

# 1 Infection Prevention and Control 2 Resource for Adult Social Care

## 3 4. Transmission-based Precautions

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5 Transmission-based precautions (TBPs) are extra infection prevention and control (IPC)  
6 precautions when an individual is suspected or is known to have an infection that can  
7 spread to others, for example through touch, coughs and sneezes and through the air.  
8 TBPs are used in addition to standard infection control precautions, not instead of them.

9 TBPs are used based on how a pathogen spreads. Some pathogens can spread in more  
10 than one way.

11 Choosing which TBPs to use should be based on:

- 12 • the pathogen
- 13 • how serious the illness is
- 14 • how the pathogen spreads
- 15 • the care setting
- 16 • the care activity being done

17 The standard and transmission-based precautions that are used in the care of an  
18 individual do not change after they have died.

## 19 **Safeguarding statement**

20 In keeping with the Mental Capacity Act 2005, care and support workers must presume  
21 capacity unless assessed otherwise, provide tailored support to enable understanding, and  
22 document any capacity assessments clearly. Where a person lacks capacity, decisions or  
23 protective measures must be made in their best interests and be proportionate, necessary,  
24 and least restrictive, with involvement from relevant professionals and those close to the  
25 individual wherever appropriate.

26 Always ensure any information sharing about an infectious individual is done so in a  
27 compassionate but proportionate way.

## 28 **Contact precautions**

29 Contact precautions are the specific additional measures used to make contact with an  
30 infectious individual safer, rather than avoiding contact. They are applied when an  
31 individual has an infection that can spread through direct contact with the person or  
32 indirectly via their environment or equipment. This is the most common route of infection  
33 transmission. Examples include the use of additional PPE and increased environmental  
34 cleaning and disinfection.

35 Where possible, dedicated staff should be assigned to care for infectious individuals  
36 (cohorting).

## 37 **Cleaning during infectious period**

38 In a communal setting, clean bedrooms daily with a combined detergent disinfectant  
39 solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl); or a general-  
40 purpose neutral detergent in warm water followed by solution of 1,000ppm av cl.  
41 Alternative cleaning agents or disinfectant products may be used but should be agreed by  
42 local IPC advice.

43 Increase cleaning of frequently touched surfaces such as door handles, light switches, bed  
44 rails, wheelchairs, bedside tables, and shared mobile devices. [Appendix 4 of the NHS](#)  
45 [England National standards of healthcare cleanliness 2025](#) includes a useful list of  
46 frequently touched areas, which can help care providers prioritise cleaning.

47 Increase cleaning of shared areas such as toilets and bathrooms.

48 In domiciliary (homecare), support individuals/families to increase cleaning of frequently  
49 touched surfaces.

50 **Terminal clean (deep clean) after the infectious period (as directed by a healthcare**  
51 **professional)**

52 Perform a terminal (deep) clean using a combined detergent disinfectant solution at a  
53 dilution of 1,000ppm av.cl.; or a general-purpose neutral detergent in warm water followed  
54 by a solution of 1,000ppm av.cl. (or alternative locally agreed cleaning product).

55 Remove all waste, disposable items, bedding, curtains, linen, and reusable non-invasive  
56 equipment from the individual's room and replace. Make sure reusable equipment is  
57 decontaminated in the room before removal.

58 In domiciliary care it is only the waste that can be realistically removed, but advice should  
59 be given to the individual and their family about the recommendation for changing bedding  
60 and linen.

61 Clean from top to bottom, this means start with high surfaces like shelves or counters and  
62 clean floors last.

63 Always start with clean areas and move to the dirty areas last to prevent spreading  
64 pathogens.

65 Clean every part of the room thoroughly.

66 Pay special attention to high-touch points such as door handles, light switches, and rails.

67 Soft furnishings and privacy curtains should be laundered, or steam cleaned.

68 Replace or dispose of any items that cannot be effectively cleaned or are visibly soiled.  
69 Always seek permission from the individual before disposing of personal belongings.

70 Clean or replace mattresses, cushions, and pressure-relieving aids as per guidance.

71 Vacuum carpets and upholstered furniture using HEPA filters, then steam clean.

72 **Precautions for pathogens that transmit though the air**

73 Support individuals with acute respiratory infections (ARI) to stay away from others if they  
74 are unwell or have a high temperature (above 37.8 degrees centigrade).

- 75 Take all [contact precautions](#) plus these additional precautions for infections that transmit  
76 through the air, over short or long distances onto people or the environment.
- 77 Encourage and support individuals with respiratory and cough hygiene (for more  
78 information on respiratory hygiene and hand hygiene see Section 3. Standard Infection  
79 Control Precautions).
- 80 Always consider TBPs within the hierarchy of controls when planning care (see section 2  
81 for hierarchy of controls), such as ensuring there is good ventilation to reduce the amount  
82 of virus in the environment (for more information on ventilation see Section 3. Standard  
83 Infection Control Precautions).
- 84 Seek advice from IPC team or [local HPT](#) to check if other respiratory protection is needed  
85 for the known pathogen and/or care activity.