



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

3 3. Standard Infection Control 4 Precautions

5 Standard infection control precautions are basic infection prevention and control (IPC)
6 measures that should be used by everyone providing care in adult social care (ASC)
7 settings, for all individuals receiving care and support, at all times regardless of whether an
8 infection is known or suspected.

9 The use of Standard Infection Control Precautions (SICPs) is advised whenever providing
10 care or support to individuals. These precautions protect both care and support workers
11 and individuals receiving care, whether they are known to have an infection or not.

12 **Safeguarding statement**

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

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

21 **Checking for infection**

22 Care and support workers play an important role in noticing when someone may have an
23 infection. Early recognition means individuals get the right treatment quickly and reduces
24 the chance of infections spreading to others.

25 When someone first comes into a care setting including those new to domiciliary care
26 (homecare), check if they have a history of infections (for example: chest infections or
27 urinary tract infections). This can help with care planning.

28 Risk factors for infection include:

- 29 • vaccination status (to see how vulnerable they are to infection)
- 30 • wounds or breaks in the skin
- 31 • invasive devices such as urinary catheters
- 32 • conditions or medicines that weaken the immune system (for example: diabetes,
33 cancer treatment, steroids)

34 Possible signs of infection include:

- 35 • diarrhoea and/or vomiting
- 36 • an unexplained rash
- 37 • fever or high temperature
- 38 • cough, breathlessness, or other respiratory symptoms

39 When caring for an individual with a known or suspected infection, transmission-based
40 precautions (TBPs) ([Link to TBP section](#)) (extra precautions) need to be used in addition to
41 standard infection control precautions.

42 Care and support workers should always seek advice, or support individuals to seek
43 advice from their GP or other NHS source if they present with symptoms of infections.

44 Older people may not always show the usual signs and symptoms of infection, for example
45 they may not get a high temperature, and they may not be able to describe how they are
46 feeling. They may present with a change in cognitive status (new state of confusion),
47 reduced appetite or increased falls. This needs to be considered when assessing their
48 needs and deciding if a medical review is needed.

49 **Hand Hygiene**

50 Hand hygiene is the most effective way to prevent the spread of infection. Hand hygiene
51 must be carried out at the right time, using the right product, and with the correct
52 technique. Encourage and support individuals receiving care to clean their hands regularly
53 too.

54 **When to clean hands**

55 Key [moments for hand hygiene](#) include:

56 **Before touching an individual**

57 Alcohol-based hand rub is quick and easy to use at this moment. Liquid soap and water
58 can also be used.

59 **Before a clean or aseptic tasks**

60 Soap and water or alcohol-based hand rub can be used.

61 **After body fluid exposure**

62 Use soap and water, as hands may be soiled (visibly dirty) and alcohol-based hand rub
63 may not kill all pathogens particularly those that cause diarrhoea/vomiting.

64 **After touching someone**

65 Soap and water or alcohol-based hand rub can be used.

66 **Other moments to clean hands**

- 67 • when arriving at work and before leaving work
- 68 • before and after handling medications or food
- 69 • before and after refreshment breaks
- 70 • after removing PPE
- 71 • after using the toilet
- 72 • between care activities with the same person (for example: feeding, washing,
73 dressing)

- 74 • between providing care and support for different individuals
- 75 • after cleaning equipment, handling waste, or handling used linen

76 **Hand hygiene products that can be used**

77 There are different products that can be used for hand hygiene, and they have specific
78 requirements for their use.

79 **Liquid soap and water**

80 Always use liquid soap and water when hands are visibly dirty, soiled, or if there has been
81 contact with blood, body fluids, or with a person who has symptoms of diarrhoea or
82 vomiting.

83 Avoid bars of soap because bars of soap can collect pathogens that can then spread to
84 others.

85 **Alcohol-based hand rubs**

86 Alcohol-based hand rubs must contain at least 60% alcohol and must conform to British
87 Standards.

88 Alcohol-based hand rub is only effective if used on visibly clean hands.

89 It is not recommended to use alcohol-based hand rub when caring for individuals with
90 diarrhoea and vomiting or during an outbreak of diarrhoea and vomiting as there is limited
91 evidence on its effectiveness against all causes of diarrhoea and vomiting.

92 There is limited evidence of effectiveness of alcohol-based hand rub against non-
93 enveloped viruses (for example: Enterovirus, Rhinovirus, Adenovirus) and bacteria that
94 produce spores (for example: Clostridioides difficile).

95 Always assess the suitability of alcohol-based hand rub products before use, because they
96 are flammable and can be harmful if swallowed or misused. Care and support workers
97 should inform their manager if they have concerns about using alcohol-based hand rub
98 with any individual or group of individuals.

99 **Non-alcohol alternative hand hygiene products**

100 If alcohol-based hand rubs are not safe to use due to risk of misuse or allergies, then ASC
101 providers can choose alternative products. Those involved in purchasing hand hygiene
102 products are advised to:

- 103 • complete a documented risk assessment approved by local governance
- 104 • confirm the product is effective and suitable for its intended use. This will mean
- 105 checking with the manufacturer and checking the product meets EN (European Norm)
- 106 standards
- 107 • identify any differences in use compared to alcohol-based hand rubs, such as amount
- 108 needed, contact time, or disinfection method
- 109 • ensure all care and support workers and other ASC staff are aware of how to use the
- 110 products safely and effectively. This will include providing staff with guidance, training,
- 111 and supporting materials to use the product

112 **Hand hygiene in different ASC settings**

113 Hand hygiene can be harder in some ASC settings, especially when providing homecare.
114 It is recommended in any setting to have access to alcohol-based hand rub in easy reach
115 of care and support workers. This can be achieved by having dispensers located around
116 communal settings where it is safe to do so.

117 Providers of ASC in homecare settings must make sure that care and support workers
118 always have access to portable hand hygiene equipment, such as:

- 119 • alcohol-based hand rub in easily carried containers
- 120 • portable liquid soap
- 121 • paper towels/kitchen roll

122 This helps care and support workers maintain good hand hygiene when working in an
123 individual's own home where facilities may vary.

124 Avoid topping up portable liquid soap and alcohol-based hand rub containers to prevent
125 the risk of contamination of the products. A new container should be used each time.

126 **Preparing for hand hygiene**

127 Long sleeves and other items that touch the skin of the hands and the forearms can make
128 it more difficult to carry out hand hygiene well. It is therefore important that care and
129 support workers are bare below the elbows. This means:

130 • do not wear hand or wrist jewellery when providing care (except plain rings which
131 should be removed or moved up when cleaning hands)

132 • keep nails short and clean and free from nail varnish and artificial nails

133 **Faith based considerations**

134 Religious bangles can be worn but they need to be moved it up the forearm during hand
135 hygiene to ensure hands and wrists are properly cleaned.

136 If disposable oversleeves are worn for religious reasons, they must be removed and
137 disposed of before carrying out hand hygiene. Once hand hygiene has been completed,
138 new disposable oversleeves can be applied. They are single use items.

139 **Correct hand hygiene technique**

140 The correct hand hygiene technique is the same whether liquid soap and water is used or
141 whether alcohol-based hand rub is used. It is not necessary to use both, use one or the
142 other [depending on the circumstances](#).

143 Whatever type of hand hygiene product is used, it is important that all parts of the hand
144 and wrist are cleaned.

145 This involves the following steps, using enough product to cover all parts of the hands and
146 wrists:

- 147 • rubbing hands palm to palm
- 148 • interlacing fingers
- 149 • rubbing the back of hands
- 150 • rubbing over and around both thumbs, and all fingertips
- 151 • paying attention to nails, and wrists

152 The following poster [how to handrub](#) shows the technique when using an alcohol-based
153 hand rub product. When using an alcohol-based rub, take at least 20 seconds for the
154 hands to dry naturally. This allows the alcohol to kill the pathogens effectively.

155 When using soap and water, follow [how to handwash](#), noting the following points:

- 156 • wet hands with lukewarm or warm running water before applying liquid soap, as this
157 helps the soap to lather
- 158 • apply enough liquid soap to cover both hands (never use bar soap)
- 159 • do not use nail brushes as they can cause skin damage
- 160 • dry hands completely using a disposable paper towel
- 161 • do not use fabric towels as these can hold pathogens and re-contaminate washed
162 hands during drying

163 **Hand care**

164 It is very important to keep hands well moisturised and in a healthy condition (no cracks,
165 no dry areas and no sore areas) to protect skin from the drying effects of hand hygiene.

166 If hands are dry, cracked and sore then they become difficult to clean effectively.

167 Use the following advice to keep the skin of hands healthy:

- 168 • use emollient hand cream (moisturiser) regularly (before breaks, after work, before
169 sleep)
- 170 • avoid communal tubs of hand cream
- 171 • report irritation to a healthcare professional and manager
- 172 • cover any broken skin on the hands with a waterproof dressing

173 **Supporting individuals who are receiving care and support with hand** 174 **hygiene**

175 Hand hygiene is important for individuals receiving care and support.

176 Care and support workers should encourage, remind, or help individuals to clean their
177 hands either with soap and water, alcohol-based hand rub (where appropriate) or
178 dedicated hand wipes at the following times:

- 179 • before and after preparing or eating food
- 180 • after using the toilet, commode, urinal or bedpan

- 181 • if their hands are visibly dirty
- 182 • on entering and leaving a communal care home

183 **Respiratory and cough hygiene**

184 Good respiratory hygiene helps reduce the spread of infections.

185 To reduce the spread of infection care and support workers and individuals' receiving care
186 should be encouraged to:

- 187 • cover their nose and mouth with a disposable tissue when sneezing, coughing, or
188 wiping their nose
- 189 • keep tissues within easy reach and dispose of them immediately after use in a bin
- 190 • if tissues are not available, sneeze or cough into their elbow instead of their hands
- 191 • clean hands with soap and water or alcohol-based hand rub after coughing, sneezing,
192 using tissues, or touching contaminated objects (for example: sputum pots)
- 193 • keep hands away from eyes, nose, and mouth if [respiratory symptoms](#) are present
- 194 • increase ventilation where possible (for example: opening windows) when respiratory
195 infections are suspected or confirmed

196 [Catch it. Bin it. Kill it.](#) is a useful poster to place in ASC settings to remind care and support
197 workers and individuals receiving care of good respiratory hygiene.

198 More information is available in the [infection prevention and control in adult social care:
199 acute respiratory infection](#) guidance.

200 **Ventilation**

201 Good ventilation helps reduce the risk of respiratory infections by reducing the pathogen
202 load in the air. Open windows and vents if a respiratory infection is suspected or
203 confirmed.

204 High-level windows are better than low-level ones to avoid draughts. Opening several
205 windows slightly is usually more comfortable than opening one window wide. Open
206 windows on different sides of a room to increase airflow.

207 External doors can also be opened but check for safety and security risks first. Keep
208 vulnerable people (those who may be at risk of harming themselves) safe while still
209 maintaining good ventilation.

210 In hot weather, follow the [Supporting vulnerable people before and during hot weather](#)
211 guidance. In cold weather, follow the [Managing infections - don't forget about the indoor air](#)
212 [in your care home](#) guidance.

213 Adjust windows, doors, and heating/cooling as needed to balance airflow and comfort.

214 **Ventilation in communal care settings**

215 Open windows where safe and appropriate to do so, as this increases natural ventilation
216 and supports better air circulation throughout the environment. Do not remove window
217 restrictors.

218 Keep internal doors open to improve airflow, but only if fire safety is not compromised.

219 Keep doors closed when caring for someone with an infection, based on risk
220 assessment. This will help prevent spread to the rest of the setting.

221 Use outdoor spaces to help reduce risks of infection and [support safer visiting in care](#)
222 [homes](#).

223 **Portable fans in ASC settings**

Question 1: What are your views on how the advice on portable fans can be put into practice?

224 Fans can help keep individuals receiving care comfortable.

225 Do not use fans during an outbreak or if an individual has a known or suspected infection.

226 Make sure fans are free from dust and debris and can be easily cleaned.

227 Ensure portable fans are documented on planned maintenance and cleaning schedules.

228 Clean fans following manufacturer's instructions between use by different individuals if in a
229 communal ASC setting.

230 Use fans only in rooms with open windows or mechanical extraction and aim the airflow
231 toward the outside.

232 Place fans at bed or chair level or higher. Do not aim directly at the person's face, body, or
233 open wounds.

234 Avoid creating a trip hazard.

235 Clean hands before and after handling the fan.

236 **Personal protective equipment (PPE)**

237 Personal protective equipment (PPE) helps keep care and support workers safe while
238 doing their job. PPE includes any clothing or equipment worn or held at work to protect
239 someone from health or safety risks. This can also include items used to protect against
240 the weather where needed. PPE used for IPC purposes are designed to prevent infections
241 gaining entry to a person's body through the skin, eyes, nose and mouth.

242 Care providers must provide PPE free of charge if a risk assessment shows it is needed,
243 after other safety measures have been considered (See Section 2 for Hierarchy of
244 Controls).

245 Care and support workers should assess if there is any likely exposure to blood and/or
246 body fluids, broken skin or mucus membranes before carrying out any care and support
247 activity.

248 PPE should only be worn if a risk is identified. Overuse of PPE should be avoided.

249 PPE can also be used to protect the wearer from other hazards including cleaning
250 chemicals.

251 **Types of PPE**

252 Types of PPE include:

- 253 • single use disposable aprons or gowns
- 254 • single use disposable gloves
- 255 • single use disposable Type IIR fluid-resistant surgical face masks
- 256 • eye protection (goggles or visors, disposable or reusable)
- 257 • respiratory protective equipment (RPE)

258 Table 1 provides a quick guide to inform care and support workers on when PPE is usually
 259 required when using standard infection control precautions.

260 Table 1- PPE requirements

SIPCs	Gloves	Apron	FRSM	Eye/face protection
No expected exposure to blood, bodily fluids, any mucous membranes or broken skin				
Exposure to blood, bodily fluids, any mucous membranes or broken skin But no risk of splashing or spraying				
Exposure to blood, bodily fluids, any mucous membranes or broken skin And risk of splashing or spraying				

262 Disposable non-sterile gloves

263 Gloves are single use and protect the user from getting and spreading infection.

264 Gloves should be made of vinyl or nitrile (nitrile is preferred as they have less risk of
 265 tearing and can tolerate longer use). Latex gloves are not recommended due to risk of
 266 latex allergies and sensitivities.

267 Gloves should fit the user well and should be put on immediately before the task for which
 268 they are needed. Be careful not to touch other things in the environment once gloves are
 269 on.

270 Double gloving is not recommended.

271 Never wash gloves or use alcohol-based hand rub on gloves - they should never be
 272 reused.

273 Gloves are not a substitute for hand hygiene.

- 274 Avoid overuse and inappropriate use of gloves.
- 275 Glove use should be assessed based on risk, exposure and care activity.
- 276 Gloves should be worn for:
- 277 • contact with broken skin or mucous membranes
- 278 • exposure to blood, body fluids, secretions, or excretions (for example: wound care or
279 personal care)
- 280 • applying topical creams or medications which might be absorbed into the skin
- 281 • handling hazardous chemicals that may cause skin irritation (other types of gloves
282 may be indicated when using hazardous chemicals as per COSHH assessment)
- 283 Gloves should not be used for
- 284 • social contact like holding a hand when assisting them to mobilise
- 285 • administrative tasks
- 286 • handing out meals or drinks
- 287 • using mobile phones or other electronic devices
- 288 • handling of non-hazardous items
- 289 Overusing gloves can increase the risk of infection due to hand hygiene moments being
290 missed. There are some useful resources available to encourage [correct glove use](#).
- 291 Remove and dispose of gloves between individuals and between care activities on the
292 same individual (for example: after helping an individual to use the toilet and before
293 helping a person to brush their teeth, and before contact with other items such as door
294 handles)
- 295 Perform hand hygiene immediately after removing gloves.
- 296 **Disposable plastic aprons**
- 297 Wear disposable aprons when there is a risk of clothing becoming contaminated with
298 blood, body fluids, secretions, excretions, or broken skin (for example: personal care or
299 handling dirty laundry or cleaning equipment).

300 Uniforms do not replace the use of disposable plastic aprons.

301 Disposable plastic aprons should be changed between individuals and between care
302 activities on the same individual.

303 Long-sleeved gowns are only needed if there is risk of extensive splashing that a normal
304 apron would not cover.

305 Dispose of apron after each care activity.

306 **Face masks (Type IIR fluid-resistant surgical masks)**

307 Fluid-resistant surgical masks protect the wearer by acting as a fluid-repellent barrier and
308 reducing exposure to pathogens that are transmitted through the air. Fluid-resistant
309 surgical masks should be worn whenever there is a risk of blood or body fluids splashing
310 to the nose or the mouth.

311 Always ensure fluid-resistant surgical masks are:

- 312 • well-fitting and cover the nose, mouth, and chin
- 313 • not touched while being worn
- 314 • never moved to under the nose or chin
- 315 • removed in a safe area and hand hygiene carried out before touching anything else
- 316 • disposed of as per local waste policies after the care activity, and at any time if moist
317 damaged, or visibly contaminated
- 318 • fully removed by only handling by straps and disposed of after visiting or providing
319 care to an individual

320 Change the fluid-resistant surgical masks:

- 321 • at the end of a procedure or task
- 322 • if the mask feels moist
- 323 • if it has been contaminated with blood or body fluids

324 Manufacturers specific instructions should be followed.

Question 2: Is this advice clear and practical for care providers when considering whether individuals with respiratory symptoms should wear a fluid-resistant surgical mask, ensuring it is only used where safe and appropriate?

325 If an individual receiving care develops respiratory symptoms, wearing a fluid-resistant
326 surgical mask can help prevent the spread. Only ask an individual receiving care with
327 respiratory symptoms to wear a fluid-resistant surgical mask if they can do so safely and if
328 it does not affect their breathing. They are not recommended for individuals who cannot
329 wear them safely.

330 Transparent masks can be obtained for use by care and support workers if individuals
331 receiving care and support rely on lip-reading.

Question 3: Transparent masks can be obtained for use by care and support workers if individuals receiving care and support rely on lip-reading. How easy is it for your care setting to access and obtain transparent face masks?

332 For more information on using fluid-resistant surgical masks during acute respiratory
333 infections, see [infection prevention and control in adult social care acute respiratory](#)
334 [infection](#).

335 **Eye Protection**

336 Wear goggles or visors if there is a risk of blood or body fluids splashing into your eyes, as
337 the eyes can be a way in for pathogens.

338 Prescription glasses do not provide adequate protection. If you wear glasses, visors may
339 be more comfortable than goggles.

340 While wearing goggles or a visor, do not touch them with your hands once on, to avoid
341 contamination.

342 Decontaminate reusable goggles and visors immediately before and after use as per
343 manufacturer instructions and store in a clean and dry covered container.

344 **Respiratory protective equipment**

345 Respiratory protective equipment protects against pathogens that transmit through the air
346 (airborne pathogens).

347 Respiratory protective equipment is not routinely needed in ASC settings unless
348 recommended by an IPC advisor (see risk assessment advise below).

349 An example of respiratory protective equipment is a filtering face piece class 3, known as
350 an FFP3 masks.

Question 4: Is it clear in the following statement who should be wearing respiratory protective equipment (such as FFP3 masks or hoods)?

351 Individuals diagnosed with a respiratory infection do not usually wear respiratory protective
352 equipment (FFP3 masks or hoods), they are for health and care workers only.

353 If an individual receiving care has an infection that spreads through the air (a medical
354 professional will inform care and support workers of this), then it is important to contact
355 local IPC advisors for guidance based on local arrangements (link to TBP section).

356 If respiratory protective equipment is deemed necessary based on local risk assessment,
357 then care and support workers must:

- 358 • use respiratory protective equipment (FFP3 respirators) in line with the [health and](#)
359 [safety executive respiratory protective equipment guidance](#)
- 360 • be fit tested before use
- 361 • be fit-checked before each use

362 The person undertaking the fit test will tell the care and support worker if it has failed or
363 not. Powered respirator hoods (if available) can be used if FFP3 fit testing fails (the mask
364 doesn't fit you well enough). If powered respirator hoods are used, then correct
365 decontamination and maintenance must be carried out as per manufacturer's instructions.

366 Providers of ASC should carry out risk assessments before respiratory protective
367 equipment is used with help from their local IPC advisor. This risk assessment must
368 consider:

- 369 • aerosol-generating procedures if an individual has a suspected or confirmed acute
370 respiratory infection (have a hyperlink to the AGP section here)
- 371 • close contact with infectious individuals
- 372 • poorly ventilated environments

- 373 • whether respiratory protective equipment reduces transmission risk and all other
374 control measures/mitigations have been considered (x ref to the HoC section)
- 375 • if there is a newly detected infection with pandemic potential
- 376 • any additional guidance for novel infections

377 **Safe management of the care environment**

378 In communal settings like care homes or day centres, the environment must always be
379 visibly clean, well maintained, and in good repair.

380 In someone's own home, care and support workers have no control over cleaning
381 standards or property maintenance. This means the environment may not meet the same
382 standards as communal care settings such as a care home.

383 In homecare settings, care and support workers are not always responsible for cleaning.
384 However, if there's a risk of contamination, a care and support worker may need to clean a
385 surface before starting a care activity to protect any equipment from being contaminated
386 being use as well as protecting the individual receiving care and support.

387 All care and support workers should have basic training for cleaning so they can clean
388 correctly and effectively.

389 All care and support workers and those with designated cleaning roles should be trained in
390 correct cleaning techniques, including how to prepare cleaning solutions, and following
391 correct contact times. Always use a formal training package, not just an on-the-job
392 demonstration.

393 **Why cleaning is important**

394 Cleanliness is essential for keeping care safe. ASC settings that are registered with the
395 Care Quality Commission (CQC) must meet legal requirements under [Regulation 12:](#)
396 [Safe care and treatment](#) and [Regulation 15: Premises and equipment](#). These provide
397 clear expectations around IPC and cleanliness.

398 Anyone involved in cleaning should understand their role and responsibilities under the
399 [Health and safety at work Act 1974](#) and [Control of Substances Hazardous to Health](#)
400 [\(COSHH\)](#)

401 **Cleaning definitions**

402 **Cleaning**

403 Cleaning removes dirt and contamination but doesn't kill all pathogens. Suitable for
404 general and routine cleaning when no infection is suspected or known. If an infection is
405 suspected or known, then additional steps are required following cleaning (disinfection).

406 **Disinfection**

407 Removes most pathogens but not all. Needed if equipment has been in contact with blood
408 or body fluids (for example: commodes, toilets) and any contact with known or suspected
409 pathogens. A disinfectant should always be used after cleaning has taken place.

410 **Cleaning in communal ASC settings**

411 Follow local policies on how to clean each area, what products to use, and how to use
412 them safely.

413 Use documented cleaning schedules so it is clear how to clean each area and how often it
414 needs to be cleaned. This should include communal areas, bedrooms and bathrooms as
415 well as service areas such as laundry rooms, storage areas, and corridors.

416 The following colour-coding should be used for cleaning equipment to reduce cross-
417 contamination. Cleaning equipment includes any cleaning items such as cloths (reusable
418 or disposable), mops, buckets.

419 Red: Bathrooms including ensuites, toilets, showers, basins, bathroom floors

420 Blue: General areas like lounges, dining rooms, bedrooms, staff spaces

421 Green: Kitchens or areas where food is prepared/served

422 Yellow: Areas that have had contact with an individual with an infection (for example: their
423 bedroom)

424 **Cleaning frequencies in communal ASC settings**

425 Most communal/shared areas need to be cleaned every day.

426 Single bedrooms (including ensuites) should be cleaned at least weekly but may need
427 more frequent cleaning if they get dusty or dirty within that time.

428 Clean frequently touched surfaces such as door handles, grab rails, call bells, light
429 switches, cot sides, bedside tables, and mobile devices more often.

430 Clean toilets and bathrooms at least daily, or more often if they become soiled (visibly
431 dirty).

432 Extra cleaning is needed if there is a known or suspected infection. Follow instructions
433 from managers of ASC setting or local IPC advisors for additional cleaning advice.

434 **Ways of cleaning in all ASC settings**

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

437 Always start with clean areas and move to the dirty areas last to prevent spreading
438 pathogens.

439 Large flat surfaces should be cleaned using an 'S' shape motion, starting at the farthest
440 point, slightly overlapping. Do not go back over the area to avoid recontamination.

441 Always dust with a damp cloth.

442 Change cloths when dirty.

443 Detergent wipes are suitable for cleaning surfaces, frequently touched areas, and reusable
444 equipment. Use one wipe per surface.

445 If using a fresh solution of neutral detergent, use it in warm water and change it when it
446 becomes dirty or when switching cleaning tasks.

447 Routine disinfection of the general environment is not usually needed, but it is advised to
448 use 1,000 parts per million (ppm) chlorine or hypochlorite solutions on sanitary areas such
449 as toilets, sinks, or when there is a known infection.

450 Place signs while cleaning to prevent slips and remove signs once floors are completely
451 dry.

452 Household detergents or bleach can be used if cleaning is needed in homecare settings.
453 Always clean with detergent first before using bleach and follow the product instructions.

454 For further advice see the [Cleaning Specification for Care Homes](#) guidance.

455 **Making up cleaning solutions**

456 When making up cleaning solutions follow these instructions:

- 457 • always prepare cleaning solutions exactly as instructed by the manufacturer
- 458 • measure carefully to ensure the correct concentration, as making the solution too
459 weak may not kill pathogens, and too strong can damage surfaces or be unsafe
- 460 • replace solutions regularly, especially if they become dirty or contaminated

461 **Bleach alternatives**

462 New disinfectants are now available that don't contain chlorine. In ASC settings, managers
463 can choose the product that works best for the ASC setting as long as it meets the
464 following standards: EN17126, EN13727, EN14348, EN14476, EN13697, EN14885,
465 EN13704, EN1650, EN1276 and EN13624. These numbers will be on the product
466 information.

467 These standards can be hard to understand, so always check with the person responsible
468 for buying cleaning products before choosing or using a disinfectant.

469 **Safe management of care equipment**

470 Care equipment is anything used to provide care and support and is often used by more
471 than one person. Care equipment can easily be contaminated with blood, body fluids, or
472 pathogens. It is very important to clean care equipment to help stop the spread of
473 infection.

474 Care equipment must always be cleaned before and after each use.

475 Care equipment must be stored clean and dry and kept in good condition.

476 If equipment is moved between individuals' homes, it must be cleaned immediately after
477 use, before it is transported to the next individual.

478 Always make sure care equipment is CE marked (this shows it meets safety standards in
479 Great Britain) or UKCA marked (this shows it has been UK conformity assessed).



480

481 Figure 1: CE and UKCA markings

482 **Types of care equipment**

483 **Single-use**

484 Single use means use once for one individual, then dispose of safely.

485 To identify these items, look for the symbol of a 2 in a circle with a diagonal line across, or
486 the words 'single use only' on the packaging.



487
488 Figure 2: single use only symbol

489 **Single individual use**

490 This means the equipment can only be reused for the same individual receiving care and
491 support. Labelling might state 'single patient use'.

492 Clean and decontaminate between each use in line with manufacturer's instructions.

493 **Reusable communal equipment**

494 Examples of reusable communal equipment include hoists and commodes (examples not
495 exhaustive).

496 Clean and decontaminate all reusable communal equipment before and after each use.

497 Individuals using a hoist should have their own sling that is laundered regularly.

498 **Cleaning responsibilities**

499 Shared care equipment can be a source of infection, so it is very important that all items
500 are cleaned and decontaminated immediately before and after being used on an individual
501 receiving care or support.

502 Care and support workers should receive training on how to clean care equipment
503 correctly.

504 Care and support workers are usually responsible for cleaning the care equipment that
505 they use. Responsibilities for cleaning may vary between ASC settings, so always check
506 who is responsible for cleaning or decontaminating equipment.

507 Always follow manufacturer's instructions for cleaning and decontamination of reusable
508 equipment.

509 Detergent or disinfectant products should be available to clean care equipment properly.

510 Always clean equipment immediately after contact with blood or body fluids.

511 Clean equipment after servicing or repairs.

512 Some items (like mattresses) may also need cleaning at set times as part of a regular
513 cleaning schedule.

514 Equipment must also have evidence that it is [regularly maintained \(CQC Reg15\)](#) to ensure
515 it is working correctly.

516 **Storage of care equipment**

517 Store equipment so that it is clean, dry, and protected from contamination, including during
518 transport between care settings.

519 Used and dirty equipment should be kept separate from clean equipment at all times.

520 **In homecare (domiciliary care)**

521 Clean equipment that needs to be taken into the home before entering the property, before
522 leaving, and again before putting it back into storage.

523 Ideally clean used equipment in the individual's home, before leaving the property.

524 If care and support workers need to store or transport items in a vehicle, place them in a
525 clean, dry, lidded storage box to keep them safe and to prevent contamination. Storage
526 boxes should be provided by the care provider.

527 **Levels of decontamination in ASC settings**

528 The process of reducing the number of pathogens on the equipment is called
529 decontamination.

530 It is important that all items of equipment that are used for more than one individual do not
531 carry pathogens from one person to another. This is achieved by cleaning and/or
532 disinfection (link back to definitions in earlier section).

533 The level of decontamination that is needed will depend on the type of contamination that
534 may be present as well as what the item is being used for.

535 Risks are grouped into 3 categories

536 **High risk**

537 Equipment that enters the body, touches sterile areas, or is exposed to blood or body
538 fluids.

539 **Medium risk**

540 Equipment that touches mucous membranes or broken skin.

541 **Low risk**

542 Equipment that only touches intact skin or is not in direct contact with the person.

543 Table 2 shows what level of cleaning and/or decontamination is needed according to the
544 expected level of risk.

545 Table 2. Summary of level of risk and type of decontamination needed

Level of risk	Description	Method	Example
Low	Items that come into contact with skin that isn't broken OR Items that do not come into contact with people AND Items are not contaminated by blood or body fluids	Cleaning. Disinfection only if an increased infection risk is suspected	Wash bowls, catheter stands, hoists, thermometers, wheelchairs
Medium	Items that come into contact with mucous membranes OR Items that have been used with people who have serious infections that spread easily, or with people whose immune systems are weak OR Low risk items contaminated with blood or body fluids.	Cleaning and disinfection	Respiratory equipment, thermometer, commodes, urinals, bedpans, blood sugar machines
High	All reusable equipment that is used in close contact with a break in the skin or any mucous membranes, and devices that enter a sterile area of the body, which is a part of the body that should be completely free from pathogens.	Follow manufacturer's instructions. This may include high level chemical disinfectant methods	Sterile, which means completely clean and free from pathogens (this would not be carried out in ASC settings), or single use items

546

547 If a combined detergent and disinfect product is not being used, then equipment must be
548 cleaned and rinsed before it is disinfected.

549 Safe management of blood or body fluid 550 spillages

551 A blood or body fluid spillage is any accidental escape of blood or body fluids like urine,
552 faeces, vomit or sputum (spit or saliva) (for example: on the floor or surfaces). Blood and
553 body fluid spills may contain pathogens.

554 Always risk assess the need for PPE before cleaning up a spillage. The minimum PPE
555 required is an apron and non-sterile gloves. For large or splashing spills, also wear a gown
556 and face and eye protection.

557 Clean spillages immediately where possible, or as soon as it is safe to do so.

558 Care and support workers should only clean up blood or body fluid spillages if they have
559 been trained to do so. Keep individuals receiving care and support away from the area
560 until it is cleaned.

561 Always check manufacturer's instructions to ensure that cleaning and disinfectant products
562 are appropriate for the type of material affected by the spill.

563 Heavily contaminated items that cannot safely be cleaned may need to be thrown away.
564 Always discuss options with the owner of the item first.

565 **Soft furnishings**

566 Soft furnishings like carpets or delicate items are often found in ASC settings. They are
567 hard to clean and usually can't be cleaned with chlorine disinfectants as these will
568 discolour the soft furnishing.

569 Laundry or steam cleaning can be used if it's safe after the initial clean. Always discuss
570 options with the owner first.

571 **Products for cleaning up blood or body fluids**

572 Spillage kits have everything needed to safely clean blood or body fluids, including PPE
573 and cleaning equipment. Spill kits do not have to be used if there is access to the
574 individual items such as gloves, aprons, a chlorine-releasing agent, paper towels, and
575 waste bags.

576 Always keep chlorine-releasing agents in a locked cupboard when stored in a communal
577 care setting.

578 In homecare settings, use the products the individual normally uses or has available.

579 New disinfectants are now available that don't use chlorine but are still effective on blood
580 and bodily fluid spillages. In ASC settings, managers can choose the product that works
581 best for the ASC setting as long as it meets these standards: EN17126, EN13727,
582 EN14348, EN14476, EN13697, EN14885, EN13704, EN1650, EN1276 and EN13624.
583 These numbers will be on the product information. These standards can be hard to

584 understand, so always check with the person responsible for buying cleaning products
585 before choosing or using a disinfectant.

586 If the item can tolerate a chlorine-based product, follow the spillage procedure for the type
587 of spill which is detailed below.

588 **What to do when cleaning up body fluid spillages (urine, faeces,** 589 **vomit, or sputum)**

590 It is important that body fluid spills are cleaned as quickly as possible using the following
591 steps.

592 Step 1: Apply PPE (minimum apron and non-sterile gloves). For large or splashing spills,
593 also wear a gown, face and eye protection.

594 Step 2: Soak up the spillage with disposable paper towel.

595 Step 3: If the spill is on a surface that won't be damaged by bleach, clean the area with
596 1000 ppm available chlorine solution or use a combined detergent/chlorine releasing
597 solution to a concentration of 1000 ppm. Never put chlorine directly on urine.

598 Always check manufacturer's instructions for how to dilute and how long to leave the
599 solution and whether the area needs to be ventilated.

600 Step 4: Wash the area using disposable paper towels and a solution of general-purpose
601 detergent and warm water.

602 Step 5: Dry the area (use paper towels or let it air dry).

603 Step 6: Throw away used paper towels and disposable PPE into waste bag, or if in a
604 private home, into the general waste bin.

605 Step 7: Clean hands after removing PPE.

606 **Cleaning up blood spillages**

607 It is important that blood is cleaned up as quickly as possible using the following steps.

608 Step 1: For blood spillages, first assess the risk and choose the right PPE (minimum apron
609 and non-sterile gloves). For large or splashing spills, also wear a gown, face and eye
610 protection.

611 Step 2: If chlorine granules are available, put them directly on the spill so long as the
612 surface will not be damaged by these.

613 If chlorine granules are not available cover the spill with disposable paper towels to absorb
614 and contain it. Then pour 10,000 ppm chlorine solution onto the towels so long as the
615 surface will not be damaged by doing this.

616 Follow manufacturer's instructions for dilution and contact time or leave for at least 3
617 minutes if no other contact time is provided by the manufacturer.

618 Step 3: Dispose of all waste from the spillage as [infectious waste](#).

619 Step 4: Wash the area with disposable paper towels and a solution of general-purpose
620 detergent and warm water.

621 Step 5: Dry the area (use paper towels or let it air dry).

622 Step 6: Remove PPE.

623 Step 7: Clean hands after removing PPE.

624 Step 8: Throw away used paper towels and PPE as per local waste policy, or if in a
625 homecare setting, place in the general waste bin.

626 Soft furnishings like carpets or delicate items are hard to clean and usually can't be
627 cleaned with chlorine disinfectants. In this case wash the area with general purpose
628 solution and then steam clean.

629 If an item is heavily contaminated and can't be safely cleaned, it may need to be
630 discarded. Always discuss options with the owner of the item that has been contaminated.

631 More information is available here in the [Management of blood and bodily fluid spills](#)
632 guidance.

633 **Safe disposal of waste and sharps**

634 Waste management is important to prevent injury or infection, save costs, and reduce
635 environmental impact.

636 In some ASC settings, such as homecare, there is less control over how waste is handled.
637 If care and support workers make waste while caring for someone, then they need to know
638 how to separate it and store it safely until it is collected.

639 Always follow legal requirements and safety guidance:

640 [Environmental protection Act \(1990\)](#)

641 [Health and Social Care Act 2008](#)

642 [The Waste \(England and Wales\) Regulations 2011](#)

643 [The Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013](#)

644 Although [HTM 07-01: Safe and sustainable management of healthcare waste](#) is designed
645 for healthcare, many parts of it are useful and relevant for adult social care settings.

646 **Types of waste and correct colour coding for the waste**

647 There are several types of waste, including:

- 648 • recycling
- 649 • household
- 650 • offensive/hygiene
- 651 • infectious
- 652 • sharps
- 653 • medicines

654 Waste categories can be checked using [local council](#) or the [Environment Agency](#).

655 Care and support workers should be trained to know which waste category to use for the
656 waste that they are working with or producing.

657 **Waste categories**

658 **Clinical or infectious waste (orange bag)**

659 Clinical or infectious waste is waste that may contain pathogens and cause
660 infection and/or waste from people with a suspected or confirmed infection.

661 Health care staff often visit ASC settings and create clinical waste, so it is important that
662 care and support workers know when waste should be treated as clinical waste.

663 **Offensive waste (Yellow tiger stripe bag)**

664 Offensive waste is commonly produced in ASC settings and should only include:

- 665 • waste that is not infectious or hazardous but may contain body fluids, secretions, or
666 excretions
- 667 • types of waste that might have the potential to have an unpleasant odour and
668 appearance, for example incontinence pads

669 Always dispose of offensive waste at the point of care using the yellow tiger stripe bag.

670 **Pharmaceutical (medicine) waste**

671 Unused medication should be returned to a pharmacist. Medicines should not be put into
672 general waste or wastewater. This helps prevent antimicrobial resistance.

673 **General waste**

674 General waste is any non-contaminated household items or food waste that cannot be
675 recycled.

676 **Recycling waste**

677 Recycling waste is for any items like paper, plastic, tins, or used paper hand towels that
678 can be recycled.

679 **Sharps waste**

680 Waste involving sharps such as needles or scissors should always be disposed of in a
681 rigid sharps box designed for this purpose.

682 Sharp items should never be disposed of into waste bags as this can cause a sharps injury
683 and risks spread of infections.

684 Sharps should always be disposed of at the point of use.

685 Individuals receiving care at home who are using sharps, will need a prescription from their
686 GP for a sharps box.

687 **Waste table summary**

688 The Table 3 below shows each type of waste, the correct bag or sharps bin colour, and
689 how it should be treated or disposed of. This details waste that is also healthcare related
690 for information.

691 Incineration has a much higher environmental impact and cost than landfill, so it's
 692 important to segregate waste correctly. Use infectious waste streams only when needed.

693 Table 3. Types of waste and disposal

Type of waste	Colour/waste stream	Treatment/disposal
Clinical waste (infectious only)	UN approved orange bag, UN approved box or sharps container	For alternative treatment
Offensive (non-infectious)	Yellow bag with black stripe (tiger) bag	Energy from waste, landfill or other permitted processes
Healthcare waste contaminated with non-hazardous pharmaceuticals or chemicals)	UN approved yellow bag, UN approved box or sharps container	For incineration or other permitted process
Waste contaminated with cytotoxic or cytostatic medication	UN approved purple bag, UN approved box or sharps container	For incineration
Non-hazardous pharmaceuticals (no sharps)	Blue box/container	For incineration or other permitted process
Anatomical waste/full blood bag and blood preserves	UN approved red lidded container	For incineration only
General waste	Black/clear bags	Energy from waste, recovery or landfill
Recycling	Clear, green or other colour bag	Recycling
Food waste (non-domestic properties only)	Clear separation from domestic waste	Recycling/compost

694
 695 Mixing or using the wrong waste streams breaks hazardous waste regulations. Care
 696 providers should make sure their setting has appropriate waste contracts in place.

697 **Disposing of waste safely**

698 Dispose of waste immediately and as close as possible to where the waste was produced.

699 Never overfill waste bags. Always keep them no more than two thirds full.

700 Clean hands after handling any waste.

701 **Waste in communal ASC settings**

702 Ensure waste bins are foot operated, lidded and lined with a disposable plastic waste bag.

703 Tie waste bags securely using a plastic tie or secure swan neck knot (twist the top and
704 turn it over on itself and fasten with a cable tie).

705 Make waste traceable to ASC settings (care home/day centre) by writing on bags (prior to
706 use), attaching sticky labels or numbered tags with the setting post code.

707 Store waste safely in a designated, lockable area while awaiting collection (this is usually
708 outside the building). Keep waste storage areas secure from unauthorised people and
709 animals.

710 ASC managers must arrange waste collection through a licenced waste contractor on an
711 appropriate collection frequency to avoid build up.

712 Remove and recycle outer packaging where possible.

713 **Waste in domiciliary settings (homecare), extra care and day centre settings**

714 It is rare for care and support workers to regularly manage waste in a homecare setting.

715 If waste produced at the time of the care activity is less than 7kg then it can be placed in
716 the individual's general waste bin. This includes non-hazardous items such as dressings,
717 personal hygiene products, or incontinence pads from a healthy individual.

718 If waste produced is more than 7kg then check that a suitable area for waste storage is
719 available in the home, where it will not harm residents, and is not accessible to pests and
720 pets. Inform the patient of the relevant risks and obtain their informed consent. Arrange for
721 the waste to be removed by the local authority or an appropriate contractor.

722 Any waste produced by healthcare treatment should be double bagged and put in the
723 domestic bin with the householder's permission.

724 **Using sharps containers safely**

725 Assemble correctly and label with the ASC setting and date of assembly.

726 Using the temporary close mechanism and keep it closed when not in use.

727 Lock the container when it reaches the manufacturer's fill line and place in a safe,
728 designated area that is locked ready for collection.

729 More information on sharps safety can be found in the [CQC handling sharps in adult social](#)
730 [care](#) and [HSE Managing the risk of needlestick or sharps injuries](#) guidance.

731 **Preventing exposures (including sharps injuries)**

732 Care and support workers may be exposed to:

- 733 • sharps injuries
- 734 • human bites
- 735 • failures in PPE
- 736 • blood or body fluids (vomit, saliva, urine, faeces, broken skin) splashing into the eyes,
737 nose, or mouth

738 All ASC settings should have a risk-assessed plan to reduce exposure to infections.

739 **Preventing sharps injuries**

740 Prevent sharps injuries by:

- 741 • never passing sharps hand-to-hand
- 742 • not bending, breaking, disassembling, or recapping needles
- 743 • disposing of sharps immediately into a sharps container at the point of use
- 744 • never giving a sharp to someone else to dispose of
- 745 • keeping sharps containers in a safe position to prevent spillage
- 746 • taking sharps containers to the point of use
- 747 • using the temporary close mechanism on the sharps container when not in use
- 748 • only putting sharps waste in the sharps container
- 749 • never overfilling the sharps container past the fill line
- 750 • using approved safety devices where appropriate

751 **If an exposure happens**

752 Seek medical attention immediately if there is a sharps injury, bite or an exposure to
753 blood/body fluids. This may mean attending an emergency department, GP or
754 occupational health service for advice.

755 Report the incident to a manager or delegated person without delay. They may investigate
756 how this happened so actions can be taken to prevent it happening again.

757 **Immediate first aid**

758 For eyes, nose, mouth exposure: wash copiously with water.

759 For puncture wounds: encourage bleeding by gentle pressure, do not scrub or suck, rinse
760 under running tepid water, and seek medical advice

761 More information on dealing with exposure incidents is available in the [HSE how to deal](#)
762 [with an exposure incident at work guidance](#).

763 **Safe management of Laundry and Linen**

Question 5: How do you understand the terms linen and laundry, and should we use both terms, only one of them, or are they considered different in your view?

764 All ASC settings with responsibility for laundry services for the individuals receiving care
765 and support should follow the [HTM 01-04: Decontamination of linen for health and social](#)
766 [care](#).

767 In ASC domiciliary/ homecare services, it is recognised that laundry may be done using
768 the individual's own facilities or a private laundry service, so the HTM requirements do not
769 apply. However, principles for linen handling including separation of clean from dirty,
770 washing temperatures and storage of clean linen should be encouraged.

771 Clean linen is essential for safe care. Linen should always be fit for use, clean, and free
772 from damage or discoloration.

773 Incorrect handling, washing, or storage of linen can spread infection so the principles
774 below should be followed whether linen is laundered on site or by an external contractor.

775 **Linen Workflow**

Question 6: What are your views on the linen workflow in domiciliary care, and are there any specific considerations we should take into account?

776 Keep clean and used or soiled (visibly dirty) linen separate at all times.

777 Use separate trolleys or baskets for clean, used, and dirty laundry to avoid cross-
778 contamination.

779 Always use a linen trolley or linen basket to transport linen.

780 Carry out laundry (washing and drying) in a dedicated laundry room if available. Small
781 homes often use domestic-style arrangements but should have documented local
782 processes in place.

783 Homecare settings will likely have domestic arrangements. Care and support workers may
784 or may not have laundry responsibilities.

785 Never place any linen or clothing (clean or dirty) on the floor.

786 Always make sure there is access to PPE if handling dirty, contaminated or infectious
787 laundry.

788 **Linen categories**

789 **Clean linen**

790 Clean linen is washed, dried, and ready for use.

791 Store in a clean, designated area above floor level.

792 Perform hand hygiene before handling.

793 **Used laundry**

794 Used laundry has been used but is not contaminated with blood or body fluids.

795 Wear a single-use or washable apron when handling used laundry.

796 Handle safely and place in appropriate bags or baskets to transport and store before it is
797 laundered.

798 **Dirty or contaminated laundry**

799 Dirty or contaminated laundry is visibly soiled or contaminated with blood or body fluids.

800 Wear PPE (plastic apron and gloves) when handling dirty or contaminated laundry.

801 Place in an impermeable bag immediately at point of use.

802 Do not shake or place on the floor.

803 Transport carefully using trolleys or covered baskets.

804 Use pre-wash or sluice cycles on washing machines if heavily soiled.

805 Tumble dry at the highest safe temperature.

806 **Infectious laundry**

807 Infectious laundry is linen or clothing that has been used by individuals known or
808 suspected to have an infection. It should be handled as follows:

- 809 • seal in a water-soluble bag inside an impermeable bag
- 810 • place directly into the washing machine as soon as possible, do not open inner bags
- 811 • disinfect using thermal cycles: 65°C for ≥10 minutes or 71°C for ≥3 minutes
- 812 • alternative time-temperature combinations are acceptable if equally effective
- 813 • for domestic machines, use the hottest temperature the item can withstand
- 814 • tumble dry at the highest safe temperature
- 815 • use laundry bleach or a disinfectant for delicate infectious items if needed

816 **Laundering mops and cleaning cloths**

817 Keep used mops and cleaning cloths in plastic-lidded containers or plastic bags to prevent
818 contamination during transport to the laundry area.

819 Do not place them on the floor or on surfaces.

820 Wash at the highest temperature the fabric can withstand

821 Use a full wash cycle. If heavily soiled, do a pre-wash or sluice cycle first

822 Add a disinfectant according to the manufacturer's instructions

823 Do not mix mops or cloths with other laundry

824 Tumble dry at the highest safe temperature

825 Keep used items separate until laundered

826 Store clean mops and cloths in a clean, dry area above floor level

827 **Laundry room requirements**

828 The laundry facility should allow clean and used or dirty items to be kept separate at all
829 times.

830 Hand wash basin should have lever taps, with no plug or overflow.

831 Liquid soap and disposable paper towels should be available.

832 Pedal-operated clinical and domestic waste bins should be available.

833 **Domestic (homecare) laundry requirements**

834 In homecare settings there should be access to:

- 835 • a sink
- 836 • liquid soap and paper towels
- 837 • waste bin

838 Never carry laundry or linen with hands to the washing machine always use a basket or
839 plastic bag.

840 **Hand hygiene and PPE**

841 Wash hands between handling clean and used or infectious laundry.

842 Always wash hands after handling used laundry and after removing PPE.

843 Gloves and aprons should be used if there is a risk of blood or bodily fluid contamination.

844 **Good practice principles**

845 Change linen frequently and when soiled (visibly dirty).

846 Never carry dirty, contaminated or infectious laundry directly in hands, place it in a covered
847 basket or trolley.

848 Keep clean linen above floor level, away from the laundry area.

849 Do not manually clean laundry.

850 Do not shake used or infectious linen.

851 Avoid overfilling laundry receptacles (fill to a maximum of two thirds full).

852 Use separate containers for clean and used laundry.

853 Do not re-handle bagged laundry.

854 Avoid placing inappropriate items in laundry receptacles (for example: PPE, waste).

855 Do not place dirty laundry on surfaces or floors

856 Do not overfill washing machines.

857 Do any segregation before transporting linen to the laundry or washing machine to avoid
858 extra handling.

859 If sending linen to an off-site laundry, inform them of its type and make sure written
860 guidelines for its transport and handling are agreed and followed.

861 For more information on national guidelines for handling laundry and linen, see:

- 862 • [Linen processing within adult social care: information sheet](#)
- 863 • [Guidance for the safe management of linen in residential, nursing or other social](#)
864 [healthcare environments](#)
- 865 • [HTM 01-04: Decontamination of linen for health and social care.](#)

866 **Summary of questions for stakeholders**

867 Question 1: What are your views on how the advice on portable fans can be put into
868 practice?

869 Question 2: Is this advice clear and practical for care providers when considering whether
870 individuals with respiratory symptoms should wear a fluid-resistant surgical mask, ensuring
871 it is only used where safe and appropriate?

872 Question 3: Transparent masks can be obtained for use by care and support workers if
873 individuals receiving care and support rely on lip-reading. How easy is it for your care
874 setting to access and obtain transparent face masks?

875 Question 4: Is it clear in the following statement who should be wearing respiratory
876 protective equipment (such as FFP3 masks or hoods)?

877 Question 5: How do you understand the terms linen and laundry, and should we use both
878 terms, only one of them, or are they considered different in your view?

879 Question 6: What are your views on the linen workflow in domiciliary care, and are there
880 any specific considerations we should take into account?