

# **This guidance is out of date and under review**

See current guidance on [infection prevention and control in adult social care settings](#).

# Prevention and control of infection in care homes

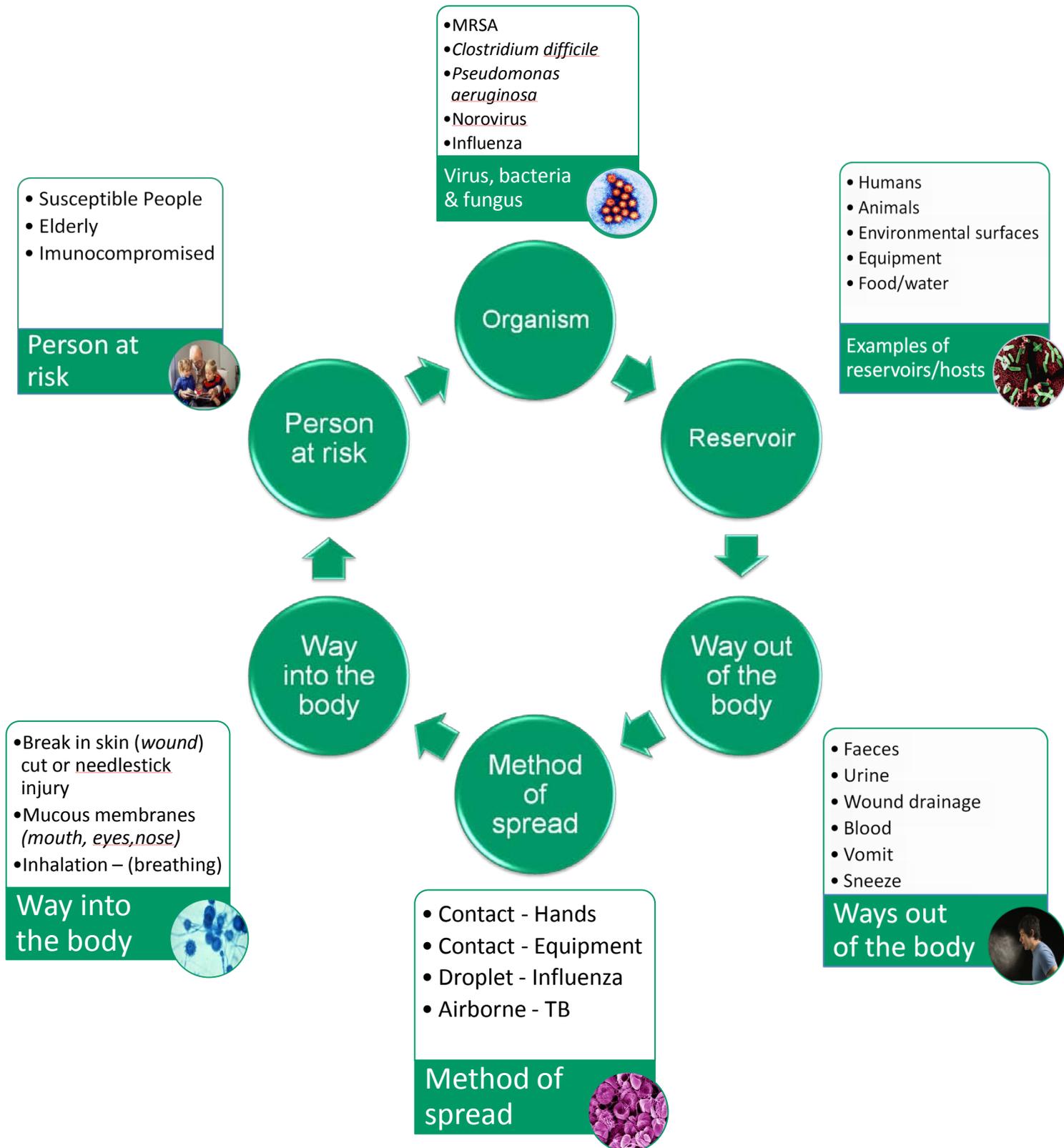
*Summary for staff*

**DH INFORMATION READER BOX**

<b>Policy</b>	Clinical	Estates
HR / Workforce Management	Commissioner Development	IM & T
Planning / Performance	Provider Development	Finance
	Improvement and Efficiency	Social Care / Partnership Working
<b>Document Purpose</b>	Best Practice Guidance	
<b>Gateway Reference</b>	17405	
<b>Title</b>	Prevention and control of infection in care homes: Summary for staff	
<b>Author</b>	Department of Health and Health Protection Agency	
<b>Publication Date</b>	<b>18 February 2013</b>	
<b>Target Audience</b>	Care Trust CEs, GPs, Communications Leads, Consultants in Communicable Disease Control, Community Infection Control Nurses, Health Protection Nurses, Care Home Managers, Care Quality Commission	
<b>Circulation List</b>	Local Authority CEs, Directors of Adult SSs	
<b>Description</b>	An information resource to assist staff in taking all reasonable steps to protect residents and staff from acquiring infections and prevent cross infection; and to provide information and guidance on infection prevention and control that will assist managers in undertaking risk assessments and in developing policies.	
<b>Cross Ref</b>	The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance	
<b>Superseded Docs</b>	Infection Control Guidance for Care Homes (Department of Health, 2006)	
<b>Action Required</b>	N/A	
<b>Timing</b>	N/A	
<b>Contact Details</b>	Philip Pugh Healthcare Associated Infection and Antimicrobial Resistance Programme Health Protection Agency Central Office, 151 Buckingham Palace Road, London SW1W 9SZ Philip.Pugh@hpa.org.uk	
<b>For Recipient's Use</b>		

# Chain of infection

The chain of infection provides an overview of the process by which a resident acquires any type of infection. The characteristics of each link show how organisms are transferred. Breaking the link or cycle is necessary to prevent the spread of any infection.



# Standard infection prevention & control precautions

A simple, consistent and effective approach to infection prevention & control



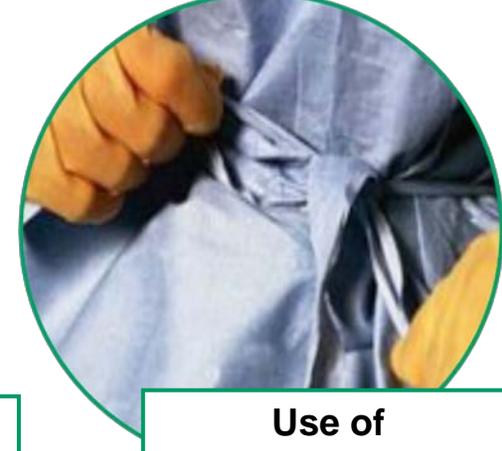
Hand hygiene



Use of gloves



Personal protective equipment



Use of gowns/apron



Safe handling of sharps



Safe handling of waste



Safe handling of soiled linen



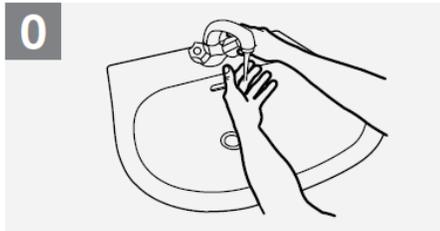
Environmental cleaning

Minimise contact with blood and body fluids by ensuring safe working practices, protective barriers and a safe working environment

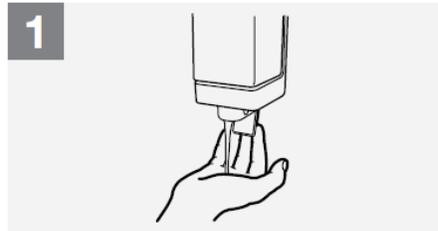
# Hand washing technique with soap and water

**Wash hands when visibly soiled! Otherwise, use handrub.**

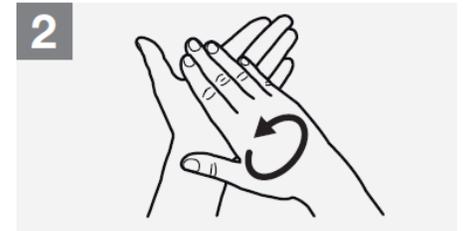
Hands should be washed before and after all care procedures, and handling food. Also after dealing with used linen, waste and body fluids or contaminated equipment and after removing gloves.



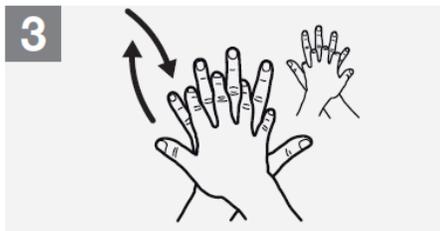
Wet hands with water;



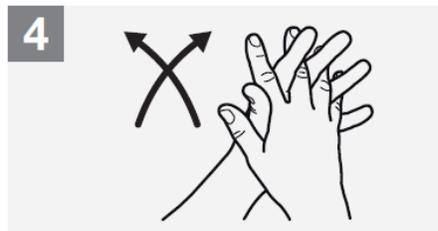
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



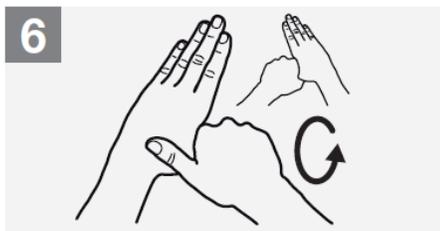
Right palm over left dorsum with interlaced fingers and vice versa;



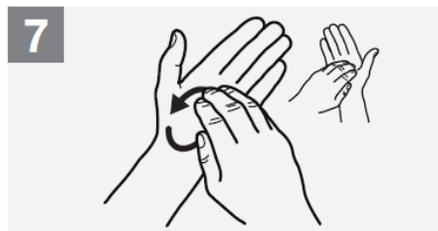
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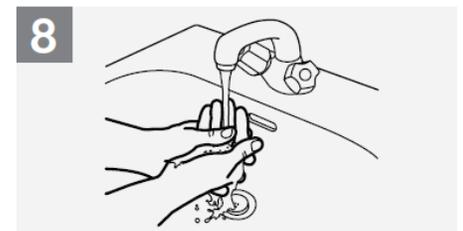
Backs of fingers to opposing palms with fingers interlocked;



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



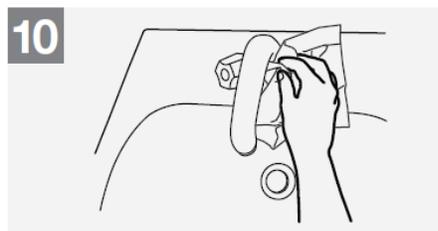
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



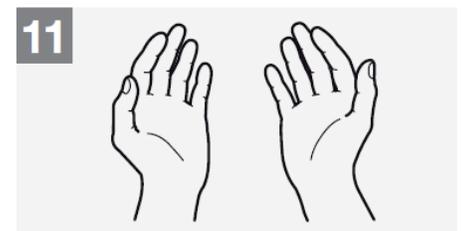
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off tap; ;



Your hands are now safe.

# Asepsis and aseptic technique

The principles of asepsis play a vital role in the prevention of infection in all environments and is the responsibility of all care staff to understand these incorporating them into their everyday practice where it is relevant.

The principles of asepsis/aseptic technique require that:

- Exposure of any susceptible areas is kept to a minimum.

## Exposure



- Correct hand decontamination should be carried out.

## Hand hygiene



- Correct type of gloves are used as appropriate.

## Gloves



- Uniform and clothing is protected with a disposable plastic apron.

## Clothing



- All fluids and materials used are sterile.

## Materials



- Sterile packs are checked for damage, expiry or moisture penetration.

## Sterile

STERILE

- Contaminated non-sterile items are not placed in the sterile area.

## Non-sterile



- Single use items are never reused.

## Single use



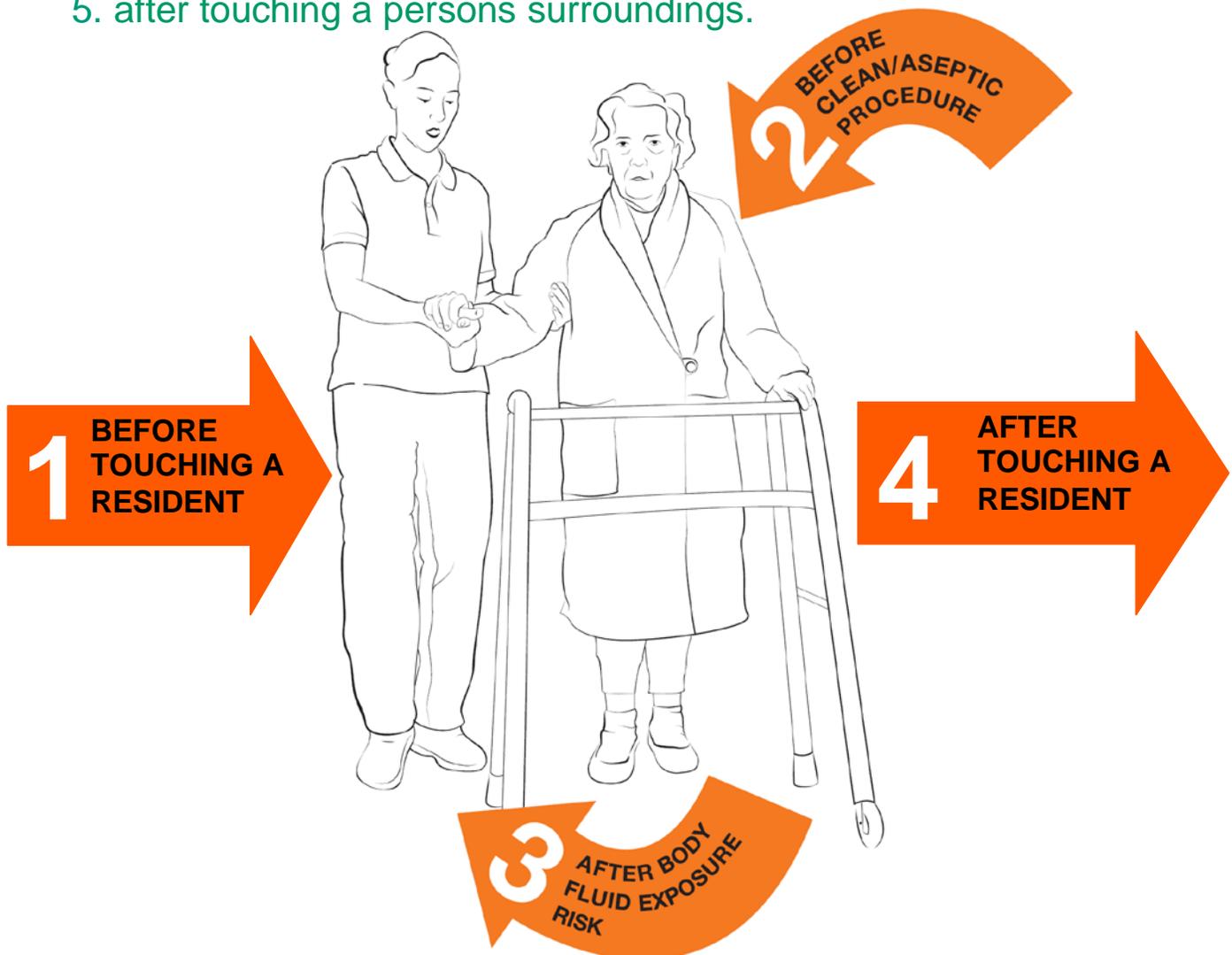
# My 5 Moments for Hand Hygiene

The 'My 5 moments for Hand Hygiene' approach defines the key moments when health care workers should carry out hand hygiene.

This evidence based, field tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

This approach recommends health-care workers to clean their hands:-

1. before touching a resident,
2. before clean/aseptic procedures,
3. after body fluid exposure/risk,
4. after touching a resident, and
5. after touching a persons surroundings.



# Alcohol hand-rub hand hygiene technique for visibly clean hands

**Rub hands for hand hygiene! Wash hands when visibly soiled.**

Alcohol hand rubs are an effective and rapid means of hand decontamination and should only be used on visibly clean hands.

**1a**



Apply a palmful of the product in a cupped hand, covering all surfaces;

**1b**

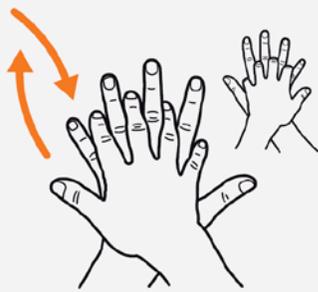


**2**



Rub hands palm to palm;

**3**



Right palm over left dorsum with interlaced fingers and vice versa;

**4**



Palm to palm with fingers interlaced;

**5**



Backs of fingers to opposing palms with fingers interlocked;

**6**



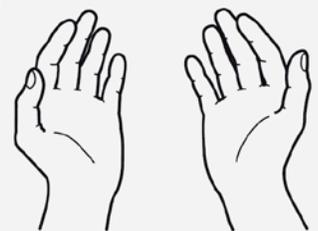
Rotational rubbing of left thumb clasped in right palm and vice versa;

**7**



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

**8**



Once dry, your hands are safe.

# Outbreaks of communicable infection or an infection control incident

A number of infectious diseases may spread readily to other residents and cause outbreaks within any care setting.

The commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and on occasion by other routes which may include food.

- an outbreak is defined as two or more related cases of infectious disease.

## Definition of an outbreak



- Manager/owner
- Health Protection Unit
- Infection control lead
- All staff
- Residents/relatives
- General practitioner

## When and who to inform



- Ensure relevant persons have been informed.
- seek advice as appropriate re collection of microbiological specimens.

## Outbreak plan and response



- It is important to start a record keeping file and collect all data for future reference.

## Record keeping



- By using standard precautions the risk of spreading infectious disease is reduced.

## General control measures



- Consider stopping admissions, day care and transfers to other homes until considered safe to do so.

## Admissions, discharges.



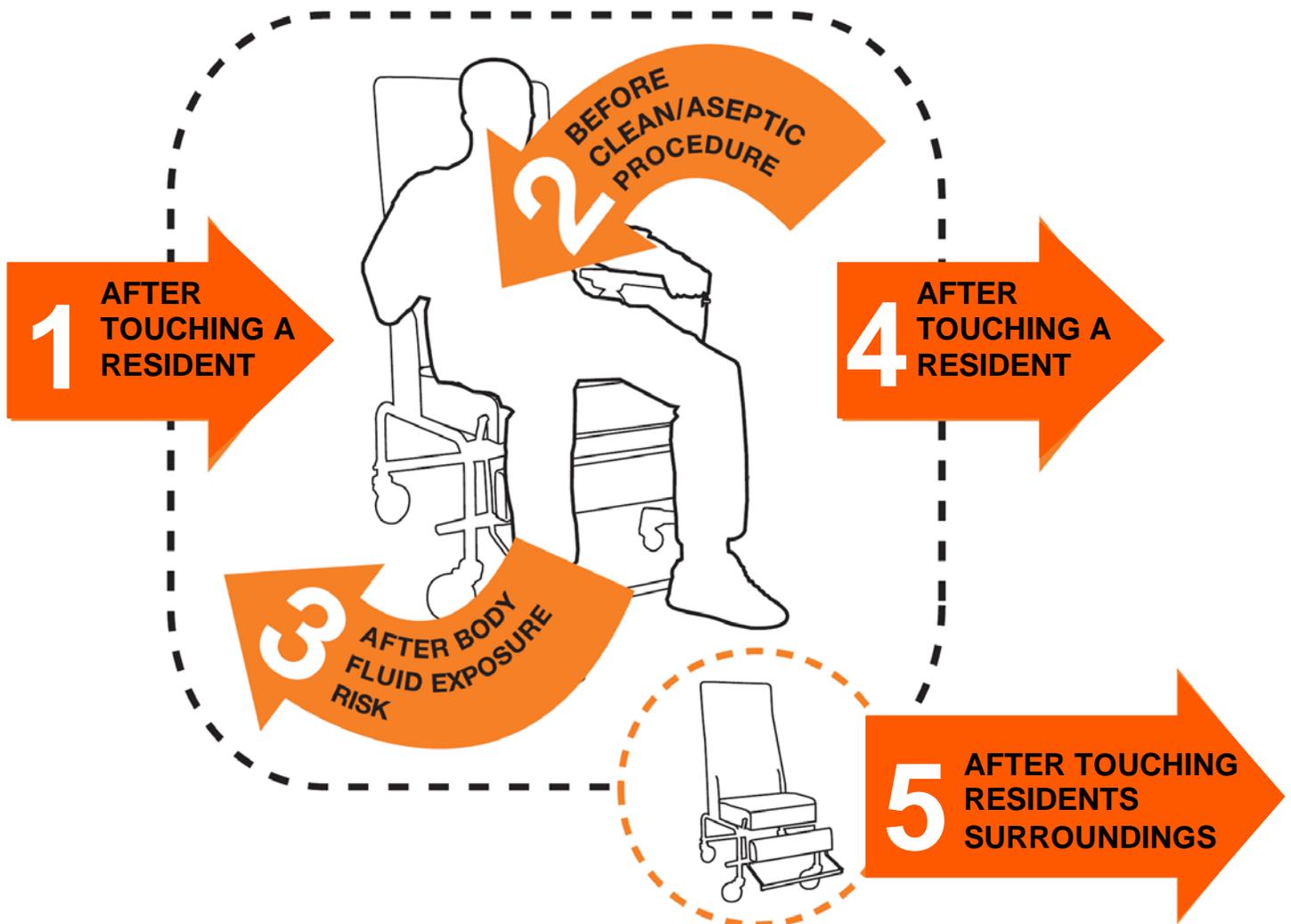
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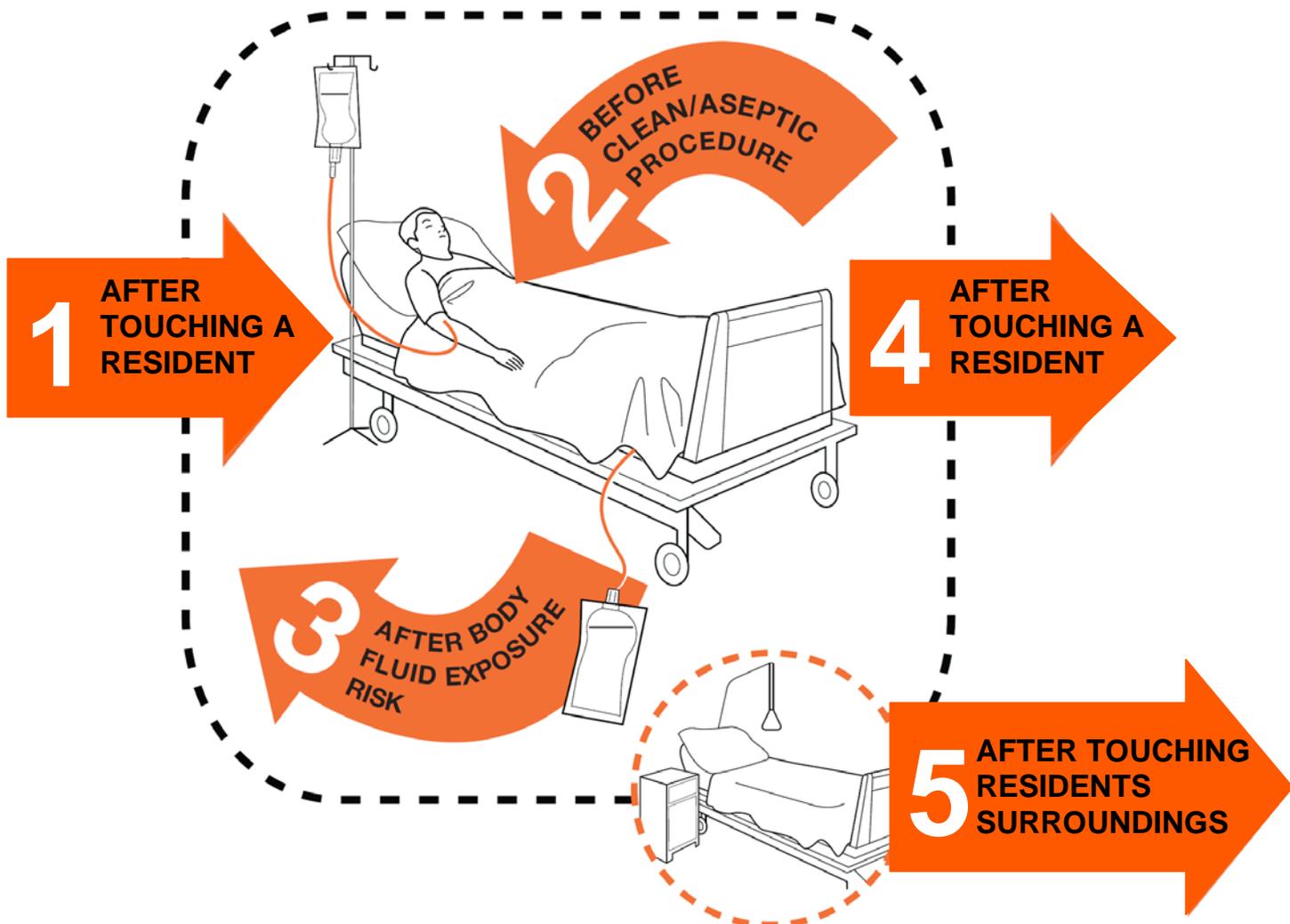
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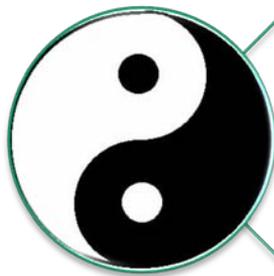
# Isolation for residents with a communicable infection

Isolation of infected residents may be necessary to prevent further cases of infection. Ideally single rooms should be available for this purpose and consideration needs to be given to how best achieve this.



## Standard infection prevention & control precautions

Prevention and control measures include implementation of standard infection control precautions as good practice. Isolation precautions can be implemented for a resident in their own room.



## Physical and psychological well-being

When a decision about isolating a resident is taken, it is important to consider the likely effects on the resident. Advice should be sought on the management of individual cases that pose difficulties.



## Information

Verbal and written information should be given to the resident and visitors. This should include the details and reason for the isolation, likely duration, precautions required and the ways in which their well-being will be met.

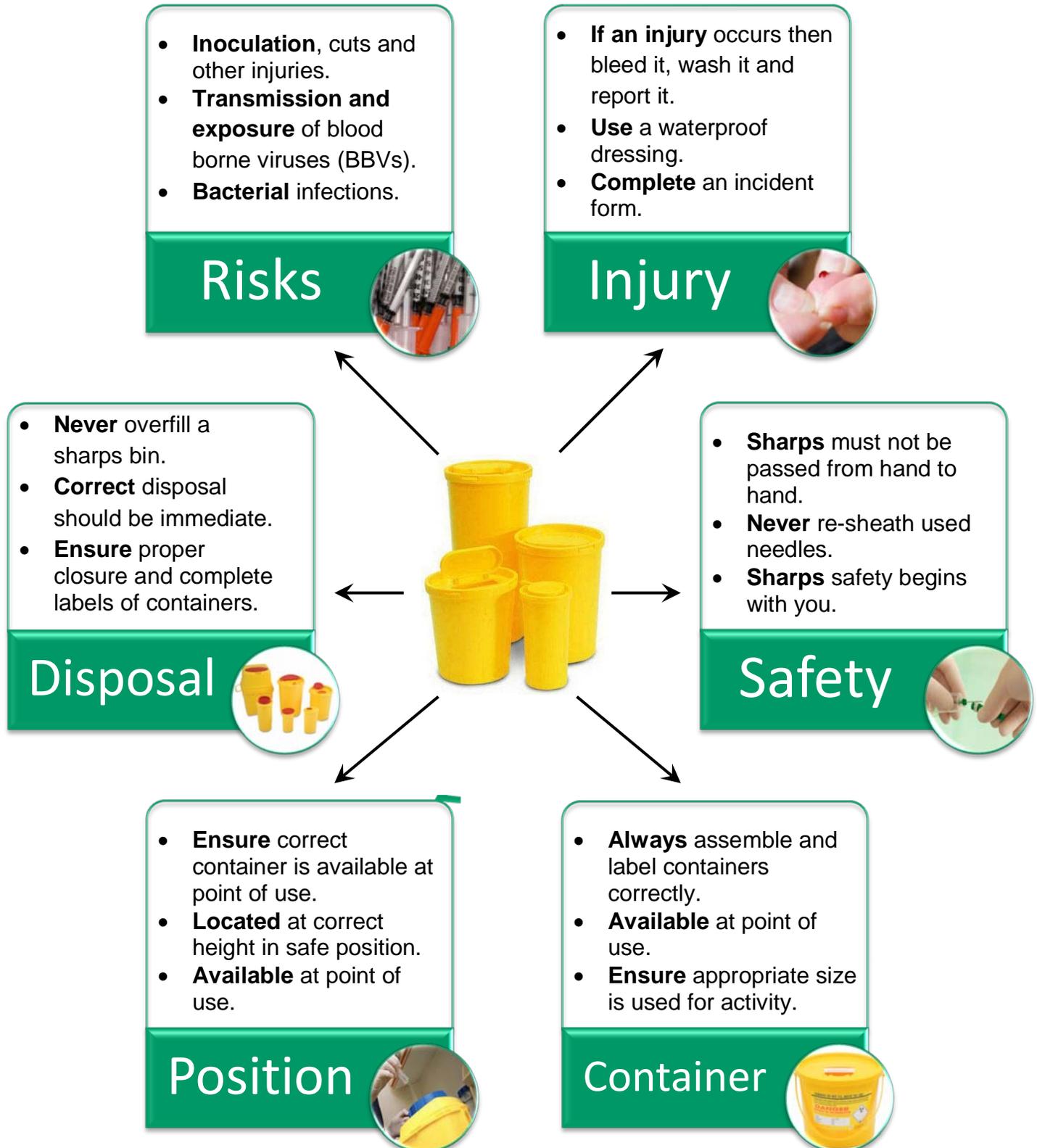


## Environment

Single rooms should contain hand hygiene facilities with a liquid soap dispenser and antimicrobial hand rub. Ideally en-suite facilities including a toilet. The environment should be as clean and clutter free as possible.

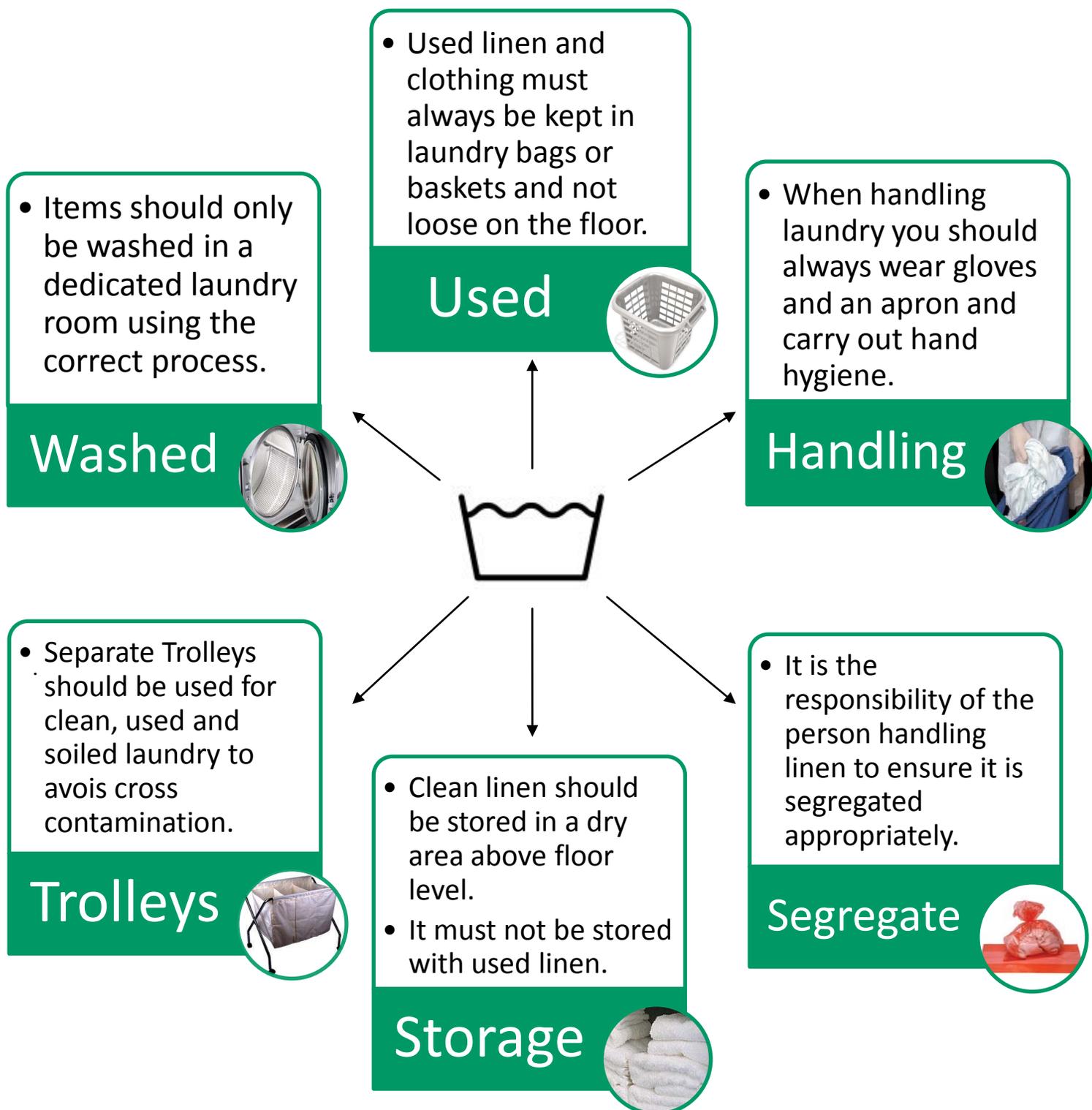
# Safe handling and disposal of sharps

Staff should be trained in the safe handling and disposal of sharps. Venepuncture and injections should only be carried out by trained and competent staff.



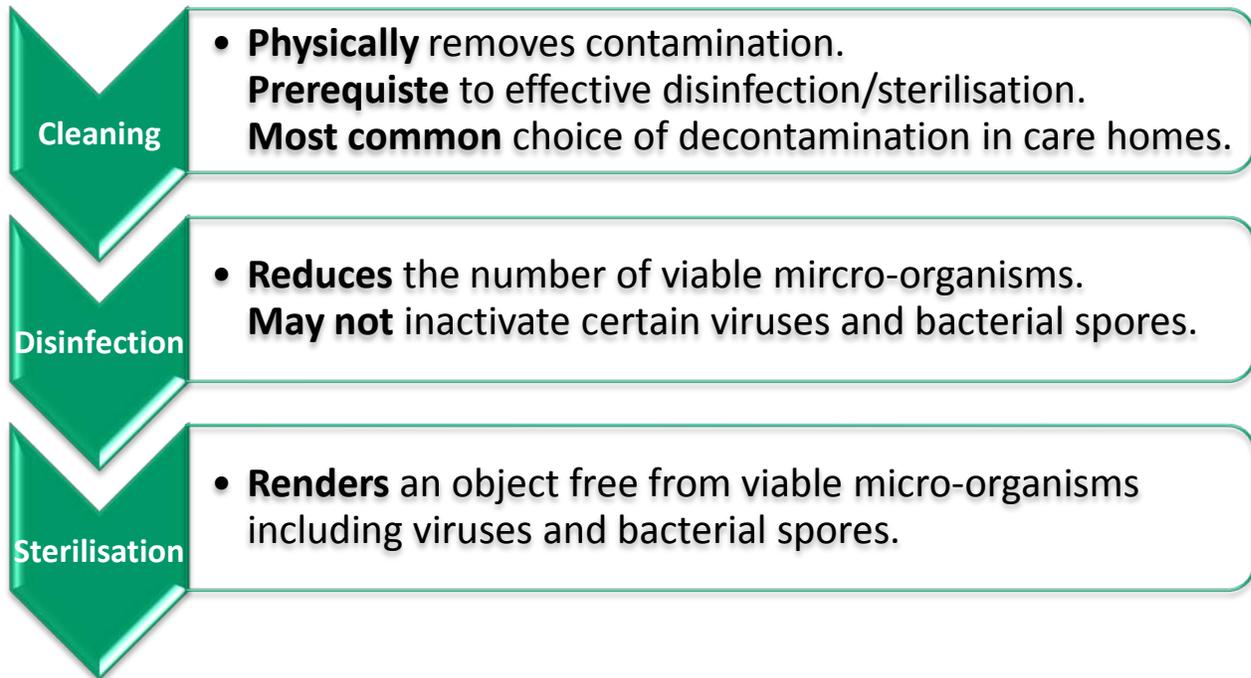
# Linen and laundry

- The provision of clean linen is a fundamental requirement of care.
- Incorrect handling and storage of linen can pose an infection hazard.
- Care homes use a variety of different laundry systems and equipment, therefore it is important to understand the system being used and why.

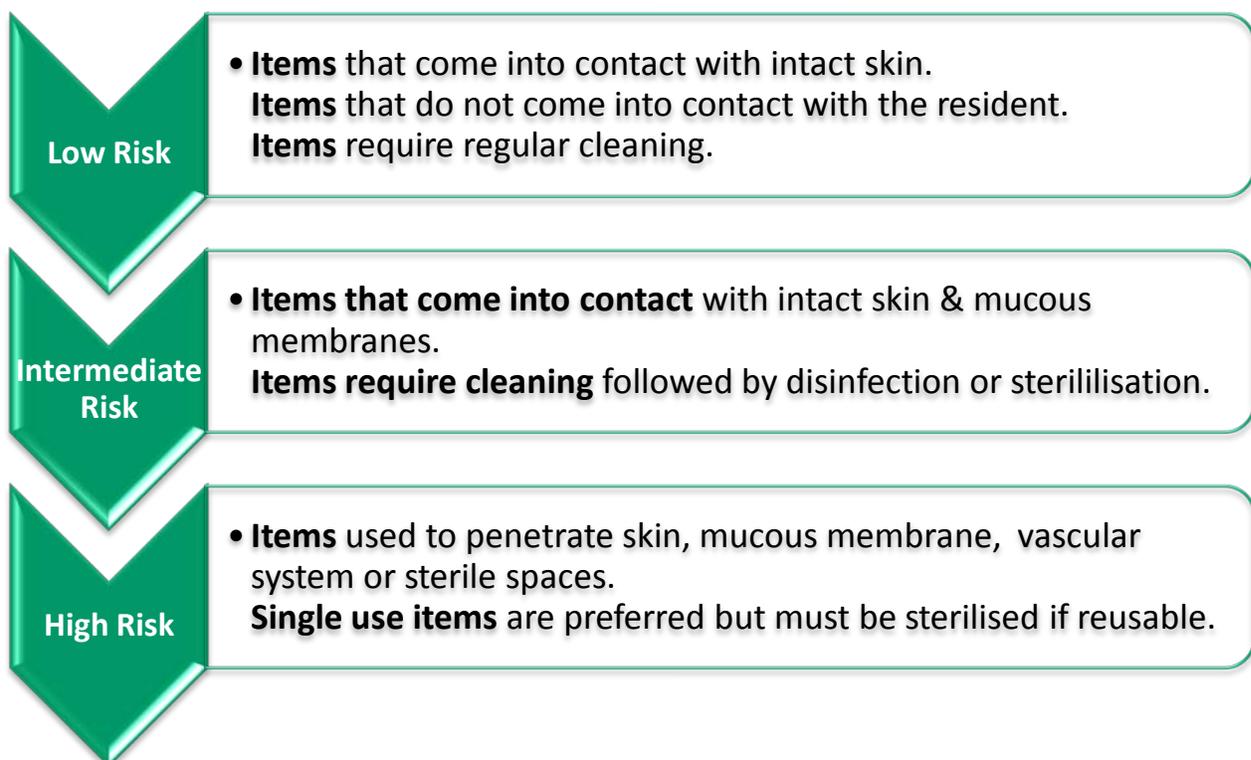


# Decontamination of equipment

Decontamination can be achieved by a number of methods, which fall into the following three categories.



The choice of decontamination method depends on the risk of infection to the person coming into contact with equipment or medical device.



# Glucose monitoring

Routine diabetes care involves monitoring blood glucose levels by taking a sample of capillary blood with a fingerprick lancing device and testing it with a glucometer.

## Which Device?

- Single use unit
- Disposable
- Used **once** only
- Complete unit to be discarded after use.

## Disposable



- Firing mechanism is separate from lancet & endcap.
- Endcap & lancet are discarded **after each use**.
- Units should be cleaned using a mild detergent and disinfected according to manufacturer guidelines.

## Reusable



- **Wear** well fitting and correct size gloves.
- **Always** change gloves between resident contact.
- **Ensure** hand hygiene before and after use of gloves.
- **Use** standard infection prevention and control precautions

## Hand hygiene & glove use

