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# Infection Prevention and Control Resource for Adult Social Care

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## 2. Why preventing infections is important

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Preventing infections in adult social care (ASC) settings is important to keep individuals safe and healthy. Every infection prevented, reduces the amount of antimicrobials (treatment for infections) used. This is important because using antimicrobials too often can lead to antimicrobial resistance (AMR), where infections become harder to treat, which is a serious global health problem.

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### What is an infection

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An infection happens when bacteria, viruses, fungi or parasites (also known as pathogens or germs) enter the body, multiply and cause harm, making the individual unwell and causing symptoms like fever, nausea or vomiting. However, some bacteria and fungi may be present in the skin, the lungs and the gut without causing any harm and even providing protection.

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There are many types of infections such as urinary tract infections (UTIs), respiratory infections or gastrointestinal (GI) infections. Symptoms can vary depending on the type of infection, a person's overall health, their vaccination status and whether they have any other medical conditions. Most people do not get seriously ill from infections, but people with underlying medical conditions may have weaker immune systems, which can make infections more serious.

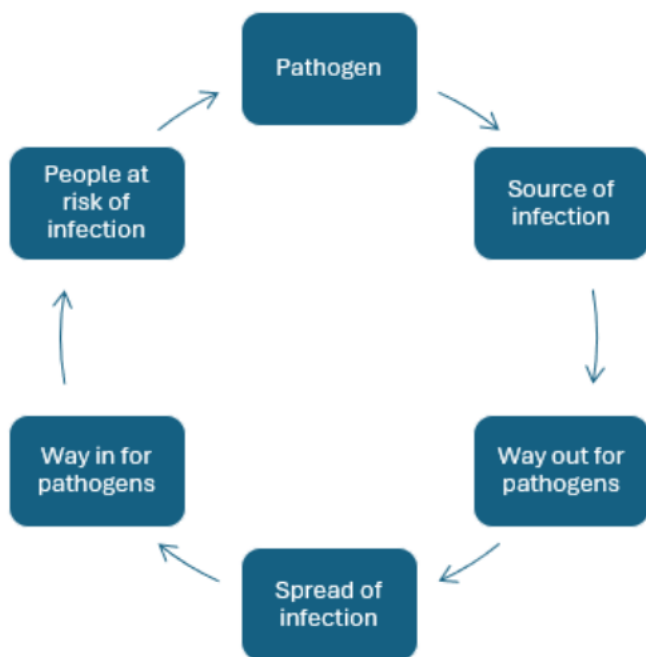
Pathogens can move from one person to another, or from one part of a person to another part. This means that individuals receiving care and support are at higher risk of infection because they need regular close care and have lots of contact with other people. For example, when they have help with washing, getting dressed, or using the toilet.

Infection prevention and control (IPC) is the term used to describe actions that help prevent spread of infection. A common way of showing how the transfer of pathogens can be stopped is a diagram known as the chain of infection.

## The chain of infection

The chain of infection shows how infections spread. The chain has 6 interconnecting links. Breaking any one link can stop the spread of infection. The more links that break, the safer everyone is.

Figure 1 – The chain of infection



## Pathogen

Pathogens are germs that cause infections, for example norovirus or influenza (flu). Pathogens can be present in the environment or on a person's body. This can make

40 breaking this part of the chain difficult. Other links in the chain of infection are much easier  
41 to break.

## 42 **Source of infection**

43 The source of infection is where pathogens live or grow. They can be on the skin, in the  
44 gut, in bodily fluids, in food, or in the environment. Knowing where pathogens come from  
45 helps you choose the right IPC measures to use. IPC measures are safe practices to stop  
46 germs from spreading and causing illness.

## 47 **Way out for pathogens**

48 The way out is how pathogens leave where they live and grow. For example, coughing or  
49 sneezing spreads the flu virus into the air, or undercooked food can spread salmonella  
50 bacteria.

## 51 **Spread of infection**

52 The spread of infection is how pathogens move between individuals or objects. This could  
53 be through touching contaminated surfaces, the air, or body fluids. This is the easiest link  
54 to break for care and support workers and individuals receiving care and support.

## 55 **Way in for pathogens**

56 The way in is how pathogens enter the body. This could be through breathing them in,  
57 swallowing them, through wounds or broken and dry skin, touching eyes or mouth, or via  
58 devices like catheters or needles. People receiving care often have multiple ways in,  
59 making them more vulnerable.

## 60 **People at risk from infection**

61 Everyone receiving care and support is at some risk, but older people and those with  
62 health conditions or weaker immune systems are especially vulnerable because infections  
63 often cause more serious illness in these people. They also need close, frequent support,  
64 which increases their risk because they can be exposed to more pathogens if care staff do  
65 not follow best IPC practices or if the environment is not kept clean.

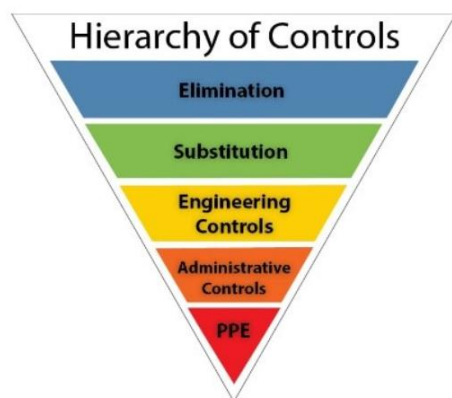
## 66 **Breaking the chain of infection**

67 Standard infection prevention and control precautions are used to break the chain of  
68 infection. They should be followed every time care is provided, whether an infection is  
69 known or not.

## 70 **Using the hierarchy of controls to reduce the risk** 71 **of infection**

72 The [hierarchy of controls](#) helps decide which safety measures to take to reduce the risks  
73 from a particular hazard such as infection. Action needs to be taken at all levels of the  
74 hierarchy of controls.

75 Source: Health and Safety Executive (HSE)



76

77 The hierarchy of controls shows 5 levels of action to reduce or remove hazards, in this  
78 case, infections and the pathogens that cause them. The levels are ordered by how  
79 effective they are in keeping an environment safe. Elimination (the most effective control)  
80 is at the top; this would mean keeping a germ or pathogen out of the setting completely.  
81 Personal Protective Equipment (PPE) is less effective but necessary where an infectious  
82 hazard cannot be completely eliminated.

83 Often, there will be a need to use more than one level of control in the hierarchy. Even if  
84 elimination, substitution, engineering, or administrative controls have been used, there  
85 may still be times when PPE is needed because those other measures are not enough to  
86 remove the risk (for example, if there's a risk of contact with blood or body fluids).

87 PPE when used correctly will protect the user.

## 88 **Elimination**

89 Elimination (remove or reduce the infection) can be achieved by:

- 90 • vaccination uptake (for example, flu, measles, respiratory syncytial virus (RSV). This is  
91 because vaccination reduces the numbers of people in the population who have the  
92 infection, so this lowers the risk of other people getting and spreading infections
- 93 • when a person who has an infection stays away from others
- 94 • ensuring all equipment used for more than one person is cleaned before and after use
- 95 • ensuring hand hygiene is carried out before and after touching an individual
- 96 • encouraging individuals receiving care and support to clean their hands regularly  
97 through the day

## 98 **Substitution**

99 Substitution (change what is done) can be achieved by:

- 100 • reducing communal activities or increasing cleaning during an outbreak
- 101 • using outdoor spaces for visits and meetings where possible
- 102 • in home care, only take the equipment needed for the visit

## 103 **Engineering controls**

104 Engineering controls (change the environment) can be achieved by:

- 105 • improving ventilation for example, ensuring ventilation systems are maintained and  
106 turned on and/or opening windows safely
- 107 • carrying out care in clean, well-maintained areas. Avoid damaged surfaces (like  
108 cracked floors or chipped worktops) that are hard to clean and can harbour pathogens

## 109 **Administrative controls**

110 Administrative controls (change how you work) can be achieved by:

- 111 • limiting staff movement between areas where possible during an outbreak

- 112 • assign a small number of staff to care for someone with an infection needing home  
113 care
- 114 • report infections quickly so they can be managed before spreading to others
- 115 • use a specific care plan for infected individuals to reduce spread

## 116 **Personal protective equipment (PPE)**

- 117 • use PPE when other controls don't reduce the risk enough
- 118 • use PPE when there is a risk of blood or bodily fluid exposure
- 119 • always put PPE on and take it off in the [correct order](#) to protect care and support  
120 workers and individuals receiving care and support

121 The hierarchy of controls helps care and support workers understand why IPC measures  
122 are so important and how to apply them effectively. IPC measures called standard  
123 infection control precautions are described here. (this will be a link to section 3)

## 124 **Risk environments**

125 Different care settings carry different infection risks. This depends on the type of contact  
126 care and support workers have with individuals and how vulnerable they are. There are  
127 many types of ASC settings - they may be small or large, at home or residential. The kind  
128 of care provided also varies depending on the needs of individuals receiving care and  
129 support.

130 Here we describe 3 common but different kinds of ASC settings, to help care and support  
131 workers think about how to assess risks and decide which IPC measures are most  
132 important.

133 Remember standard infection control precautions are needed in all ASC settings.

## 134 **Care homes for older adults**

135 Individuals in older adult care homes are usually vulnerable to infections because of age  
136 (average age is around 86) and frailty. They often need frequent, close-contact care, which  
137 makes it easier for infections to spread. Many individuals also live with dementia, which  
138 can make it hard for them to follow IPC measures. This means you need compassionate,  
139 person-centered approaches that balance safety with dignity.

## 140 **Residential care homes for learning disability**

141 These homes are usually small (often fewer than 10 individuals) and feel more like a  
 142 household. Many individuals are younger and more active, with some only needing limited  
 143 daily living or behavioural support. While most are not at higher risk than people of the  
 144 same age, some have health conditions that increase vulnerability. Because individuals  
 145 are often active in the community, IPC measures need to consider independence and  
 146 quality of life.

## 147 **Domiciliary care (home care)**

148 In domiciliary care, sometimes called home care, individuals are visited in their own home.  
 149 This usually carries a lower risk of infection spread as many live alone or in small  
 150 households. The main IPC challenges can come from lifestyle habits or pets. Risk of  
 151 infection is similar to that of the general population.

## 152 **Safeguarding statement**

153 In keeping with the Mental Capacity Act 2005, care and support workers must presume  
 154 capacity unless assessed otherwise, provide tailored support to enable understanding, and  
 155 document any capacity assessments clearly. Where a person lacks capacity, decisions or  
 156 protective measures must be made in their best interests and be proportionate, necessary,  
 157 and least restrictive, with involvement from relevant professionals and those close to the  
 158 individual wherever appropriate. Always ensure any information sharing about an infective  
 159 individual is done so in a compassionate but proportionate way.

# 160 **Antimicrobial Resistance and Stewardship**

**Question 1: Does this section clearly explain what care and support workers do, both in domiciliary care and in care homes, and how their roles differ?**

## 161 **What antimicrobial resistance is**

162 Antimicrobial resistance (AMR) is when bacteria, viruses, fungi, or parasites no longer  
 163 respond to medicines like antibiotics, antivirals or antifungal medication. If antibiotics stop  
 164 working due to AMR, infections become harder to treat. AMR is a global threat and  
 165 therefore an important reason for preventing infections. Fewer infections mean fewer  
 166 antibiotics and other antimicrobials are used, reducing the risk of AMR happening.

167 Using antibiotics correctly is important. Overusing or misusing antibiotics can spread  
168 resistant pathogens and makes some medicines not work well or not work at all. Care and  
169 support workers have a role in promoting responsible antibiotic use and protecting  
170 individuals receiving care and support from resistant infections.

## 171 **Understanding the risks**

172 In ASC settings, individuals often have complex health needs and are vulnerable to  
173 infection and frequent need for antibiotic use, which increases the risk of AMR. Quick tests  
174 to diagnose infections are not always available so antimicrobials can sometimes be given  
175 when they are not needed. There is also less monitoring of antibiotic use than in  
176 healthcare settings. These factors can increase the risk of AMR. AMR in ASC settings can  
177 affect the wider community. Staff, visitors, and individuals receiving care and support move  
178 between places, so resistant pathogens can spread beyond ASC settings.

## 179 **Antimicrobial Stewardship**

180 Antimicrobial stewardship means using antibiotics and other antimicrobials responsibly.  
181 They should be used only when needed and in the correct way as prescribed.

182 Antimicrobial stewardship matters because it:

- 183 • improves outcomes for individuals
- 184 • reduces inappropriate antibiotic use
- 185 • lowers healthcare-associated infections
- 186 • cuts healthcare costs
- 187 • prevents the spread of resistant pathogens
- 188 • improves infection diagnosis and management
- 189 • reduces adverse reactions/ allergic reactions
- 190 • reduces illness and death

191 Effective antimicrobial stewardship protects individuals now and preserves antibiotics and  
192 other antimicrobials for the future.



## 193 **Practical actions for care and support workers**

### 194 **Infection prevention and control (IPC)**

195 Always promote effective IPC, including hand hygiene, cleaning and personal protective  
196 equipment (PPE) use.

197 Encourage vaccinations especially seasonal vaccinations such as influenza.

198 Ensure all IPC training is up to date.

### 199 **Support early detection of an infection**

200 Seek advice from GP or NHS 111 for emerging symptoms.

201 Keep a record of the individual's symptoms. Tools such as [National Early Warning Score](#)  
202 [\(NEWS2\)](#) and [TARGET antibiotics toolkit](#) can be useful to support record keeping

### 203 **Engage with prescribers**

204 Ensure a prescribed course of antibiotics is started promptly, and that there is a  
205 mechanism for adding these to a care plan.

206 Document and record all prescriptions, giving detail of what has been prescribed, why it  
207 has been prescribed, the start date and review date.

### 208 **Educate**

209 Care and support workers can access training on AMR so they can understand when  
210 antibiotics are appropriate, support individuals to take their medication as prescribed, and  
211 raise concerns if there is a problem.

212 Care and support workers can inform individuals and their families about AMR and correct  
213 antibiotic use to set realistic expectations on why antibiotics are needed and how they will  
214 be given.

## 215 **Monitoring antibiotic use**

**Question 2: How does the monitoring of antibiotic use work in domiciliary care settings?**

216 Keep secure, up-to-date records for each person receiving medicine. This is required  
217 under [The Health and Social Care Act 2008 \(Regulated Activities\)](#).

218 Care and support workers who are responsible for administering medications should  
219 document doses given including any missed doses and report any allergic reactions or  
220 other concerns for action by clinical staff in the usual way.

## 221 **Water safety**

**Question 3: Is water safety best placed in this section. If not, where would it fit better?**

222 Water safety is important to protect individuals and includes:

- 223 • legionella control
- 224 • scalding prevention
- 225 • general water hygiene
- 226 • correct sink use to prevent drain contamination

227 All residential and other communal ASC providers should have a water safety policy, also  
228 known as water safety plans. ASC providers should ensure that there is a designated  
229 person or persons to be trained to recognise risks, report issues, and follow water hygiene  
230 procedures.

## 231 **Legionella control**

232 Legionella bacteria can grow in water systems and cause Legionnaires' disease.

233 All communal care settings must assess the risk of Legionella growth and maintain a water  
234 safety plan, including regular maintenance and flushing of infrequently used outlets.

235 Hot water should be at safe temperatures:

236 • storage: above 60°C

237 • distribution: above 50°C

238 Use thermostatic mixing valves to reduce scalding risks while keeping temperatures high  
239 enough to control Legionella.

240 More information on how to manage the risk of legionella bacteria can be found in [The](#)  
241 [control of legionella bacteria in water systems](#) and [HTM 04-01 safe water](#).

## 242 **Prevention of scalding**

243 Scalding is a risk for frail individuals, those with reduced mobility or cognitive impairments,  
244 staff, and visitors.

245 Thermostatic mixing valves can limit hot water at outlets which can prevent scalding (41°C  
246 for bathrooms/showers and 43°C for assisted bathing).

247 Follow safe bathing procedures and ensure regular maintenance and testing of valves and  
248 systems.

## 249 **Safe drinking water**

250 Drinking water must come from a safe source and be regularly checked.

251 Drinking water should be readily available in all ASC settings.

252 Taps should be labelled, and vessels maintained to avoid contamination. This applies to  
253 private water supplies as well.

254 More information on safe drinking water can be found in [The Workplace \(Health, Safety](#)  
255 [and Welfare\) Regulations 1992](#) and the Drinking Water Inspectorate [Guide for private](#)  
256 [supply owners/users](#)

## 257 **Hand wash sinks in communal care settings**

**Question 4: Stagnant water can contain pathogens. Do we need to include further information about using water for flowers in communal care settings?**

258 Hand wash sinks are only for handwashing.

259 Never dispose of bodily fluids, medication, nutrition products, or individual waste in hand  
260 wash sinks as this can cause pathogen growth.

261 Keep sinks free from clutter or equipment to avoid splash contamination and allow for  
262 proper cleaning.

263 Clean sinks daily.

## 264 **Hand wash sinks in domiciliary (homecare) settings**

265 Use the most suitable sink available for handwashing.

266 If the sink is cluttered, move items out of the way before washing hands.

267 Do not place care equipment on or next to the sink.

268 Care and support workers are encouraged to bring liquid soap and paper towels to the visit  
269 so handwash equipment is always available when needed (domestic homes may not have  
270 this equipment available).

271 If the sink is dirty or may be contaminated, use alcohol-based hand rub until a suitable  
272 hand wash sink is available.

## 273 **Keeping pets and avoiding pests**

**Question 5: Is 'Keeping pets and avoiding pests' best placed in this section? If not, where would it fit better?**

### 274 **Pests**

275 Pests are animals or insects that can pose a risk to human health, for example birds, rats,  
276 mice and cockroaches.

277 Pests can contaminate food and damage buildings. Pests can be prevented by using well-  
278 fitting doors, covered drains, fly screens, or bird-netting.

279 If there is any evidence of pests (droppings, nests, chew marks, egg cases, webbing,  
280 damaged food, or live insects), always contact the [Local Authority environmental officer](#)  
281 immediately.

282 Always discard affected food and items.

283 The ASC provider/owner is responsible for paying for pest control or eradication.

## 284 **Preventing pests**

285 Clean up spillages as soon as practicably possible.

286 Rotate stock regularly.

287 Store food in rodent-proof containers with lids.

288 Store food off the floor/ground.

## 289 **Pets in communal care settings**

290 Pets can enhance quality of life, but it is important that hygiene precautions are in place to  
291 reduce infection risk.

292 Carry out a risk assessment for hygiene, including handwashing and cleaning to reduce  
293 infection risks between pets, individuals and care and support workers to a safe level.

## 294 **Keeping pets safely in communal settings**

295 A nominated person should always be responsible for the animal.

296 Only domesticated pets are advised in communal ASC settings.

297 Keep pets away from where food is stored, prepared, cooked, or served.

298 Keep pets groomed, vaccinated, wormed, and checked for illness regularly.

299 Ensure sick animals are treated by a vet and not returned to the ASC setting until cleared.

300 Keep claws trimmed to reduce scratches. Clean any scratches promptly.

301 Clean pet fur and bedding regularly.

302 Use treatments to prevent fleas and worms.

## 303 **Hygiene Practices**

304 Pets should not be present during wound care and should be kept away any open wounds.

305 Clean hands after touching pets.

306 Skin lesions/cuts/abrasions should be adequately covered.

307 Keep pet feeding areas clean; use designated dishes.

308 Do not feed pets in food preparation areas.

309 Store pet food separately from human food.

310 **Litter Trays/Boxes:**

311 Keep litter trays/boxes away from food areas.

312 Wear gloves and a disposable apron to clean litter trays/boxes.

313 Clean litter daily to remove animal excrement (to be avoided by pregnant staff because of  
314 the risk of toxoplasmosis).

315 Seal litter that has been removed in a plastic bag and dispose of in general household  
316 waste.

317 Disinfect litter trays/boxes weekly to reduce the risk of Toxoplasma. Toxoplasma is a  
318 parasite which can lead to serious health issues, especially in pregnant women and  
319 individuals with weakened immune systems.

320 **Birds that are kept as pets:**

321 Carry out a risk assessment before bringing birds into the care setting to check for health  
322 risks and suitability.

323  
324 Birds should be healthy and free from disease. They should be checked by a vet if they  
325 are not well.

326  
327 Follow hygiene rules, such as handwashing and cleaning, to prevent infections.

328  
329 Keep birds in designated areas, away from food preparation, storage, and eating areas.

330  
331 Any staff regularly handling the birds, should be trained on how to handle them safely, how  
332 to recognise signs of illness, and infection control.

333  
334 Manage birds safely and ensure any visitors follow these infection control rules listed  
335 above.

336 **Training and education**

337 All adult social care providers and settings should have access to IPC training that is  
338 aligned to [CQC Inspection Standards](#), the [Health and Social Care Act 2008: code of](#)

339 [practice on the prevention and control of infections - GOV.UK](#) and national evidence-  
340 based guidance (have the main landing page link here).

341 IPC training for ASC staff will keep their IPC skills up to date and protect individuals  
342 receiving care and support from avoidable infection.

343 IPC training should be part of inductions, with annual refreshers and updates tailored to  
344 different roles. This will help to build an IPC culture, empower staff to report issues, and  
345 drive continuous improvements in IPC standards.

346 Adult social care settings should have a policy that sets out what should be included in IPC  
347 training is needed and how competences will be checked.

348 IPC training usually covers:

- 349 • how infections spread and how to stop them (chain of infection)
- 350 • identifying standards of infection control precautions which must be followed to prevent  
351 infections
- 352 • demonstrating effective hand hygiene at the right times and using the right technique  
353 using appropriate products
- 354 • how care and support workers' own health, hygiene, vaccinations status and exposure  
355 to infection at work might pose a risk to the individuals receiving care support
- 356 • how to risk assess, work safely, and use PPE correctly, including putting on and taking  
357 off correctly
- 358 • how to spot and respond to suspected or confirmed infections including transmission-  
359 based precautions
- 360 • what an outbreak is and how to manage it
- 361 • how to handle waste (including sharps) and laundry safely
- 362 • demonstrating appropriate cleaning and or decontamination of care equipment and  
363 care environments
- 364 • how to prevent and manage exposure to infections (including sharps injuries) and  
365 handling blood/bodily fluids
- 366 • safe use of medicines, antimicrobial resistance and antimicrobial stewardship

- 367 • extra training for those who support individuals with invasive devices, for example  
368 catheters, or wounds

369 Support and advice on IPC training and education is available from local, regional and  
370 national organisations. Integrated Care Systems (ICS) will have details of local IPC  
371 training arrangements.

372 [Skills for care have a care certificate](#) which is an identified set of standards for health and  
373 social care workers to use in their daily working life, include standards for IPC.



## 374 **Summary of questions for stakeholders**

375 Question 1: Does this section clearly explain what care and support workers do, both in  
376 domiciliary care and in care homes, and how their roles differ?

377 Question 2: How does the monitoring of antibiotic use work in domiciliary care settings?

378 Question 3: Is water safety best placed in this section. If not, where would it fit better?

379 Question 4: Stagnant water can contain pathogens. Do we need to include further  
380 information about using water for flowers in communal care settings?

381 Question 5: Is 'Keeping pets and avoiding pests' best placed in this section? If not, where  
382 would it fit better?