



# Infection Prevention and Control Resource for Adult Social Care

## 1. Introduction

The infection prevention and control (IPC) resource for adult social care (ASC) is a collection of IPC guidance for the ASC sector.

The IPC resource includes information on:

1. Introduction
2. Why preventing infections is important
3. Standard infection control precautions
4. Transmission-based precautions
5. Fundamentals of care which help prevent infections
6. Vaccinations for care and support workers and individuals receiving care and support
7. Managing outbreaks in adult social care settings
8. Infections of concern in ASC settings
  - 8 a. Tuberculosis (TB) guidance for ASC workers
  - 8 b. Managing suspected infectious diarrhoea and/or vomiting in ASC settings

18 (To note: This section will include all published guidance relating to infections of concern in  
19 Adult Social Care settings. Any new guidance, will be added to this section as it becomes  
20 available.)  
21

22 9. Essential IPC considerations for clinical interventions and procedures

23 10. Staff health and managing sickness related to infection

24 11. Additional information and resources for adult social care managers

25 12. Glossary

26 13. Abbreviations

## 27 **Who this resource is for**

28 This IPC resource gives guidance and information for all people working in ASC settings  
29 across England to help them apply correct IPC standards to protect themselves and  
30 individuals accessing care and support.

31 This IPC resource for ASC brings together an update on existing IPC guidance (Infection  
32 Prevention and Control in adult social care settings (2022) and Care Homes: infection  
33 prevention and control (2013), so it is all in one place, using a new structure which is clear,  
34 practical and easy to use.

35  
36 This resource will ensure that:

- 37  
38 • all care and support workforce have easy access to IPC advice and information  
39 tailored to ASC settings
- 40 • ASC staff understand the importance of IPC and their role in preventing infections
- 41 • all the necessary guidance is available to prevent infections from spreading in ASC  
42 settings
- 43 • staff wellbeing is considered
- 44 • all ASC settings are represented as best as possible

- 45 • unpaid carers have access to key IPC messages about the importance of preventing  
46 infections where applicable to them

47 This resource will also support people working in the following related organisations and  
48 teams:

- 49 • community Infection Prevention and Control Teams (IPCTs)
- 50 • local authority public health teams and officers
- 51 • Integrated Care Boards (ICBs)
- 52 • quality assurance teams within commissioning or provider organisations
- 53 • UKHSA local and regional [health protection teams](#) (HPT)

54 While this IPC resource cannot account for every possible variation in ASC settings, it is  
55 designed to be flexible so it can be adapted to different ASC settings.

## 56 **The adult social care (ASC) sector**

57 The Care Quality Commission (CQC) describes social care as all forms of personal care  
58 and other practical assistance provided for people who, because of age, illness, disability,  
59 pregnancy, childbirth, dependence on alcohol or drugs or any other similar circumstances,  
60 are in need of such care or other assistance. Unlike healthcare, which focuses on  
61 diagnosis and treatment of ill-health, social care supports daily living so that people can  
62 remain as independent and well as possible.

63 In England, the ASC sector covers various settings which help and support people over  
64 the age of 18, living with disability, physical or mental illness (including dementia and  
65 cognitive conditions), or learning disabilities. The aim is to help individuals live  
66 independently, safely and with dignity.

67 ASC settings include care homes for older adults, homes for younger adults with learning  
68 disabilities, day centres, extra care services, supported living and care provided at home  
69 (domiciliary care). It is a large, diverse and complex sector, with both private and public  
70 providers.

71 Many people in ASC settings have health conditions or weaker immune systems, making  
72 them more vulnerable to severe outcomes of illnesses like flu, norovirus, and COVID-19.  
73 IPC reduces infections, protects public health, and helps prevent antimicrobial resistance.

74 IPC means using safe practices to stop germs from spreading and causing illness. Strong  
75 IPC practices protect both individuals receiving care and the staff providing it. They  
76 improve health outcomes, prevent outbreaks, reduce staff absences, and thereby improve  
77 the quality of care.

78 Care and support workers already play an important role in public health by preventing  
79 illness, promoting wellbeing, and supporting healthy ageing. Effective IPC also builds trust,  
80 ensures compliance with regulations, and supports the long-term sustainability of the ASC  
81 sector.

82 IPC measures should be applied proportionately, based on risk assessments, and with  
83 input from the individuals receiving care.

84 The COVID-19 pandemic highlighted how important it is to adapt guidance to the unique  
85 needs of the ASC sector and the people connected with it.

## 86 **Roles and responsibilities**

### 87 **Care and support workers**

88 The responsibilities of care and support workers are to:

- 89 • deliver effective IPC practice in their day-to-day care delivery
- 90 • keep IPC skills and knowledge up to date (link to care workforce pathway)
- 91 • report any breaches in IPC precautions or measures, or any perceived risks that may  
92 lead to the spread of infection to their line manager or supervisor
- 93 • avoid providing care if you feel unwell and may pose a risk of spreading infection.  
94 Always seek advice from your line manager before continuing with duties

### 95 **ASC setting managers/supervisors**

96 The responsibilities of ASC setting managers and supervisors are to:

- 97 • ensure all staff are aware of and have access to all relevant sections of this IPC  
98 resource for ASC
- 99 • ensure [Health and Social Care Act 2008](#) is followed
- 100 • ensure all staff deliver effective IPC practice in their day-to-day care delivery,  
101 protecting themselves from infection risk
- 102 • ensure all staff have completed IPC training and that the training is kept up to date
- 103 • ensure sufficient support and resources are available for staff to implement, monitor  
104 and take corrective action in line with this guidance
- 105 • ensure risk assessments are carried out on any staff who may be at high risk of  
106 complications from infection, including pregnant staff
- 107 • support and encourage staff to have recommended health checks and immunisations,  
108 documenting any risks and adjusting duties as needed
- 109 • conduct regular IPC audits of infection prevention practices to provide assurance of  
110 compliance with this resource
- 111 Useful tools for ASC managers and supervisors include:
  - 112 • the Scottish [national monitoring framework](#) to support safe and clean care audit  
113 programmes: An Organisational Approach to Prevention of Infection Auditing
  - 114 • the NHS Standard Infection Control Precautions (SICPs) [monitoring tool](#)
  - 115 • [the CQC Adult social care inspection information gathering tool on infection prevention](#)  
116 [and control \(currently under review\)](#).
  - 117 • the HSE resource on how to [identify hazards and assess risks at work](#).

## 118 **Integrated Care Boards (ICBs) for Health and Public Health** 119 **Departments for ASC**

120 ICBs hold overall responsibility for infection prevention across health and social care in  
121 their local area (as per [Health and Social Care Act 2008: code of practice on the](#)  
122 [prevention and control of infections](#)). Their legal responsibilities are to:

- 123 • commission services for “prevention of illness” and “care of persons suffering from  
124 illness” - noting that the ICB remit is much broader than IPC.
- 125 • ensure providers comply with statutory infection control law, including the Health and  
126 Social Care Act 2008 Code of Practice and CQC’s Regulation 12
- 127 • hold system-wide accountability for quality performance (effectiveness, safety,  
128 experience) across the integrated care systems (ICS)

## 129 **Community IPC Teams**

130 The responsibilities of Community IPC Teams are to:

- 131 • provide hands-on IPC expertise and support for front-line ASC providers to help them  
132 implement best IPC practice
- 133 • provide direct support to ASC settings for outbreaks and/or infection incidents
- 134 • communicate with UKHSA health protection teams (HPTs) where necessary

## 135 **UK Health Security Agency (UKHSA)**

136 The responsibilities of the UKHSA are to:

- 137 • protect every member of every community from the impact of infectious disease
- 138 • provide leadership and clear guidance that helps keep people safe, well and supported

## 139 **Health Protection Teams (HPTs) UKHSA**

140 Local health protection teams provide specialist public health advice and operational  
141 support. The [communicable disease outbreak management guidance: principles to](#)  
142 [support local health protection systems](#) is used by HPTs to support the advice that they  
143 give.

144 [HPTs](#) lead the UKHSA response to local outbreaks and incidents at a regional level.

145 They track infections, learn how they spread, and give clear, practical advice to help stop  
146 people getting ill.

147 It is important to note that local arrangements do vary, meaning the extent of HPT  
148 involvement may differ from one region to another depending on:

- 149 • local public health infrastructure
- 150 • local risk profiles
- 151 • ASC system capacity
- 152 • regional operational arrangements

153 While UKHSA is a single national organisation, outbreak and incident management may  
154 vary slightly between HPT regions, driven by local data and context.

155 HPTs do not have a performance management or assurance role within the regional or  
156 local health system. Their role is advisory and supportive, working in partnership with ASC  
157 providers to help manage public health risks effectively and in line with national guidance.

## 158 **Environmental Health Officers (EHOs)**

159 EHO's are employed by local authorities and they advise on the management of food  
160 safety, including hygiene, kitchen design, pest control and waste disposal.

161 Their duties include the inspection of food premises, as well as enforcing the provisions of  
162 the UK laws and the EU food hygiene legislation.

## 163 **Local authority**

164 Local authorities have a statutory responsibility to protect and improve the health of their  
165 populations, including leading efforts in IPC.

166 They are responsible for coordinating local outbreak responses, ensuring the provision of  
167 environmental health services, and maintaining emergency preparedness through local  
168 resilience forums.

169 Local authorities also develop and implement health protection strategies, commission  
170 relevant public health services, and work in partnership with agencies such as the UKHSA  
171 and the NHS to ensure a coordinated and effective approach to managing infectious  
172 disease threats.

173 **Director of Public Health (local authority)**

174 The Director of Public Health (DPH) is a statutory chief officer within the local authority,  
175 accountable for the delivery of its public health duties. The DPH provides expert advice on  
176 a wide range of health issues, including infectious disease outbreaks, emergency  
177 preparedness, and population health improvement.

178 In the context of IPC, the DPH leads the development and implementation of outbreak  
179 management plans, ensures health protection is embedded in local strategies, and  
180 coordinates multi-agency responses with partners such as UKHSA and the NHS.

181 During outbreaks, public health teams under the DPH may offer specialist support to the  
182 ASC sector, helping to manage risks and maintain safe care environments.

183 **Department of Health and Social Care**

184 There is a provision contained in the Health and Social Care Act 2008 for the Secretary of  
185 State to issue and keep under review a [code of practice relating to the prevention and](#)  
186 [control of infections](#).

187 The Secretary of State must, by regulations, impose requirements which they consider  
188 necessary to ensure registered care providers cause no avoidable harm to persons for  
189 whom the services are provided.

190 The Secretary of State must act jointly with each local authority to appoint a director of  
191 public health.

192 **All registered providers (employers) including domiciliary**

193 The code of practice on the prevention and control of infections and related guidance  
194 provides a framework to assist registered providers develop and maintain high levels of  
195 infection prevention. The code supplements the legal requirements set out in regulation  
196 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: [Regulation 12](#)  
197 [Safe Care and Treatment](#), [Regulation 15: Premises and equipment](#) and [Regulation 17:](#)  
198 [Good Governance](#).

199 Health and care service providers that provide regulated activities and who are registered  
200 with the CQC are required to comply with regulations associated with preventing and  
201 controlling the spread of infection and ensuring the cleanliness of premises and equipment  
202 where care is delivered.



203 Registered providers are the organisations or individuals legally responsible for delivering  
204 regulated activities, whereas registered persons refer to the specific individuals within the  
205 organisation, usually the Registered Manager and/or the Nominated Individual, who hold  
206 personal legal accountability for ensuring the provider meets regulatory requirements.

207 Registered persons also have legal considerations relating to [Health and safety at work](#)  
208 [Act 1974-HSE](#) which place duties on companies and individuals (duty holders) to ensure  
209 that adequate provision is made for health and safety at work. Employers have a primary  
210 duty of care to ensure the health, safety, and welfare of employees and others affected by  
211 their business so far as is reasonably practicable.

212 Risk assessments of work activities are to be carried out by ASC providers. ASC providers  
213 should put in place any reasonable measures to control the identified risks. The general  
214 requirements of Control of Substances Hazardous to Health (COSHH) will also apply.  
215 More information on COSHH and biological agents can be found here: [what the law says](#)  
216 [about biosafety](#).

## 217 **How this resource was updated**

218 This resource was commissioned by Department of Health and Social Care (DHSC) and  
219 developed by UKHSA. A working group, composed of care providers, NHS partners,  
220 Integrated Care Boards, Clinical Quality Commission, IPC and academic partners worked  
221 in collaboration with UKHSA. An additional stakeholder group of care providers and  
222 expected end users of this resource were also consulted at key stages of the update.  
223 Inclusion of technical expertise for individual pathogens has been assured  
224 throughout. Relevant expert advice has been taken throughout.

## 225 **Definitions**

226 The term “individual” is used throughout this resource to refer to people who draw on care  
227 and support from social care services or other forms of assistance to live their daily lives,  
228 and are active participants with choice and control over their support. This group includes  
229 anyone needing extra help due to age, disability, illness, or other circumstances.

230 The term “pathogen” is also used through this resource to refer to a germ that causes  
231 infection.

232 The term “care and support workers” is also used throughout to refer to all ASC  
233 workers/staff.

## 234 **Safeguarding statement**

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

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