

Infection Prevention in Social Care Settings

GUIDANCE AND ACTION CARDS TO SUPPORT INFECTION
PREVENTION AND CONTROL IN SOCIAL CARE

CBMDC INFECTION PREVENTION TEAM
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Introduction

This updated infection control resource has been designed to be a resource to support managers and staff in social care settings to meet their requirements in relation to the Health and Social Care Act 2008: code of practice on the prevention and control of infections (2022 update)

[Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/106421/hsc-code-of-practice-on-the-prevention-and-control-of-infections-2022-update.pdf)

The Code of Practice sets out the criteria that providers of health and adult social care need to demonstrate in order to show compliance with IPC and cleanliness.

This resource also provides information and guidance on the measures needed to support effective IPC and cleaning in adult social care settings, including information on standard precaution, the chain of infection and outbreak management.

Links to up-to-date guidance on managing respiratory illnesses and other infection control risks are also included.

Aims of this guidance

This guidance supersedes the previous care home and domiciliary care manuals developed by the City of Bradford Metropolitan District Council Infection Prevention team in conjunction with the then Public Health England.

The aim of this updated guidance is to provide bite size Action Cards on managing infection control in social care settings. The document is not intended to replace the policies and procedures social care providers already have in place; instead, it is designed to be a quick guide to the main infection control information all social care providers require to be able to prevent the spread of infection in their settings.

Whilst the guidance can be used as a whole, each section provides the key points for the area being covered with links to the relevant guidance meaning it can also be used as a standalone quick reference tool.

Infection Control Useful Contacts

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Code of Practice

The Code of Practice which was first introduced in 2008 as a regulatory framework for health and social care providers as outlined below:

'This act sets out the overall framework for the regulation of health and adult social care activities by the Care Quality Commission (CQC). It will apply to registered providers of all health and adult social care in England. Because of the wide range of services provided by all registered providers, the code will be applied in a proportionate way.'

There are 10 criteria within the Code of Practice that are used as the framework for the regulation of care activities by the Care Quality Commission.

The 10 criteria are:

Criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

Criterion 2

The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Criterion 3

Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Criterion 4

The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion.

Criterion 5

That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.

Criterion 6

Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Criterion 7

The provision or ability to secure adequate isolation facilities.

Criterion 8

The ability to secure adequate access to laboratory support as appropriate.

Criterion 9

That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

Criterion 10

That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection prevention and control.

Not all the 10 criteria will apply to every care setting and the Code contains examples of how adult social care providers can interpret the guidance for their specific setting.

There is an accompanying document which also sets out which areas are relevant for each provider.

[Guidance tables for Health and Social Care Act 2008: code of practice on the prevention and control of infections \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/guidance-tables-for-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections.pdf)

The principles of infection prevention are to prevent individuals from being exposed to infectious agents such as bacteria and viruses or where they have developed infections, to prevent them from passing this on to others with whom they come into contact. The spread of infection from one person to another is called Transmission.

People in care settings may be more susceptible to infections for several reasons.

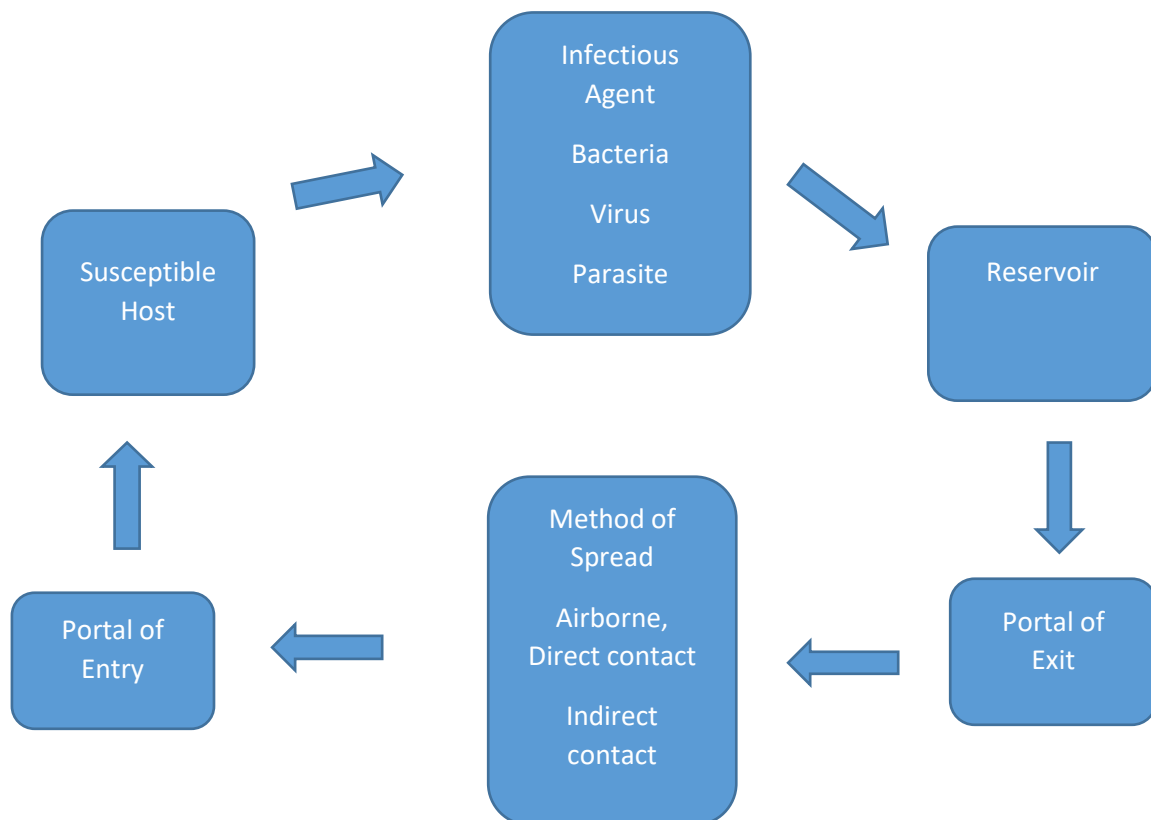
For example, those who are elderly may have weakened immune systems making it more difficult for them to fight off infections. Similarly, those with urinary catheters or other invasive devices such as feeding tubes may also be more at risk of developing infections around the site of the device which potentially can spread to become a wider ranging infection.

Having an existing medical condition may also make some more prone to developing in infections. Examples of this include diabetes and chronic lung infection.

Some infections spread more easily from one person to another. Examples of this include respiratory infections such as Influenza or Covid 19 and so-called childhood diseases such as Measles or Chicken Pox. Other viral infections such as Norovirus can also spread more easily in settings where people live in proximity to each other such as care homes or supported living accommodation.

The Chain of Infection

The diagram below demonstrates how infection can easily be transmitted from one person to another.



Explanation

Infectious Agent –Examples are bacteria, viruses, fungi, or parasites.

Reservoir –This is where these infectious agents live. This may be on surfaces (including on skin), in food, in water etc.

Portal of Exit –how the infectious agent gets from the reservoir to infected person.

Method of Spread –

- through person to person spread (by touch, coughing or sneezing), or indirect spread through touching surfaces contaminated by bacteria or viruses),
- through ingesting infected food or water etc.,
- through blood and other body fluids
- through insect stings and bites

Portal of Entry-How the infectious agent enters the infected person;

- through being breathed in
- through being eaten or swallowed
- through contact with infected blood or body fluids (sharps injury, scratch or bite, broken skin, catheter or other invasive device)

Susceptible host –anyone may be susceptible however those with compromised immune systems due to age, medication or underlying conditions are most at risk.

The Chain of Infection can be broken by using **Standard Infection Control Precautions**

Standard Infection Control Precautions

Initially called Universal Precautions these were first introduced into care in response to the rise of HIV and Aids in the 1980s. They are designed to protect staff and service users from the risk of the spread of infection and should be used by staff in every interaction they have with service users.

Standard Precautions include;

Hand Hygiene

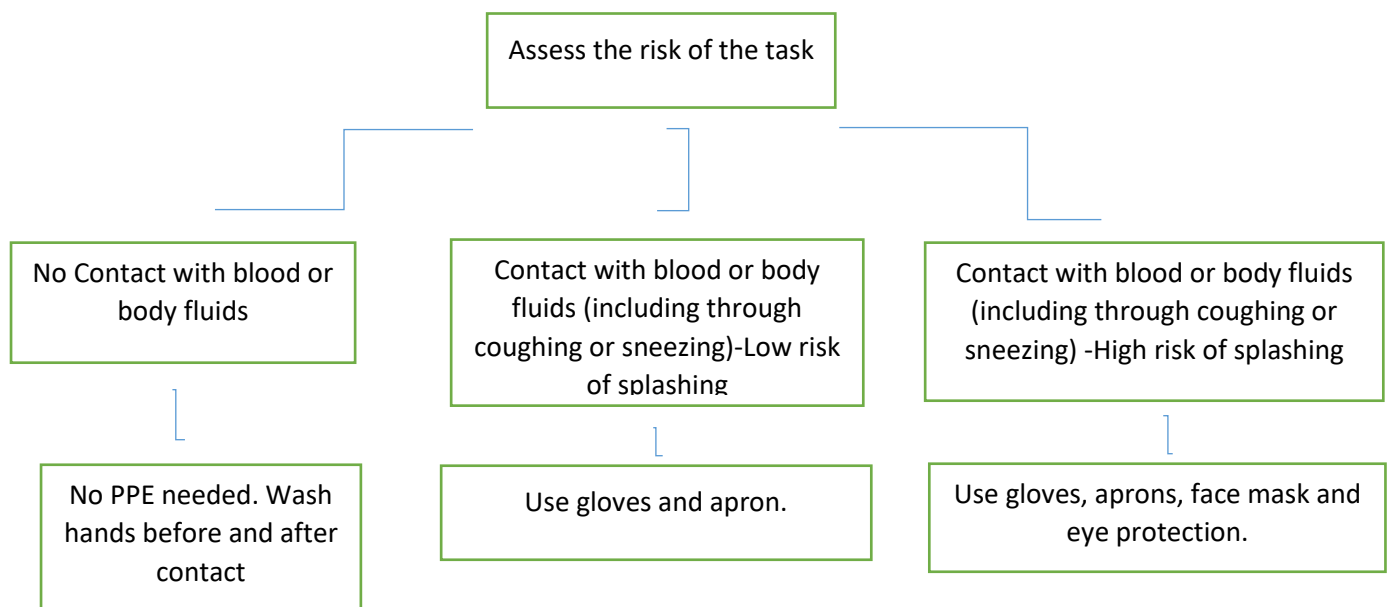
Correct hand hygiene is important in care settings to prevent the spread of infection.

- Hands should be washed or decontaminated with hand gel prior in the following situations:
- Before entering the care area
- Before touching the service users or their immediate environment
- Before touching invasive devices such as urinary catheters etc.
- Before eating and drinking
- After using the toilet
- After handling soiled linen
- After removing used PPE

Personal Protective Equipment (PPE)

The Covid 19 pandemic has demonstrated the importance of wearing protective equipment correctly. It helps to protect those delivering care from the risk of infection.

PPE consists of gloves, aprons, masks and face protection. The level of PPE needed for each task should be based on the nature of the task and the risk to the staff member.



Management of Waste

Waste which is associated with care settings and potentially presents a risk to others should be managed correctly according to national waste regulations. Items such as used PPE or incontinence pads are classified as *Offensive waste*.

Waste from known or suspected infections is classified as *Infectious waste*.

- All waste should be handled and disposed of correctly as it may present a hazard to others. This includes using the correct waste bag and ensuring that it is stored in a locked waste bin. These bins should be secured or in a locked storage area and collected by a recognised waste contactor.
- Offensive waste should be placed in a yellow 'Tiger stripe bag' prior to disposal.
- Infectious waste should be placed in an orange-coloured bag.
- Waste bags should be labelled to identify the waste comes from
- Outside waste containers should be kept locked and secured away from public access

[Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste \(england.nhs.uk\)](https://www.england.nhs.uk/health-technical-memorandum/07-01-safe-and-sustainable-management-of-healthcare-waste/)

Management of sharps

As with offensive and infectious waste sharps can also be hazardous to others and should be handled appropriately.

- Keep sharps away from service users.
- Help prevent sharps injuries by using needle safe devices where possible.
- When using sharps do not carry them by hand, use a receptacle.
- Take a sharps bin with you to the service user and dispose of the sharp as one unit in the sharps bin at the point of care.
- Never re-sheath needles
- If a sharps injury occurs follow the bleed it, wash it, cover it and report it advice
- Ensure sharps containers are kept in a locked room when not in use and that the temporary closure mechanism is in place when not in use.

[Safe management of sharps \(infectionpreventioncontrol.co.uk\)](https://www.infectionpreventioncontrol.co.uk/safe-management-of-sharps/)

Management of blood and other body fluids

Blood and body fluid spillages may present a risk to others as they may contain blood borne viruses.

- Ensure responsibility for cleaning the spillage is clear.
- Spillages should be cleaned immediately using the correct spillage kit.
- Staff should wear gloves and aprons when dealing with blood and body spillages and follow the instructions on the spillage kits.

Outbreak Management

Outbreaks of infection are common in most places where people live in close proximity such as hospitals, prisons and care homes. They may be caused by lots of infectious agents, but the most common affecting social care settings are noroviruses and respiratory viruses- including influenza, Covid 19 and Respiratory Syncytial Virus (RSV).

An outbreak is defined as two or more cases of infection which are linked in time and place.

Where an outbreak is suspected staff should;

- act quickly to isolate affected individuals in a single room with own toilet facilities.
- put restrictions measures in place to protect other residents and inform relatives.
- ensure staff are wearing the correct PPE to protect themselves (refer to PPE risk assessment)
- seek advice from local infection control team and UKHSA.
- obtain specimens where appropriate and requested.
- keep accurate records of symptoms including dates and times of onset and symptoms.
- instigate enhanced cleaning paying particular attention to frequent touch areas such as door handles, light switches, bedside tables, bed rails etc.
- for outbreaks of diarrhoea and vomiting the outbreak is concluded once all the residents affected are *at least 48 hours'* symptom free.
- for respiratory outbreaks those affected will generally be classed as contagious until 5 days after the onset of symptoms. The outbreak will end when the last resident is past day 5.

Where isolation is not possible/practical due to the behaviours of residents such as walking with purpose:

- try to confine those affected and who walk with purpose to specific areas of the home.
- remove or reduce items such as pictures, ornaments, soft furnishings etc. to reduce the potential for spread and the amount of cleaning required.
- introduce enhanced cleaning of handrails, frequent touch areas, furnishings etc.

Visiting

The guidance on visiting in care homes emphasises the visitors are fundamental to the health and wellbeing of care home residents. Visiting should only be restricted during outbreaks on infection in a care home based in exceptional circumstances and even then, end of life visiting should continue to be facilitated. Any decisions to restrict visiting should be made following a thorough risk assessment and the decision documented and communicated to relatives. Such restrictions should only be kept in place for as long as the risk is seen to be high and should be relaxed as soon as possible.

Further information on visiting during outbreaks can be found in the visiting guidance below.

[Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-safer-visiting-in-care-homes-during-infectious-illness-outbreaks)

Ventilation

Where an outbreak of respiratory illness is suspected or confirmed at the home staff should look to ensure areas are ventilated by opening windows for a short period (up to 10 minutes) every hour which allows viral particles to be dispersed more easily.

[COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)

[Care homes ventilation \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/care-homes-ventilation)

Cleaning

Cleanliness is an important element of infection prevention. Keeping premises and equipment clean reduces the risk of infections being transmitted from one person to another.

Consistency in cleaning and the ability to demonstrate surfaces and equipment are clean is also important to ensure premises are safe for service users. In order to support this the provider should have robust cleaning policies and schedules in place and be able to demonstrate:

- the standards of cleaning expected i.e., how to clean the area/item,
- the frequency of cleaning,
- what type/colour equipment should be used and,
- who is responsible for undertaking the cleaning.

The recently revised National Standards of Healthcare Cleanliness 2021 are designed to support providers of healthcare and social care both to implement the correct cleaning standards and frequencies for their premises and through audit to demonstrate to service users and visitors that they reach the standards expected.

The new standards introduce a Star Rating system for cleanliness of care premises.

[B0271-national-standards-of-healthcare-cleanliness-2021.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2021/02/B0271-national-standards-of-healthcare-cleanliness-2021.pdf)

To ensure cleaning is meeting the set standard those staff undertaking the cleaning processes should be fully trained in how to clean correctly.

General Cleaning of the Care Environment

- cleaning with detergent and water is generally enough to remove most micro-organisms from surfaces.

- in some cases, a higher level of cleaning may be needed, for example the use of Chlorine releasing agents for deep cleaning after outbreaks of diarrhoea and vomiting.
- correct PPE should be available and worn whilst cleaning is being undertaken.
- ensure clear and easy to follow cleaning specifications and cleaning methods are in place. Staff should sign to confirm they have completed the specified cleaning at the end of each shift.
- ensure colour coding of cleaning equipment is clear and displayed for all staff.
- staff should be trained in using the equipment and cleaning products correctly including dilution methods of cleaning products.
- auditing of cleanliness should be undertaken on a regular basis and any failures in the cleanliness of the environment should be accompanied by an action plan to outline actions to rectify the failure and prevent re-occurrence.

Cleaning of care equipment

Care equipment such as hoists, stand aids, commodes, walking aids, wheelchairs etc. as well as monitoring equipment such as blood pressure machines, thermometers, and pulse oximeters are also possible methods of spread of diseases if not cleaned properly. As a minimum these items should be cleaned after each use.

Cleaning schedules and methods for cleaning these items should be in place which should:

- outline clearly responsibilities for cleaning the equipment (care staff, housekeepers etc.)
- outline how to clean the item, when to clean it and what products to use.
- records of the cleaning of these items should be kept and signed when cleaning is completed. I am clean stickers may also be useful for items which are frequently used such as hoists etc.
- PPE should be used when cleaning this equipment especially gloves when using detergent wipes or cloths.
- where there is specialist equipment in place refer to the manufacturer's instructions on how it should be cleaned. Make sure when buying specialist equipment that it can easily be cleaned without requiring expensive specialist cleaning products or methods.
- hoist slings and slide sheets etc. should be laundered if soiled or daily if no evidence of soiling.
- auditing of the cleanliness of the care equipment should take place regularly as well as having records of cleaning that has taken place.

Strategies to prevent infection –Hydration.

Good fluid intake is essential to keep body systems functioning effectively as well as helping to prevent infections.

- people in care homes such as the elderly and those who may lack capacity to make decisions for themselves can easily become dehydrated especially in warmer weather. This may lead to confusion, drowsiness and dizziness and falls as well as making them more prone to urinary tract infections, oral infections, and constipation.
- offering drinks regularly can help prevent some of these problems.
- staff should assess the hydration needs of their service users/residents using a recognised hydration assessment tool such GULP. Those at highest risk should have plans in place to help them improve their fluid intake.
- assessment should also include the best type of drinking vessel for the service user/resident to manage comfortably.
- offering a variety of fluids and water rich fruit (such as berries, grapes, watermelon, oranges etc) can help to encourage increased fluid intake
- ensure staff are also being included in hydration initiatives as they too may be prone to dehydration in the working environment.

Respiratory Infections: Influenza, Covid 19, Respiratory Syncytial Virus

Recent experience has shown how easily respiratory infections can spread in care settings and how they can affect vulnerable service users/residents. Services users/residents with poor mobility or who are bed bound may be more vulnerable to respiratory infections which can lead to chest infections or pneumonia.

The main respiratory infections of concern to the elderly and other vulnerable people are Influenza, Covid 19 and Respiratory Syncytial Virus (RSV). All three can cause severe illness potentially leading to hospitalisation and loss of life.

Influenza

Influenza is a respiratory virus which characterised by fever, tiredness, muscle aching, headache, and coughing. Most influenza infections are seen in the winter period although outbreaks can occur all year round. The virus is highly contagious and spreads through droplets expelled into the air by coughing and through direct and indirect contact with infected people and their environment. Anyone can get influenza although it tends to be more severe in the elderly and those with underlying health conditions, often leading to hospitalisation in the most vulnerable. Outbreaks of influenza frequently occur in care homes and other residential settings.

It is estimated that influenza causes 13 500 excess deaths on average each year in the UK.

Covid 19

Covid 19 (SARS -CoV 2) is a relatively new coronavirus which was first identified in 2019 and caused a worldwide pandemic in 2020-2022 leading to more than 6 million deaths across the world. Symptoms of Covid 19 range from a high temperature, tiredness, and a cough to a loss of sense of taste and smell. Like Influenza the virus is spread through air borne droplets from coughing and sneezing as well as through direct contact with an infected person or their environment. The virus can affect anyone and in the early stages of the pandemic many younger people were severely affected and hospitalised due to Covid 19 infection, although as with Influenza those most at risk tend to be the elderly and those with underlying medical conditions. With the arrival of Covid 19 vaccinations at the end of 2020 the pandemic started to be brought under control however outbreak of Covid 19 are still relatively frequent occurrences in care settings. Unlike influenza Covid 19 would appear to be a year-round virus.

Respiratory Syncytial Virus

RSV is another respiratory infection with similar symptoms to both influenza and Covid 19. It mainly affects the very young and the elderly and can lead to severe infection and pneumonia. Outbreaks can occur in care settings amongst frail and elderly with spread being through droplets and respiratory secretions. Currently there is no national vaccination programme against RSV although it is being considered by the Joint Committee on Vaccination and Immunisation (JCVI).

Strategies to prevent infection-respiratory infections.

Some of the ways to reduce the risks associated with respiratory infections include:

- encouraging service users/residents to take up the offer of vaccination against respiratory viruses such as Influenza and Covid 19 when offered.
- staff should also consider vaccinations where offered to help protect themselves and their service users/residents.
- during periods of high prevalence of respiratory illnesses staff should consider wearing masks at work to help prevent the spread of infections
- Intermittent ventilation as discussed on page 9 can help to reduce the level of viral particles in the air and therefore reduce the risk of transmission of airborne infections.
- encouraging mobility amongst residents/service users can help to improve deep breathing and prevent respiratory infections.
- positioning of bed bound residents/service users to help them breathe deeply, cough and clear phlegm can also reduce the risk of respiratory infections.
- as discussed on page 12 good hydration can also help reduce the risk of respiratory infections and loosen secretions where infection has taken hold.

Common Infections

As well as the viral respiratory infections mentioned earlier and the viruses that cause diarrhoea and vomiting (noroviruses), there are other viruses and bacterial which may be found in care home settings and may cause outbreaks amongst residents and potentially staff.

This section covers the most seen of these infections including MRSA and MSSA, C diff, and gram-negative bacteria, as well as viruses such as Hepatitis, HIV and the varicella virus that causes chicken pox and shingles.

Finally, there is information on Scabies which is a parasite rather than a virus or bacterial, but which can also be the cause of outbreak in care homes.

Bacterial infections like MRSA and MSSA and gram-negative infections such as E coli and CPE tend to be more associated with healthcare settings but residents in social care may also be colonised or infected with them.

They can spread easily through :

- multiple contacts with staff or other residents and
- with the care environment
- with contaminated dressings
- with infected urine and urine bags or continence pads
- with faecal matter

Colonisation v infection

In many cases residents or service users may be said to be colonised with the bacteria rather than infected with it.

Colonisation means that the bacteria is present on or in the body but not causing infection. The bacteria could be in the skin, in the nose or even in the gut. Many people are colonised with bacteria such as MRSA without knowing it, however they may still pass the infection onto others through direct contact with others, through shedding onto surfaces or through contact with body fluids.

Infection means that the bacteria is present and causing illness.

MRSA and MSSA

Metacillin resistant staphylococcus aureus (MRSA) and Metacillin sensitive staphylococcus aureus (MSSA) are versions of the same bacteria which can both colonise and infect humans and other animals. They can cause a range of infections from abscesses to wound infections, chest infections, urine infections and blood stream infections.

MRSA has developed resistance to many antibiotics making it difficult to treat but MSSA which is sensitive to antibiotics can still pose a threat to vulnerable individuals including the elderly and those with weakened immune systems.

Those infected with MRSA or MSSA do not necessarily need to be isolated depending on the site of the infection. Where a wound is fully covered with a dressing or where a resident has MRSA/MSSA in their urine and is fully continent then isolation is not necessary. Infection in other sites and in residents who do not have full capacity may pose more of an issue and should be risk assessed.

Those affected with an MRSA/MSSA infection to be encouraged to wash their hands regularly and if an MRSA/MSSA infection is in the premises then enhanced cleaning should be instigated to reduce the risk of spread.

Staff and visitors should adhere to standard infection control precautions.

[MRSA - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Clostridium difficile

Clostridium difficile (C diff) is a type of bacteria which lives in the gut and can cause severe infection. C diff colonises the gut of around 30% of the population and does not cause any issues in this state, however if exposed to antibiotics the C diff can cause severe diarrhoea which leads to dehydration and debilitation.

The organism produces spores which are expelled in the diarrhoea and can spread to the person's environment and from there be passed onto others through contact with shared items or through the hands of care workers.

Thorough cleaning of the resident's environment with a chlorine releasing agent will help to reduce the number of spores reduce the risk of transmission to others.

Residents should be isolated -preferably in a room an en-suite toilet or their own commode- whilst they have the diarrhoea. They should be encouraged to wash their hands regularly, especially before eating to reduce the risk of re-infection with spores in the environment.

Staff and visitors should adhere to standard infection control precautions and strict hand hygiene.

[Clostridium difficile \(C. diff\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Gram Negative Bacteria

Gram negative bacteria is the term used for certain types of bacteria which have developed resistance to certain types of antibiotics. Included in this group are;

- ESBL (Extended Spectrum Beta Lactamase)
- MDR-GNB (Multi Drug Resistant-Gram Negative Bacteria)
- CPR/CPE (Carbapenemase Resistant/Carbapenemase Producing Enterobacterales)
- GRE/VRE (Glycopeptide resistant Enterococci/Vancomycin Resistant Enterococci)

All of these have developed resistance to commonly used antibiotics including penicillin and Carbapenem. More importantly they can transfer this resistance to other bacteria with which they come into contact.

Once again, these bacteria are linked to hospital admissions and in some cases such as CPR/CPE to travel and hospitalisation in foreign countries although many hospitals in the UK have now experienced outbreaks of CPR/CPE.

As with the other bacteria discussed above residents may be colonised rather than infected with gram negative bacteria, in the case of ESBLs this tends to be in urine, MDR-GNB and CPR/CPE colonise the gut. Once again, they may not cause harm to the individual affected but can be spread to more vulnerable residents if they come into contact with the urine or faeces of those colonised.

Individuals who are known to be colonised do not need to be isolated unless they are unwell but enhanced cleaning should be in place using a chlorine releasing agent for their rooms and toilet facilities. They should also be encouraged to wash their hands regularly especially when leaving their room, after using the toilet and prior to eating.

Staff and visitors should adhere to standard infection control precautions.

[NHS England » Gram-negative bloodstream infection reduction plan and tools](#)

[Actions to contain carbapenemase-producing Enterobacterales \(publishing.service.gov.uk\)](#)

Blood Borne Virus

Blood borne virus refers to viruses such as Hepatitis B and C and HIV all of which can be passed on by contact with the blood and other body fluids of individuals with active infection. There is also Hepatitis A however this is a bowel infection which is passed on through faeces-more about that later.

Hepatitis B

Hepatitis B can cause mild illness, but infection may result in severe liver damage. Most people today do not develop long term problems from Hepatitis B infection however between 2% and 10% of those infected with go on to be chronic Hepatitis B carriers.

Those most at risk of Hepatitis B are intravenous drug users who share needles. It can also be passed on through sexual intercourse. Previously people with learning difficulties who lived-in long-term institutions and their carers were also at greater risk due to the residents' behaviours such as biting and scratching however this is not seen as such a great risk now. It can also be passed on from mother to baby during pregnancy.

Staff who may come into regular contact with blood and body fluids should be offered a course of Hepatitis B vaccinations which is an effective method of protecting them from possible infection.

Hepatitis C

Hepatitis C is also passed on by contact with blood and body fluids and affects mostly the same groups as for Hepatitis B. At one point it was also linked to having had multiple blood transfusions however donated blood is now screened for Hepatitis C which has greatly reduced the risks. As with Hepatitis B initial infection may be mild but around 80% of those affected will go on to become chronic Hepatitis C carriers.

No vaccine is available for Hepatitis C however there are now treatments which can be used for those who may have been exposed to infected blood or body fluids.

[Hepatitis C - NHS \(www.nhs.uk\)](http://www.nhs.uk)

HIV and Aids

Human Immunodeficiency Virus is a virus which can damage the immune system and weaken the body's ability to fight infection. Acquired Immunodeficiency Disease is the active form of HIV and refers to the diseases which can be life threatening for those affected.

Like Hepatitis B and C HIV is passed on through blood and body fluids, particularly blood, semen, and vaginal fluid. It is seen mostly in intravenous drug users who share needles, those who have unprotected sex with multiple sexual partners and as with Hepatitis C was prevalent in those who had multiple blood transfusions with blood or blood products prior to the introduction of routine testing of donated blood in the early 1990s (such as

haemophiliacs). There is no cure for Aids however treatments available today mean that those affected are less likely to die from the disease and be unable to pass it on to others.

[HIV and AIDS - NHS \(www.nhs.uk\)](http://www.nhs.uk)

All the above blood borne infections can be diagnosed through blood tests and can be prevented by the safe management of sharps in care settings and prompt action as laid out in the premises Sharps or Contamination Injury policy should a sharps injury (including a bite or a scratch occur).

Hepatitis A

Hepatitis A also affects the liver and can cause mild to moderate illness. It is spread through contaminated faeces and food and may be linked to poor sanitation and hygiene. Outbreaks of Hepatitis A can occur in settings such as prisons, or care homes and can also spread in close knit communities with poor social conditions, through sexual contact and between IV drug users.

Prevention of the spread of outbreaks of Hepatitis A is through the use of strict food hygiene and cleanliness in food preparation and serving areas. Anyone who handles food should be excluded from work until the infection has cleared.

Staff working with those affected should use strict hand hygiene and standard precautions to prevent the spread and protect themselves.

[Hepatitis A - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Scabies

Scabies is a skin condition caused by a reaction to the Scabies mite, its saliva, eggs, and faeces. Infestations of Scabies can occur in any setting where people can live in proximity including family homes, hospitals, prisons and care homes.

Scabies mites burrow under the skin of the host where they lay their eggs. The mites cannot fly or jump but instead walk across from person to person during prolonged skin contact such as hand holding or during provision of personal care. The amount of time needed for the mite to walk from one person to another is unclear but is thought to be up to 15 minutes. Once on the new host the mite burrows under the skin to lay eggs.

It may take up to six weeks for signs of a Scabies infestation to emerge. Initial signs tend to be excessive itching and scratching especially on the abdomen, the backs of the legs and the buttocks which tends to be worse at night.

Diagnosis of Scabies may be difficult not least because residents may not be able to verbalise their discomfort and rashes may easily be misdiagnosed as something else.

Management of cases and outbreaks

- isolate the affected individual(s) until treatment has been commenced.
- check and inform potential close contacts including staff, family members or other visitors.
- arrange to treat all those affected and their contacts on the same day with a recommended lotion (usually permethrin 5% cream)
- treat the affected individual(s) with the lotion ensuring all of the body and hands (but not the face or hair) are treated and leave for the recommended time-generally 8-12 hours.
- particular attention should be paid to armpits, breast, buttocks, genital areas, wrists, finger webbing and under fingernails. If hands are washed before the end of the treatment period lotion should be reapplied.
- wash off using soap and water.
- a second treatment is recommended 7 days after the first to eradicate any newly emerging mites.
- those affected should be informed that itching can persist for up to 8 weeks after treatment.

Crusted Scabies

Crusted Scabies (formerly known as Norwegian Scabies) can occur in those who are immunocompromised, the elderly or people who are malnourished. In this form of Scabies, the skin crusts over due to the large numbers of scabies mites present. It is harder to treat and needs specialist intervention to ensure the correct treatments are being used to eradicate the mites. People with Crusted Scabies should be isolated, and staff should wear gloves and aprons whilst undertaking their care.

[UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/ukhsa-guidance-on-the-management-of-scabies-cases-and-outbreaks-in-long-term-care-facilities-and-other-closed-settings)

Evidence for Care Home Manual

Cleaning

[B0271-national-standards-of-healthcare-cleanliness-2021.pdf \(england.nhs.uk\)](#)

[NHS England » National Standards of Healthcare Cleanliness 2021](#)

Management of Infection Prevention and Control

[NHS England » National infection prevention and control manual \(NIPCM\) for England](#)

[Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](#)

[Guidance tables for Health and Social Care Act 2008: code of practice on the prevention and control of infections \(publishing.service.gov.uk\)](#)

[Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste \(england.nhs.uk\)](#)

Covid 19 and respiratory viruses

[COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](#)

[COVID-19: testing from 1 April 2024 - GOV.UK \(www.gov.uk\)](#)

[Infection prevention and control \(IPC\) in adult social care: acute respiratory infection \(ARI\) - GOV.UK \(www.gov.uk\)](#)

[Care homes ventilation \(skillsforcare.org.uk\)](#)

[Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK \(www.gov.uk\)](#)

[Flu - NHS \(www.nhs.uk\)](#)

[Respiratory syncytial virus \(RSV\) immunisation programme for infants and older adults: JCVI full statement, 11 September 2023 - GOV.UK \(www.gov.uk\)](#)

[COVID-19 vaccination programme - GOV.UK \(www.gov.uk\)](#)

Infection Control in clinical Practice –Jennie Wilson 2019 edn

[NHS England » Chapter 1: Standard infection control precautions \(SICPs\)](#)

[Safe management of sharps \(infectionpreventioncontrol.co.uk\)](#)

Hydration

[Hydration | NHS inform](#)

[Hydration - British Nutrition Foundation](#)

[15419 BNF Hydration Posters 5.indd \(nutrition.org.uk\)](#)

[How to Rehydrate: 6 Helpful Tips \(healthline.com\)](#)

Scabies

[UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - GOV.UK \(www.gov.uk\)](#)

[Scabies | Health topics A to Z | CKS | NICE](#)

Common Infections

[MRSA - NHS \(www.nhs.uk\)](#)

[Clostridium difficile \(C. diff\) - NHS \(www.nhs.uk\)](#)

[Actions to contain carbapenemase-producing Enterobacterales \(publishing.service.gov.uk\)](#)

[Extended-spectrum beta-lactamases \(ESBLs\): FAQs - GOV.UK \(www.gov.uk\)](#)

[NHS England » Gram-negative bloodstream infection reduction plan and tools](#)

Hepatitis B and C & HIV

[Hepatitis B - NHS \(www.nhs.uk\)](#)

[Hepatitis C - NHS \(www.nhs.uk\)](#)

[HIV and AIDS - NHS \(www.nhs.uk\)](#)

Hepatitis A

[Hepatitis A - NHS \(www.nhs.uk\)](#)