



Community Infection Prevention and Control Policy for Domiciliary Care staff

SICPs and TBPs

(Standard infection control precautions and Transmission based precautions)

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Adoption Date:

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SICPs and TBPs

SICPs AND TBPs (Standard infection control precautions and Transmission based precautions)

1. Introduction

This Policy reflects the 'Standard infection control precautions' (SICPs) and 'Transmission based precautions' (TBPs) in the *National infection prevention and control manual (NIPCM) for England*.

SICPs must be used by all Domiciliary care staff in all situations for contact with service users, their care equipment or environment. SICPs are the foundation for safe practice and protect service users, visitors and staff, from infection. There is often no way of knowing who is infected, so by applying SICPs to all people at all times, best practice becomes second nature and the risk of infection is minimised.

SICPs may be insufficient to prevent cross transmission of specific infections. Therefore, additional TBPs are required when caring for service users with a confirmed or suspected infection.

When caring for service users in relation to any new or emerging infection, staff should refer to national infection prevention and control guidance.

2. Hand hygiene

Hand hygiene is one of the most important ways to prevent the spread of infection. Good hand hygiene should be undertaken by all staff, service users and visitors.

Refer to the 'Hand hygiene Policy'.

3. Patient placement and assessment for infection risk

Prior to transfer to and/or from another health and social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the service user.

Patient placement is not applicable when personal care is provided by a domiciliary care provider to a service user in their own home. Provision of the information required for patient placement will apply when the

domiciliary care provider provides personal care to a group of service users in a supported living or sheltered housing complex and takes an active role in liaising with or contacting healthcare professionals on behalf of service users.

Assessment for infection risk is applicable in a service users own home, as well as in a supported living or sheltered housing complex.

Refer to the 'Patient placement and assessment for infection risk Policy'.

4. PPE

Before undertaking any procedure, staff should assess any likely exposure to blood and/or other body fluids, broken skin or mucous membranes, e.g. eyes, nose, mouth, and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.

Refer to the 'PPE Policy'.

5. Respiratory and cough hygiene

Respiratory and cough hygiene can help reduce the risk of spreading respiratory infections, protecting those in contact with the infected person, e.g. service users, family and staff.

Staff should adopt good respiratory and cough hygiene practices themselves and promote them to services users, providing assistance as necessary.

Refer to 'Respiratory and cough hygiene Policy'.

6. Safe disposal of waste, including sharps

All staff are responsible for the safe management and disposal of waste, including sharps.

Refer to the 'Safe disposal of waste, including sharps Policy'.

7. Safe management of blood and body fluid spillages

All spillages of blood and body fluids must be dealt with promptly.

Refer to the 'Safe management of blood and body fluid spillages Policy'.

8. Safe management of care equipment

Cleaning, disinfection and sterilisation is known as decontamination. Safe decontamination of care equipment after use on a service user is an essential part of routine infection control to prevent the spread of infection.

Refer to the 'Safe management of care equipment Policy'.

9. Safe management of linen, including uniforms and workwear

All used linen should be handled with care to reduce the risk of spreading infection.

Refer to the 'Safe management of linen, including uniforms and workwear Policy'.

10. Safe management of sharps and inoculation injuries

This is referred to as 'Occupational safety/managing prevention of exposure (including sharps)' in the *NIPCM for England*.

Sharps are items that could cause cuts or puncture wounds and include needles and sharp instruments. It is the responsibility of the user to dispose of sharps safely into a sharps container. Sharps injuries must be dealt with immediately to reduce the risk of transmission of infection.

Refer to the 'Safe management of sharps and inoculation injuries Policy'.

11. Safe management of the care environment

A clean environment reduces the risk of the spread of infections.

Refer to the 'Safe management of the care environment Policy'.

12. Transmission based precautions

The type of 'Transmission based precautions' (TBPs) required depends on the

route of transmission of the confirmed or suspected infection (some infections can be transmitted by more than one route).

Contact TBPs

These are used to prevent and control infections that are spread via direct contact with the service user, or indirectly via contact with the service user's immediate care environment and equipment. This is the most common route of infection transmission.

Contact precautions require staff to wear a disposable apron and gloves for direct contact with the service user, their environment and/or their equipment, e.g. helping a service user get out of bed, help with feeding, cleaning the room. When there is a risk of splashing of body fluids to the mucous membranes, e.g. eyes, nose, mouth, eye protection and a fluid resistant surgical mask (FRSM) should also be worn.

Droplet TBPs

Droplets are generated during coughing, sneezing, talking. If droplets from an infected person come into contact with the mucous membranes, e.g. eyes, nose, mouth, of another person, they can cause infection. Droplets remain in the air for a short period and can travel about 1 metre.

Predominantly droplets are spread directly from person-to-person, e.g. the droplets land directly on the mucous membranes of a person's eyes, nose or mouth, and the infection then enters their body.

Droplets can travel through the respiratory system to just before the alveoli (tiny branches of air tubes in the lungs).

Droplet precautions require staff to wear a disposable apron, gloves, eye protection and a FRSM when entering an isolation room and for all routine care.

Airborne TBPs

Airborne precautions are rarely required in domiciliary care settings. These are used to prevent and control infections that are spread without necessarily having close contact with a service user, via aerosols.

- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). An AGP is a procedure that can result in the release of aerosols (airborne particles) from the respiratory tract of someone confirmed or suspected with a virus. During an AGP, smaller viral particles than droplets are produced which can remain in the air for longer and travel further than 1 metre.
- Procedures within domiciliary care which are categorised as AGPs include respiratory tract suction beyond the throat (not oral/pharyngeal suction) and tracheostomy tube insertion/removal.
- Procedures such as taking a diagnostic throat/nose swab, administration of humidified oxygen, the use of nebulisers to administer medication, are not considered an AGP.

- Airborne transmission is spread by travelling from the respiratory tract of one individual directly onto a mucous membrane, e.g. eyes, nose, mouth, of another individual. Aerosols can travel deeper into the respiratory system than droplets, to the endpoint (the alveoli).
- For advice on additional personal protective equipment (PPE) requirements for staff who undertake AGPs, contact your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

13. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist Domiciliary Care in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

In addition, we hold educational study events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

14. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

NHS England (Updated 2023) *National infection prevention and control manual (NIPCM) for England*