



# **Richmond** House

**Social Care Services CIC**

Infection Control 2026



## 1. Introduction

Infection is caused by pathogens ('bugs') such as bacteria, viruses, protozoa or fungi getting into or onto the body. It can take some time before the microbes multiply enough to trigger symptoms of illness, which means an infected person may unwittingly be spreading the disease during this incubation period. Infection control in the workplace aims to prevent pathogens from coming into contact with a person in the first place.

Employers are obliged under the **Health and Safety at Work etc. Act 1974** and the **Management of Health and Safety at Work Regulations 1999** to provide a safe workplace for their employees, including the provision of adequate infection control procedures and the right equipment and training.

This policy is written in accordance with:

- **The Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance** – all registered providers of health and social care must have appropriate policies in relation to preventing, reducing and controlling the risks of infection
- **The National Infection Prevention and Control Manual (NIPCM) for England** – an evidence-based practice manual for use by all those involved in care provision in England, adopted as mandatory guidance in NHS settings, with principles applicable across all care settings
- **UK Health Security Agency (UKHSA) guidance** – including infection prevention and control for multidrug-resistant organisms in adult social care settings (published 5 January 2026)
- **Health and Safety Executive (HSE) guidance** – revised guidance on managing infection risks and biological hazards in workplaces (published 15 May 2026)

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## 2. Transmission of Infection

Infectious agents can be spread in a variety of ways, including:

- **Airborne** – coughs or sneezes release airborne pathogens, which are then inhaled by others.
- **Contaminated objects or food** – the pathogens in a person's faeces may be spread to food or other objects if their hands are dirty.
- **Skin-to-skin contact** – the transfer of some pathogens can occur through touch, or by sharing personal items, clothing or objects.
- **Contact with body fluids** – pathogens in saliva, urine, faeces or blood can be passed to another person's body via cuts or abrasions, or through the mucus membranes of



the mouth and eyes.

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### 3. Assumption of Risk

The basis of good infection control in the workplace is to assume that everyone is potentially infectious. Proper procedures must be followed at all times. Every workplace should have an appropriate first aid kit, with at least one staff member trained in first aid. Equipment such as gloves, gowns, eye goggles and face shields should be provided if necessary.

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### 4. Personal Hygiene Practices

Infection control procedures relating to good personal hygiene include:

**Hand washing** – the spread of many pathogens can be prevented with regular hand washing. You should thoroughly wash your hands with water and soap for at least 15 seconds after visiting the toilet, before preparing food, and after touching clients or equipment. Dry your hands with disposable paper towels. In line with UKHSA guidance, hand cleaning should be performed before and after contact with individuals, and visitors should be reminded to clean their hands too.

**Unbroken skin** – intact and healthy skin is a major barrier to pathogens. Any cuts or abrasions should be covered with a waterproof dressing.

**Gloves** – wear gloves if you are handling body fluids or equipment containing body fluids, if you are touching someone else's broken skin or mucus membrane, or performing any other invasive procedure. Wash your hands between each client and use fresh gloves for each client where necessary.

**Personal items** – don't share towels, clothing, razors, toothbrushes, shavers or other personal items.

**Respiratory hygiene** – promote good respiratory hygiene and improve ventilation when respiratory infections are suspected or confirmed.

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### 5. Food Preparation

When preparing food, you should:

- Wash your hands before and after handling food.
  - Avoid touching your hair, nose or mouth.
  - Keep hot food hot and cold food cold.
  - Use separate storage, utensils and preparation surfaces for cooked and uncooked foods.
  - Wash all utensils and preparation surfaces thoroughly with hot water and detergent after use.
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## 6. Cleanliness in the Workplace

Infection control procedures relating to cleanliness in the workplace include:

- Regularly wash the floors, bathrooms and surfaces – such as tables and bench tops – with hot water and detergent.
- Wash walls and ceilings periodically.
- Mops, brushes and cloths should be thoroughly washed and dried after every use. Drying mops and cloths is particularly important, since many pathogens rely on moisture to thrive.
- Use disinfectants to clean up blood and other spills of bodily fluids.
- When using disinfectants, always wear gloves, clean the surfaces before using the disinfectant, and always follow the manufacturer's instructions exactly.
- Clean the environment daily, focusing on high-touch areas.
- Disinfect shared equipment before and after use.
- Spot clean when necessary.

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## 7. Dealing with Spills of Body Fluids

Examples of body fluids include blood, saliva, urine and faeces. When dealing with spills of body fluids, infection control procedures should be followed carefully. You should always:

1. Isolate the area.
2. Wear gloves, a plastic apron and eye protection, such as goggles.
3. Soak up the fluid with disposable paper towels, or cover the spill with a granular chlorine-releasing agent for a minimum of 10 minutes. Scoop up granules and waste using a piece of cardboard (or similar), place in a plastic bag and dispose of appropriately.
4. Mix one part bleach with 10 parts water and apply to the area for 10 minutes.
5. Wash with hot water and detergent.
6. Dry the area.
7. Dispose of paper towels and gloves appropriately.
8. Wash your hands.

Rinse any contaminated clothing in cold running water, soak in bleach solution for half an hour, then wash separately from other clothing or linen with hot water and detergent.

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## 8. Infectious Waste

To dispose of infectious waste that has been contaminated with blood or other body fluids, you should:

- Wear heavy-duty gloves.
  - Place waste in plastic bags marked 'infectious waste'.
  - Clean and dirty linen should be kept separate at all times.
  - Dispose of waste in accordance with Environmental Protection regulations.
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## 9. Handling Needles and Other Sharp, Contaminated Objects

Infection control procedures when handling needles and other sharp, contaminated objects include:

- Never attempt to re-cap or bend used needles.
  - Handle by the barrel.
  - Place in an appropriate puncture-proof container, which is yellow and labelled 'Danger contaminated sharps' and marked with a black biohazard symbol.
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## 10. Occupational Exposure

If you come in contact with blood or body fluids, you should:

1. Flush the area with running water.
2. Wash the area with plenty of warm water and soap.
3. Report the incident to the appropriate staff member.
4. Record the incident via the Disease/Injury/Near Miss/Accident (DINMA) reporting procedure.
5. Seek medical advice.

Employers and health and safety representatives should investigate all incidents involving contact with blood or body fluids and take action to prevent a similar incident from happening again.

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## 11. Multidrug-Resistant Organisms (MDROs)

In line with UKHSA guidance published on 5 January 2026, staff should be aware of multidrug-resistant organisms (MDROs) – pathogens that do not respond to common treatments such as antibiotics, making them difficult to treat. MDROs spread through direct contact (including care activities) and indirect contact (for example, contaminated surfaces or equipment).

### Key principles for managing MDROs:

- Clean hands before and after contact with individuals with an MDRO using soap and water or alcohol-based hand rub.



- Support individuals with an MDRO to clean their hands frequently and remind visitors to clean their hands too.
  - Use personal protective equipment (PPE) such as gloves, aprons, masks, and eye protection if there is a risk of blood or body fluid exposure.
  - Clean the environment daily, focusing on high-touch areas.
  - Disinfect shared equipment before and after use.
  - Clean and dirty linen should be kept separate at all times.
  - Accommodate individuals with an MDRO in single rooms with ensuite if possible.
  - Let healthcare staff know about MDRO carriage during admission or transfer.
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## **12. Where to Get Help**

- Your doctor
  - Your local council's health department
  - Health and safety officer at your workplace
  - UK Health Security Agency (UKHSA)
  - Health and Safety Executive (HSE)
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## **13. Things to Remember**

- Infection control in the workplace aims to prevent pathogens from being passed from one person to another.
  - The foundation of good infection control is to assume that everyone is potentially infectious.
  - Basic infection control procedures include hand washing and keeping the workplace clean.
  - All health and social care providers have statutory obligations, set out in the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections, to undertake steps to keep patients, residents, and staff safe.
  - The National Infection Prevention and Control Manual (NIPCM) for England should be adopted as mandatory guidance in NHS settings, and its principles applied across all care settings.
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## 14. Policy Review and Approval

**Approved by:** Richmond House Management Team

**Effective:** 1 September 2026

**Next Review:** 1 September 2027 or sooner if statutory guidance changes.

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**Document Version:** Vr 08

**Review Period:** 2026 – 2027

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### Summary of Key Legislative and Guidance Updates (2026–2027)

| Guidance / Legislation                                                                               | Key Changes                                                                                                                       |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections</b> | Remains the statutory framework; all registered providers must demonstrate compliance with the ten criteria                       |
| <b>National Infection Prevention and Control Manual (NIPCM) for England</b>                          | Evidence-based practice manual; adopted as mandatory guidance in NHS settings; principles apply across all care settings          |
| <b>UKHSA MDRO Guidance (5 January 2026)</b>                                                          | New guidance on infection prevention and control for multidrug-resistant organisms in adult social care settings                  |
| <b>HSE Biological Hazards Guidance (15 May 2026)</b>                                                 | Extensively improved guidance on managing infection risks and biological hazards in workplaces                                    |
| <b>UKHSA BBV Toolkit (15 July 2026)</b>                                                              | Updated toolkit for risk assessment, investigation and incident management of bloodborne virus-related infection control breaches |
| <b>Infection Prevention and Control Guidelines for Adult Prisons (28 January 2026)</b>               | Updated guidance for secure settings                                                                                              |

*This Infection Control Policy should be read in conjunction with Richmond House's COSHH Policy, Health and Safety Policy, and other relevant policies.*