Infection Prevention & Control Policy

B&B-IPC-POL-P

Version: **2.0**

Date Reviewed: **12/08/2025**

Classification: **Internal Use**

Change Log

Date	Change	Name	Title	Reviewed
01/04/2025	New policy	Edd Tillen	CEO	☒
12/08/2025	Reformat to new brand. Added PPE section (8)	Edd Tillen	CEO	☒
				☐
				☐
				☐

Last Review

Name: **Edward J A Tillen**

Position: **CEO**

Date: **12/08/2025**

Recoverable Signature

X

Edward J A Tillen
CEO
Signed by: 1dcfaca4-8038-4900-80c1-ec8d42638c65

Contents

1. Governance and Leadership

Strong governance is fundamental to effective infection prevention and control.

Key Responsibilities

Registered Manager and Infection Prevention and Control Lead (IPCL):

- Oversee IPC governance, compliance, and policy implementation.
- Submit regular reports on audits, incidents, and improvements to the governance board.

Senior Management Team:

- Review compliance reports, audit outcomes, and action plans quarterly.
- Monitor IPC performance and ensure alignment with statutory obligations.

Governance Activities

- Conduct regular IPC audits (biannual as standard, with quarterly spot checks).
- Review findings during governance meetings and develop action plans to address gaps.
- Collaborate with health protection teams during outbreaks.

2. Mental Capacity and Consent in IPC

Infection control measures must align with the Mental Capacity Act 2005 (MCA) and Regulation 11 of the Health and Social Care Act 2008.

Key Principles

Capacity Assessments:

- Evaluate service users' capacity to consent to IPC measures (e.g., mask-wearing, isolation).
- Document assessments in care plans and update them as needed.

Best-Interest Decisions:

- When a service user lacks capacity, decisions must:
    - Be made in their best interests.
    - Involve families, advocates, or Independent Mental Capacity Advocates (IMCAs).

Further details are outlined in the Consent to Care Policy (B&B-CC-POL-I).

3. Waste Management

Effective waste management is essential in healthcare and community-based settings to minimise infection risks and ensure compliance with environmental regulations.

Key Waste Management Practices

Waste Segregation:

- Separate clinical, hazardous, and non-clinical waste at the point of origin.
- Use colour-coded containers:
    - Yellow: Sharps and infectious waste.
    - Orange: Infectious waste requiring treatment.
    - Black/clear: General, non-clinical waste.

Storage and Disposal:

- Hazardous waste must be stored securely in clearly labelled areas until collected by a licensed carrier.
- Waste collection and disposal must adhere to regulatory requirements and be carried out by authorised providers.

Auditing and Documentation:

- A waste audit trail must be maintained, including waste transfer notes and consignment records.
- Quarterly waste audits must be conducted, with findings reviewed during governance meetings.

Sharps Management in Mobile Settings

To ensure the safe and compliant disposal of clinical waste, all phlebotomists are equipped with appropriate sharps containers during every visit.

Each practitioner is responsible for the safe and immediate disposal of used sharps into the sharps bin they carry with them.

These containers are never left at the service user's location. Instead, all sharps bins are securely transported back by the phlebotomist at the end of the visit and returned to the designated clinical waste disposal point, in accordance with best practice and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 12 regarding safe care and treatment.

This approach minimises the risk of needlestick injuries, improper disposal, and cross-contamination.

4. Emergency Preparedness for Infection Control

Emergency preparedness ensures effective management of infectious disease outbreaks in all service settings.

Key Emergency Protocols

Outbreak Preparedness:

- Maintain a comprehensive outbreak response plan, including escalation procedures.
- Train staff annually on outbreak management scenarios.

Rapid Response Measures:

- Activate enhanced cleaning and PPE protocols during outbreaks.

Communication:

- Notify local health protection teams and the Care Quality Commission (CQC) immediately when outbreak thresholds are met.
- Provide transparent communication to service users, staff, and families.

5. COVID-19 Protocols

See Appendix 3: COVID-19 Protocols for specific outbreak management protocols, including PPE use and escalation procedures.

6. Personalised Care and Infection Control

Personalised care ensures IPC measures are adaptable to the needs of individual service users, respecting the Equality Act 2010 and Accessible Information Standard.

Key Personalised Care Measures

Tailored IPC Strategies:

- Adapt IPC practices to accommodate individual needs, including:
    - Alternatives to alcohol-based hand sanitisers for individuals with allergies.

7. Hand Hygiene

Hand hygiene is one of the most effective measures for preventing the spread of infections and is mandatory across all service types.

Key Hand Hygiene Practices

When to Wash Hands:

- Before and after contact with a service user.
- After using the toilet, handling waste, or blowing the nose.
- After contact with contaminated equipment or surfaces.

Correct Hand Washing Techniques:

- Follow the steps outlined in Appendix 1 for effective handwashing.
- Use liquid soap and running water whenever possible.

Hand Sanitisation:

- Use alcohol-based hand sanitisers in addition to or when soap and water are unavailable.
- Refer to Appendix 2 for hand sanitisation guidelines, including non-alcohol-based alternatives.

Facilities and Equipment:

- Ensure handwashing facilities are available near all care delivery points.
- Provide sufficient supplies of soap, hand sanitisers, and disposable towels.

8. Personal Protective Equipment (PPE)

Bloods & Beyond Ltd. will provide all phlebotomists with a PPE pack, including a box of gloves, a pack of face masks, and hand sanitiser. These packs can be replenished upon request at no cost to the phlebotomist.

The wearing of gloves is optional for phlebotomists except where clinically indicated. PPE must always be available, and gloves must be worn if the patient is immunocompromised or specifically requests that PPE be worn.

9. Monitoring and Auditing Framework

Regular monitoring and auditing of infection prevention and control (IPC) practices ensure compliance and continuous improvement across all services.

Key Monitoring Activities

Audits:

- Conduct biannual comprehensive audits of IPC practices, including:
    - Hand hygiene compliance.
    - PPE usage.
    - Waste management processes.
- Use spot checks for high-risk areas

Incident Reviews:

- Investigate IPC-related incidents and near misses.
- Use findings to inform updates to policies and training.

Governance Reporting:

- Present audit findings, incident reviews, and compliance updates during governance meetings.

Conduct environmental cleaning audits in shared spaces and high-touch areas.

10. Continuous Improvement Strategies

A commitment to continuous improvement ensures infection prevention and control (IPC) practices remain effective and up-to-date.

Improvement Measures

Learning from Audits and Incidents:

- Use audit findings and incident reports to update IPC practices.
- Share lessons learned with staff to prevent recurrence.

Staff Involvement:

- Encourage staff to identify IPC challenges and propose solutions.
- Include IPC-related goals in staff appraisals and performance reviews.

Regulatory Updates:

- Review updates from NICE, UKHSA, and CQC to refine IPC policies and ensure compliance.
- Incorporate new evidence-based practices into training and procedures.

Continuous Improvement

- Review feedback from staff and service users on cleanliness and safety measures in shared spaces and makeshift clinical environments.
- Implement action plans to address specific infection risks identified in high-risk areas.

11.Further Reading

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Regulation 12: Safe Care and Treatment

https://www.legislation.gov.uk/uksi/2014/2936/regulation/12/made

Department of Health and Social Care - Code of Practice on the Prevention and Control of Infections and Related Guidance ("Hygiene Code")

https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

National Institute for Health and Care Excellence (NICE) - Infection Prevention and Control [QS61]

https://www.nice.org.uk/guidance/qs61

Care Quality Commission - Infection Prevention and Control (Quality Statement)

https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework/safe/infection-prevention-control

Medicines and Healthcare Products Regulatory Agency (MHRA) - Drug Safety Update

https://www.gov.uk/drug-safety-update

Care Quality Commission - Regulation 15: Premises and Equipment (Waste and Hygiene)

https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-15-premises-equipment

UK Government Guidance - Living Safely with Respiratory Infections, Including COVID-19

https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19

Health and Safety Executive (HSE) - Control of Substances Hazardous to Health (COSHH) Regulations 2002

https://www.hse.gov.uk/coshh/

Health and Safety Executive (HSE) - Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

https://www.hse.gov.uk/pubns/hsis7.pdf

Health and Safety Executive (HSE) - Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR)

https://www.hse.gov.uk/riddor/

12.Relevant Legislation

Bloods and Beyond Ltd is committed to maintaining robust infection prevention and control (IPC) measures across all services. This policy ensures compliance with the following legislation and guidance:

- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including:**
    - **Regulation 12: Safe Care and Treatment.**
    - **Regulation 11: Consent.**
- **Control of Substances Hazardous to Health (COSHH) Regulations 2002.**
- **Public Health (Control of Disease) Act 1984.**
- **Hazardous Waste (England and Wales) Regulations 2005.**
- **Relevant NICE Guidelines (e.g., NG15 for antimicrobial stewardship).**
- **HSE and CQC standards for waste management, ventilation, and water safety.**

Our aim is to:

- Prevent the transmission of infectious diseases.
- Minimise risks associated with antimicrobial resistance (AMR).
- Ensure person-centred IPC practices that comply with the Equality Act 2010 and Accessible Information Standard.
- Regularly review IPC measures to align with evolving regulations and guidance.

13.Review & Monitoring

Comments & Questions

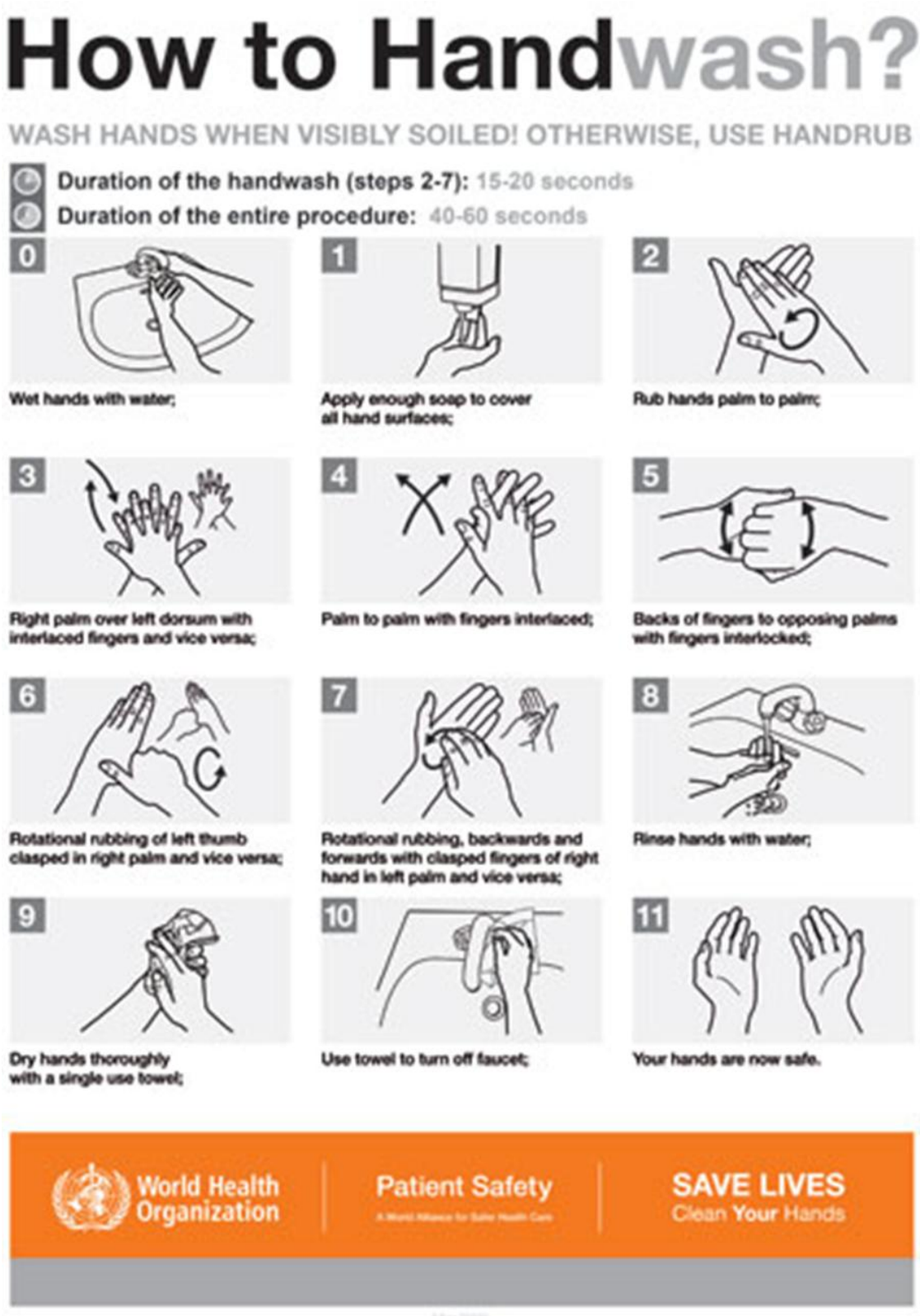
If there are any queries about the contents of this policy, please contact the Compliance Officer on 0 333 33 999 32 or by emailing policies@BloodsandBeyond.co.uk.

Reviews

The CEO reviews this policy at least annually during bi-annual Service Review Meetings.

See the Change Log on the front page for the last review date and recent changes.

Appendix 1 - Hand Washing Technique



Appendix 2 - Hand Sanitisation

The use of hand sanitisers, including non-alcohol-based formulations, must be frequent and routine on non-soiled hands as they are quick, effective, and well tolerated by the skin. These sanitisers can easily be placed in areas where needed the most, for example, at the point of service user care, in a clinician's mobile kit, accommodating preferences for alcohol-free options.

Hand sanitisation may be used in the following instances:

- Prior to service user contact;
- After exposure to the risk of body fluids;
- After service user contact;
- After contact with a service user's surroundings (e.g., a chair or door handle).

All staff must adhere to the hand washing technique as illustrated on the poster below.

Following hand washing, the application of a sanitiser, alcohol-based or non-alcohol-based, is required for hand sterilisation. This step is crucial as sanitisers do not clean hands but sterilise them; hence, where hand-wash facilities are not available, the use of a hand-sanitising gel or foam is appropriate before or after undertaking any of the above activities.

Hand sanitisation is not the preferred primary method for hand cleansing where:

- Hands are visibly soiled;
- The service user is experiencing vomiting and/or diarrhoea;
- There is direct hand contact with body fluids e.g. blood;
- There is an outbreak of norovirus, clostridium difficile, or other diarrhoea-associated illnesses.

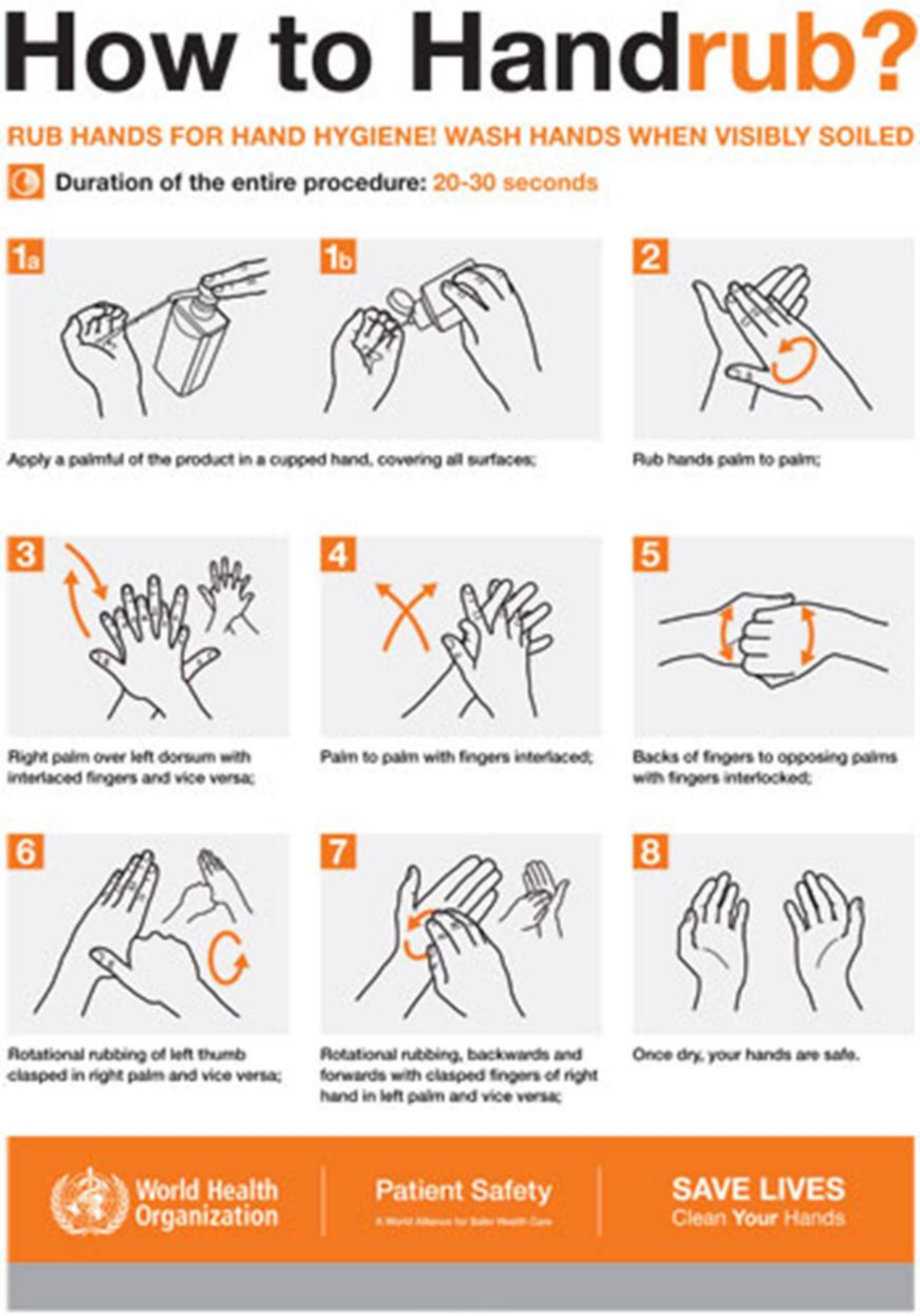
In such cases, hands must always be washed first with liquid soap and water.

Method for Hand Washing

1. Wet hands under running warm water
2. Apply liquid soap
3. Without applying more water, vigorously rub all parts of the hands using the technique below (10-15 seconds for routine hand washing)
4. Rinse hands under running water
5. Dry thoroughly using disposable paper towels

This policy ensures inclusivity, respecting the diverse needs and preferences of all staff members and service users, including those who prefer to avoid alcohol-based products.

Use of Alcohol Gel Technique



Appendix 3 - COVID-19 Protocols

At Bloods and Beyond Ltd, protecting service users, staff, and visitors from COVID-19 remains a priority. These protocols outline the measures to minimise the risk of transmission and ensure compliance with current public health guidance.

Staff Vaccination Status

- Staff involved in the delivery of care are strongly encouraged to be fully vaccinated against COVID-19.
- Staff who are not fully vaccinated may be required to wear a face mask at all times while on duty, depending on the service user's care plan.
- Proof of vaccination must be provided to the manager for record-keeping and compliance purposes.

Standard Precautions

All staff must follow these precautions when providing care:

- Wash hands thoroughly with soap and water for at least 20 seconds before and after providing care.
- Wear gloves when handling bodily fluids or secretions.
- Wear a face mask within two metres of symptomatic service users.
- Dispose of waste materials safely in accordance with hazardous waste protocols.
- Clean and disinfect surfaces and equipment after use.

Aerosol-Generating Procedures (AGPs)

When performing aerosol-generating procedures for symptomatic service users, staff must wear the following personal protective equipment (PPE):

- A face mask with a visor or goggles.
- A disposable gown.
- Gloves.
- Footwear covers.

PPE Protocols

- Follow proper donning and doffing procedures as outlined below in Table 1.
- Do not share PPE under any circumstances.
- Dispose of all PPE safely and in accordance with clinical waste disposal guidelines.

Table 1 - Donning and Doffing PPE

Table 1. **Donning and doffing personal protective equipment**

Putting on PPE (donning)	Removing PPE (doffing)
After performing hand hygiene, personal protective equipment should be donned in the following order: ● Apron or gown ● Mask ● Eye protection (if needed) ● Gloves	Personal protective equipment should be doffed in the following order: ● Gloves ● Apron (Hand hygiene should be performed after gloves and apron are doffed) ● Eye protection (if used) ● Mask (after leaving the room) Hand hygiene should be performed again

Hand Washing Techniques

Staff must wash their hands thoroughly with soap and water for at least 20 seconds:

- Before and after providing care;
- After using the toilet;
- After blowing their nose, coughing, or sneezing;
- After handling waste materials;
- After touching their face, hair, or clothes.

Staff may use hand sanitiser if soap and water are not available.

Reporting of Symptoms

- Staff must report any symptoms of COVID-19 to their manager immediately.
- Symptoms include fever, cough, shortness of breath, sore throat, loss of taste or smell, and muscle aches.
- Symptomatic staff will be required to self-isolate and obtain a negative test result before returning to work.

Management of Outbreaks

In the event of a COVID-19 outbreak:

- Follow Public Health England (PHE) guidance and inform relevant authorities.
- Isolate symptomatic service users and staff according to current recommendations.
- Communicate transparently with service users, families, and staff about the situation and measures being taken.

Appendix 4 -
Single Assessment Framework - Infection Prevention and Control

Quality Statement
Providers, commissioners, and system leaders are expected to uphold this commitment:

"We assess and manage infection risks, detect and control its spread, and promptly communicate any concerns with the appropriate agencies."

What This Quality Statement Means:

1. **Risk Assessment and Management**:
    - An effective strategy is in place to assess and manage infection risks, aligned with the latest national guidance.
2. **Hygiene and Cleanliness**:
    - People are safeguarded from infection risks through the maintenance of clean and hygienic premises and equipment.
3. **Defined Roles and Responsibilities**:
    - Clear responsibilities are established for infection prevention and control, ensuring accountability and consistency.
4. **Information Sharing**:
    - Relevant information about infection risks is shared in a timely and appropriate manner with service users, visitors, and partner agencies to ensure transparency and collaborative risk management.