

Angels Homecare and Community Services

Infection Control Management: In-depth

Summary of Infection Control Management in Angels Homecare

Introduction

Infection prevention and control are fundamental to the delivery of safe, high-quality care in domiciliary and adult social care settings. This document sets out the comprehensive infection control management policy for [Angels Homecare infection-control-management-depth.docx](#), reflecting current best practice, regulatory requirements, and national guidance across England, Scotland, Wales, and Northern Ireland.

The policy is designed to protect both service users and staff from the risks associated with infectious diseases, including healthcare-associated infections (HCAIs). It details the roles and responsibilities of employers and employees, outlines essential procedures such as risk assessment, standard precautions, cleaning protocols, use of personal protective equipment (PPE), outbreak recognition and reporting, and describes the systems for training, auditing, and incident recording.

By adhering to the principles and procedures described herein, Angels Homecare aims to maintain the highest standards of infection prevention and control, ensuring a safe environment for all those who use and deliver its services.

Roles and Responsibilities in Infection Control

Employers' Responsibility at Angels Homecare

At Angels Homecare, employers play a critical role in preventing and controlling infections within care services. Their responsibilities include:

- **Establishing robust infection prevention and control policies and procedures** that align with current best practice guidance and regulatory requirements. In England, this means compliance with the Health and Social Care Act 2008: Code of Practice (the "Hygiene Code"); in Scotland and Wales, following the National Infection Prevention and Control Manual (NIPCM).
- **Designating a lead individual for infection prevention and control.** At Angels Homecare, this is Cristina Olaru. The infection control lead is responsible for preparing a comprehensive annual report detailing the organisation's infection prevention and control systems, and for monitoring and evaluating their effectiveness.

- **Ensuring all staff receive appropriate training** in infection prevention and control, and that systems are in place for regular audits and reviews.
- **Providing necessary resources** such as personal protective equipment (PPE), cleaning materials, and up-to-date guidance to support safe working practices.
- **Reviewing and updating policies** annually or following significant changes in legislation, guidance, or after any major incident.

Employees' Duties at Angels Homecare

All staff at Angels Homecare have essential responsibilities in infection control, including:

- **Complying fully with all established infection control policies and procedures.**
- **Attending all required training sessions** on infection prevention and control.
- **Performing daily duties in accordance with infection control guidance,** including correct use of PPE, hand hygiene, and cleaning protocols.
- **Remaining vigilant and proactive in reporting any incidents or circumstances** that could potentially lead to or worsen the spread of infection. Immediate reporting ensures that appropriate actions can be taken quickly to minimise risks to both service users and colleagues.
- **Participating in audits and reviews** as required, and contributing to a culture of continuous improvement in infection prevention and control.

Infection Control in Practice: Adult Social Care

Effective infection prevention is fundamental in adult social care environments. Preventing infection not only ensures that service users receive safe and effective care but also protects them from healthcare-associated infections (HCAIs). All infection prevention and control activities must be carefully managed and consistently based on established best practices to achieve the highest standards of safety and quality in care.

Regional Guidance

In England, the primary guidance is provided by the Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance, issued by the Department of Health and Social Care (DHSC). For care homes, this is supplemented by the Prevention and Control of Infection in Care Homes: An Information Resource, also published by DHSC.

As of April 2022, a new National Infection Prevention and Control Manual for England (v1.1) has been published, adapting the Scottish NIPCM manual. This manual applies to all NHS services, and NHS England recommends its principles across all care settings—

including acute, community, and social care—complementing specific guidance for each environment.

In Scotland and Wales, the online National Infection Prevention and Control Manual (NIPCM) is applicable.

Domiciliary Care

Professionals engaged in domiciliary care frequently deliver personal care to service users and may occasionally be required to manage incidents involving body fluid spills. It is incumbent upon care providers to maintain a safe working environment for both employees and clients by implementing suitable infection prevention and control measures. Although these precautions may not always match the stringency of those adopted in residential care settings, they should be commensurate with the specific risks encountered. Critical measures include rigorous hand hygiene practices, proper utilisation of personal protective equipment (PPE), effective laundering of uniforms, and adherence to established protocols for spill management.

Risk Assessment

All care environments and activities are subject to routine risk assessments to identify potential sources of infection. These assessments evaluate both the likelihood and impact of exposure to infectious agents, including blood, bodily fluids, contaminated surfaces, and equipment. Findings must be documented and reviewed annually, or following any significant incident or outbreak.

Standard Precautions

All personnel are required to adhere to standard infection control precautions consistently, regardless of the suspected or confirmed infection status. Standard precautions encompass:

- Strict hand hygiene before and after contact with service users, removal of gloves, and interaction with potentially contaminated surfaces.
- Appropriate use of Personal Protective Equipment .
- Safe handling and disposal of sharps and waste.
- Thorough cleaning and disinfection of equipment and surfaces.
- Maintenance of respiratory hygiene and cough etiquette.

Cleaning and High-Touch Spot Management

All areas, with emphasis on high-touch points (e.g., door handles, light switches, handrails, taps, remote controls), shall be cleaned and disinfected regularly using approved products. Cleaning schedules are established for both routine and deep cleaning, with increased frequency during outbreaks or periods of elevated risk. Staff must adhere strictly to protocols for managing body fluid spills and laundering uniforms.

Personal Protective Equipment (PPE)

PPE is provided and must be utilized according to the nature of the task and associated risk:

- **Gloves:** For contact with blood, bodily fluids, mucous membranes, or contaminated surfaces.
- **Aprons:** Where there is a risk of splashing or contamination of clothing.
- **Hair nets:** As required by risk assessment or specific procedures.
- **Masks:** When there is a risk of airborne or droplet transmission, or as stipulated by outbreak protocols.
- **Shoe covers:** When necessary for specific cleaning tasks or during outbreak containment.

PPE must be donned and doffed in accordance with training guidelines and disposed of safely. We complete donning and doffing training and these are also evaluated during spot checks

Outbreak Recognition and Reporting

Staff should remain vigilant for indications of infectious outbreaks, such as clusters of illness, increased absenteeism, or atypical symptoms. Any suspected outbreak must be reported immediately to the infection control lead (Cristina Olaru or Casey Goodchild). The infection control lead will activate outbreak protocols, which include enhanced cleaning, isolation measures, and notification of relevant authorities.

Training and Audits

All personnel receive mandatory instruction in infection prevention and control, covering risk assessment, standard precautions, cleaning procedures, PPE usage, and outbreak management. Competency-based training is delivered for hand hygiene and PPE application. Compliance with infection control procedures, cleaning standards, and PPE usage is monitored through regular audits. Audit findings are reviewed by management and applied to improve best practices.

Recording in Accident/Incident Matrix

All incidents related to infection, near misses, outbreaks, and audit results are documented in the accident/incident matrix. This matrix records event details, actions taken, outcomes, and lessons learned. Regular review of these records helps to identify trends and inform future risk assessments and policy revisions.

Accident/Incident Matrix Recording Form

Incident Date /Time	Reported By	Location/Area	Type of Incident	Description of Event	Persons Involved	Immediate Actions Taken	Outcome	Lessons Learned	Follow-up Actions	Action By Whom	Action By When	Review Date

Outbreak Protocols for Infection Control

1. Outbreak Recognition

- All staff must remain vigilant for signs of a possible infectious outbreak, such as:
 - Clusters of illness among service users or staff
 - Increased absenteeism
 - Unusual or atypical symptoms presenting in multiple individuals

2. Immediate Reporting

- Any suspected outbreak must be reported immediately to the Infection Control Lead (Cristina Olaru).
- The report should include:
 - Details of affected individuals
 - Symptoms observed
 - Timeline of onset
 - Any actions already taken

3. Activation of Outbreak Protocols

- Upon notification, the Infection Control Lead will:
 - Assess the situation and confirm the outbreak
 - Notify relevant authorities as required (e.g., local health protection team, CQC)

- Initiate enhanced infection control measures

4. Enhanced Infection Control Measures

- Increase frequency of cleaning and disinfection, especially high-touch areas (door handles, light switches, handrails, taps, remote controls)
- Implement isolation measures for affected individuals where possible
- Ensure strict adherence to PPE protocols (gloves, aprons, masks, hair nets, shoe covers as appropriate)
- Reinforce hand hygiene and respiratory etiquette among all staff and service users

5. Communication

- Keep all staff informed of the outbreak status and any changes to procedures
- Provide clear instructions regarding additional precautions and reporting requirements
- Communicate with service users and their families as appropriate, maintaining confidentiality

6. Documentation

- Record all outbreak-related incidents, actions taken, and outcomes in the organisation's accident/incident matrix
- Include details such as:
 - Date and time of outbreak recognition
 - Individuals affected
 - Control measures implemented
 - Notifications made to authorities
 - Lessons learned and follow-up actions

7. Review and Debrief

- After the outbreak is contained, conduct a review to:
 - Assess the effectiveness of the response
 - Identify any gaps or areas for improvement
 - Update risk assessments and infection control policies as needed

- Share lessons learned with all staff

Policy Review and Staff Acknowledgement

The policy undergoes review annually or following significant changes in legislation, guidance, or any major incident. All staff are required to sign an acknowledgement confirming they have read and understood the policy.

References:

This policy is based on the Angels Homecare Infection Control Management document, NICE guidelines, and relevant legislation.

NICE Guidelines

The National Institute for Health and Care Excellence (NICE) issues comprehensive guidance on infection control. While their guidelines are formally applicable to England, implementation in Wales, Scotland, and Northern Ireland is determined by the respective devolved administrations.

Pertinent NICE guidelines comprise:

- CG139: Healthcare-associated Infections: Prevention and Control in Primary and Community Care (updated February 2017)
- PH36: Healthcare-associated Infections: Prevention and Control (November 2011)

In addition, relevant quality standards include:

- QS61: Infection Prevention and Control (April 2014)
- QS113: Healthcare-associated Infections (February 2016)

CG139 provides detailed recommendations on topics including hand decontamination, PPE usage, safe handling and disposal of sharps, waste management, long-term urinary catheters, enteral feeding, and vascular access devices. Key priorities identified in CG139 encompass systematic education of all care providers regarding core infection prevention and control principles, competency-based training in hand decontamination and PPE, and ensuring consistent provision of appropriate resources for hand hygiene and the safe disposal of materials.

QS61 highlights the importance of “antimicrobial stewardship,” which entails an organisational strategy aimed at promoting prudent use of antimicrobial agents to safeguard their continued clinical efficacy.

List of Relevant Legislation

- Health Protection (Notification) (Amendment) Regulations 2020
- Environmental Protection Act 1990
- Public Health (Control of Disease) Act 1984
- Health and Safety at Work, etc Act 1974
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Health Protection (Notification) Regulations 2010
- Hazardous Waste Regulations 2005
- Control of Substances Hazardous to Health Regulations 2002
- Management of Health and Safety at Work Regulations 1999
- Personal Protective Equipment at Work Regulations 1992

Further Information

Please Sign to state you understand Angels Homecare Policy

Staff Name: _____

Date: _____

Staff review date: _____

Document Created by: Casey Goodchild
Position: Nominated Individual
Policy created : 17.11.2025
Policy Review Date: 16.11.2026