Infection Prevention and Control Policy - Progressive Recovery Care (PRC) Group LTD

1. Purpose

This policy establishes the standards and procedures for infection prevention and control at Progressive Recovery Care Group (PRC) LTD, aiming to minimise the risk of infection transmission among service users, families, staff, and visitors. It ensures compliance with national best practices and statutory requirements, always promoting a safe and hygienic environment.

Through this policy, Progressive Recovery Care Group (PRC) LTD commits to:

- Protecting service users, their families, and staff from acquiring infections in any setting.
- Ensuring all staff understand and consistently implement fundamental infection control principles.

Good hygiene, particularly hand hygiene and environmental cleanliness, remains the most effective measure against infection transmission. Progressive Recovery Care Group (PRC) LTD works collaboratively with local infection control teams and public health authorities to uphold the highest standards of infection control.

2. Legal and Regulatory Framework

Progressive Recovery Care Group (PRC) LTD adheres to all relevant UK legislation and guidance, including but not limited to:

- Health and Safety at Work etc. Act 1974
- Public Health (Infectious Diseases) Regulations 1988
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Relevant Care Quality Commission (CQC) regulations and guidance, including Regulation 12 (Safe care and treatment)
- Public Health England (PHE) and UK Health Security Agency (UKHSA) infection prevention guidance

Progressive Recovery Care Group (PRC) LTD recognises its legal and moral responsibility to safeguard the health, safety, and welfare of staff and service users, minimising infection risks and reporting incidents as required.

KLOE Reference for this Policy	Regulation(s) directly linked to this Policy	Regulation(s) relevant to this Policy
Safe	**Regulation 12: Safe care and treatment**	**Regulation 15: Premises and equipment** **Regulation 17: Good governance**

3. Scope

This policy applies to:

- All employees of Progressive Recovery Care Group (PRC) LTD, including clinical, administrative, and support staff.
- Contractors, agency workers, and volunteers working within Progressive Recovery Care Group (PRC) LTD premises or delivering care on behalf of the organisation
- All care settings, including in-person and remote service delivery environments

4. Policy Statement

Progressive Recovery Care Group (PRC) LTD is committed to maintaining a safe, clean, and hygienic environment that supports effective infection prevention and control practices across all services. Infection control is a shared responsibility that is integral to the safety, dignity, and well-being of service users, staff, and visitors.

5. Infection Control Responsibilities

5.1 Managing Director

- Ensures adequate allocation of resources, staffing, and training for infection control.
- Oversees compliance with legal requirements and best practice standards.

5.2 Infection Control Lead (Clinical Lead)

- Acts as the designated Infection Control Lead for the organisation.
- Develops, reviews, and updates infection control policies and procedures at least annually or in response to new guidance.
- Coordinates infection control training, audits, and risk assessments.

- Leads management of infection outbreaks, liaising with relevant health authorities.

5.3 All Staff

- Adhere strictly to infection prevention protocols.
- Report any breaches or concerns immediately to the Infection Control Lead.
- Participate in mandatory infection control training and updates.

6. Infection Control Procedures

6.1 Standard Precautions

All direct care activities must follow standard infection prevention measures:

- Hand Hygiene: Thorough handwashing with soap and water or use of alcohol-based hand rub before and after every patient interaction.
- Personal Protective Equipment (PPE): Appropriate use of gloves, aprons, masks, and eye protection based on risk assessment.
- Respiratory Hygiene: Encouraging use of tissues or elbow cover when coughing or sneezing, with safe disposal of tissues.
- Safe Equipment Handling: Regular cleaning and disinfection of shared clinical equipment before and after use.
- Clinical Waste: Safe segregation and disposal of contaminated waste in line with hazardous waste regulations.

6.2 Environmental Cleaning

- Implement scheduled, documented cleaning of all clinical and communal areas, including waiting rooms, treatment areas, and restrooms.
- Frequently disinfect high-touch surfaces (door handles, light switches, desks) multiple times daily.
- Maintain cleaning logs to be reviewed by the Infection Control Lead weekly.

6.3 Infection Control in Remote/Virtual Services

- Staff should remain vigilant for signs of infection in clients (e.g., fever, rash) during remote consultations.
- Provide appropriate advice or escalate concerns to clinical leads or healthcare services.

7. Staff Health and Immunisation

- Clinical staff must maintain up-to-date immunisations, including:
    - Measles, Mumps, and Rubella (MMR)
    - Seasonal Influenza vaccination
    - COVID-19 vaccination as per NHS/UKHSA guidance

- Staff experiencing symptoms of infectious illnesses (e.g., respiratory or gastrointestinal infections) must not attend face-to-face duties and follow organisational sickness absence procedures.
- Return-to-work protocols will align with the latest public health recommendations.

8. COVID-19 and Other Respiratory Infection Controls

- PRC LTD follows national guidance on the management of COVID-19 and other respiratory infections, including:

8.1 Infection Risk Assessment

PRC Ltd has adopted a robust risk assessment process for all service users upon referral and throughout their care journey. This includes:

- Assessing for symptoms of respiratory infections (e.g., COVID-19, influenza, TB, RSV).
- Identifying service users who are clinically vulnerable or immunocompromised.
- Using this assessment to determine the appropriate use of PPE and other control measures.

Assessments are reviewed regularly or when a service user's condition changes.

8.2 Pre-Visit Screening and Remote Appointments

- All service users are screened for symptoms before face-to-face visits are arranged.
- Where possible and appropriate, PRC Ltd offers remote appointments (via telephone or video call) to minimise transmission risk.
- Staff are instructed to delay or reschedule non-urgent visits to households where respiratory infections are suspected or confirmed, unless essential care is required.

8.3 Management of Staff Illness and Reporting Procedures

- Staff who feel unwell or display symptoms of COVID-19 or other infectious diseases must report this immediately to the Registered Manager, **Geneva Tabe**.
- A risk-based decision will be made regarding their fitness to work, often involving:

- Immediate cessation of duties
- Arranging for a COVID-19 PCR or lateral flow test
- Initiating self-isolation where applicable
- Following government and occupational health guidance for return to work

All staff will be supported during isolation periods, and return-to-work decisions will only be made once it is safe and compliant with current guidelines.

8.4 Management of Infected or Suspected Service Users

- All care workers will be notified if a service user has a confirmed or suspected infection.
- Infection control training, appropriate PPE, and clear guidance will be provided to staff to ensure safe continued care.
- Isolation procedures will be implemented within the service user's home, where feasible.
- If the condition deteriorates, staff must escalate to the Registered Manager and seek medical advice promptly—potentially involving 111, GP, or emergency services.

8.5 Personal Protective Equipment (PPE)

PRC Ltd ensures a comprehensive PPE policy is in place, including:

- **Weekly PPE audits** to ensure availability, expiry monitoring, and stock rotation.
- PPE is stored in clean, dry conditions, not in areas at risk of contamination (e.g., toilets).
- Supplies are kept at the point of care to enable immediate access.

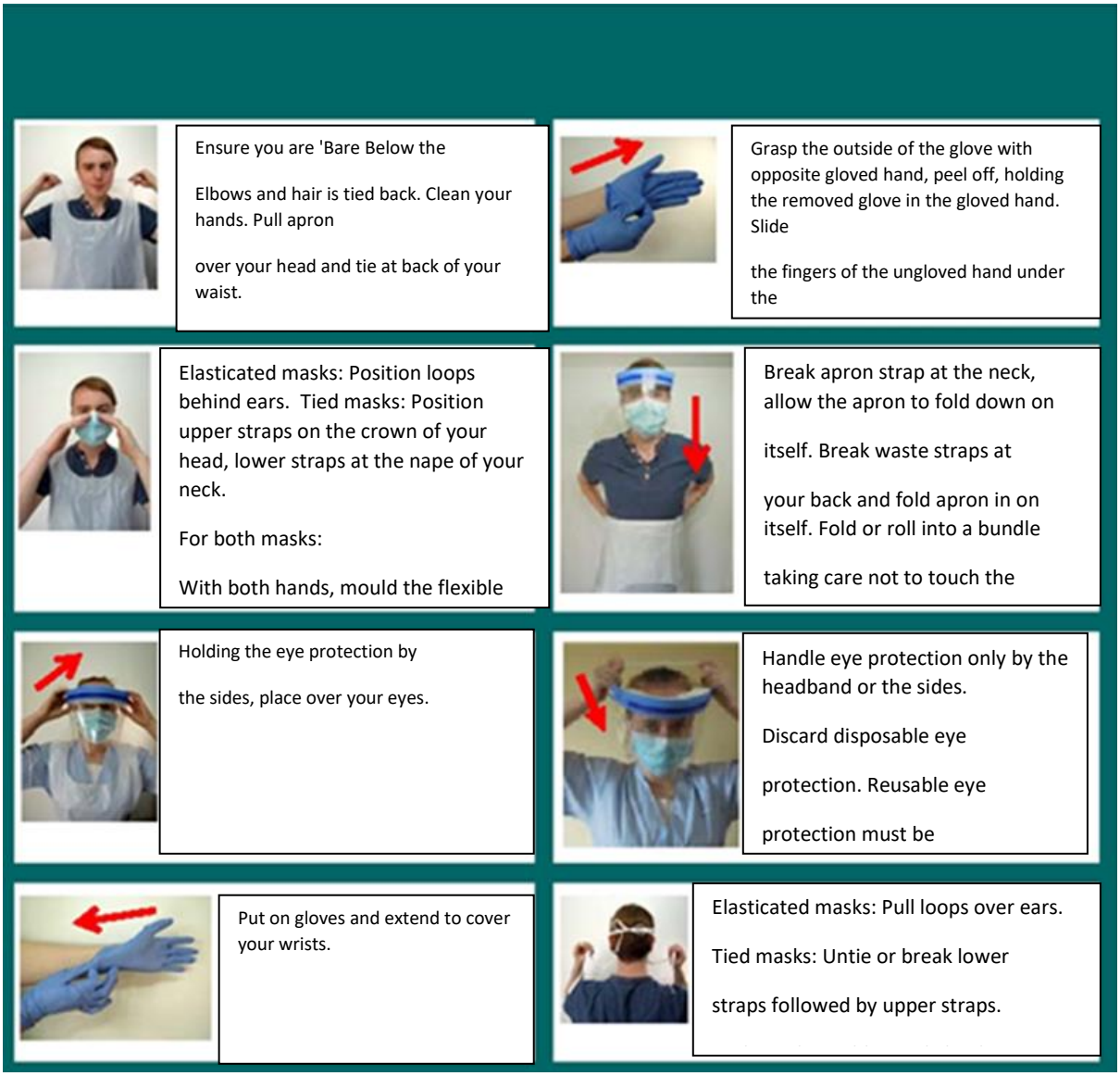
PPE Use and Best Practice:

- **Hand Hygiene**: Mandatory before and after PPE use. Soap and water or alcohol-based hand rub must be used appropriately.
- **Gloves**:
  - Single use only; changed between each task or service user.
  - Compliant with EN 455 standards.
  - Latex-free options provided for allergy concerns (nitrile preferred).
  - Vinyl gloves used only for low-risk, short-duration tasks.
- **Aprons**:
  - Disposable, worn when exposure to bodily fluids is likely.
  - Colour coded in line with the National Colour Coding Scheme:
    - White – Clinical duties

- Red – Toilets, bathrooms
- Blue – General areas
- Green – Kitchen
- Yellow – Isolation rooms

- **Facial Protection**:
  - Type IIR fluid-resistant masks used for close contact or when there is a risk of splashes.
  - Visors or eye protection worn when exposure to blood or secretions is likely.
  - All items disposed of after use; hand hygiene performed immediately after removal.
- **FFP3 Respirators**:
  - Used where aerosol-generating procedures are performed or advised during pandemics (e.g., TB, influenza).
  - All staff using these will be fit-tested and trained.
  - A seal fit check is performed each time they are worn.

Correct order for putting on and removing PPE

- 

- PPE should be removed in the above sequence to minimise the risk of cross/self-contamination.
- Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is completed and as per local policy. Always perform hand hygiene appropriately after removing and disposing of each item of PPE, e.g., pair of gloves, mask, facial protection.
- After use, reusable eye protection must be decontaminated appropriately, refer to your local decontamination guidance.

8.6 Training and Competency

- All staff receive mandatory infection control training during induction and annual refreshers.
- COVID-19-specific IPC training has been rolled out, including correct PPE use, safe disposal, hygiene protocols, and managing care during outbreaks.
- Spot checks and supervision are conducted to ensure compliance.

8.7 Cleaning, Waste Management and Environmental Controls

- Enhanced cleaning protocols are in place, especially for areas exposed to infected individuals.
- All clinical and contaminated waste is disposed of in line with local authority policies and guidance.
- Reusable equipment (e.g., eye protection) is thoroughly cleaned and disinfected between uses, following the "Safe Management of Care Equipment" guidance for domiciliary care settings.

9. Outbreak and Incident Management

- On identification of an outbreak or significant infection control breach:
    - The Infection Control Lead will conduct an immediate risk assessment.
    - Notify affected individuals and implement isolation or referral protocols as necessary.
    - Report the incident to regulatory and public health bodies (e.g., UKHSA, CQC) in accordance with statutory requirements.
    - Document all actions and outcomes comprehensively for audit and learning purposes.

10. Training and Competency

- All staff must complete infection prevention and control training on induction and annually thereafter.
- Training includes hand hygiene, PPE use, environmental cleaning, outbreak management, and policy updates.
- Staff with specific infection control roles receive additional, role-specific training.
- Training content and delivery are regularly reviewed and updated in line with evolving guidance and legislation.

11. Record Keeping and Monitoring

- Maintain accurate cleaning schedules, infection control audits, and PPE usage logs.
- Record incidents of staff illness, breaches, and infection events with appropriate follow-up actions.
- All records will be securely stored and retained according to data protection laws and organisational record retention policies.

12. Policy Review

- This policy will be reviewed annually by the Infection Control Lead or sooner in response to changes in legislation, guidance, or organisational circumstances.
- Updates will be communicated promptly to all staff and incorporated into training programs.

Review

Signed:	G.Tabe
Named Person Accountable for Policy	Geneva Tabe
Creation Date:	25/06/2025
Next policy review date:	25/06/2026