daily rapid LFD testing should be conducted for 5 consecutive days for all staff working on those days. This is not extended if further positive cases are found within the 5 days. Only the staff working in the setting over the rapid response testing period need to be tested; those not working during this period do not need to be tested.

## **Rapid response testing in small care homes**

A small care home is defined as 1 to 10 beds. It is up to a service to determine and be prepared to evidence that small care home guidance applies to them if the size of the care home is above 10 beds. For example, if there are individual units or floors with completely separate staff and residents who do not mix with other staff and residents outside of this unit or floor.

If there is only 1 positive case in a small care home, rapid response testing should be initiated.

If there are 2 or more positive cases in a small care home, outbreak testing should start as soon as possible. Therefore, the home can determine whether rapid response testing has value or if only outbreak testing should be undertaken. Rapid response testing must not delay outbreak testing.

This decision can be made by the provider, with further support available from the local HPT or Public Health team.

Please refer to the [COVID-19 testing in adult social care](#) guidance (2.3 Rapid response testing in care homes and in high-risk extra care and supported living)

# COVID-19 Testing

## **Outbreak testing**

If there are 2 linked positive cases of COVID-19 within the same setting within a 14-day period, then an outbreak should be declared.

In the event of an outbreak, all staff and residents should conduct both an LFD test and a PCR test on day 1 of the outbreak and another LFD test and PCR test between days 4 and 7.

## **Recovery testing**

Apart from those who have tested positive in the last 90 days, all staff and residents should do a PCR test at least 10 days after the last case of COVID-19 in the care home in either staff or residents. This should be 10 days from the last symptom onset date (where symptoms are confirmed as COVID-19 by testing), or 10 days from the last positive test if asymptomatic.

## **Recovery testing in small care homes**

Recovery testing does not need to be undertaken in small care homes. This is because transmission is likely to occur early in the outbreak with less potential for hidden chains of transmission in small populations. Instead, outbreaks can be considered to have ended once all resident self-isolation periods have been completed.

Please refer to the [COVID-19 testing in adult social care](#) guidance (2.4 Outbreak testing in care homes)

# Influenza (Flu)

## **Flu-like illness is defined as:**

- a temperature of 37.8°C or more AND at least one respiratory symptom (cough, hoarseness, nasal discharge, nasal congestion, shortness of breath, sore throat, wheezing, sneezing) OR
- an acute deterioration in physical or mental ability without another known cause.

Sometimes older patients may not develop fever from flu and so respiratory symptoms alone can be used as a sign of a possible flu outbreak, to be reported to your local Health Protection team (HPT).

If you're concerned about residents with influenza:

- Monitor residents using Restore 2 and News 2 (early warning monitor tools)
- Please contact your GP and allied healthcare professionals i.e. CHST
- Call 111 \*6 - proty access to medical support

# Norovirus

Norovirus, sometimes known as the 'winter vomiting bug', is the most common stomach bug in the UK, affecting people of all ages.

It is highly contagious and is transmitted by contact with contaminated surfaces, an infected person, or consumption of contaminated food or water.

The symptoms of norovirus are very distinctive – people often report sudden onset of nausea, followed by projectile vomiting and watery diarrhoea.

Good hand hygiene is important to stop the spread of the virus.

People are advised to:

- Wash their hands thoroughly (using soap and water) and dry them:
  - after using the toilet, before preparing food and eating.
- Not rely on alcohol gels as these do not kill the virus.

An infection with norovirus is self-limiting and most people will make a full recovery in 1-2 days. It is important to keep hydrated – especially for children and the elderly.



**DO NOT visit either A&E or GPs with symptoms as this may spread the virus.**

Further information and advice is available from NHS 111, including an online symptom checker at [nhs.uk](https://www.nhs.uk).

# What to do if you suspect an outbreak

## If you suspect an outbreak of flu, norovirus or another infectious disease:

- Contact the Health Protection Team (HPT), and follow the advice provided:
  - Email: [slhpt.oncall@ukhsa.gov.uk](mailto:slhpt.oncall@ukhsa.gov.uk), Phone: 0344 326 2052
- Follow the most up to date IPC guidance: [Infection prevention and control: resource for adult social care](#).
- Implement increased cleaning of the home/premises, ensuring that staff are aware of the new schedule.
- Monitor residents for symptoms - use early warning tools, such as: News 2 and Restore 2.
- Contact the GP and the Care Home Support Team.

## For COVID-19:

- Report all cases on the LBS [google form](#) and NHS capacity tracker.
- Report suspected (or confirmed) outbreaks to HPT, and follow the advice provided:
  - Email: [slhpt.oncall@ukhsa.gov.uk](mailto:slhpt.oncall@ukhsa.gov.uk), Phone: 0344 326 2052
- Conduct a risk assessment (see [next slide](#)) to determine if an outbreak should be declared and to then determine what outbreak measures should be implemented.
- Follow the most up to date ASC guidance for COVID-19 [Infection prevention and control in adult social care: COVID-19 supplement](#), including the specific [testing guidance](#). Where an outbreak is confirmed, outbreak testing must be completed and any further cases should be reported to the [Local Authority](#).
- Implement increased cleaning of the home/premises, ensuring that staff are aware of the new schedule.
- Monitor residents for symptoms - use early warning tools, such as: News 2 or Restore 2.
- Contact the GP and the Care Home Support Team.

# Risk Assessing a Suspected COVID -19 Outbreak

The risk assessment should determine if the cases are likely to have been the result of transmission within the care home. The risk assessment should consider whether:

- there is a known source of infection
- the initial individual with suspected or confirmed COVID-19 may have infected others while in the setting. For example, if the individual was in the setting while they were likely to be infectious (up to 2 days before symptoms onset or a positive test, and up to 10 days after)
- the initial individual had contact with the other individual or individuals with suspected or confirmed COVID-19 while they were likely to have been infectious
- the initial individual may have picked up the infection from the setting. This may be possible if the individual was in the setting during their incubation period (up to 14 days prior to symptom onset and/or a positive test)
- there are any factors which may increase the risk of transmission occurring in the setting

Cases would not be considered linked if:

- the cases were more than 14 days apart, from the earliest of symptom onset or a positive test
- the cases were in people who had not been in the care setting in the last 14 days
- the cases were among different staff members or residents in discrete units, floors or sections who are completely separate and do not mix
- a case or the cases were recently discharged from hospital and safely isolated under the care of cohorted staff

Please refer to the [COVID-19 supplement to the infection prevention and control resource for adult social care](#) guidance (Outbreak management)

[Suspected outbreak - risk assessment Dec 222.docx](#)

Please contact the LBS, if you would like support with your risk assessment and need further IPC support.

# Infection Prevention and Control: Quick Guide for Care Workers

Understanding how infection is spread is crucial to effective infection prevention and control (IPC).

- You should be trained in the IPC measures you need to carry out your job.
- You should ensure you are aware of the IPC measures needed where you work including any additional IPC measures relating to people you care for or activities you carry out.
- If you need further support or guidance on IPC you should approach your manager, employer or your [local authority](#).

**Following IPC measures and limiting the spread of infection is everyone's responsibility.**

Basic IPC measures are:

- Personal protective equipment (PPE)
- Hand hygiene
- Respiratory and cough hygiene
- Management of blood and body fluid spills
- Management of laundry
- Waste management



# Personal Protective Equipment (PPE)

Appropriate PPE should be worn by care workers and visitors to residential care settings, subject to a risk assessment of likely hazards. The advice on the following slides provides guidance on the type of PPE that is recommended, to help protect care workers and care recipients and prevent the transmission of infectious diseases, with particular advice regarding care of people suspected or confirmed to be COVID-19 positive.

## How to access free PPE

The provision of free PPE for all health, social care and public sector workers for COVID-19 infection control has been extended until 31 March 2023.

The PPE portal can be used by:

- GPs/ Pharmacies/ Dentists
- children's care homes and secure homes
- all special schools and special post-16 institutes
- community/ residential drug and alcohol services
- vaccination sites and vaccination centres
- hospices
- health and social care settings
- local authority service (including children and adult social care workers)
- adult social care service that is not CQC registered (for example, supported living, extra care, shared lives)

Order PPE via the: [PPE Portal](#)

# PPE: What to wear and when

**Table 1: PPE requirements when caring for a person not known or suspected to have COVID-19**

Activity	Face masks	Eye protection	Gloves	Apron
Social contact with clients, staff, visitors	No	No	No	No
Care or domestic task involving likely contact with blood or body fluids (giving personal care, handling soiled laundry, emptying a catheter or commode)	Risk assess – Type IIR if splashing likely	Risk assess if splashing likely	Yes	Yes
Tasks not involving contact with blood or body fluids (moving clean linen, tidying, giving medication, writing in care notes)	No	No	No	No
General cleaning with hazardous products (disinfectants or detergents)	Risk assess – type IIR if splashing likely or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product	Risk assess or if recommended by manufacturer of cleaning product

For people with an infectious illness other than COVID-19, follow the above principles and any additional advice for the specific infection.

**Note:** sessional use of masks applies to communal care settings only.

# PPE: What to wear and when

**Table 2: PPE requirements when caring for a person with suspected or confirmed COVID-19**

<b>Activity</b>	<b>Face masks</b>	<b>Eye protection</b>	<b>Gloves</b>	<b>Apron</b>
Giving personal care to a person with suspected or confirmed COVID-19	Yes – type IIR  Remove on leaving the area	Yes	Yes	Yes
General cleaning duties in the room where a person with suspected or confirmed COVID-19 is being isolated or cohorted (even if more than 2 metres away)	Yes – type IIR  Remove on leaving the area	Yes	Yes	Yes
For tasks other than those listed above, when within 2 metres of a person with confirmed or suspected COVID-19	Yes – type IIR  Remove on leaving the area	Yes	Risk assess (if contact with blood or body fluids likely)	Risk assess (if contact with blood or body fluids likely)

# PPE: What to wear and when

**Table 3: PPE requirements when undertaking Aerosol Generating Procedures (AGP)**

Activity	Face masks	Eye protection	Gloves	Apron
Undertaking an AGP on a person who is <b>not</b> suspected or confirmed to have COVID-19 or another infection spread by the airborne or droplet route	Yes – type IIR to be used for single task only	Yes	Yes	Yes (consider a fluid repellent gown if risk of extensive splashing)
Undertaking an AGP on a person who <b>is</b> suspected or confirmed to have COVID-19 or another infection spread by the airborne or droplet route	Yes – FFP3 RPE to be used for single task only	Yes – goggles or a visor should always be worn.  If there is a risk of contact with splash from blood or body fluids and the FFP3 is not fluid resistant this needs to be a full-face visor.	Yes	Yes (consider a fluid repellent gown if risk of extensive splashing)

# PPE Reminders

- Think about whether you need personal protective equipment (PPE) before you start a task and make sure you know what PPE is suitable.
- Wash your hands before putting on PPE and after taking off and disposing of used PPE.
- Wear gloves and aprons if you expect to come into contact with non-intact skin, mucous membranes, blood or body fluids.
- Always wash your hands after taking off gloves.
- You should only wear gloves and aprons for one task. You should dispose of them if they get contaminated and when you are finished with your task.
- You may need to wear additional PPE such as face masks and eye protection on some occasions, such as where there is a risk of being splashed by blood or body fluids.
- Additional PPE may also be recommended because of particular diseases, such as the recommendation to wear face masks while COVID-19 is circulating.

# Hand Hygiene

1. Clean your hands before and after contact with someone you care for, after exposure to blood or body fluids, before handling food or drink and before any clean or aseptic procedures.
2. You should help the people you care for to keep their hands clean.
3. Hands should be washed for 20 seconds, with all areas of the hands and wrists cleaned.
4. Hands should be washed with liquid soap and warm, running water and dried using paper towels.
5. You can clean your hands with alcohol-based hand rub instead of soap and water if your hands are not visibly dirty and there has been no risk of exposure to blood or body fluids.
6. When caring for someone with vomiting or diarrhoea you should make sure you wash your hands using soap and water. These illnesses can be caused by germs which are not destroyed by alcohol-based hand rub.



# Respiratory Hygiene

- Cover your nose and mouth with a tissue when sneezing, coughing, or wiping or blowing your nose. Dispose of all used tissues into a waste bin.
- If you do not have a tissue, you should sneeze or cough into the crook of your elbow.
- Clean your hands after coughing, sneezing, using tissues or after contact with respiratory secretions such as saliva or mucus.
- You should support the people you care for to follow this advice as well.

[Catch it, bin it, kill it](#)

## CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



## BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



## KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



**NHS**

# Cleaning

## Cleaning of the environment

It is important those carrying out cleaning duties understand their responsibilities as required under the Health and Safety at Work etc Act 1974 and associated regulations including COSHH. Workers should be provided with the PPE required to safely undertake cleaning tasks. See [HSE advice on carrying out COSHH assessments](#).

Where cleaning is the responsibility of the worker it is important all understand their responsibilities such as:

- whose responsibility it is for cleaning different areas of the environment
- the frequency of cleaning the different areas of the environment
- the method of cleaning, including the products to use
- the method, frequency and responsibility for cleaning equipment which includes reference to the manufacturer's guidance for cleaning
- the training required for cleaning
- how cleaning standards will be monitored
- arrangements for cleaning outside of usual frequencies
- arrangements to prevent cross contamination – for example colour coding of cleaning materials
- how to safely dispose of items such as cleaning cloths and gloves

**Note; Any spillage of blood or other bodily fluids should be cleaned up immediately. You should make sure you know how to do this.**

For further advice on cleanliness in care homes, see [national specifications for cleaning in care homes](#).



# Laundry

If your role includes doing laundry, make sure you know how to deal with laundry from people with infections or which is contaminated by bodily fluids. This may include using a pre-wash or sluice cycle and/or loading laundry into the washing machine inside a water-soluble bag.

Keep clean laundry separate from dirty laundry, including using different containers to carry it.

# Waste Disposal

- Make sure you know how to deal with waste in your workplace including how to identify and handle different types of waste including used PPE and waste contaminated by bodily fluids, medicines or chemicals. This may involve colour coding of waste bags.
- Make sure you do not overfill waste bags.
- Dispose of waste as soon as practically possible.
- Wash your hands after handling waste.

# Promoting Infection Prevention Control (IPC)

- Promoting IPC is effective in supporting high standards in IPC. Several resources are nationally available to support promotion, such as [Skills for Care's Every Action Counts toolkit](#).
- IPC champions are advocates for promoting good infection control practices and driving local initiatives. [Champions networks](#) have been developed locally, nationally and within provider organisations.
- Training and education are essential to protect people from the risks of infection, along with maintaining competence in applying the principles of IPC. Each care service should have a policy which sets out the training required and the frequency, along with how ongoing competency will be assured.
- A number of organisations provide support and advice for IPC training and education, both nationally and regionally. Commissioners and the local integrated care system will have details of local arrangements. Nationally, [Skills for Care](#) and the [Social Care Institute for Excellence](#) provide resources.
- Information sharing ICS south west London Webinar- every tuesday at 11-12 noon. A great source of information and updates to any changes in guidance on Infection control, and other valuable resources for care homes and managers

# Guidance

- [Infection prevention and control: resource for adult social care](#)
- [Infection prevention and control in adult social care: COVID-19 supplement](#)
- [Coronavirus \(COVID-19\) testing for adult social care services](#)
- [Coronavirus \(COVID-19\) symptoms in adults](#)
- [NICE care home quick guide](#)
- [Deep-cleaning-guidance-for-Care-Homes-May-2020.pdf](#)
- [Influenza-like illness \(ILI\): managing outbreaks in care homes – GOV.UK \(www.gov.uk\)](#)

## Useful resources

- SWL information sharing session, every Tuesday at 11.00am - [Click here to join the meeting](#)
- Register to receive updates on national guidance. [Sign up to get emails when we change any coronavirus information on the GOV.UK website.](#)

# Resources

- Checklist
- [Information on COVID-19 vaccination: easy-read guide](#)
- [COVID-19 vaccination social media cards 2021 Posters – London \(different languages\)](#)
- [An easy-to-read leaflet providing information on influenza \(flu\) and vaccination](#)
- [Leaflet – Flu immunisation for social care staff and hospice staff](#)
- [UKHSA Campaign Resource Centre – register free to download order free resources for all public health campaigns](#)
- [Sutton Care Hub](#)

# Useful Contacts

- Public Health
  - [publichealth@sutton.go.uk](mailto:publichealth@sutton.go.uk)
- Chivonne Tsekiri, Infection Prevention and Control (IPC) Nurse
  - [chivonne.tsekiri@sutton.gov.uk](mailto:chivonne.tsekiri@sutton.gov.uk)
  - 07749 723 610
- Care Home Support Team
  - [esth.carehomesupportteam@nhs.net](mailto:esth.carehomesupportteam@nhs.net)
  - 0208 296 4156
- South London Health Protection Team (HPT)
  - [slhpt.oncall@ukhsa.gov.uk](mailto:slhpt.oncall@ukhsa.gov.uk)
  - 0344 326 2052
- NHS 111
  - NHS 111 can help when you need medical help or advice fast – but it's not an emergency.
  - When calling from a care home, you can dial 111\*6 to speak directly to a highly trained senior clinician such as a GP, Paramedic, Pharmacist or Mental Health Nurse.
- NHS 119
  - NHS 119 can help if you have questions or need advice on COVID-19 vaccinations, testing, NHS COVID Pass, and more.
  - Lines are open Monday to Friday from 9am to 5pm, and on Saturday from 9am to 1pm (closed on Sunday & bank holidays).