

Title of SOP: Infection Prevention Control

Custodian: Group Managing Director

Version Number: 05

Issue date: 21.10.25

Review date: 21.10.28

**STANDARD OPERATING PROCEDURE (SOP)**

<b>Title of SOP</b>	Infection Prevention Control					
<b>What type of document is this?</b>	Standard Operating Procedure	<b>SOP Reference Number</b>	HHH-SOP-005			
<b>Purpose of SOP</b>	To give full clarity and understanding of Infection Control and Prevention to all employees within the company aligned with the Health and Social Care Act 2008: code of practice on the prevention and control of infections.					
<b>ROLES AND RESPONSIBILITIES</b>						
Include in this section details of the key roles and associated responsibilities relevant to the document						
<b>Roles</b>	<b>Responsibility</b>					
All Directors and Managers	To ensure that this policy is embedded and adhered to company wide through the management teams to all staff					
Clinical Team	To ensure that the policy meets the needs of the business and to offer guidance and clarity where required and to review the policy when necessary					
All Employees	To adhere to the policy at all times					
<b>Scope of SOP</b>	<p>Helping Hands believes that adherence to strict guidelines of infection control is paramount to ensure the safety of both the customer and staff.</p> <p>All staff working for Helping Hands are at risk of infection of or spreading infection; this is especially prevalent when a role brings staff into contact with blood or bodily fluids such as urine, faeces, vomit or saliva. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions to prevent the spread of infection.</p>					

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	<p>There are standard precautions which support safe practice and reduce the risk of infection. We do not always know who is infected and therefore standards must be applied to all people at all times.</p> <p>Sources of infection or potential infection include blood and other body fluids secretions or excretions, non-intact skin or mucous membranes and any equipment or items in the environment that could have become contaminated.</p> <p>All employees are expected to observe high standards of hygiene at all times to protect themselves and the customer from the unnecessary spread of infection.</p>
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## 1.0 Hand Decontamination

1.1 Hand decontamination is the process of physically removing dirt, blood or bodily fluids and the removal of micro-organisms from the hands. Effective hand decontamination results in significant reduction in the carriage of harmful micro-organisms on the hands reducing the risk of infection.

The provision of care requires thorough and appropriate hand washing to help prevent cross infection and the acquisition of healthcare acquired infections. Helping Hands believes that regular, effective hand hygiene is the single most effective way to prevent the spread of infectious diseases. Ordinary soap is considered to be effective for routine hand washing in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels

1.2 All employees are expected to follow Hand Washing protocols as follows:

- Immediately before and after removing gloves
- Activity or contact with customers surroundings that could potentially result in hands becoming contaminated
- Between supporting each customer
- After handling any bodily fluids or soiled items (this includes used or potentially infected linen)
- After using the toilet

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- Before and after handling food
- After smoking
- Before and after any direct patient care
- Before and after providing support with medications

1.3 Hands may be decontaminated using hand rub conforming with British Standards (BS EN1500) only when there are unavailable facilities or unsanitary conditions.

1.4 Hands should always be decontaminated with soap and water:

- Where hands are visibly soiled or potentially contaminated with bodily fluids.
- In instances where the customer has a vomiting or diarrhoea illness (such as clostridium difficile or other organisms that cause diarrhoea illness).

1.5 Employees proving direct customer care should ensure that their hands can be decontaminated throughout the duration of their work by:

- Being bare below the elbow when delivering direct customer care
- Removing hands and wrist jewellery (a plain wedding band without a stone is permitted).
- Making sure fingernails are kept short, clean and free of false nails and nail polish.
- Covering cuts and abrasions with waterproof dressings.

1.6 An effective handwashing technique involves three stages: preparation, washing and rinsing, and drying. Preparation requires wetting hands under tepid running water before applying liquid soap or an antimicrobial preparation. The handwash substance must come into contact with all of the surfaces of the hand. The hands must be rubbed vigorously together for a minimum of 10-15 seconds, paying close attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly before drying with paper towels.

When decontaminating hands with an alcohol hand rub, hands should be free from dirty and organic material. The hand rub solution must come into contact

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with all surfaces of the hand. The hands must be rubbed together vigorously, paying close attention to the tips of the fingers, the thumbs and the areas between the fingers until the solution has evaporated and the hands are dry.

An emollient hand cream should be applied regularly to protect the skin from the drying effects of regular hand decontamination.

- 1.7 Adequate and suitable Personal Protective Equipment (PPE) will be provided to all employees where this is required by Helping Hands. The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with each individual Helping Hands Care Manager.
- 1.8 Gloves must be worn as single use items. They must be put on before an episode of direct customer care and removed as soon as the activity is completed. Gloves must be changed between caring for different customers and between different care activities for the same customer. Correct Donning and doffing procedure must be followed.
- 1.9 A disposable plastic apron must be worn as a single use item. An apron must be put on before an episode of direct customer care and removed once the activity is completed. Aprons must be changed between caring for different customers and between different care activities for the same customer.

On no account should employees attempt to wash and reuse gloves or disposable plastic apron.

#### **2.0 Disposal of Sharps**

- 2.1 Sharps, typically needles or blades, should not be handled by Helping Hands employees. Where they exist in customers' homes, they should be disposed of in purpose-built sharps disposal containers complying with BS7320. Sharps should never be disposed of in ordinary or clinical waste bags.

Sharps boxes must never be overfilled, when full, boxes must be sealed, marked as hazardous waste and clearly labelled with the customer's name. Used, filled boxes should be sealed and stored securely until collected for incineration according to

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the individual arrangements.

2.2 In the event of an injury with a potentially contaminated needle, staff must:

- Wash the wound under running water immediately and encourage bleeding if the skin is broken. Do not suck the wound.
- Cover the wound with a waterproof dressing.
- Report the injury to their line manager immediately and ensure that an incident form is filled in.
- Make an urgent appointment to see a GP or, if none are available, go along to the Accident and Emergency Department at the local hospital

### **3.0 Maintaining Environment**

3.1 Employees are responsible for ensuring that the environment where care is delivered and any equipment (e.g. commode) in use is clean before and after use. Refer to the COSHH Policy for further guidance on using cleaning products safely.

3.2 Employees should treat every spillage of body fluids or body waste as quickly as possible, and as potentially infectious. When cleaning up a spillage, employees should wear protective gloves and aprons provided.

### **4.0 Handling & Storage of Specimens**

4.1 When handling specimens always ensure that PPE is fully donned where appropriate and that the specimens are in a sealed container. If containers have been supplied e.g., from the GP, ensure the label is intact and that the specimen is stored as advised and is stored in a safe area.

### **5.0 Infectious Diseases**

5.1 Where customers are suspected of having an infectious disease/illness their GP must be notified immediately for advice and appropriate treatment. Employees should notify their manager immediately to seek advice on infection control.

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5.2 During the time a customer is infectious the Registered Manager may implement increased protection levels such as allocating PPE to the customer's home and additional PPE such as masks and shoe covers. An appropriate risk assessment to be amended / completed to manage risk.

## **6.0 Employees and Customers with Increased Risk**

6.1 For customers and employees at increased risk of infections, such as immunosuppressed individuals, this must be reported to the Care Manager to enable a specific risk assessment detailing adequate precautions required.

6.2 Employees have a responsibility to inform their line manager if they feel unwell or have symptoms of a communicable disease. Adequate measures can be taken to protect customers and employees.

## **7.0 Waste Disposal**

7.1 All clinical/bio-hazardous/body waste (including used PPE) must be disposed of as a priority to avoid the risk of infection. Appropriate PPE (gloves and disposable apron unless directed otherwise must be worn to dispose of waste which is soiled or contaminated with bodily fluids.

7.2 Liquid waste such as urine, vomit or faecal matter must be flushed down the toilet where possible (Do not flush continence products down the toilet).

7.3 Place all soiled or contaminated waste material into a plastic bag and tie securely. Place this bag into a black plastic bag, tie and dispose of in the customers household waste, unless specifically directed otherwise. Care should be taken not to puncture any of the bags, and to minimise any spillage of waste.

Household waste will be placed in a black plastic sack, or directly into a wheelie-bin if these are used. Black bags when full will be tied securely and not left outside until the actual day of collection to prevent attack by scavenging cats, rodents etc.

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### **8.0 High Risk Care Activities – Contact with Bodily Fluids**

8.1 Where there is likely contact with bodily fluids, an adequate risk assessment must be in place to protect the customer and employee.

8.2 Before supporting customers with a care activity where there is likely contact with bodily fluids, the employee must decontaminate their hands and wear a new pair of clean gloves and apron before supporting (refer to section 1.0 for hand decontamination required before and after support).

8.3 Employees must refer to section 10.0, 11.0 and Appendix One of this SOP for correct use of PPE.

8.4 If an employee is splashed in the eyes, nose or mouth with bodily fluids, this must be treated as potential exposure to a blood born virus. The employee must:

- Rinse eyes and mouth with copious amounts of water.
- Report to their line manager and ensure that an incident form is filled in.
- They are advised to contact their GP or A&E for out of hours.

### **8.5 Catheter Maintenance**

8.5.1 Refer to 8.2 for requirements before supporting a customer with Catheter Maintenance. Ensure:

- Urinary drainage bags should be positioned below the level of the bladder and should not be in direct contact with the floor.
- A link system should be used to facilitate overnight drainage, to keep the original system intact.
- The urinary drainage bag should be emptied frequently enough to maintain urine flow and prevent reflux and should be changed weekly or when otherwise clinically indicated.

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### **9.0 Reporting**

9.1 Helping Hands are required to report some occupational diseases and dangerous occurrences that arise out of or in connection with work.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) oblige Helping Hands to report outbreak of notifiable diseases to the HSE. Notifiable diseases include: Acute Encephalitis, Acute Infectious Hepatitis, Acute Meningitis, Acute Poliomyelitis, Anthrax, Botulism, Brucellosis, Cholera, Covid-19, Diphtheria, Enteric Fever (Typhoid or Paratyphoid Fever), Food Poisoning, Haemolytic Uraemic Syndrome (HUS), Infectious Bloody Diarrhoea, Invasive Group A Streptococcal Disease, Legionnaires' Disease, Leprosy, Malaria, Measles, Meningococcal Septicaemia, Mpox, Mumps, Plague, Rabies, Rubella, Severe Acute Respiratory Syndrome (SARS), Scarlet Fever, Smallpox, Tetanus, Tuberculosis, Typhus, Viral Haemorrhagic Fever (VHF), Whooping Cough and Yellow Fever.

A reportable disease must be diagnosed by a doctor. For employees, they need to provide the diagnosis in writing to their employer from their doctor. Records of any such outbreak must be kept specifying dates and times.

In the event of an incident, The Registered Branch Manager or Live in Care Manager must inform the Compliance Team, who will then inform the Health & Safety Executive under RIDDOR.

### **10.0 Personnel Protective Equipment (PPE)**

10.1 PPE is donned not only to protect the people we care for but for the protection of the staff, especially when infections are present.

PPE supplies are accessible for all staff who require PPE as part of their job role. Standard PPE supply and issue includes the following:

- Surgical masks
- Plastic disposable aprons
- Full face shields
- Disposable gloves

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Where there are specialist requirements, depending on the care levels required for our customers, and which may be advised e.g upon customer hospital discharge, in addition PPE supplies are:

- FFP2 soft fold masks
- FFP3 masks – which will require face fit testing and training

PPE must be worn correctly, and staff should undertake infection prevention control competency checks by direct line managers. Helping Hands follows national guidance for PPE use, staff should refer to the most recent recommended PPE poster located on our internal systems.

Should there be any ad hoc PPE requests outside of the standard issue e.g instructions from the Community Nurse, staff must notify their line manager who will arrange supplies and any required training if necessary.

Refer to Appendix One of this SOP for PPE requirements.

PPE should be discarded as outlined in section 7.0 of this SOP.

### 11.0 Donning & Doffing PPE

11.1 The items of PPE you need will depend on the person you're caring for and the care you are providing. Refer to Appendix One of this SOP for PPE guidance and requirements for the different caring scenarios. Donning (putting on) and doffing (removing) PPE in the correct way is imperative for infection prevention. Below is a text guide to donning and doffing PPE (non AGP) in an adult social care setting.

#### 11.2 Putting on PPE

Before putting on your PPE, make sure you:

- drink some fluids

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- tie hair back
- remove jewellery
- check which items of PPE you need
- check PPE in the correct size is available

To put on your PPE safely and correctly:

1. Clean your hands and wrists using alcohol-based hand rub or gel, or use soap and water
2. Put on apron and tie at waist
3. Put on face mask
4. Fit mask around nose – cover mouth and chin
5. Put on eye protection
6. Put on gloves

### 11.3 Taking off PPE

To take off your PPE safely and correctly:

1. Remove gloves
2. Clean hands and wrists (and forearms if necessary) with alcohol-based hand rub or gel, or use soap and water
3. Remove apron – do not touch the outside front of the apron, this will be contaminated
4. Clean hands and wrists (and forearms if necessary) again with alcohol-based hand rub or gel, or use soap and water
5. When 2 meters from the client, carefully remove eye protection by the sidearms or side straps. Discard or disinfect for next use
6. Clean hands and wrists (and forearms if necessary) again with alcohol-based hand rub or gel, or use soap and water
7. Remove mask – do not touch the front of the mask but remove by the ear loops or ties
8. Clean hands and wrists (and forearms if necessary) again with alcohol-based hand rub or gel, or use soap and water

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<p>9. If required, put on a clean face mask before contact with others in a care setting or service</p>		
<b>TRAINING</b>  Is training required?	Yes	
Details of training	<p>Training issued via the Learning Management System.</p> <p>Additional training available through the Clinical Teams when required.</p> <p>IPC (including PPE) Competency checks will be undertaken, documented and signed off by line managers.</p>	
<b>COMPLIANCE</b>  How is compliance within this document going to be monitored?	<p>Document in this section how compliance is going to be monitored, taking into consideration local, regional technical and integrated audit compliance processes.</p>	
<b>EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION</b>		
	<b>Positive/Negative/N/A</b>	<b>Comments</b>
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• Age?	N/A	
• Disability	N/A	
• Gender assignment?	N/A	
• Pregnancy and maternity (which	N/A	

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includes breastfeeding)		
• Race (including nationality, ethnic or national origins or colour)?	N/A	
• Marriage or civil partnership?	N/A	
• Religion or belief?	N/A	
• Sex?	N/A	
• Sexual orientation?	N/A	
If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?	N/A	
<b>If the impact on one of the above groups is likely to be negative:</b>		
Can the impact be avoided?	N/A	
What alternatives are there to achieving the document's aim without the impact?	N/A	
Can the impact be reduced by taking different action?	N/A	

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Is there an impact on employee, customer or someone else's privacy?	N/A	
Changes since previous version	<p>Maintaining environment added to own section of 3.0.</p> <p>New section 6.0, and 8.0.</p> <p>Align and reference of 'code of practice on the prevention and control of infections.</p>	
Who was involved in developing /reviewing/amending the document? (list titles)	<p>Clinical Team</p> <p>Head of Quality</p> <p>Quality Development Lead</p> <p>Quality Assurance Business Partners</p>	
How confidential is this document	Public	Can be shared freely within and outside of Helping Hands
References	<p><a href="#">Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK</a></p> <p><a href="#">Infection prevention and control in adult social care: acute respiratory infection - GOV.UK</a></p> <p><a href="#">Infection prevention and control: resource for adult social care - GOV.UK</a></p> <p><a href="#">Guide to donning (putting on) and doffing (removing) PPE (non-AGP) in adult social care settings (text only version) - GOV.UK</a></p> <p><a href="#">Principles of preventing infections   Information for the public   Healthcare-associated infections: prevention and control in primary and community care   Guidance   NICE</a></p> <p><a href="#">Notifiable diseases and how to report them - GOV.UK</a></p>	
Associated Documents	Recommended PPE Poster – Appendix One	

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**Appendix One – Recommended PPE for Carers/Staff (v19)**

This guidance is intended for all care workers delivering care in customers' homes (Domiciliary Care)

Context	Disposable Gloves	Disposable Plastic Apron	Disposable Fluid Repellent Gown	Fluid Repellent Surgical Mask (IIR)	Face Shield	FFP3 Mask
Undertaking an Aerosol Generating Procedure (AGP) on a customer who <b>is suspected or confirmed</b> of having an acute respiratory infection (ARI) (AGP – e.g., tracheotomy/tracheostomy)	✓ *single use	✓ *single use	✓ *single use (may be indicated instead of apron if risk of extensive splashing)	✗	✓ *single use	✓ single use* (the carer needs to be <u>fit tested</u> for a specific respirator and perform a fit-check to ensure correct fitting)
Undertaking an Aerosol Generating Procedure (AGP) on a customer who <b>is not suspected</b> or confirmed of having an infection spread by the airborne or droplet route (AGP – e.g., tracheotomy/tracheostomy)	✓ *single use	✓ *single use	✓ single use* (may be indicated instead of apron if risk of extensive splashing)	✓ *single use	✓ *single use	✗

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Giving personal care to a customer who is suspected or confirmed of having an acute respiratory infection (ARI) <b>or</b> general cleaning duties in the room of a person with a suspected or confirmed acute respiratory infection (ARI)	 *single use (only wear if risk assessment indicates likely contact with blood, body fluids or chemicals/cleaning products)	 *single use (only wear if risk assessment indicates likely contact with blood, body fluids or chemicals/cleaning products)	 single use* (only wear by exception instead of apron if likely risk of extensive exposure to blood or body fluids)	 *single use	 *single use	
For tasks other than those listed in the box directly above, at least when within 1 metre of a person suspected or confirmed of having an acute respiratory infection (ARI)	 *single use (only wear if risk assessment indicates likely contact with blood and body fluids)	 *single use (only wear if risk assessment indicates likely contact with blood and body fluids)		 *single use	 *single use	
Care or domestic task involving likely contact with blood or body fluids (giving personal care, handling soiled laundry,	 single use*	 single use*	 single use* (only wear by exception instead of apron if likely risk of extensive exposure to blood or body fluids)	 *single use Risk assess - if splashing likely	 *single use Risk assess - if splashing likely	

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emptying a catheter or commode)						
Care or domestic task not involving contact with blood or body fluids (moving clean linen, tidying, giving medication, writing in care notes)	✗	✗	✗	*single use As per risk assessment / or in line with customer preference	✗	✗
General cleaning with hazardous products (disinfectants or detergents)	*single use (if risk assessment indicates likely contact with chemicals/cleaning products or if recommended by manufacturer of cleaning product)	*single use (if risk assessment indicates likely contact with chemicals/cleaning products or if recommended by manufacturer of cleaning product)	✗	*single use (if risk assessment indicates likely contact with chemicals/cleaning products or if recommended by manufacturer of cleaning product)	*single use (if risk assessment indicates likely contact with chemicals/cleaning products or if recommended by manufacturer of cleaning product)	✗

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- 1) Always wash your hands when entering and exiting a customer's home, office, branch, or workplace and regularly between each different task you complete whilst supporting in the community.
- 2) \*Single use refers to disposal of PPE or decontamination of reusable items (e.g. face shield), after each person and/or following completion of a procedure, task or session.
- 3) PPE should be disposed of earlier if damaged, soiled, compromised, or uncomfortable. Hands should be washed every time when removing PPE. Discard used PPE into a plastic bag and tie securely. Place this bag into a black plastic bag, tie securely and dispose of it in outside bin.
- 4) Appropriate infection control measures should be documented within the relevant risk assessments for use by attending care workers.
- 5) For current guidance on infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) -  
<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-acute-respiratory-infection/infection-prevention-and-control-ipc-in-adult-social-care-acute-respiratory-infection-ari>
- 6) Refer to SOP-005 - Infection Control Standard Operating Procedure for further details including hand decontamination, waste disposal and donning & doffing PPE (putting on and taking off).

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