



## Community Infection Prevention and Control Policy for Care Home settings

# SICPs and TBPs (Standard infection control precautions and Transmission based precautions)

SICPs and TBPs

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Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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## Contents

## Page

1. Introduction.....	4
2. Hand hygiene .....	4
3. Patient placement and assessment for infection risk .....	4
4. Personal protective equipment .....	5
5. Respiratory and cough hygiene .....	5
6. Safe disposal of waste, including sharps .....	5
7. Safe management of blood and body fluid spillages .....	6
8. Safe management of care equipment .....	6
9. Safe management of linen, including uniforms and workwear.....	6
10. Safe management of sharps and inoculation injuries .....	6
11. Safe management of the care environment .....	7
12. Transmission based precautions .....	7
13. Infection Prevention and Control resources, education and training.....	8
14. References .....	8

# SICPs and TBPs

## SICPs AND TBPs (STANDARD

# INFECTION CONTROL PRECAUTIONS AND TRANSMISSION BASED PRECAUTIONS)

## 1. Introduction

There are a number of 'Standard infection control precautions' (SICPs) referred to by NHS England in the *National infection prevention and control manual (NIPCM) for England*.

SICPs must be used by all care staff in all situations for contact with all residents or their environment or equipment.

SICPs are the foundation for safe practice and break the chain of infection which protects residents, visitors and staff. There is often no way of knowing who is infected, so by applying SICPs to all people at all times, best practice becomes second nature and the risk of infection is minimised.

SICPs may be insufficient to prevent cross-transmission of specific infectious agents. Therefore, additional 'Transmission based precautions' (TBPs) are required when caring for residents with a confirmed or suspected infection.

This Policy reflects the 'Standard infection control precautions' and 'Transmission based precautions' policy' published in the *National infection prevention and control manual (NIPCM) for England* by NHS England (2022).

**When caring for residents in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance.**

## 2. Hand hygiene

Hand hygiene is of the single most important way to prevent the spread of infection. Good hand hygiene should be undertaken by all staff, residents and visitors.

Please refer to the 'Hand hygiene Policy for Care Home settings'.

## 3. Patient placement and assessment for

## infection risk

Prior to a resident transfer to and/or from another health or social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.

Please refer to the 'Patient placement and assessment for infection risk Policy for Care Home settings'.

## 4. Personal protective equipment

Before undertaking any task, staff should assess the risks associated with the resident interaction or task to be undertaken and wear personal protective equipment (PPE) that protects adequately when:

- Dealing with a resident who has a confirmed or suspected infection
- There is likely exposure to blood and/or body fluids, non-intact skin or mucous membranes
- Decontaminating care equipment or the environment
- In contact with substances hazardous to health, e.g. cleaning

Please refer to the 'PPE Policy for Care Home settings'.

## 5. Respiratory and cough hygiene

Respiratory and cough hygiene can help reduce the risk of spreading respiratory infections, protecting those in contact with the infected person, e.g. resident, family and staff.

Staff should adopt good respiratory and cough hygiene practices themselves and promote them to residents, providing assistance as necessary.

Please refer to the 'Respiratory and cough hygiene Policy for Care Home settings'.

## 6. Safe disposal of waste, including sharps

All staff are responsible for the safe management and disposal of waste, including sharps. All contaminated waste and used sharps in a care home should be correctly segregated and disposed of to prevent injury or infection. Please refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings'.

### 7. Safe management of blood and body fluid spillages

All spillages must be dealt with promptly. Best practice is to use an appropriate spillage kit as per manufacturer's instructions. It is important to regularly check that the spillage kit is within the expiry date. If an appropriate spillage kit is not available, a chlorine-based disinfectant can be used, diluted in accordance with the type of spillage.

Refer to the 'Safe management of blood and body fluid spillages Policy for Care Home settings'.

### 8. Safe management of care equipment

Cleaning, disinfection and sterilisation are known as decontamination. Safe decontamination of equipment after use on each resident is an essential part of routine infection control to prevent the transmission of infection.

Please refer to the 'Safe management of care equipment Policy for Care Home settings'.

### 9. Safe management of linen, including uniforms and workwear

Care should be taken when handling and storing linen to reduce the risk of spreading infection.

Please refer to the 'Safe management of linen, including uniforms and workwear Policy for Care Home settings'.

### 10. Safe management of sharps and inoculation injuries

This is referred to as 'Occupational safety/managing prevention of exposure (including sharps injuries)' by NHS England.

Sharps are items that could cause cuts or puncture wounds and include needles and sharp instruments. It is the responsibility of the user to dispose of sharps safely into a sharps container. Sharps injuries must be dealt with immediately to reduce the risk of transmission of infection.

Please refer to the 'Safe management of sharps and inoculation injuries Policy for Care Home settings'.

## 11. Safe management of the care environment

Care homes should provide and maintain a clean and appropriate environment that facilitates the prevention and control of infections.

Please refer to the 'Safe management of the care environment Policy for Care Home settings' and the *National Standards of Healthcare Cleanliness 2021*.

## 12. Transmission based precautions

SICPs may be insufficient to prevent transmission of specific infections. Therefore, additional 'Transmission based precautions' (TBPs) may need to be taken by staff when caring for residents with a confirmed or suspected infection or colonisation. Decisions on the need for TBPs must be based on the:

- Confirmed or suspected infectious agent
- Severity of the illness caused
- Transmission route of the infectious agent
- Procedures undertaken

TBPs are categorised by the route of transmission of the infection (some infections can be transmitted by more than one route). Application of TBPs may differ depending on the confirmed or suspected infection.

### Contact precautions

These are utilised to prevent and control infections which are spread via direct contact with the resident, or indirectly from the resident's immediate care environment and care equipment. This is the most common route of infection transmission.

### Droplet precautions

These are utilised to prevent and control infections which are spread over short distances (at least 1 metre) predominately via droplets from the respiratory tract of one individual directly onto a mucous membrane, e.g. nose, eyes, mouth, of another individual. Droplets can enter the respiratory system, travelling into the lungs as far as the bronchioles, which are the last passageway leading onto to the alveoli (the endpoint of the respiratory system).

### Airborne precautions

These are utilised to prevent and control infections which are spread without necessarily having close resident contact via aerosols from the respiratory tract of one individual directly onto a mucous membrane, e.g. eyes, nose, mouth, of another individual. Aerosols can travel deeper into the respiratory system than droplets, to the endpoint (alveoli).

Please refer to the 'Isolation Policy for Care Home settings'

### 13. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 30 IPC Policy documents for Care Home settings
- Preventing Infection Workbook: Guidance for Care Homes
- IPC CQC inspection preparation Pack for Care Homes
- IPC audit tools, posters, leaflets and factsheets
- IPC Bulletin for Care Homes

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

### 14. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

National Institute for Health and Care Excellence (2012, updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

NHS England and NHS Improvement (April 2021) *National Standards of Healthcare Cleanliness 2021*