INFECTION PREVENTION AND CONTROL (IPC) POLICY AND PROCEDURE

PRIMUS PLUS HEALTHCARE

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1.0 PURPOSE

The purpose of this Infection Prevention and Control (IPC) Policy and Procedure is to establish clear and effective standards, principles, and procedures that prevent and control healthcare-associated infections (HCAIs) within the supported living environments of Primus Plus Healthcare. These environments, where personal care is not provided, present unique challenges in infection prevention. The policy aims to ensure a safe, clean, and hygienic environment for all service users, staff, and visitors while ensuring infection prevention and control measures are consistently and effectively applied throughout the organization.

This IPC policy supports the delivery of high-quality care in line with the Care Quality Commission (CQC) regulations, UK Health Security Agency (UKHSA) guidelines, and other national standards. It will ensure the organization meets its obligations under the Health and Social Care Act 2008, as well as relevant legislative and regulatory frameworks.

Key objectives of this policy and procedure include:

1.1 Minimizing Infection Risks in Service Users' Living Environments

- Primus Plus Healthcare recognizes that individuals with learning disabilities, autism spectrum conditions, and mental health needs may have specific vulnerabilities to infections. Infection risks in these environments may differ due to sensory sensitivities, behavioural challenges, or communication barriers, which can complicate infection control measures.
- This policy aims to minimize infection risks by implementing evidence-based IPC practices tailored to meet the specific needs of each service user. Measures will be customized to ensure that infection control strategies are effective, easily understandable, and as non-disruptive as possible to the daily lives of service users.
- Environmental Considerations: Infection risks in communal spaces and individual living areas will be carefully managed, ensuring cleanliness and hygiene practices are upheld to prevent cross-contamination.
- The policy also considers the impact of infection on mental health and well-being, ensuring that service users are not distressed by infection control practices.

1.2 Ensuring Compliance with National Regulations and Guidance

- Primus Plus Healthcare is committed to complying with all relevant national regulations, including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 12: Safe Care and Treatment. This regulation requires that care providers have effective systems in place to prevent, detect, and control the spread of infections in care settings.
- The policy will also adhere to CQC regulations concerning infection prevention and control, ensuring that CQC Key Lines of Enquiry (KLOE) are met, particularly in relation to maintaining safe, clean environments and safeguarding service users from infection risks.
- National Guidelines: The policy aligns with guidelines set by national bodies, including the UK Health Security Agency (UKHSA), NHS, and National Institute for Health and Care Excellence (NICE). These standards help ensure that infection prevention practices are up-to-date and evidence-based, minimizing infection risks and ensuring the safety of service users, staff, and visitors.

- Legislative Compliance: All IPC procedures will ensure full compliance with GDPR, safeguarding standards, and other relevant legislative requirements.

1.3 Safeguarding Service Users' Health

- The health and well-being of service users is the top priority. This policy ensures that infection risks are systematically identified and managed across the service delivery spectrum, from risk assessments to daily care routines.
- IPC Integration: Infection control measures will be embedded into every aspect of service delivery, including personal care tasks (where applicable), housekeeping, and management of communal areas. The IPC policy will be integrated with other safeguarding and health policies to ensure that service users' physical and mental health is protected.
- Person-Centered Care: Infection control practices will be individualized based on each service user's needs, ensuring that their health is safeguarded while respecting their dignity and preferences. Staff will be trained to recognize and respond to specific infection risks related to the service user's condition (e.g., individuals with compromised immune systems or specific behavioural concerns).
- The policy also aims to proactively address infection risks in line with CQC regulations and quality standards, ensuring that infection control is part of a holistic approach to safeguarding service users' health.

1.4 Promoting a Culture of Safety Within the Organization

- Primus Plus Healthcare is committed to fostering a culture where infection prevention and control are prioritized at every level of the organization. This includes leadership commitment, staff engagement, and creating a shared responsibility for maintaining high standards of hygiene and safety.
- Staff Education and Accountability: All staff will be trained in infection control practices as part of their induction and ongoing professional development. The training will cover the importance of hand hygiene, proper use of personal protective equipment (PPE), safe waste disposal, cleaning protocols, and how to manage outbreaks effectively.
- Engagement and Awareness: The policy ensures that all staff members understand the importance of infection control in their daily work. Clear communication and regular reinforcement of IPC practices will help build a workforce that is actively engaged in minimizing infection risks and promoting a safe environment.
- Feedback and Continuous Improvement: A feedback loop will be established to encourage staff to share insights and challenges related to infection control practices. Regular audits and reviews will be conducted to assess the effectiveness of the IPC policy, ensuring that improvements are made based on real-time experiences and new research.

2.0 SCOPE

This Infection Prevention and Control (IPC) Policy and Procedure applies to all services provided by Primus Plus Healthcare within the supported living environments, particularly for adults with learning disabilities, mental health needs, and autism spectrum conditions, where personal care services are not provided. The scope of this policy encompasses the application

of infection prevention and control measures across the organization, including staff, service users, visitors, and external stakeholders, and spans the entirety of the supported living environment.

The following areas and groups are covered by this policy:

2.1 Service Users

- Primus Plus Healthcare provides supported living services to individuals with varying degrees of learning disabilities, autism spectrum conditions, and mental health needs. Infection prevention and control practices are tailored to ensure the safety of each service user, with particular attention to those with compromised immune systems or higher susceptibility to infections.
- The policy ensures that infection risks are identified and minimized for service users in communal living spaces and individual living units. Specific considerations are made for individuals' personal needs, including sensory sensitivities, communication challenges, and behavioural concerns, to ensure that IPC measures do not cause distress or confusion.
- Service users' health and well-being are safeguarded by ensuring that infection control practices are embedded in care routines, housing management, and day-to-day interactions with staff.

2.2 Staff

- This policy applies to all staff members at Primus Plus Healthcare, including care assistants, support workers, managers, and non-clinical staff, who may be involved in providing care, support, or services within the supported living settings.
- All staff members are required to understand and implement the infection prevention and control measures outlined in this policy. This includes:
    - Following hand hygiene protocols
    - Proper use of personal protective equipment (PPE)
    - Adhering to cleaning, waste disposal, and decontamination procedures
    - Responding effectively to outbreaks or infection-related incidents
- Staff are expected to undergo comprehensive training on infection control measures and participate in ongoing assessments to ensure their competence in IPC practices.

2.3 Visitors and External Stakeholders

- The policy also applies to visitors to the supported living settings, including family members, healthcare professionals, external contractors, and volunteers, who may come into contact with service users or staff.
- Visitors will be informed of the necessary infection prevention and control measures before entering service user accommodation or communal areas. This includes protocols for hand hygiene, PPE usage, and any restrictions regarding entry if there is an outbreak or infection risk.
- External stakeholders include local health authorities, public health bodies, and healthcare professionals involved in managing service users' health. This policy ensures that these stakeholders collaborate with Primus Plus Healthcare in implementing effective infection control measures and responding to outbreaks or infection risks.

2.4 Service Delivery Areas

- The scope of this policy covers all areas where Primus Plus Healthcare provides supported living services, including:
    - Service Users' Living Areas: The IPC measures will be applied within individual service user accommodations to ensure cleanliness and hygiene while respecting the autonomy and privacy of service users.
    - Communal Spaces: Shared living spaces such as kitchens, lounges, and dining areas will have IPC measures in place to minimize cross-contamination and reduce infection transmission.
    - Staff Workspaces: Infection control practices are also implemented in staff areas such as offices, training rooms, and break rooms, ensuring that these areas are kept clean and free of infection risks.
    - Outreach Services and Off-Site Activities: For services that involve external activities, trips, or engagement with external professionals, infection control measures are applied to ensure that service users remain protected during any off-site activities or social interactions.

2.5 Risk Assessments and Monitoring

- This policy mandates the implementation of infection risk assessments for all areas and activities related to supported living services. Risk assessments will be carried out to identify infection risks associated with service user care routines, staff activities, equipment usage, and environmental factors.
- The IPC policy also defines the monitoring systems in place to ensure that infection control practices are consistently followed across all service areas. This includes:
    - Regular audits of IPC compliance within the service delivery areas
    - Tracking and monitoring infection incidents or outbreaks
    - Feedback mechanisms from service users and staff to identify any challenges in adhering to IPC protocols.

2.6 Specific Infection Control Measures for Supported Living without Personal Care

- In supported living environments where personal care is not provided, this policy focuses on infection prevention measures that reduce risks associated with communal living, environmental cleanliness, and shared resources. This includes:
    - Regular cleaning and disinfection of common areas and service user accommodations
    - Managing food safety, waste management, and handling of laundry (including service users' clothing and bedding)
    - Implementing transmission-based precautions where necessary, including isolation measures for any service user exhibiting symptoms of infection
    - Ensuring service users understand and participate in appropriate hygiene practices, such as hand washing, and maintaining a clean living space
    - Monitoring and adapting the environment to prevent infection spread, particularly in light of service users' sensory and communication needs.

2.7 Compliance with National Regulations and Guidance

- This policy ensures compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC regulations, and other relevant legislative frameworks. It aligns with the standards set by the UK Health Security Agency (UKHSA), NHS guidelines, and the National Institute for Health and Care Excellence (NICE), ensuring infection prevention and control practices are up-to-date and evidence-based.

2.8 Continuous Improvement and Adaptation

- The IPC policy will be reviewed and updated regularly to reflect the latest guidance, emerging infection risks, and feedback from staff, service users, and external stakeholders.
- Primus Plus Healthcare is committed to fostering a culture of continuous improvement, ensuring that infection prevention and control measures are constantly evaluated, refined, and adapted to maintain the highest standards of care and safety.

3.0 POLICY STATEMENT

Primus Plus Healthcare is committed to providing safe, high-quality, and person-centered care within supported living environments. We recognize the importance of infection prevention and control (IPC) as a critical component of our service delivery. This policy and procedure outline our commitment to minimizing infection risks and ensuring the health, safety, and well-being of all service users, staff, and visitors, in line with regulatory requirements and national guidelines.

Our IPC policy is built on the principles of safety, compliance, continuous improvement, and safeguarding the health of service users, especially those with learning disabilities, autism spectrum conditions, and mental health needs. We strive to maintain an environment that is hygienic, safe, and conducive to the well-being of everyone in our care.

The overarching aims of this policy are:

3.1 Minimizing Infection Risks and Protecting Service Users

- Primus Plus Healthcare recognizes that individuals with learning disabilities, autism spectrum conditions, and mental health needs are often more vulnerable to infections due to their unique health and social care needs. In light of this, our primary objective is to minimize infection risks by ensuring a proactive approach to infection prevention.
- We will provide a safe living environment for service users by implementing evidence-based IPC practices across all supported living settings. This includes regular cleaning, disinfection of common areas and personal living spaces, appropriate use of PPE, and safe management of waste and laundry.
- Infection prevention and control measures will be integrated into individual care plans, ensuring that the specific needs and vulnerabilities of each service user are considered. By adopting a person-centered approach, we ensure that our IPC practices are tailored to meet the individual requirements of service users while minimizing distress or discomfort.

3.2 Compliance with National Regulations and CQC Standards

- Primus Plus Healthcare is fully committed to complying with all relevant national standards and regulatory frameworks, including the Health and Social Care Act 2008 and CQC regulations, specifically Regulation 12: Safe Care and Treatment. This regulation mandates that providers have systems in place to prevent, detect, and control infections, ensuring that care is delivered safely and without risk of harm from infection.
- We will also adhere to the UK Health Security Agency (UKHSA) and NHS guidelines, ensuring our practices are up-to-date and aligned with best practice standards set by bodies such as the National Institute for Health and Care Excellence (NICE). This ensures we are consistently following national infection control guidelines and responding to emerging infection risks.
- Primus Plus Healthcare will also comply with GDPR and other data protection laws to safeguard service users' personal and health data related to infection control.

3.3 Embedding Infection Prevention and Control in Daily Practice

- Infection prevention and control will be embedded in all aspects of care delivery. This includes not only direct care tasks but also staff interactions with service users, environmental cleaning protocols, and the management of communal and private spaces. We will ensure that all staff members understand their responsibility in preventing and controlling infections in all areas of their work.
- All infection prevention and control measures will be designed to be easy to follow, ensuring that staff members at all levels can consistently implement them, and that service users feel comfortable and safe. The use of standard infection control precautions (SICPs) and transmission-based precautions (TBPs) will be implemented as necessary, based on the level of infection risk.
- To ensure consistent application, Primus Plus Healthcare will provide training for all staff, conduct regular audits, and ensure ongoing supervision to monitor adherence to IPC standards. Staff performance will be regularly assessed through competency evaluations to ensure infection prevention practices are being followed correctly.

3.4 Fostering a Culture of Safety and Accountability

- We will foster a culture of safety within the organization where infection control is viewed as a shared responsibility among all employees, service users, and visitors. We will ensure that infection prevention is seen as an essential aspect of our organizational values, embedded in everything we do.
- The leadership team will play an active role in promoting accountability for infection control across all levels of the organization. Management will ensure that sufficient resources and support are available for infection prevention and control measures to be effectively implemented and maintained.
- Staff members will be encouraged to take ownership of infection prevention by following established protocols and reporting any issues or concerns promptly. Regular feedback mechanisms will be established to improve practice, identify gaps in infection control, and address emerging risks.

3.5 Continuous Monitoring, Evaluation, and Improvement

- Primus Plus Healthcare is committed to the continuous improvement of infection prevention and control practices. Regular monitoring will be carried out through audits, surveillance, and feedback from staff and service users to evaluate the effectiveness of current IPC measures.
- Infection control performance will be regularly reviewed, with findings used to inform improvements in policy, training, and practice. We will actively engage in learning from incidents, ensuring that the root causes of any infection outbreaks or incidents are identified and addressed promptly.
- We will also ensure that IPC procedures are updated in response to new evidence, emerging infection threats, and any changes in legislation or guidelines. This proactive approach will ensure that our infection prevention and control practices remain effective, up-to-date, and aligned with national standards.

3.6 Responding Effectively to Infection Outbreaks

- In the event of an infection outbreak, Primus Plus Healthcare will implement clear and structured protocols to identify, contain, and manage the outbreak. This will include isolating affected individuals, enhancing hygiene and cleaning measures, restricting visitor access as necessary, and collaborating with local health authorities and public health bodies for expert guidance and support.
- A rapid response team will be established to handle outbreaks, and communication channels will be maintained with external health organizations to ensure coordinated action in managing the outbreak. Post-outbreak evaluations will be conducted to assess the effectiveness of the response and implement any necessary changes to prevent recurrence.

4.0 OBJECTIVE

The primary objective of this Infection Prevention and Control (IPC) Policy and Procedure is to outline clear, structured, and evidence-based practices that will minimize the risks associated with infections within Primus Plus Healthcare supported living services. This objective is central to ensuring the health, safety, and well-being of all service users, staff, and visitors, especially individuals with learning disabilities, mental health needs, and autism spectrum conditions who may be more vulnerable to infections.

The specific objectives of this IPC Policy and Procedure are as follows:

4.1 To Prevent and Minimize Healthcare-Associated Infections (HCAIs)

- To reduce the incidence of healthcare-associated infections (HCAIs) within the supported living environment by implementing effective and evidence-based infection control measures.
- Primus Plus Healthcare will take proactive steps to identify infection risks, minimize transmission, and apply suitable infection control measures to prevent infections from developing in the first place.
- The policy will guide staff in applying infection control measures that are appropriate to the unique vulnerabilities of service users, particularly those with learning

disabilities, autism spectrum conditions, and mental health needs, who may require additional support in understanding and following IPC practices.

4.2 To Protect the Health of Service Users, Staff, and Visitors

- To ensure that service users, staff, and visitors are protected from the risks of infection in all areas of the supported living environment.
- Infection control measures will be incorporated into all aspects of service delivery, including service users' living spaces, communal areas, and staff workspaces. These measures will focus on providing a clean, hygienic environment that minimizes the potential for cross-contamination and the spread of infectious agents.
- Person-centered care will be implemented in the form of tailored IPC practices that reflect the specific needs of each service user. This includes personalized hygiene and infection control support for service users with mental health needs or autism.

4.3 To Ensure Compliance with Legal and Regulatory Requirements

- To ensure full compliance with relevant legislation, regulations, and national guidelines, including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC regulations, UK Health Security Agency (UKHSA) standards, and NICE guidelines.
- This policy will ensure that Primus Plus Healthcare meets the infection prevention and control standards outlined in Regulation 12: Safe Care and Treatment and other applicable sections of the CQC Fundamental Standards.
- The organization will also comply with GDPR and Data Protection Act 2018 in the handling and processing of sensitive health and infection-related data, ensuring service users' privacy is protected in all infection control activities.

4.4 To Implement Effective and Consistent Infection Control Measures

- To ensure that infection control procedures are applied consistently and effectively across all settings within the supported living environment, including:
    - Environmental cleaning and disinfection protocols.
    - Use of personal protective equipment (PPE) to minimize exposure to infectious agents.
    - Waste management practices to safely handle and dispose of potentially contaminated materials.
    - Hygiene practices, such as hand hygiene protocols that are regularly reinforced and monitored through staff training and audits.
- The policy outlines clear procedures for addressing the different types of infection risks, including standard infection control precautions (SICPs) and transmission-based precautions (TBPs), to ensure that each scenario is handled appropriately.

4.5 To Promote a Culture of Safety and Accountability in Infection Prevention

- To foster a culture of safety within Primus Plus Healthcare, ensuring that infection prevention and control is a shared responsibility among all staff, service users, and visitors.

- Staff will be empowered through comprehensive training programs on infection prevention and control measures, including the appropriate use of PPE, hand hygiene, and environmental cleaning practices.
- The policy ensures that the leadership team is actively involved in promoting infection control measures, with clear accountability at all levels of the organization. Staff will be encouraged to report concerns, incidents, or non-compliance with IPC practices, ensuring that corrective actions are taken promptly.

4.6 To Provide Ongoing Training, Education, and Support for All Staff

- To ensure that all staff members, regardless of their role, are equipped with the knowledge and skills needed to apply infection prevention and control procedures effectively.
- Staff will undergo a comprehensive induction program focused on IPC principles and will receive annual refresher training to stay updated on the latest infection control practices and guidelines.
- Regular competency assessments will be conducted to ensure that staff are applying infection prevention measures correctly. Ongoing education and professional development will be provided, including role-specific training for staff working in higher-risk areas.

4.7 To Monitor, Audit, and Evaluate Infection Prevention and Control Practices

- To regularly monitor and audit IPC practices to ensure compliance with the policy and identify areas for improvement. This will include:
    - Regular audits of cleaning protocols, PPE usage, waste management, and hygiene practices.
    - Surveillance systems to detect infections early and prevent outbreaks.
    - Incident reporting systems to track infection-related events, near misses, and breaches in infection control protocols.
- Feedback mechanisms will be established to collect input from staff and service users, allowing for continuous evaluation of the policy's effectiveness and driving improvements.

4.8 To Respond Promptly and Effectively to Infection Outbreaks

- To ensure that infection outbreaks are identified, reported, and managed promptly. This includes implementing outbreak management protocols, such as:
    - Isolation procedures for service users with suspected or confirmed infections.
    - Enhanced cleaning and decontamination of affected areas.
    - Communication with local health authorities and public health bodies to manage and contain the outbreak effectively.
- After an outbreak, Primus Plus Healthcare will conduct post-outbreak reviews to evaluate the effectiveness of the response and implement any necessary changes to improve future outbreak management.

4.9 To Ensure Service Users' Well-being Through Infection Prevention

- To ensure that service users' well-being is always maintained during infection prevention practices, particularly for individuals with learning disabilities, autism, and mental health needs.
- Infection control measures will be person-centered, ensuring that service users' dignity is respected, and that infection control practices are implemented in a way that does not cause distress or discomfort.
- We will work closely with service users to ensure that they understand the infection prevention measures in place and are encouraged to participate in maintaining their own hygiene and infection control practices, to the best of their ability.

5.0 COMPLIANCE WITH LEGISLATION AND REGULATORY BODIES

Primus Plus Healthcare is committed to ensuring that all infection prevention and control (IPC) practices comply with relevant UK legislation, national guidelines, and regulatory requirements. This compliance ensures that we provide high-quality care while maintaining the health and safety of service users, staff, and visitors. The following legislation and standards are integral to the development and implementation of this IPC Policy and Procedure:

5.1 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Regulation 12: Safe Care and Treatment: This regulation mandates that service providers take appropriate steps to prevent, detect, and control the spread of infections in health and social care settings. Primus Plus Healthcare ensures that infection control measures are embedded in all aspects of service delivery, safeguarding the health and well-being of service users and staff. This includes the implementation of appropriate cleaning, decontamination, and infection prevention practices across the supported living environments.
- Compliance Measures: The policy will be regularly reviewed to ensure that care provided meets the CQC standards, is safe, effective, and aligns with Regulation 12. Infection control is a core component of this regulation, and as such, regular audits, risk assessments, and reviews of IPC practices will be conducted.

5.2 Control of Substances Hazardous to Health (COSHH) Regulations 2002

- These regulations govern the safe handling, storage, and disposal of substances that may pose infection risks, including cleaning agents, disinfectants, and biological agents like pathogens.
- Compliance Measures: Primus Plus Healthcare ensures compliance with COSHH by conducting regular risk assessments, providing staff training on handling hazardous substances safely, and using appropriate safety measures, including the proper use of personal protective equipment (PPE) and ensuring safe disposal practices for hazardous materials.

5.3 The Health and Safety at Work Act 1974

- This Act requires employers to provide a safe working environment and take reasonable precautions to protect the health and safety of employees, service users, and visitors.

- Compliance Measures: Primus Plus Healthcare complies with the Health and Safety at Work Act 1974 by ensuring that infection prevention and control practices are integral to the organization's overall health and safety procedures. This includes providing adequate PPE for staff, regular training on the correct use of PPE, and implementing effective cleaning, disinfection, and waste management protocols in all service areas.

5.4 The Care Quality Commission (CQC)

- Primus Plus Healthcare adheres to CQC standards, particularly the Key Lines of Enquiry (KLOE), which assess the quality of care provided. Infection control is a critical component of the CQC's inspections, especially under the Safe and Well-Led categories.
- Compliance Measures: The IPC policy ensures that Primus Plus Healthcare meets CQC's expectations for infection prevention and control. This includes maintaining a safe, hygienic environment, ensuring that infection control practices are consistently applied, and demonstrating strong leadership in IPC practices. Compliance will be regularly assessed through audits, inspections, and feedback mechanisms to meet CQC requirements.

5.5 The Public Health (Control of Disease) Act 1984

- This Act provides the legal framework for managing outbreaks of infectious diseases, including the mandatory reporting of certain infections and implementing isolation measures to control the spread of infections.
- Compliance Measures: Primus Plus Healthcare follows this legislation by ensuring that any suspected or confirmed outbreaks are promptly reported to relevant health authorities, such as local public health departments and the UK Health Security Agency (UKHSA). Appropriate measures, including isolation and increased infection control measures, will be implemented to prevent the further spread of infection.

5.6 General Data Protection Regulation (GDPR) and the Data Protection Act 2018

- Primus Plus Healthcare is committed to ensuring that all personal and health-related data, including infection control records, are handled in compliance with GDPR and the Data Protection Act 2018.
- Compliance Measures: Infection control records, such as vaccination status, health screenings, and incident reports, will be securely stored, processed, and accessed only by authorized personnel. We ensure that sensitive data is managed in accordance with GDPR principles, including maintaining confidentiality, obtaining informed consent where necessary, and ensuring data security at all stages.

5.7 The National Institute for Health and Care Excellence (NICE)

- Primus Plus Healthcare follows NICE guidelines for infection prevention and control, integrating evidence-based practices and recommendations into all aspects of our IPC procedures.
- Compliance Measures: We ensure that NICE standards are consistently applied in infection control measures, particularly in relation to hand hygiene, antimicrobial stewardship, and the management of infections such as MRSA, C. difficile, and norovirus. Infection control practices will be continually updated to reflect NICE's latest evidence-based recommendations.

5.8 The Care Act 2014

- This Act emphasizes the promotion of the well-being of service users, particularly in relation to safeguarding their health by preventing infections.
- Compliance Measures: Primus Plus Healthcare ensures that infection prevention and control measures are incorporated into individual service user care plans, particularly for those who may have additional vulnerabilities due to mental health, learning disabilities, or autism. IPC measures will be personalized to meet the specific needs of each service user and ensure their well-being is maintained at all times.

5.9 The Health and Safety (Sharps Instruments in Healthcare) Regulations 2013

- These regulations require the safe management of sharps, such as needles and scalpels, to prevent injury and the transmission of infections through needlesticks or cuts.
- Compliance Measures: Primus Plus Healthcare ensures that safe sharps handling procedures are in place, with staff trained on the correct disposal methods and using safer needle devices wherever possible. All sharps-related incidents will be documented, and staff will be equipped with the necessary tools and training to minimize the risk of sharps injuries and infection transmission.

5.10 The Health and Safety (Miscellaneous Amendments) Regulations 2002

- This regulation mandates the proper use and maintenance of personal protective equipment (PPE) in healthcare settings.
- Compliance Measures: Primus Plus Healthcare ensures that appropriate PPE is provided to staff and that they are trained in its proper use, including donning and doffing procedures to minimize the risk of contamination. PPE is maintained in hygienic conditions and replaced as necessary to ensure its effectiveness in protecting both service users and staff from infections.

5.11 The Hazardous Waste (England and Wales) Regulations 2005

- These regulations govern the proper disposal of hazardous waste, including clinical and infection-related waste.
- Compliance Measures: Primus Plus Healthcare ensures that all infection-related waste, including used PPE, soiled linen, and contaminated medical waste, is properly segregated, stored, and disposed of in accordance with these regulations. Waste disposal protocols will ensure that all hazardous materials are handled safely to prevent the spread of infection.

5.12 Compliance with National Bodies

- Skills for Care: Primus Plus Healthcare adheres to Skills for Care guidelines on workforce development, training, and care standards, ensuring staff are well-equipped to implement infection prevention and control measures.
- Social Care Institute for Excellence (SCIE): We implement best practices from SCIE in social care, particularly for adults with learning disabilities, autism, and mental health needs. Infection control measures are designed to be accessible and relevant to the specific needs of service users.
- NHS England: Primus Plus Healthcare incorporates NHS England's national standards for care integration, mental health, and disability services, ensuring that infection prevention and control practices are consistent with NHS guidelines.

6.0 DEFINITIONS

The following definitions are provided to ensure clarity and consistency in the interpretation of terms related to infection prevention and control (IPC) within Primus Plus Healthcare. Understanding these terms is essential to ensuring that infection prevention and control practices are implemented effectively across all supported living environments.

6.1 Healthcare-Associated Infection (HCAI)

- Definition: A healthcare-associated infection (HCAI) is an infection that a service user acquires while receiving treatment for another condition within a healthcare or supported living setting. These infections are not present or incubating at the time of admission, but develop as a result of healthcare interventions or exposure to the healthcare environment.
- Context: Common examples include methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (C. difficile), and urinary tract infections (UTIs) due to catheter use. Preventing HCAIs is central to infection control policies, as these infections can lead to prolonged hospital stays, additional treatments, and poorer health outcomes.

6.2 Infection Control

- Definition: Infection control refers to the set of practices and procedures designed to prevent, manage, and reduce the spread of infections within healthcare settings. This includes policies, procedures, and protocols that focus on safeguarding service users, staff, and visitors from the risk of infection.
- Context: Infection control measures include hand hygiene, personal protective equipment (PPE) usage, environmental cleaning, waste management, and decontamination practices. These are implemented to reduce the risk of infection transmission within the service delivery environment.

6.3 Personal Protective Equipment (PPE)

- Definition: Personal protective equipment (PPE) includes clothing and equipment designed to protect staff and service users from exposure to infectious agents. PPE is essential in maintaining infection control, especially when there is a risk of coming into contact with bodily fluids or contaminated surfaces.
- Context: PPE includes items such as gloves, gowns, aprons, masks, face shields, and eye protection. Staff must be trained on the proper use, donning, doffing, and disposal of PPE to prevent contamination and minimize the risk of infection transmission.

6.4 Aseptic Technique

- Definition: Aseptic technique refers to practices used to prevent the introduction of harmful microorganisms during medical procedures, ensuring that all equipment, materials, and the environment are free from contamination.
- Context: Aseptic techniques are used during procedures such as catheter insertion, wound care, and the administration of injections. The practice includes measures like proper hand hygiene, the use of sterile equipment, and maintaining a sterile environment during invasive procedures.

6.5 Contaminated

- Definition: Contaminated refers to any object, surface, or area that has been exposed to or has come into contact with harmful microorganisms, such as bacteria, viruses, or fungi, that can cause infection.
- Context: Examples of contaminated items include soiled medical equipment, bed linens, and surfaces exposed to bodily fluids (e.g., blood, urine). All contaminated items must be properly cleaned, disinfected, or disposed of to prevent cross-contamination and further spread of infections.

6.6 Isolation

- Definition: Isolation refers to the practice of separating service users with known or suspected infections from others to prevent the spread of infectious diseases.
- Context: There are different types of isolation, such as contact isolation, droplet isolation, and airborne isolation, depending on how the infection is transmitted. Service users with infectious conditions are placed in isolation to ensure that infection risks are contained within a controlled environment.

6.7 Infection Prevention and Control (IPC)

- Definition: Infection Prevention and Control (IPC) is a systematic approach to preventing the spread of infections within healthcare settings. It encompasses a combination of practices, including policies, procedures, staff education, and surveillance, aimed at minimizing the risk of infection transmission.
- Context: IPC includes hand hygiene protocols, environmental cleaning procedures, safe waste management, and the use of PPE. It is a multifaceted approach designed to reduce the likelihood of infections within a supported living environment.

6.8 Sharps

- Definition: Sharps are medical instruments or objects that have the potential to puncture or cut the skin, such as needles, scalpels, and lancets.
- Context: Sharps are associated with significant risks of transmitting blood-borne viruses (BBVs), such as HIV, Hepatitis B, and Hepatitis C. Safe handling and disposal of sharps are critical to prevent injuries and subsequent infection transmission. Sharps containers are used for the immediate disposal of sharp objects to ensure safe containment.

6.9 Microorganism

- Definition: A microorganism is a microscopic organism, including bacteria, viruses, fungi, or parasites, that can cause infections. Some microorganisms are beneficial, but others are pathogenic and can lead to disease.
- Context: Pathogenic microorganisms are responsible for a wide range of infections, including respiratory, gastrointestinal, and blood-borne infections. Infection control practices aim to reduce the exposure to harmful microorganisms, especially in healthcare environments.

6.10 Outbreak

- Definition: An outbreak refers to the occurrence of cases of a particular infectious disease in a healthcare or supported living setting that exceeds the expected number for that location or period.

- Context: Outbreaks require a rapid response, including isolation of affected individuals, enhanced cleaning protocols, and notification to public health authorities. Outbreaks are closely monitored and managed to prevent further spread and ensure the health and safety of all service users, staff, and visitors.

6.11 Waste Management

- Definition: Waste management refers to the process of handling, storing, and disposing of waste in a manner that minimizes the risk of infection. This includes the proper segregation of different types of waste (e.g., clinical waste, domestic waste, sharps).
- Context: Infection-related waste, such as contaminated PPE, used linens, and medical waste, must be carefully managed to prevent infection transmission. Safe waste disposal practices are essential to maintaining a hygienic and infection-free environment.

6.0 RISK ASSESSMENT AND MONITORING

Primus Plus Healthcare is committed to proactively identifying, assessing, and managing infection risks across all supported living environments. To achieve this, we have established robust systems for ongoing monitoring, feedback, and regular audits to ensure compliance with infection prevention and control (IPC) measures. By continuously evaluating infection risks and IPC practices, we ensure that service users, staff, and visitors are protected from potential harm due to infections.

6.1 Identification and Assessment of Infection Risks

- **Identifying Infection Risks**: Infection risks are identified through a systematic risk assessment process that considers various factors that could contribute to the spread of infections. These risks include the nature of service users' conditions, environmental factors, activities, and procedures in the supported living settings.
    - Service User Vulnerabilities: The risk of infection is assessed based on the specific vulnerabilities of service users, such as weakened immune systems, cognitive impairments, or mobility issues that may impact their ability to follow IPC procedures. Individualized care plans will outline specific infection risks for each service user, particularly those with learning disabilities, autism spectrum conditions, and mental health needs.
    - Environmental Risks: Infection risks in domestic environments are carefully evaluated, considering factors such as communal living spaces, shared equipment, the presence of vulnerable service users, and any outbreaks or seasonal infections.
    - Behavioural and Social Factors: The assessment also considers behavioural and social factors that may affect infection control, such as a service user's ability to understand and practice hygiene, and any potential resistance to certain infection control measures.
- **Regular Infection Risk Assessments**: Infection risks will be evaluated as part of the individual care plan reviews, household or communal area assessments, and staff exposure assessments. Primus Plus Healthcare will ensure that service users' changing health conditions are continuously monitored and adjustments to infection control practices are made as necessary.

- **Risk Factors in Domestic Settings**: Infection risks in domestic environments will be identified, including the potential for cross-contamination from shared living spaces, improperly cleaned surfaces, and any communal resources used by multiple service users. Care will be taken to assess the risks associated with handling personal belongings, laundry, and kitchen areas.

6.2 Monitoring IPC Measures

- **Monitoring Hand Hygiene**: Compliance with hand hygiene protocols is monitored through:
    - Routine Observations: Staff members will be observed during their daily tasks to ensure proper hand hygiene practices are followed, particularly when interacting with service users or handling potentially contaminated materials.
    - Hand Hygiene Audits: Regular hand hygiene audits will be conducted to assess staff compliance with the five moments of hand hygiene: before service user contact, before aseptic procedures, after body fluid exposure, after service user contact, and after touching the environment. Compliance data will be reviewed and feedback provided to improve performance.
    - Staff Training: Hand hygiene training will be provided as part of induction and ongoing training programs, with regular competency checks to ensure staff are performing hand hygiene correctly.
- **PPE Usage Monitoring**: The appropriate use of personal protective equipment (PPE) will be monitored through:
    - Direct Observation: Supervisors and infection control leads will regularly observe staff during care activities to ensure proper PPE use, including the correct donning and doffing of gloves, gowns, masks, and face shields.
    - PPE Compliance Audits: Regular audits will assess adherence to PPE protocols, focusing on whether PPE is being used at the right time, removed correctly, and disposed of in a manner that prevents contamination.
    - Training and Competency: Staff will undergo PPE training as part of their induction and annual refresher courses, with periodic competency assessments to verify their ability to use PPE correctly and safely.
- **Cleaning and Disinfection**: Monitoring the cleanliness of service user living spaces, communal areas, and other high-touch surfaces will be ensured by:
    - Cleaning Audits: Regular cleaning audits will be performed to evaluate the effectiveness of cleaning protocols, ensuring that surfaces are disinfected appropriately, especially in high-risk areas (e.g., kitchens, bathrooms, and shared equipment).
    - Cleaning Schedules: Staff will follow defined cleaning schedules, and cleaning logs will be maintained for each service user unit and communal area. These logs will be reviewed to ensure cleaning tasks are completed as required.
    - Environmental Monitoring: Swabs and surface testing will be conducted periodically to monitor microbial contamination in service user areas and high-touch surfaces, ensuring environmental cleanliness is maintained.
- **Waste Disposal Compliance**: Infection-related waste, including soiled linen, used PPE, and clinical waste, will be disposed of following safe protocols:

- Waste Disposal Audits: Regular audits will ensure waste is properly segregated, stored, and disposed of according to infection control guidelines.
- Training: Staff will be trained in proper waste handling and disposal methods to minimize the risk of contamination and infection.

6.3 Systems in Place

Primus Plus Healthcare employs several systems to ensure ongoing compliance with infection prevention and control measures. These systems include regular audits, feedback mechanisms, and staff engagement to promote continuous improvement.

- **Regular Audits and Inspections**:
  - Infection prevention and control will be assessed through routine audits across the service. Audits will cover all aspects of IPC practices, including hand hygiene, PPE usage, cleaning and disinfection practices, waste disposal, and environmental hygiene.
  - Infection control leads will perform quarterly audits and spot checks to assess staff adherence to IPC protocols, with findings reported to senior management for action.
  - Audit findings will be tracked over time to ensure continuous improvements and identify areas requiring additional focus or staff training.
- **Feedback Mechanisms**:
  - Staff Feedback: Staff will be encouraged to provide feedback on IPC practices and report any concerns, challenges, or barriers to compliance. Feedback will be gathered through regular staff meetings, surveys, and direct communication with managers and IPC leads.
  - Service User Feedback: Service users and their families will be encouraged to provide feedback on infection prevention measures, particularly in terms of comfort, understanding, and perceived effectiveness of IPC practices in their living environment.
  - Incident Reporting: Incident reporting systems will be in place to track infection-related incidents, near misses, or breaches in IPC protocols. All incidents will be investigated to determine the root cause and implement corrective actions.
- **Staff Training and Competency Assessments**:
  - Regular Training: All staff will undergo infection control training upon induction, with annual refresher training to maintain up-to-date knowledge of infection prevention practices.
  - Competency Assessments: Staff will be periodically assessed on their ability to apply IPC protocols correctly in their work environment, including their proficiency in hand hygiene, PPE usage, and cleaning protocols.
  - Continual Professional Development (CPD): Staff will be encouraged to engage in CPD to further develop their infection prevention skills, ensuring that they are equipped to respond to evolving infection risks and new guidelines.

- **Compliance Monitoring**:
    - Compliance Reports: Infection control audits, training completion, and incident reporting will be reviewed by the management team to ensure that compliance is being maintained across all supported living environments.
    - Corrective Actions: If non-compliance is identified through audits, feedback, or incident reports, corrective actions will be taken immediately. These may include additional training, resource allocation, or changes to infection control procedures.
- **Continuous Improvement**:
    - Quality Improvement Plans: Based on audit findings and feedback, Primus Plus Healthcare will implement quality improvement plans aimed at addressing any gaps in IPC measures. These plans will be tracked to ensure they are implemented effectively and that improvements are sustained over time.
    - Post-Incident Reviews: After an infection outbreak or incident, post-incident reviews will be conducted to evaluate the effectiveness of the response, identify areas for improvement, and adjust policies or procedures as necessary.

7.0 PREVENTION AND CONTROL MEASURES

Primus Plus Healthcare is dedicated to implementing effective infection prevention and control measures to ensure the safety and well-being of service users, staff, and visitors in all supported living environments. Our IPC policy includes clear protocols for hand hygiene, personal protective equipment (PPE), transmission-based precautions, waste management, and cleaning and decontamination. Infection control measures are tailored to meet the needs of service users, including those with autism, learning disabilities, and mental health needs, to ensure their care is provided with minimal distress.

7.1 Hand Hygiene

Hand hygiene is one of the most important infection control practices and is critical to preventing the spread of infections. Primus Plus Healthcare has established clear hand hygiene protocols for staff, ensuring compliance with the highest standards of cleanliness and safety.

- **Hand Hygiene Protocols**:
    - Handwashing with Soap and Water: Handwashing is required in situations where hands are visibly soiled, after using the toilet, before preparing food, after handling waste, or after exposure to bodily fluids (e.g., blood, vomit, urine).
    - Alcohol-Based Hand Rub (ABHR): Alcohol-based hand rub is the preferred method for routine hand hygiene when hands are not visibly soiled. The ABHR used will contain at least 60% alcohol and should be applied to the entire surface of the hands, rubbing them together for at least 20 seconds until dry.
    - Five Moments for Hand Hygiene:
        1. Before service user contact
        2. Before aseptic procedures (e.g., administering medication, cleaning wounds)

3. After body fluid exposure (e.g., after touching bodily fluids, handling contaminated materials)
4. After service user contact
5. After touching the service user's surroundings (e.g., touching surfaces that may be contaminated)

- **Training and Education**:
  - All staff members will receive comprehensive hand hygiene training during their induction and as part of their ongoing education. This training will include the importance of hand hygiene, when it should be practiced, and the correct techniques for handwashing and using alcohol-based hand rub.
  - Regular competency assessments will be conducted to ensure staff are following hand hygiene protocols correctly.
- **Monitoring Compliance**:
  - Hand hygiene compliance will be monitored through direct observations and audits of staff practice. Hand hygiene audits will be conducted regularly, and feedback will be provided to staff to reinforce proper techniques and identify areas for improvement.

7.2 Personal Protective Equipment (PPE)

The proper use of personal protective equipment (PPE) is essential in reducing the transmission of infections, particularly in high-risk situations. Primus Plus Healthcare ensures that all staff are provided with the appropriate PPE for their tasks and are trained in how to use it correctly.

- **Types of PPE**:
  - Gloves: Used to protect hands when in contact with bodily fluids, contaminated materials, or surfaces.
  - Gowns/Aprons: Worn to protect clothing and skin when providing direct care, handling contaminated materials, or cleaning.
  - Face Masks/Respirators: Worn to protect the respiratory system during close contact with service users or when providing care that may involve respiratory secretions.
  - Face Shields/Eye Protection: Worn to protect the eyes and face from splashes or sprays of bodily fluids.
- **When to Use PPE**:
  - Routine Care: PPE should be worn when performing any care task where there is a risk of contact with bodily fluids, contaminated items, or infectious agents. This includes activities like wound care, assisting with toileting, and handling contaminated laundry.
  - Transmission-Based Precautions: Additional PPE is required for specific infection risks, such as when dealing with service users who have infectious diseases (e.g., respiratory infections, gastrointestinal infections).
  - Outbreak Situations: During outbreaks (e.g., influenza, COVID-19), additional precautions such as N95 respirators and full-face shields may be necessary depending on the nature of the infection.

- **Training on PPE Use**:
    - All staff will undergo PPE training as part of their induction and ongoing professional development. The training will cover the proper donning and doffing techniques for PPE to avoid cross-contamination.
    - Staff will also receive guidance on the correct disposal of PPE after use to ensure it does not become a source of infection.
- **Monitoring PPE Compliance**:
    - PPE usage audits will be conducted regularly to assess compliance with PPE protocols. Observations will focus on the correct selection, application, and disposal of PPE.
    - Staff performance will be regularly evaluated through competency assessments to ensure they are following PPE protocols accurately.

7.3 Transmission-Based Precautions

Transmission-based precautions are additional infection control measures that are used when service users are suspected of or confirmed to have an infectious disease. These precautions help minimize the risk of spreading infections to other service users, staff, and visitors.

- **Types of Transmission-Based Precautions**:
    - Contact Precautions: Used for infections that spread through direct or indirect contact with the infected person or their environment (e.g., MRSA, C. difficile). Service users will be placed in isolation or cohort groups to prevent contact with non-infected individuals.
    - Droplet Precautions: Used for infections that are transmitted through respiratory droplets (e.g., influenza, COVID-19). Staff will wear a surgical mask and ensure that the infected person is isolated in a room with appropriate ventilation.
    - Airborne Precautions: Used for infections that are transmitted through airborne particles (e.g., tuberculosis, measles). Staff will wear an N95 respirator and ensure the infected service user is isolated in a room with negative pressure ventilation.
- **Isolation and Cohorting**:
    - Service users with suspected or confirmed infections will be isolated in single rooms or cohorted with other service users who have the same infection to reduce the risk of transmission.
    - Isolation procedures will be clearly communicated to staff, and appropriate signage will be used to indicate isolation areas.
- **Training for Transmission-Based Precautions**:
    - Staff will receive training on the appropriate use of transmission-based precautions as part of their infection control education. This will include recognizing when these precautions are necessary, how to implement them, and how to prevent cross-contamination.

7.4 Waste, Cleaning, and Decontamination

Proper waste management, cleaning, and decontamination are essential components of infection control. Primus Plus Healthcare ensures that these measures are strictly adhered to in both service users' homes and communal areas.

- **Waste Management**:
    - Clinical Waste: All clinical waste, including used PPE, soiled linens, and contaminated materials, will be safely segregated into color-coded waste bins, stored securely, and disposed of following safe protocols.
    - Sharps Disposal: Sharps, such as needles and syringes, will be immediately placed into puncture-resistant, labelled containers and disposed of in accordance with safety regulations.
- **Cleaning and Decontamination**:
    - Regular Cleaning: Cleaning of service user rooms, communal spaces, and high-touch surfaces (e.g., door handles, light switches, handrails) will be performed according to a scheduled cleaning protocol. Cleaning will focus on reducing the microbial load and preventing the spread of infection.
    - Deep Cleaning: In the event of an outbreak or when dealing with highly contagious infections (e.g., norovirus), deep cleaning procedures will be implemented, using disinfectants that are effective against the specific pathogens involved.
    - Laundry: Soiled linens and clothing will be handled and laundered separately in accordance with infection control guidelines to minimize the risk of cross-contamination.
- **Monitoring and Auditing Cleaning Practices**:
    - Regular cleaning audits will be conducted to ensure that cleaning protocols are being followed correctly. These audits will assess cleanliness levels and ensure that high-risk areas receive additional focus.
    - Environmental swabs may be conducted periodically to assess microbial contamination levels in critical areas.

7.5 Service User-Specific Infection Control

Infection control practices will be personalized to meet the individual care needs of each service user, particularly those with autism, learning disabilities, and mental health needs.

- **Person-Centered Infection Control**:
    - Primus Plus Healthcare will ensure that infection control measures are adapted to the specific needs of each service user, considering their physical, mental, and emotional well-being.
    - For service users with autism or learning disabilities, staff will employ strategies that minimize distress during infection control procedures, such as using simple language, visual cues, or non-verbal communication to explain the importance of hygiene practices.

- **Supporting Service Users with Sensory or Behavioural Challenges**:
    - Service users with sensory sensitivities or behavioural concerns will receive additional support during hand hygiene routines, PPE application, and other infection control practices. Staff will use appropriate techniques to reduce anxiety and ensure the service user's dignity is respected.
- **Personal Hygiene and Engagement**:
    - Staff will engage service users in infection control practices, empowering them to participate in maintaining their hygiene to the best of their ability, while providing the necessary support where needed.
    - The person-centered care plans will be regularly reviewed to ensure that infection prevention strategies remain relevant to the service user's evolving needs and preferences.

8.0 STAFF HEALTH AND VACCINATION

At Primus Plus Healthcare, we are committed to safeguarding the health and safety of our service users, staff, and visitors. This includes ensuring that all staff members are immunized, regularly monitored for health risks, and fit for work. Staff health plays a critical role in preventing the transmission of infections within the supported living environment, particularly for individuals with learning disabilities, autism spectrum conditions, and mental health needs, who may be more vulnerable to infections.

This section outlines the policies and procedures related to staff health, including vaccination, health screening, and ongoing health monitoring.

8.1 Staff Immunization

Immunization of staff is a key part of infection prevention and control within Primus Plus Healthcare. We are committed to ensuring that all staff members are adequately vaccinated against preventable diseases to minimize the risk of infections being introduced to the supported living environment.

- **Vaccination Requirements**:
    - Influenza (Flu) Vaccine: Staff members are required to receive the annual flu vaccine. This is especially important to protect vulnerable service users from seasonal influenza outbreaks. Staff who refuse the vaccine will be required to participate in education sessions about its benefits and the risks of influenza transmission.
    - Hepatitis B Vaccine: Staff involved in tasks where there is a risk of exposure to blood and bodily fluids (e.g., care assistants, support workers) are required to be immunized against hepatitis B. Documentation of vaccination status will be maintained and monitored for compliance.
    - COVID-19 Vaccine: In accordance with national health guidelines, staff members are required to be vaccinated against COVID-19, unless there are valid medical exemptions. The organization follows the latest guidance from public health authorities and will ensure that staff receive appropriate information and support to make informed decisions about vaccination.

- Other Vaccinations: Depending on the nature of the role and potential exposure risks, other vaccinations may be required, such as the MMR vaccine (for measles, mumps, and rubella) or pertussis (whooping cough), especially for those working with young or vulnerable service users.

- **Vaccination Records**:
  - Primus Plus Healthcare will maintain comprehensive vaccination records for all staff members. These records will include information on the type of vaccination, the date administered, and the staff member's consent to the vaccine.
  - Vaccination status will be reviewed annually as part of the staff's health and safety review to ensure that immunization records are up to date. Any staff member who is unable to provide proof of required immunizations will be referred for appropriate follow-up.
  - Staff will be reminded annually to update any vaccinations that may be due, particularly seasonal vaccines like the flu vaccine.

8.2 Health Screening

Pre-employment health screening is a critical step in ensuring that staff are fit for work and do not pose an infection risk to service users or other staff members. This screening process helps prevent the transmission of infections, particularly in healthcare and supported living settings where service users may have weakened immune systems or higher vulnerability to infections.

- **Pre-Employment Health Screening**:
  - Health Assessment: All potential staff members will undergo a health screening prior to employment, which will include a medical history assessment, a physical examination (if required), and a screening for infectious diseases that could be transmitted in a healthcare or supported living environment.
  - Tuberculosis (TB) Screening: Staff who will be working in environments with vulnerable service users will be screened for tuberculosis (TB). This may involve a chest X-ray or a tuberculin skin test (TST) to assess whether the staff member has been exposed to TB.
  - Vaccination Status: During the health screening process, staff will be asked about their vaccination history to ensure that they are up to date with immunizations required for their role.
  - Hepatitis B Screening: For staff involved in tasks with a high risk of exposure to blood or bodily fluids, a Hepatitis B screening may be required to determine immunity to the virus. If necessary, staff will be offered the Hepatitis B vaccination prior to starting work.
  - Additional Health Considerations: Staff members with specific health conditions (e.g., immune deficiencies or other chronic conditions) that may make them more susceptible to infections may require additional screening, and adjustments may be made to their role to ensure their safety and the safety of service users.

- **Fit for Work Assessment**:
  - Staff members will be assessed for their fitness to work, ensuring that they are capable of performing their job duties without endangering their health or the

health of others. This assessment will include evaluating their ability to perform IPC practices, such as hand hygiene and PPE use.

8.3 Ongoing Staff Health Monitoring

Regular health monitoring of staff is essential to ensure the early identification of illness, manage exposures to infections, and prevent potential outbreaks in the supported living environment.

- **Reporting Illness and Exposures**:
    - Staff Illness Reporting: All staff members are required to report any illnesses or health concerns that may affect their ability to work or may pose an infection risk to service users or colleagues. Staff members who display symptoms of infectious diseases (e.g., flu-like symptoms, gastrointestinal illness, respiratory symptoms) will be required to stay home until they are well enough to return to work and no longer pose an infection risk.
    - Infectious Disease Exposure Reporting: If a staff member has been exposed to an infectious disease (either within or outside of work), they are required to report this exposure immediately. The organization will assess the risk of transmission and take appropriate action, such as testing, quarantine, or additional PPE usage, depending on the nature of the exposure.
- **Managing Staff Health During Outbreaks**:
    - Health Monitoring During Outbreaks: During infection outbreaks (e.g., COVID-19, influenza, gastrointestinal infections), staff health will be monitored more closely. Staff members exhibiting symptoms of infection will be immediately isolated and, if necessary, referred for diagnostic testing to confirm whether they are infected.
    - Outbreak Response Plans: If an outbreak occurs, Primus Plus Healthcare will implement infection control measures to manage staff and service user health. This may include increasing PPE usage, cohorting infected individuals, providing additional cleaning and sanitization, and offering support for affected staff.
- **Return-to-Work Assessments**:
    - Staff Returning After Illness: Staff members returning to work after illness will undergo a return-to-work assessment to ensure they are fit to resume their duties and do not pose a risk of spreading infections to service users or other staff.
    - Health Clearance: Staff members who have been exposed to specific infections (e.g., tuberculosis, chickenpox) may require clearance from a healthcare professional before returning to work. Clearance will be obtained from a qualified healthcare provider who will assess whether the staff member is free from infection and safe to return to their duties.
- **Ongoing Health Surveillance**:
    - Regular Health Monitoring: Staff health will be monitored on an ongoing basis through routine health screenings (as part of the annual health checks) and feedback from supervisors. Staff members will be encouraged to report any changes in their health that may impact their ability to perform IPC practices.

- Support for Staff Health and Well-being: Primus Plus Healthcare recognizes the importance of supporting staff health and well-being. We will provide appropriate resources and support to ensure that staff are able to maintain good health and are physically and mentally fit to perform their roles.

9.0 SERVICE USER SAFETY AND PERSON-CENTERED CARE

At Primus Plus Healthcare, we recognize that service user safety is at the core of high-quality care. This involves not only providing a safe environment but also ensuring that each individual's care is tailored to meet their unique needs, preferences, and health risks, including infection prevention and control (IPC) measures. We are committed to adopting a person-centered approach that reflects the diversity of our service users, including those with learning disabilities, autism, and mental health conditions, ensuring they receive appropriate support and care to minimize infection risks while promoting their dignity and well-being.

9.1 Person-Centered Care Plans

The Person-Centered Care Plan is the foundation for the care provided to each service user, and it ensures that their individual health, social, and emotional needs are met in a way that minimizes risks and maximizes well-being. Infection prevention and control measures will be incorporated into these care plans to address the unique health risks of each individual.

- **Tailored Infection Control Measures**: Each service user's **care plan** will include specific infection prevention strategies based on their individual risk factors. This includes considering:
  - Vulnerabilities to infections: For example, service users with compromised immune systems, chronic conditions, or those at higher risk for infections will have additional measures implemented to prevent infection.
  - Behavioural and sensory needs: Service users with autism or learning disabilities may have sensory sensitivities or difficulties understanding infection control measures like hand hygiene or wearing PPE. These needs will be assessed, and infection control practices will be adapted to ensure they are effectively communicated and implemented in a way that minimizes distress.
  - Support with hygiene practices: The care plan will ensure that service users receive the right level of assistance with personal hygiene, such as washing hands, using sanitizers, and wearing masks when needed. The level of support will depend on the individual's ability to engage in hygiene routines.
- **Communication of IPC Measures**:
  - Clear communication is essential, particularly for service users with learning disabilities, autism, or mental health conditions who may have difficulty understanding infection prevention measures. To ensure they understand the importance of hygiene practices and how they contribute to safety, communication will be adjusted to meet their individual needs.
  - Visual aids or simple, clear language will be used to explain the infection control protocols, and staff will receive training on how to communicate effectively with service users, ensuring that their understanding is validated and that their preferences are respected.

- Where appropriate, social stories, visual prompts, or specialist tools will be used to help service users understand IPC protocols in a non-threatening and accessible manner.

- **Care Plan Reviews**:
  - Person-centered care plans will be reviewed regularly to ensure that infection control measures remain relevant to the service user's evolving needs. This will take into account any changes in the individual's health condition, behavior, or ability to engage in IPC practices.
  - Regular reviews will also involve service users and their families, ensuring that the care plan remains holistic and inclusive, respecting the service user's wishes while addressing infection prevention requirements.

9.2 Safeguarding and Risk Management

Safeguarding is a fundamental principle of care, ensuring that all service users are protected from harm, including from infections that may arise from inadequate infection control practices. The safeguarding process at Primus Plus Healthcare includes proactive risk assessments and protocols to protect service users from infection-related harm and other safety concerns.

- **Safeguarding Protocols in Line with CQC Regulations**:
  - CQC Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment: In line with this regulation, Primus Plus Healthcare has developed robust safeguarding protocols that prioritize the health and safety of service users, including their protection from infection-related harm. This includes ensuring that infection control measures are in place and consistently followed by staff, especially when providing care to individuals who are unable to protect themselves from infection risks.
  - The Safeguarding Vulnerable Groups Act 2006: Our safeguarding procedures ensure that all staff working with vulnerable individuals undergo enhanced DBS checks and safeguarding training, which includes how to recognize and respond to infection-related abuse, neglect, or poor practice.

- **Risk Assessments**:
  - Comprehensive Risk Assessments: Infection risks are identified as part of the regular risk assessments conducted for each service user. These assessments identify potential risks, such as exposure to infectious diseases, and incorporate appropriate IPC measures into care planning. The assessments take into account factors such as:
    - Mobility support needs: For service users with limited mobility, extra care will be taken to prevent infections caused by immobility-related issues (e.g., pressure sores, urinary tract infections).
    - Medication-related risks: Service users who require medication, particularly those on antibiotics or other immunosuppressive drugs, will have their care plans adjusted to account for the increased risk of infections.

        - Health screenings and monitoring: Routine health screenings (e.g., for respiratory infections, gastrointestinal infections) will be conducted as part of the overall health monitoring process.
        - Behavioural factors: For service users with autism or mental health conditions, any behavior that could increase infection risks (e.g., touching surfaces or putting objects in the mouth) will be addressed in the care plan with specific IPC strategies, such as providing sensory alternatives or teaching safe practices.

- **Infection Risk in Daily Care**:
    - Infection risks are considered in everyday care tasks, from assisting with personal hygiene to meal preparation. Staff will be trained to handle food, assist with toileting, and support other activities in a way that reduces infection risks.
    - Environmental Risks: We will regularly assess the living environment for potential infection risks, including shared spaces and equipment, to ensure that all areas are cleaned regularly, and infection risks are minimized. This includes ensuring proper waste disposal and maintaining a clean, hygienic environment that adheres to infection control standards.
- **Responding to Infection Risks**:
    - If an infection risk is identified, immediate steps will be taken to mitigate it, including isolating the service user, initiating increased cleaning procedures, and informing relevant healthcare providers or public health authorities.
    - Staff will ensure that all infection-related risks are addressed in a timely and effective manner, following the relevant infection control protocols and working in partnership with external health professionals, such as GPs, district nurses, or infection control specialists.
- **Monitoring and Review of Risk Management**:
    - Primus Plus Healthcare will maintain a system for regular monitoring and reviewing risk management plans, ensuring that infection prevention and safeguarding measures are effectively implemented. This will involve staff audits, risk assessments, and ongoing communication with families and healthcare providers to address any concerns promptly.

9.0 INCIDENT REPORTING AND CONTINUOUS IMPROVEMENT

At Primus Plus Healthcare, we are committed to fostering a culture of transparency, accountability, and continuous improvement. Effective incident reporting and a structured process for continuous improvement are fundamental components of our Infection Prevention and Control (IPC) policy. These processes help us identify areas for improvement, respond quickly to incidents, and implement corrective actions to reduce the risk of future infections or non-compliance with IPC protocols.

9.1 Incident Reporting

Incident reporting is essential for ensuring that any IPC-related incidents or breaches are identified promptly, investigated thoroughly, and addressed effectively. By establishing a clear

and transparent reporting system, we can prevent infections, minimize risks, and improve the overall quality of care provided to service users.

- **Types of Incidents to Report**:
    - Infection Outbreaks: Any suspected or confirmed infection outbreaks, such as cases of norovirus, influenza, COVID-19, or other communicable diseases, must be reported immediately to the management team and relevant health authorities.
    - Breaches in IPC Protocols: Any instances where infection control protocols are not followed, such as failure to wear personal protective equipment (PPE), inadequate hand hygiene, or improper waste disposal, must be reported and investigated.
    - Exposure to Infectious Materials: Any incidents where staff are exposed to potentially infectious materials, such as needle-stick injuries, body fluid spills, or contamination from cleaning supplies, will be immediately documented and reviewed.
    - Infection-Related Injuries: Any injury, such as cuts or scrapes, that could lead to infection transmission, particularly from sharps or contaminated surfaces, should be reported for immediate assessment.
    - Environmental Hazards: Any observations of environmental hazards, such as unclean living or communal areas, malfunctioning waste disposal systems, or inadequate sanitation, should be reported promptly.
- **Reporting Procedures**:
    - All staff members will be trained on the proper procedures for reporting incidents promptly. The organization will maintain an accessible, easy-to-use reporting system, ensuring that all staff know how to document and escalate incidents of infection control breaches or health risks.
    - Incident reports will be submitted using standardized forms that capture the nature of the incident, its potential impact, immediate actions taken, and any follow-up actions required.
    - Immediate Actions: If an infection control breach is identified, immediate actions will be taken to mitigate the risk, including isolation of affected individuals, increased cleaning protocols, or enhancing PPE usage.
    - Escalation Process: Incident reports will be reviewed by designated senior staff or infection control leads, and if necessary, the incident will be escalated to management and relevant external authorities (e.g., local health authorities, CQC) for further investigation and guidance.
- **Investigation and Analysis**:
    - After an incident is reported, an investigation will be conducted to determine the root cause of the incident and assess its impact on service users and staff.
    - The investigation process will include incident reviews, interviews with involved staff, examination of care records, and an analysis of any relevant environmental or systemic issues.

- Root Cause Analysis: Each incident will undergo a root cause analysis (RCA) to identify systemic factors that may have contributed to the incident, such as training deficiencies, inadequate staffing levels, or procedural gaps.

9.2 Continuous Improvement

Continuous improvement is a core value at Primus Plus Healthcare. We are committed to learning from every incident, feedback, and audit to improve our IPC practices and ensure the safety of service users and staff. The process of continuous improvement involves regular monitoring, the implementation of corrective actions, and ongoing evaluation to ensure that infection prevention measures are consistently effective.

- **Using Incident Data for Improvement**:
  - Incident reports will be analysed as part of an ongoing data collection process, which will inform the development of targeted action plans aimed at improving IPC practices. This data will be used to identify trends, common causes of incidents, and opportunities for process enhancements.
  - Patterns of recurrent incidents or breaches will be thoroughly examined, and specific actions will be taken to address any systemic issues contributing to these occurrences.
- **Corrective Actions and Implementation**:
  - Based on incident analysis, corrective actions will be implemented to prevent similar incidents in the future. These actions may include:
    - Revising protocols or procedures: If an infection control procedure is found to be inadequate or unclear, it will be updated to ensure better adherence and clarity.
    - Additional training: If incidents are linked to gaps in staff knowledge or skills, focused training programs will be implemented to address these deficiencies. This could include refresher courses on hand hygiene, PPE usage, or waste disposal.
    - Resource Allocation: If incidents are related to inadequate resources, such as insufficient PPE or cleaning supplies, the necessary resources will be provided to staff immediately.
    - Changes to staffing levels or roles: If staffing shortages or role confusion contribute to infection control breaches, adjustments to staffing schedules, roles, or responsibilities will be made.
- **Regular Audits and Monitoring**:
  - Primus Plus Healthcare will conduct regular IPC audits to evaluate the effectiveness of current infection prevention measures and identify areas for improvement. These audits will assess adherence to policies, effectiveness of training programs, and overall compliance with infection control procedures.
  - Audits will also track the outcomes of previous corrective actions, ensuring that identified issues have been addressed and improvements have been implemented effectively.

- **Feedback Mechanisms**:
    - Feedback from staff: Regular feedback will be gathered from staff through surveys, meetings, and direct communication channels. This will help identify potential gaps in IPC practices and provide insight into areas requiring additional support or training.
    - Service user feedback: Service users and their families will be encouraged to provide feedback on infection control practices, particularly with regard to their comfort and understanding of IPC measures. This feedback will be used to refine care practices and improve communication around infection prevention.
- **Review and Update Policies**:
    - IPC policies and procedures will be reviewed regularly to ensure they reflect the most current guidelines and best practices. This review process will be informed by incidents, audits, feedback, and new evidence emerging from public health bodies or regulatory agencies.
    - Continuous improvement efforts will be integrated into the organization's quality management system to ensure that infection prevention is a continually evolving process.

9.3 Transparency and Accountability

Primus Plus Healthcare believes in fostering a transparent and accountable culture regarding infection prevention and control. All incidents, corrective actions, and improvements will be documented and shared with relevant stakeholders, including:

- Service users and their families, ensuring that they are informed about infection risks and measures in place to protect them.
- Staff members, ensuring that they are aware of the steps being taken to address any issues and improve infection control practices.
- Regulatory bodies, such as the CQC, to demonstrate compliance with infection control standards and to receive feedback on performance.

9.4 Reporting to External Bodies

In line with CQC regulations, Primus Plus Healthcare will report any significant infection control incidents to relevant external bodies, such as:

- Public Health England (PHE) or the UK Health Security Agency (UKHSA), as necessary, for advice, outbreak management, or epidemiological tracking.
- Care Quality Commission (CQC), to ensure regulatory compliance and transparency in the handling of IPC incidents.

10.0 STAKEHOLDER ENGAGEMENT AND FEEDBACK

Primus Plus Healthcare is committed to maintaining transparent and effective communication with all stakeholders involved in the care and support of our service users. Stakeholder engagement is vital for ensuring that our Infection Prevention and Control (IPC) practices are effective, responsive, and tailored to the needs of those we care for. Feedback from stakeholders including service users, staff, families, external healthcare providers, and

regulatory bodies helps us continuously improve our care services and infection control measures.

10.1 Service User Involvement

Person-Centered Care is a foundational principle at Primus Plus Healthcare, ensuring that service users are central to decision-making processes related to their care, including infection prevention and control measures. Engaging service users and their families in discussions about IPC practices not only promotes safety but also empowers service users to understand and participate in the prevention of infections.

- **Infection Control Communication**:
    - Service users will be involved in discussions about infection prevention measures that affect them directly. This includes communicating the importance of hand hygiene, the use of personal protective equipment (PPE), and how they can help reduce the spread of infections in a manner that respects their communication preferences.
    - For service users with learning disabilities, autism, or mental health conditions, information will be provided in accessible formats, including visual aids, social stories, and clear, simple language to ensure they understand IPC measures.
    - Family and carers will be actively engaged in discussions about IPC practices to ensure consistency between what is communicated at home and what is practiced in the supported living environment. Family members will be informed about infection control protocols, particularly in relation to service users who may need additional support.
- **Feedback and Empowerment**:
    - Service users will be encouraged to provide feedback on IPC practices through regular care plan reviews, surveys, or one-on-one discussions with staff or management. Their feedback will be used to tailor infection control measures, ensuring that they are comfortable and well-informed.
    - Complaints or Concerns: Service users and their families will be encouraged to raise any concerns or complaints they may have about IPC practices. These concerns will be taken seriously and addressed promptly to ensure that infection control measures do not negatively impact service users' comfort or dignity.
- **Empowerment Through Education**:
    - Primus Plus Healthcare will provide educational resources for service users, as appropriate, to help them understand infection control practices. This might include basic hygiene education, the importance of staying home when sick, and how to safely use sanitation products if they can do so independently.

10.2 Staff Involvement

Engaging staff in the development and implementation of IPC practices ensures that they are actively involved in creating a safe and hygienic environment for service users. Staff members are critical to the success of infection prevention and control measures, and their feedback is vital for improving practices and ensuring compliance.

- **Ongoing Staff Training and Feedback**:

- Primus Plus Healthcare will ensure that all staff are well-trained in infection prevention and control measures, and that training is updated regularly. Staff will be encouraged to provide feedback on the effectiveness of IPC procedures and raise any challenges they encounter while implementing these practices.
- Staff Surveys: Regular staff surveys will be conducted to gather feedback on the practicality of IPC measures and to assess staff knowledge and confidence in using PPE, maintaining cleanliness, and managing infection risks.
- Team Meetings: Feedback from staff will be discussed in regular team meetings or infection control audits. These meetings provide staff with an opportunity to discuss challenges, suggest improvements, and ensure that IPC measures are adhered to consistently.

- **Staff Involvement in Policy Development**:
  - Staff will be included in the process of reviewing and updating infection control policies and procedures, particularly those working in direct care roles. Their insights will help ensure that policies are practical and feasible to implement in real-world care settings.

10.3 External Stakeholder Collaboration

Collaboration with external stakeholders, including healthcare providers, local authorities, public health bodies, and regulatory agencies, is essential for maintaining high standards of infection prevention and control. These external parties play an important role in advising, supporting, and monitoring the effectiveness of IPC measures.

- **Collaboration with Health Authorities**:
  - Primus Plus Healthcare will work closely with local health authorities, Public Health England (PHE), and the UK Health Security Agency (UKHSA) to stay informed about emerging infection threats and best practices for infection prevention. This collaboration ensures that the organization's IPC measures are in line with current public health guidelines and standards.
  - Regular Updates: The organization will ensure that it receives timely updates on new infection control protocols and outbreaks of infectious diseases that may affect the service user population.

- **Engagement with Primary and Secondary Healthcare Providers**:
  - Health professionals such as GPs, district nurses, and infection control specialists will be regularly consulted to provide input on service users' individual infection risks and to support any specialized infection control measures.
  - Health Assessments: External healthcare providers will be involved in assessing service users' health risks related to infections, particularly for individuals with complex needs, and will work collaboratively with care staff to implement tailored infection prevention strategies.

- **Collaboration with CQC and Regulatory Bodies**:
  - Primus Plus Healthcare will engage with the Care Quality Commission (CQC) and other regulatory bodies during inspections, audits, and feedback sessions. This collaboration ensures that our IPC practices are continually aligned with

national standards and that the organization remains compliant with CQC regulations and guidelines.

- Incident Reporting: Any incidents of non-compliance with IPC measures, or infection outbreaks, will be reported to the CQC as per regulatory requirements. This ensures transparency and allows for external input into improving infection prevention strategies.

10.4 Feedback Mechanisms for Continuous Improvement

Feedback from all stakeholders service users, staff, external healthcare providers, and regulatory bodies will be gathered, analysed, and acted upon to drive continuous improvement in infection prevention and control practices.

- **Service User and Family Feedback**:
  - Feedback from service users and their families will be collected regularly through care plan reviews, surveys, and one-on-one discussions with staff. This feedback will focus on their experiences with IPC practices, their comfort levels, and any concerns or suggestions they may have for improvement.
  - Complaints Handling: If service users or families express concerns regarding infection control practices, a clear complaints procedure will be in place to address these concerns in a timely and effective manner. Complaints related to IPC will be prioritized to ensure that corrective actions are taken swiftly.
- **Staff Feedback**:
  - Feedback from staff will be sought through surveys, team meetings, and one-on-one discussions with managers and IPC leads. Staff will be encouraged to provide input on the practical application of IPC protocols, any barriers to compliance, and suggestions for improvements. Staff feedback is critical to ensure that infection control practices are realistic and manageable in daily care routines.
- **Audits and Reviews**:
  - Regular audits of IPC measures will be conducted to assess the effectiveness of infection control procedures and identify areas for improvement. Feedback from audits will be used to update policies, improve training programs, and adjust infection control measures to better meet the needs of service users and staff.
  - Incident Analysis: Incident reports and post-outbreak reviews will be used to identify trends, system failures, or opportunities for improvement. These findings will contribute to continuous improvement efforts.

10.5 Communication with External Regulators

Primus Plus Healthcare maintains open lines of communication with external regulators and agencies, such as the CQC, to ensure transparency and compliance with infection prevention standards.

- **CQC Inspections and Feedback**:
  - CQC inspections will be viewed as an opportunity to demonstrate our commitment to high-quality infection prevention and control. Feedback from CQC inspectors will be analysed and used to improve infection control practices, with necessary adjustments made to policies and procedures.

- **Regulatory Reporting**:
    - Any significant incidents, breaches, or outbreaks will be reported to CQC and other regulatory bodies, as required by law. These reports will help improve overall infection prevention strategies and ensure that the service continues to meet CQC's Key Lines of Enquiry (KLOE).

11.0 STAFF TRAINING AND DEVELOPMENT

At Primus Plus Healthcare, we are committed to ensuring that our staff have the knowledge, skills, and confidence to implement high-quality infection prevention and control (IPC) measures. Training and development are crucial to achieving this goal, as they empower staff to understand their roles, apply IPC protocols effectively, and respond proactively to infection risks. Comprehensive staff training, regular competency assessments, and continuous professional development (CPD) are central to maintaining a safe and hygienic environment for service users, staff, and visitors.

11.1 Induction and Mandatory Training

Primus Plus Healthcare recognizes that effective induction training is essential for ensuring that all new staff understand their responsibilities, including infection prevention and control measures. The induction process ensures that staff are prepared to provide high-quality care while adhering to infection control protocols from day one.

- **Induction Training Components**:
    - Safeguarding Training: All new staff will complete mandatory safeguarding training, which covers the principles of protecting vulnerable individuals from harm, including the prevention of infections that may arise from poor infection control practices.
    - Mental Health and Autism Training: Staff will be trained in supporting service users with mental health conditions and autism, emphasizing person-centered care approaches. This includes understanding specific needs related to infection prevention, such as supporting service users with sensory sensitivities, communication challenges, and behavioural considerations.
    - Infection Prevention and Control (IPC): New staff will receive IPC training as part of their induction. This training will cover the importance of infection control, key infection prevention measures, such as hand hygiene, the use of PPE, waste disposal, and cleaning protocols, particularly in supported living environments where personal care is not provided.
    - Specific Care Needs: In addition to general IPC training, staff will be provided with training on the unique care needs of service users, including those with learning disabilities, autism, and mental health needs. This will ensure that infection prevention strategies are appropriately tailored to the individual needs of each service user.
- **Assessment of Induction Training**:
    - Staff will undergo a **competency assessment** at the end of their induction to ensure they have understood and can apply the infection control measures effectively in their roles. This will include practical assessments of hand hygiene, PPE usage, and infection control procedures.

- Feedback from the induction training will be gathered to ensure that all training components are clear and helpful for staff in delivering safe and effective care.

11.2 Initial IPC Training

As part of the induction process, Primus Plus Healthcare ensures that all staff members, regardless of their role, receive comprehensive initial infection prevention and control (IPC) training. This training will focus on the specific challenges and requirements of infection control in a supported living environment without personal care.

- **Key Areas Covered in Initial IPC Training**:
  - Hand Hygiene: Staff will learn the correct techniques for handwashing and the appropriate times for hand hygiene, including after using the toilet, before meals, and after contact with service users or potentially contaminated surfaces.
  - Use of PPE: Staff will be trained in the proper use of personal protective equipment (PPE), including gloves, aprons, masks, and face shields. Training will cover when PPE is required, how to wear it, and how to safely remove and dispose of it to prevent contamination.
  - Waste Disposal: Staff will receive training on how to handle and dispose of potentially infectious materials, including clinical waste, soiled linen, and contaminated equipment.
  - Environmental Cleaning: Staff will be taught the importance of maintaining clean and hygienic environments, particularly in shared spaces. This includes using the correct cleaning agents and techniques for various surfaces and high-touch areas.
  - Outbreak Management: The training will also cover protocols for managing infection outbreaks, including isolation procedures, cohorting infected individuals, and reporting outbreaks to the appropriate authorities.
- **Role-Specific Infection Control Training**:
  - Depending on their roles, staff members will receive tailored IPC training. For example, those involved in food preparation or assisting with personal care tasks may receive additional training on infection risks related to those activities.

11.3 Ongoing Training

To ensure that staff remain up to date with current infection control practices and guidelines, Primus Plus Healthcare provides annual refresher training on IPC measures. This training will focus on updates to infection control procedures, emerging risks, and any changes in legislation or best practices.

- **Annual Refresher Training**:
  - Staff will participate in refresher training each year, ensuring they stay informed about the latest infection control techniques, including updates on the management of specific infections, such as seasonal flu, COVID-19, or gastrointestinal infections.
  - PPE Updates: As infection control guidelines evolve, particularly in response to new pathogens or emerging infectious diseases, staff will receive training on the updated PPE protocols and best practices.

- Outbreak Management: Staff will be provided with the latest guidance on managing and containing outbreaks, including communication strategies and how to implement additional measures during outbreaks (e.g., increased cleaning, enhanced PPE usage, or isolation).

- **Targeted Training Based on Need**:
  - If specific issues or incidents are identified in the course of the year, additional targeted training will be provided to address gaps in knowledge or practice. For example, if a particular infection control challenge arises, staff will receive targeted training on that issue (e.g., managing viral outbreaks or handling specific infection risks related to service users with mental health conditions).

11.4 Competency Assessment

To ensure that infection control measures are consistently followed, Primus Plus Healthcare conducts regular competency assessments. These assessments help identify any gaps in staff knowledge or practice and ensure that infection prevention standards are maintained.

- **Competency Assessment Process**:
  - Practical Assessments: Staff will undergo practical assessments to demonstrate their ability to apply infection control measures, such as proper hand hygiene, correct PPE usage, and safe waste disposal. These assessments will occur at regular intervals throughout the year to ensure that infection control measures are consistently followed.
  - Observation: Supervisors and infection control leads will observe staff during care routines and infection control procedures to ensure compliance with established standards. Any discrepancies will be addressed through further training or adjustments to procedures.
  - Feedback and Action Plans: If deficiencies are identified during assessments, staff will receive feedback, and action plans will be developed to address the issue. This could involve additional training, coaching, or changes in practice.
- **Performance Reviews**: Staff performance will be reviewed annually, and infection control compliance will be a key component of these reviews. This ensures that staff remain engaged with IPC practices and continue to meet organizational standards.

11.5 Continuous Professional Development (CPD)

Primus Plus Healthcare encourages staff participation in Continuous Professional Development (CPD) to ensure that they remain knowledgeable about best practices, emerging healthcare trends, and changes in legislation. CPD opportunities help staff develop their skills, improve care delivery, and stay informed about the latest infection control practices.

- **Encouraging CPD**:
  - Staff will be encouraged to participate in relevant CPD activities, including attending workshops, seminars, and conferences related to infection prevention and control. CPD may also include online training, reading the latest infection control research, or completing accredited courses.
  - Staff will have access to external resources, such as specialized infection control training providers, to enhance their understanding of evolving infection risks and management strategies.

- **Regular Performance Appraisals**:
    - Annual performance appraisals will be conducted for all staff members to assess their competencies and training needs. These appraisals will include an evaluation of infection control knowledge and practices, ensuring that staff are continuously improving and adapting to changing healthcare standards.
    - Based on the appraisals, staff will be supported with individualized development plans to address any gaps in knowledge or skills related to infection prevention and control.

12.0 DOCUMENTATION AND RECORD-KEEPING

Effective documentation and record-keeping are essential to ensuring that infection prevention and control (IPC) practices are consistently applied, monitored, and reviewed at Primus Plus Healthcare. Proper documentation allows for accountability, transparency, and ongoing improvement in infection control measures, while also meeting the CQC regulatory standards and legal requirements. All IPC-related activities will be carefully recorded, retained securely, and made available for review as required by regulatory bodies.

IPC Documentation

Primus Plus Healthcare ensures that all infection prevention and control activities are documented thoroughly and accurately. These records serve as evidence of compliance with IPC protocols and as tools for continuous improvement.

- **Risk Assessments**:
    - Comprehensive infection risk assessments will be conducted regularly for each service user and for the environment, including communal areas and staff workspaces. These risk assessments will identify potential infection risks, outline infection control measures, and track their implementation and effectiveness.
    - Risk assessments will be documented and updated regularly to ensure that changing health conditions, environmental factors, and emerging infection risks are addressed.
- **Audits**:
    - Regular IPC audits will be conducted to assess the effectiveness of infection control measures. These audits will cover hand hygiene, PPE usage, cleaning practices, waste disposal, and infection control training compliance.
    - Audit findings will be recorded, and action plans will be developed to address any identified gaps in infection control practices. These action plans will be tracked to ensure that improvements are implemented effectively.
- **Training Records**:
    - Training records will be maintained for all staff members, including initial induction training and ongoing infection control education. These records will include the date of training, the content covered, and assessments of staff competency in applying infection control measures.
    - Training records will be reviewed periodically to ensure that staff are receiving adequate IPC training and that their knowledge is up-to-date.

- **Incident Reports**:
    - Any incidents related to infection prevention and control, such as infection outbreaks, breaches in IPC protocols, or exposure to infectious materials, will be documented in incident reports. These reports will include details about the incident, the immediate actions taken, and any corrective actions or follow-up required.
    - Incident reports will be reviewed to identify trends or recurring issues and to inform continuous improvement efforts.

Record Retention

Primus Plus Healthcare ensures that all IPC documentation is retained in compliance with legal requirements and GDPR (General Data Protection Regulation). This includes retaining records for the required period and ensuring that they are securely stored, easily accessible for audits, and protected from unauthorized access.

- **Retention Period**:
    - Infection control records, including risk assessments, audit findings, training records, and incident reports, will be retained for a period of at least 3 years after the document is created or last updated. This retention period aligns with regulatory requirements and ensures that records are available for audits and regulatory inspections.
    - Records related to serious incidents or outbreaks may be retained for a longer period depending on the severity of the event and any regulatory requirements for longer-term documentation retention.
- **Compliance with GDPR**:
    - All records containing personal data, including service user and staff health information, will be handled in compliance with GDPR. This includes ensuring that sensitive information is stored securely, only accessible by authorized personnel, and retained for no longer than necessary for its intended purpose.
    - Service users' personal health information, including vaccination status and infection-related data, will be kept confidential and will only be shared with relevant authorities or healthcare providers when necessary for care or regulatory compliance.

12.1 Reporting Mechanisms

Effective reporting mechanisms are crucial to ensuring transparency, accountability, and compliance with regulatory requirements. Primus Plus Healthcare ensures that all incidents, audits, and staff performance related to infection control are documented thoroughly and reviewed regularly.

- **Documentation of Care Delivery**:
    - All care delivery activities, including infection control practices (e.g., hand hygiene, PPE usage, cleaning), will be documented in the service user’s care records. This ensures that there is a comprehensive record of how infection prevention measures are applied and maintained.

- Any changes to care routines or infection control practices due to service user health needs will be documented in their care plans to ensure that infection risks are continuously managed.

- **Staff Performance Documentation**:
  - Staff performance related to infection control practices will be regularly documented. This includes monitoring hand hygiene compliance, adherence to PPE protocols, and participation in IPC training.
  - Performance appraisals will include assessments of staff's ability to apply IPC measures in their day-to-day duties. Feedback from these appraisals will be recorded, and any identified areas for improvement will be addressed through additional training or support.
- **Incident Reporting**:
  - Any infection-related incidents, including outbreaks, will be documented through incident reporting systems. These reports will include a detailed account of the incident, immediate actions taken, and outcomes. Incident reports will be reviewed by management to ensure that appropriate actions were taken and to determine if further steps are needed to prevent recurrence.
- **Regular Review and Reporting to the Board**:
  - Regular reports on infection control activities, audits, training, and incident outcomes will be provided to the Board for review. These reports will highlight trends, issues, and improvements in infection control practices and will ensure that the Board is kept informed of IPC compliance.
  - The Board will use these reports to monitor the organization's overall infection prevention performance and guide any necessary changes to improve infection control practices.
- **Compliance with Regulatory Bodies**:
  - As part of CQC requirements, Primus Plus Healthcare will ensure that infection control reports and documentation are available for inspection by the CQC and other regulatory bodies. This includes ensuring that all records are up-to-date and meet the necessary regulatory standards.

12.2 Documentation Retention

Maintaining accurate and secure records is crucial to ensure that Primus Plus Healthcare meets legal and regulatory requirements and that all infection control activities are documented and available for review by regulatory bodies, including the CQC.

- **Secure Storage**:
  - All infection control records will be stored securely, whether in paper or electronic form. Access to records will be restricted to authorized personnel only to protect the confidentiality of service user and staff information.
  - Electronic records will be stored in a secure database with appropriate access controls, encryption, and backups to prevent unauthorized access or data loss.
- **Retention Period**:
  - Infection control records, including risk assessments, training records, audits, and incident reports, will be retained for a period of at least three years from the

date they are created or last updated, in accordance with regulatory requirements.

- Certain records, such as those related to outbreaks or significant incidents, may be retained for a longer period, depending on the nature of the event and regulatory requirements.

- **Access for Regulatory Audits**:
  - Records will be easily accessible for regulatory audits by the CQC or other relevant authorities. Any infection control-related documents requested during an audit will be provided promptly to demonstrate compliance with infection prevention and control standards.
  - All records will be maintained in a manner that ensures transparency, accountability, and traceability of infection prevention activities.

13.0 COLLABORATION AND CONSULTATION

At Primus Plus Healthcare, we recognize the importance of working collaboratively with a wide range of external bodies, as well as fostering multi-disciplinary collaboration within our organization, to ensure that our infection prevention and control (IPC) practices remain up to date, effective, and aligned with national and regional health standards. Effective collaboration and consultation help ensure that we respond promptly to emerging infection threats, provide the highest level of care, and continuously improve our IPC practices.

13.1 External Bodies

Collaboration with external health authorities and public health bodies is essential to keeping Primus Plus Healthcare informed of emerging infections, new regulations, and best practices for infection prevention and control. By engaging with these organizations, we ensure that our IPC measures are aligned with national guidelines and are responsive to evolving infection risks.

- **Collaboration with Local Health Authorities**:
  - Primus Plus Healthcare will maintain close communication with local health authorities to receive timely updates on any emerging infections, regional outbreaks, or public health concerns. This collaboration will ensure that the organization is prepared to manage any infections that may arise in the supported living settings.
  - Local health authorities may provide guidance on infection control measures, preventive actions, and responses to specific health risks, which will be incorporated into our IPC protocols.
  - We will regularly engage with local infection control teams, especially during seasonal outbreaks like influenza or during heightened concerns over diseases such as COVID-19, to ensure our response strategies are aligned with regional recommendations.

- **Engagement with the NHS**:
  - Primus Plus Healthcare will collaborate with NHS trusts and local NHS services to share information on service user health, particularly for individuals with

complex medical needs or conditions that increase their vulnerability to infections.

- We will seek guidance from the NHS Infection Prevention and Control (IPC) teams, leveraging their expertise in managing infections and preventing outbreaks. The NHS will provide specialized support in the event of significant infection control challenges or outbreaks.
- Referrals to NHS Services: If a service user requires medical intervention or specialized care (e.g., for infections that require hospital admission), Primus Plus Healthcare will ensure that they are referred promptly to the appropriate NHS services, with clear communication between our staff and NHS providers regarding the service user's infection control needs.

- **Consultation with Public Health Bodies (e.g., UKHSA)**:
  - We will consult regularly with public health bodies, such as the UK Health Security Agency (UKHSA), to stay informed about emerging infections, new public health threats, and any national infection control directives. This includes receiving guidance on the prevention, detection, and management of infections.
  - UKHSA's guidance will be integral to ensuring that Primus Plus Healthcare follows the most current infection prevention practices, particularly in the context of new infectious diseases or pandemic situations.
  - Advisory Services: The UKHSA may offer advisory services on infection outbreaks, providing expert advice on managing containment, isolation protocols, and providing PPE during periods of heightened infection risks.
- **Collaboration with Regulatory Bodies (CQC)**:
  - Primus Plus Healthcare will maintain open communication with the Care Quality Commission (CQC) to ensure that infection control practices meet national standards and regulatory requirements.
  - Any significant infection control incidents, outbreaks, or regulatory changes will be reported to CQC as part of the mandatory reporting framework. Consultation with CQC inspectors will ensure compliance with infection prevention standards and guide future improvements in infection control measures.

13.2 Multi-Disciplinary Collaboration

Effective infection prevention and control requires collaboration across multiple disciplines within Primus Plus Healthcare. By working closely with various professional teams, we ensure that infection control measures are comprehensive, effective, and seamlessly integrated into care delivery. This multi-disciplinary collaboration supports the well-being of service users and staff while minimizing infection risks.

- **Collaboration Between Care Staff**:
  - Primus Plus Healthcare fosters a team-based approach to infection prevention, where care staff (e.g., support workers, care assistants) work closely with infection control leads, nurses, and other healthcare professionals to ensure IPC practices are consistently followed.
  - Regular team meetings and briefings will allow care staff to discuss infection risks, review care plans, and share insights on infection prevention practices.

This fosters a collaborative environment where all team members are aligned in their approach to safeguarding service users' health.

- **Infection Prevention Specialists:**
    - Primus Plus Healthcare employs infection prevention specialists who will provide expert guidance on implementing and maintaining effective infection control measures across the organization. These specialists will work alongside care staff to ensure that infection control protocols are followed and will provide additional support during outbreaks or high-risk periods.
    - Infection prevention specialists will conduct regular audits, assess the effectiveness of infection control measures, and offer advice on improvements. They will also be responsible for developing and updating IPC policies based on the latest research and regulatory guidelines.
- **Collaboration with Occupational Health Teams**:
    - Occupational health teams will play a crucial role in monitoring staff health and ensuring that all employees are fit for work, especially when it comes to preventing the spread of infections. They will conduct health assessments for staff, provide guidance on vaccinations, and monitor any staff illnesses that may pose a risk to service users.
    - Primus Plus Healthcare will work closely with occupational health professionals to ensure that staff are following proper infection control protocols and are fit for duty, particularly during infection outbreaks. Occupational health teams will also assist in managing staff exposure to infections, providing advice on PPE usage, and conducting regular health screenings.
- **Collaboration with Healthcare Providers**:
    - When necessary, Primus Plus Healthcare will collaborate with external healthcare providers, such as GPs, district nurses, and hospital-based infection control teams. This ensures that service users with specific health needs or infections receive timely and effective care while maintaining appropriate infection control measures.
    - Coordinated Care: Through collaboration with healthcare providers, Primus Plus Healthcare will ensure that service users with complex needs, such as those requiring long-term care or dealing with chronic conditions, receive consistent infection prevention practices across their care continuum.
- **Collaboration with External Contractors and Suppliers**:
    - Infection prevention extends beyond care staff and healthcare professionals. Primus Plus Healthcare will work with external contractors and suppliers to ensure that cleaning supplies, PPE, and other infection control resources meet the required standards for infection prevention.
    - Regular consultations with cleaning companies and PPE suppliers will ensure that the products used are effective in preventing infections. Contractors will be trained on IPC practices relevant to their tasks (e.g., cleaning high-touch surfaces) to maintain a hygienic environment for service users and staff.

- **Multidisciplinary Infection Control Teams**:
    - In situations where infection risks are heightened (e.g., during outbreaks), Primus Plus Healthcare will establish a multi-disciplinary infection control team, including members from care staff, infection prevention specialists, occupational health teams, nursing staff, and external healthcare providers.
    - This team will work together to assess the situation, develop and implement strategies for containment, and provide a coordinated response to managing the infection. The infection control team will also monitor the progress of containment measures and adjust strategies as necessary.
- **Regular Communication and Case Reviews**:
    - Case reviews will be held regularly to discuss high-risk service users, monitor the implementation of IPC measures, and ensure that all team members are informed of any changes in service users' health status or infection risks.
    - Regular communication between different teams will ensure that infection control measures are understood and implemented consistently across the organization, allowing for a more effective response to any infection-related challenges.

14.0 REVIEW AND CONTINUOUS IMPROVEMENT

At Primus Plus Healthcare, we are committed to ensuring that our Infection Prevention and Control (IPC) policy remains effective, up-to-date, and aligned with best practices and national guidelines. Continuous improvement is central to our IPC approach, allowing us to adapt to emerging infection risks, evolving guidelines, and feedback from staff and service users. Regular reviews, audits, and feedback processes will ensure that we remain responsive and proactive in maintaining the highest standards of infection control.

14.1 Regular Review

The IPC policy will be reviewed regularly to ensure its continued effectiveness and compliance with the latest national guidelines, regulations, and organizational needs. This process will help to identify areas where improvements can be made and ensure that Primus Plus Healthcare is always prepared to respond to new infection risks or changes in the care model.

- **Annual Review**:
    - The IPC policy will be formally reviewed at least annually by the Infection Control Lead, senior management, and relevant stakeholders within the organization. This review will assess the effectiveness of current infection prevention practices, identify gaps or deficiencies, and ensure that the policy is aligned with updated regulations, standards, and emerging infection risks.
    - Annual updates will ensure that the policy reflects changes in CQC regulations, UK Health Security Agency (UKHSA) guidance, and other relevant healthcare and infection control standards.
- **Review Triggers**:
    - The IPC policy will also be reviewed more frequently if there are significant changes in national guidelines (e.g., updates from public health authorities or

government policy) or changes in the service model (e.g., new service user groups, changes to care delivery, or the introduction of new infection risks).

- Emerging Infection Risks: If new infections or pathogens emerge (e.g., a new flu strain, COVID-19 variants, or gastrointestinal infections), the policy will be reviewed and updated to address new infection control requirements.
- Regulatory Changes: Should there be any changes to national or local regulatory frameworks, such as updated CQC guidelines or public health protocols, the policy will be reviewed to ensure compliance.

- **Stakeholder Involvement**:
  - The review process will involve feedback from key stakeholders, including care staff, service users, infection control specialists, and external health authorities, to ensure that the policy is comprehensive and reflects the needs of those affected by it.

14.2 Audit and Feedback

Auditing and feedback are essential to ensuring that infection prevention and control practices are applied consistently and effectively. Regular audits will provide valuable insights into how well our IPC measures are working, while feedback from staff and service users will help us identify areas for improvement and make necessary adjustments.

- **Regular Audits of IPC Practices**:
  - Primus Plus Healthcare will conduct regular IPC audits to assess the adherence to infection control practices. These audits will be performed at various intervals, including quarterly reviews and additional audits following any significant infection-related incidents or outbreaks.
  - Audits will cover key IPC areas, including:
    - Hand hygiene compliance: Staff adherence to handwashing protocols.
    - PPE usage: Correct application and disposal of personal protective equipment.
    - Cleaning and waste management: Effectiveness of cleaning procedures, including deep cleaning during outbreaks.
    - Staff training compliance: Monitoring whether all staff members have received appropriate and up-to-date IPC training.
    - Service user and staff health monitoring: Ensuring that health monitoring and vaccinations are up to date.

- **Feedback from Audits**:
  - The findings from each audit will be carefully analysed and used to drive improvements. If non-compliance is identified, corrective actions will be taken immediately. For example, staff members who are found to be non-compliant with infection control procedures may undergo additional training or receive more specific guidance on correct practices.
  - The audit findings will also highlight areas where infection prevention practices can be strengthened or where additional resources (e.g., PPE, cleaning supplies) may be required.

- **Feedback from Staff**:
    - Staff feedback will be gathered through regular surveys, meetings, and informal discussions with care teams. Staff will be encouraged to share their experiences of implementing IPC measures, including any challenges they encounter. This feedback will help identify practical barriers to compliance and inform adjustments to the policy or training procedures.
    - Staff meetings will provide an opportunity for staff to discuss IPC concerns, raise suggestions for improvement, and review the outcomes of recent audits and incident reports.
- **Feedback from Service Users and Families**:
    - Service users and their families will be encouraged to provide feedback on infection prevention practices, particularly regarding comfort, understanding, and perceived effectiveness. This feedback will be gathered through care plan reviews, surveys, and informal communication.
    - Feedback channels will be established, allowing service users and families to share any concerns related to infection control measures, such as how they were communicated, implemented, and whether they caused any distress.
- **Implementing Improvements Based on Feedback**:
    - Based on feedback from audits, staff, and service users, Primus Plus Healthcare will implement continuous improvement measures. These could include revising policies, providing additional training, introducing new infection control equipment, or enhancing communication strategies.
    - For example, if feedback indicates that service users are not fully understanding IPC measures, additional support and education materials will be developed to better communicate these practices.

INFECTION CONTROL RISK ASSESSMENT FORM

Date of Assessment: _____

Service User Name: _____

Care Setting (e.g., individual room, communal space): _____

Infection Risks Identified: _____

IPC Measures in Place: _____

Staff Responsible: _____

Action Plan: _____

Review Date: _____

Signature of Assessor: _____

INFECTION CONTROL INCIDENT REPORT FORM

Date of Incident: _____

Nature of Incident (e.g., outbreak, PPE breach, exposure): _____

Service User(s) Involved: _____

Staff Involved: _____

Immediate Action Taken: _____

Outcome: _____

Follow-Up Actions: _____

Responsible Person for Follow-Up: _____

Incident Reported to (CQC, Health Authorities): _____

Signature of Reporter: _____

STAFF IPC TRAINING RECORD FORM

Staff Name: _____

Job Role: _____

Date of Training: _____

Training Module (e.g., Hand Hygiene, PPE Usage, Waste Management): _____

Trainer Name: _____

Assessment Result (Pass/Fail): _____

Next Training Due Date: _____

Signature of Trainer and Staff Member: _____

IPC AUDIT CHECKLIST

Audit Date: _____

Location (e.g., service user room, communal area): _____

Areas Audited (e.g., hand hygiene, PPE, cleaning): _____

Compliance Status (Compliant/Non-Compliant): _____

Corrective Actions Needed: _____

Responsible Person for Action: _____

Follow-Up Date: _____

Auditor's Signature: _____

STAFF HEALTH MONITORING AND REPORTING FORM

Staff Name: _____

Date of Illness Reported: _____

Type of Illness/Exposure: _____

Action Taken (e.g., isolation, testing): _____

Return-to-Work Date (if applicable): _____

Health Clearance (if applicable): _____

Occupational Health Review Date: _____

Signature of Staff Member and Supervisor: _____

SERVICE USER INFECTION CONTROL FEEDBACK FORM

Service User Name: _____

Date of Feedback: _____

Infection Control Measures Explained (Yes/No): _____

Was the Service User Comfortable with IPC Practices? (Yes/No): _____

Any Concerns or Suggestions for Improvement: _____

Signature of Family Member or Caregiver (if applicable): _____

INCIDENT FOLLOW-UP AND ACTION PLAN FORM

Incident Report Date: _____

Action Plan Date: _____

Incident Type (e.g., infection outbreak, breach of protocols): _____

Actions Taken: _____

Responsible Person for Follow-Up: _____

Outcome/Effectiveness of Actions: _____

Review Date: _____

Signatures of Responsible Parties

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