

**Bridgend County Borough Council**  
Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

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**Social Services & Wellbeing Directorate**

# **Infection Prevention and Control Policy**

<b>Updates, Revisions and Amendments</b>		
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## **1. Introduction**

- 1.1 This policy aims to provide a clear and comprehensive summary of Bridgend County Borough Council's Social Services and Wellbeing Directorate's approach to Infection Prevention and Control.
- 1.2 This policy is to be read alongside the Social Services and Wellbeing Directorate's Infection Control Protocol (December 2022) found on the Social Services and Wellbeing policy and procedure intranet page.

## **2. Legal and Regulatory Framework**

- 2.1 Bridgend County Borough Council (BCBC) will comply with all relevant legislation and associated guidance including but not limited to:
  - Social Services and Well-being (Wales) Act 2014
  - Children Act 2004
  - Children and Families Act 2014
  - Registration and Inspection of Social Care (Wales) Act 2016
  - The Regulated Services (Registration) (Wales) Regulations 2017
  - The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
  - Statutory Guidance for service providers and Responsible Individuals on meeting service standard regulations for Care home services, domiciliary support services, secure accommodation services, and residential family centre services
  - National Infection Prevention and Control Manual (Public Health Wales)
  - Medicines Act 1968
  - Health and Safety at Work etc. Act 1974
  - The Control of Substances Hazardous to Health Regulations 2002
  - The Management of Health and Safety at Work Regulations 1999
  - The Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance
  - Personal Protective Equipment at Work (Amendment) Regulations 2022
  - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

### 3. Definitions

**Infection** - The invasion and growth of germs in the body. The germs may be bacteria, viruses, yeast, fungi, or other microorganisms. Infections can begin anywhere in the body and may spread all through it.

**Host** - A host in the context of infectious disease refers to an animal or plant that acts as a biological refuge in which another - often parasitic - organism may dwell.

**Virus** - a very simple microorganism that infects cells and may cause disease.

**Bacteria / Bacterium** - A large group of single-cell microorganisms. Some cause infections and disease in animals and humans

**Fungus** - organisms of the kingdom Fungi, which includes the yeasts, rusts, smuts, mildews, moulds, and mushrooms.

**Prevention** - the action of stopping something from happening or arising.

**Control** - Preventing or stopping the spread of infections in social care settings.

**Personal Protective Equipment (PPE)** - Personal protective equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. In social care settings this may take the form of gloves, aprons, facemasks, visors or other approved and relevant PPE.

**Hygiene** - conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness.

**Reservoir** - The reservoir of an infectious agent is the habitat in which the agent normally lives, grows, and multiplies. Reservoirs include humans, animals, and the environment. The reservoir may or may not be the source from which an agent is transferred to a host.

**Portal of entry** - The portal of entry refers to the way a pathogen enters a susceptible host.

**Transmission** - transmission is the passing of a pathogen causing communicable disease from an infected host individual or group to a particular individual or group, regardless of whether the other individual was previously infected.

### 4. Policy Statement

4.1 The Social Services and Wellbeing Directorate is committed to following Public Health Wales stance towards the prevention and control of infections in regulated care settings.

4.2 Infection Control and Prevention are a key priority in regulated services provided by Bridgend County Borough Council.

4.3 It is the responsibility of all members of staff working in regulated services to ensure they follow this policy and the associated Infection Control and Prevention Protocols to minimise the risks of transmission amongst the people we support, social care staff and any visitors to the regulated setting.

4.4 Following Public Health Wales link with NHS Scotland to utilise the National Infection Prevention and Control Manual (NIPCM), this policy and associated procedure has been written in line with current guidelines informed by the NIPCM to be implemented across regulated care settings. Protocols will be revised and be kept in line with any national or regional changes regarding the NIPCM and any changes in legislation.

#### 4.5 **Roles and Responsibilities**

##### 4.5.1 Director of Social Services, **Heads of Services and Responsible Individuals**

Are responsible for:

- Having management systems in place to ensure safe practice (implementation of organisational policies and procedures)
- Complying with relevant legislation and codes of practice (lead employee with responsibility and accountability)
- Creating, maintaining and reviewing safe working practices
- Informing employees of any changes to working practices
- Providing and ensuring provision of adequate PPE and facilities

##### 4.5.2 **Registered Managers**

Are responsible for:

- Carrying out risk assessments to prevent, detect and control the spread of infection. Corporate training in Governance Audit and Risk Management training is available through the Learning and Development website.
- Taking appropriate and proportionate action to identified risk, such as providing personal protective equipment. However, under the Control of Substances Hazardous to Health (COSHH) hierarchy of control principles, the provision of PPE should be regarded as the last control option since it only protects the individual wearing the PPE.
- Providing relevant information (policies and procedures) and training to all staff who directly or indirectly provide care
- Keeping relevant records of infections
- Reporting significant outbreaks of infectious diseases under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) alongside the Corporate Health and Safety Unit (CHSU) as set out in section

4.5.4. Please note, occupational diseases reportable to the Health and Safety Executive (HSE) under RIDDOR are very limited in scope and normally excludes communicable diseases e.g., staff developing COVID-19. COVID-19 was only RIDDOR reportable when the employer knew or had good reasons to believe that the supported individual/staff member had COVID-19, and the employer had not taken reasonable precautions to protect the people they support/their staff by not providing PPE etc. Outbreaks of communicable diseases may be reportable to Public Health Wales and/or Environmental Health but that would be totally independent of HSE requirements. Further details of reporting requirements can be found at section 15.

#### 4.5.3 **Social Care Workers (including agency and bank staff)**

Are responsible for:

- Complying with all legislation, organisational policies and procedures to promote safety (to individual, self and others, e.g. visitors).
- Following risk assessments and care plans when delivering individual care.
- Following the 'fitness to work' procedures by advising their Registered Manager of any symptoms or illnesses they are experiencing or in their household. If they are experiencing symptoms of infectious diseases, staff will remain off work until they are 48 hours symptom free, or until microbiological clearance has been confirmed.
- Taking precautionary measures to prevent cross-infection (hand washing, using personal protective equipment correctly and appropriately, e.g. aprons, gloves).
- Promptly report and record any concerns to their manager or supervisor.
- Attending all training provided to ensure best practice.

#### 4.5.4 **Corporate Health and Safety Unit**

Are responsible for:

- Supporting the Directorate and individuals to help ensure that health and safety related requirements of this policy are competently undertaken.
- Where required, undertaking monitoring and evaluation of services to ensure compliance with and the suitability of procedures associated with this policy. Typical areas of support would be (but not limited to):
  - Training – risk assessment, safety awareness (understanding legal responsibilities and managerial systems for example), COSHH and accident investigation.
  - Risk assessment – direct support in compilation of assessments and associated working practices where required.

- Monitoring and evaluation – risk assessments/working practices, procedures and recording keeping, incident investigations where required.
- RIDDOR – acting as the designated person within the Council CHSU to report all relatable incidents to the HSE and assist the Directorate to ensure that suitable investigations and subsequent modifications are undertaken.

## **5. Scope**

- 5.1 This policy applies to all staff working in or alongside regulated services including those working in adults' services, children's services and any agency workers that may be called upon to support these services.
- 5.2 This policy covers all areas of Infection Prevention and Control processes that take place in regulated services.
- 5.3 This policy is written to go alongside other Directorate and Council policies and procedures and the Social Services and Wellbeing Directorate's Infection Control Protocol. The policy replaces any and all previous policies regarding Infection Prevention and Control.

## **6. Key Principles**

- 6.1 All staff shall endeavor to maintain best practice standards regarding Infection Prevention and Control across all regulated settings.
- 6.2 Staff will familiarise themselves with the NIPCM and be able to use this as a reference point and guide for all infection prevention and control matters.
- 6.3 Staff will have access to and ensure the correct use of appropriate PPE and facilities relevant to the task.
- 6.4 The following points are to be treated as standard precautions:
- Use effective hand hygiene
  - Use appropriate personal protective equipment (PPE) when dealing with blood and body fluids, including substances hazardous to health
  - Use and dispose of sharps safely
  - Manage equipment used in the delivery of care appropriately to limit the risk of contamination with microorganisms.
  - Adhere to local Environmental Hygiene Policy, including prompt management of blood and body fluid spillages
  - Dispose of clinical waste correctly and safely

- Manage linen used during the delivery of care appropriately to limit the risk of contamination with microorganisms

## **7. Infection Risk Assessments**

- 7.1 Assessing a person's risk of catching or spreading an infection and providing them with information about infection is essential in supporting safety.
- 7.2 An assessment of a person's risk of infection should be carried out before they start using the service and should be kept under review for as long as they use the service. The assessment should contribute to the planning of the person's care and should determine whether any extra Infection Prevention and Control (IPC) precautions are required, such as whether they need to isolate or whether workers need to wear additional personal protective equipment (PPE). The assessment should include all factors which place the person at a higher risk of catching or spreading infection and may include:
- Symptoms:
    - history of current diarrhoea or vomiting
    - unexplained rash
    - fever or temperature
    - respiratory symptoms, such as coughing or sneezing
  - Contact:
    - previous infection with a multi-drug resistant pathogen (where known)
    - recent travel outside the UK where there are known risks of infection
    - contact with people with a known infection
  - Person risk factors:
    - vaccination status which will assist assessment of their susceptibility to infection and allow protective actions to be taken when necessary
    - wounds or breaks in the skin
    - invasive devices such as urinary catheters
    - conditions or medicines that weaken the immune system
  - Environmental risk factors, such as poor ventilation in the care setting

## **8. Hand Hygiene**

- 8.1 Hand hygiene is an important practice in reducing the transmission of infectious agents which cause infections.



- 8.2 Hands should be washed with warm/tepid water with liquid soap for at least 20 seconds, and in accordance with the hand washing steps illustrated on the hand washing posters, to mitigate the risk of dermatitis associated with repeated exposures to hot water and to maximise hand washing compliance. Compliance may be compromised where water is too hot or too cold. Hands should be dried thoroughly following hand washing.
- 8.3 Where staff are required to wash their hands in the service user's own home, they should do so for at least 20 seconds using any hand soap available.
- 8.4 Hand Sanitiser Gel should be used in addition to thorough hand washing techniques and does not replace the requirement to utilise hand washing. Hand Sanitiser Gel is not effective against some viruses such as Norovirus.
- 8.5 Further guidance on handwashing techniques is found in the Infection Prevention and Control Protocol in Section 10.

## 9. **Personal Protective Equipment**

- 9.1 PPE will be used when assessed as necessary to reduce the risk of transmission of pathogens and other risks associated with care tasks. PPE is the last element of the hierarchy of controls and used only when all other controls are considered insufficient to manage the risk of infection.
- 9.2 If it is not removed at the right time PPE can spread infection between people and wearing unnecessary PPE impacts on worker comfort, increases costs, and has adverse environmental impacts. The use of PPE should therefore be based on a risk assessment approach. When unsure what PPE is suitable in certain situations, advice can be sought the registered manager or their delegated person.
- 9.3 PPE will be stored in appropriate and designated areas within residential settings. This may include storing PPE in lidded containers or dispensers. PPE should never be stored on the floor. In domiciliary settings supporting people in their own home, or in supported living settings arrangements may include storing in a dry, clean area protected from dust – for example, in sealed containers in the person's home (with their permission and if safe to do so) or in staff's own vehicle.
- 9.4 PPE is to be treated as single use unless explicitly identified as reusable by the manufacturer, in which case it is important the instructions for decontamination are understood and followed.
- 9.5 Hand hygiene will be completed before putting on and after taking off PPE.
- 9.6 PPE must be changed if damaged or contaminated following the correct order for putting on and taking off (donning and doffing). All used PPE must be

appropriately disposed of following service procedures for disposal of infectious waste.

- 9.7 During the completion of all personal care tasks PPE must be worn as appropriate. This will reduce the risk of transmission or contamination of staff's clothing if there is the spillage or exposure to any bodily fluids such as blood, urine, or phlegm. More information on the dealing with spillages and bodily fluids can be found in section 11.

## **10. Disposal of Waste**

- 10.1 Waste such as dressings and disposable clothing can cause infection. All waste products which include incontinence, and other waste produced from humans and sanitary products should be disposed of in the appropriate coloured bags.
- 10.2 The BCBC Absorbent Hygiene Products Collection (which uses purple bags) caters for nappies, wipes, paper tissues, stoma bags, adult incontinence pads and nappies, absorbent bed sheets, plastic gloves, and disposable aprons.
- 10.3 Clinical waste products are also to be disposed of in the appropriately allocated bins. Any sharps are to be disposed in Sharps boxes and collected following the correct processes set out by the service as per the Infection Prevention and Control Protocol.
- 10.4 For clinical waste in support at home domiciliary care setting, for people who are self-medicating with no clinical infections, they should place dressings and bandages in their landfill bags.

## **11. Cleaning and Procedures for the Cleaning of Spillages**

- 11.1 In accommodation-based services, maintaining premises in good order reduces the risk of infection. All staff have a responsibility to help keep the home clean and tidy and to identify areas which fall below acceptable or safe standards. The manager will ensure that there is a full cleaning schedule in place and where necessary staff will ensure checklists are maintained to evidence that cleaning procedures have been undertaken in line with the schedule. The manager is responsible for communicating cleaning procedures and schedule to staff. Any staff with concerns about the standard of hygiene and cleanliness should be bring them to the attention of their line manager. The manager will have overall responsibility to ensure that the cleaning schedule is being maintained and for monitoring its effectiveness to ensure high standards of hygiene and cleanliness.
- 11.2 With regards to domiciliary care, staff must bring to the attention of their manager any concerns about the cleanliness / physical condition of a person's home.

- 11.3 Spillages will inevitably occur from time to time, and it is essential that each occurrence is dealt with appropriately, and where necessary, cleaning fluids are used.
- 11.4 PPE will always be worn when dealing with spillages of blood, vomit, faeces, and other bodily fluids in concordance with the above statements and following manufacturer guidance.
- 11.5 Cleaning of care equipment will take place at a minimum of weekly unless incidents dictate for it to be cleaned sooner. All equipment will be maintained and serviced in line with manufacturer's instructions.
- 11.6 Care workers and Registered Managers must ensure that they are only ever using approved products for cleaning processes to ensure they are to the required standard. When using the products, care must be given to ensuring the correct dilutions and contact time is followed and ensuring an effective 2-stage cleaning process which allows for proper cleaning and disinfection to take place.

## **12. Isolation**

- 12.1 In order to reduce and minimise the risk of transmission of infections and infectious agents, there may be a requirement for individuals supported by accommodation-based services to be placed in isolation.
- 12.2 The decision for this will be based on a case-by-case basis to ensure the liberty of the individuals is protected at all times, whilst also ensuring the safety of other people supported by the service and minimizing the risk of transmission and spread of infection.
- 12.3 Each service will follow all national guidelines and laws in relation to Covid-19 and any required isolation periods.
- 12.4 It is not possible to isolate individuals supported at home in the community. Risk assessments will be completed, including giving consideration to whether there is a need to cohort residents and/or staff, and staff will wear the appropriate PPE at all times whilst supporting the individual(s).

## **13. Commissioning and Procurement arrangements**

- 13.1 All contracts that are put in place with commissioned services and providers, set out BCBC's expectation to provide a service in line with all relevant and current national legislation, guidance, and frameworks.
- 13.2 All providers have been and are regularly made aware of the NIPCM and the expectation by Bridgend County Borough Council to follow and be compliant with the manual.

## **14. Training for Infection Prevention and Control**

- 14.1 Training is provided to social care staff via the form of online awareness courses provided by Social Care Workforce Development Program (SCWDP).
- 14.2 Social care staff are also required to complete the relevant NHS Preventing Infection workbook for either Residential or Domiciliary Services. This workbook has been developed by the NHS alongside the NIPCM and with Social Care Wales (SCW) to provide practical experience for dealing with and preventing infections.

## **15. Reporting of Outbreaks**

- 15.1 As mentioned in 4.5.2, Registered Managers have the responsibility to report outbreaks of infection to Public Health Wales and/or Environmental Health.
- 15.2 Certain outbreaks of infectious diseases also need to be reported to Care Inspectorate Wales.
- 15.3 Outbreaks of gastro-intestinal diseases such as sickness or Norovirus are reportable to Environmental Health at [communicabledisease@cardiff.gov.uk](mailto:communicabledisease@cardiff.gov.uk).
- 15.4 Communicable diseases such as C. difficile, Influenza & non-gastrointestinal should be reported to AWARE in Public Health Wales.

## **16. Guidance**

- 16.1 The NIPCM can be found [here](#)