

# Infection Control and Accommodation Sites

How can we support these  
settings?

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# Situation

- Wide range of settings with different layouts
- Various staff team configurations
- People living together under one roof
- Residents arriving and departing all the time



# Where does IPC fit in?



# What are we expecting staff to do?

Bearing in mind the majority are not classed as Health and Social Care staff. Domestics, housekeeping, welfare officers, support, facilities, seniors and management, security.

- Keep up with general cleanliness to prevent transmission of infection
- Understand transmission, have knowledge with regards to cleaning
- Identify outbreaks/infections/infestations
- Support isolation
- Manage outbreaks
- Liaise with residents in multiple languages

# How can we support settings to improve IPC ?

- Be realistic
- Make IPC relevant to the individual setting
- Conduct short, focussed visits
- Provide training (not just e-learning) and improve knowledge
- Develop resources– cleaning schedule, walk around checklists, easy read how to guide, isolation guidance
- Advice and support for everyone (Residents & Staff)



## Infection Prevention and Control Checklist for \*\*\*

Date: \_\_\_\_\_ Walk around completed by: \_\_\_\_\_

**Background**  
The questions below have been designed as prompts to support your daily walkaround.

Office environment	Yes	No	Comments/Actions
1. Clean, tidy and clutter free			
2. Products available for cleaning of desks etc.			
3. Any shared equipment clean? Eg. phones, PC's			
<b>Entrance Lobby/Reception Desk/Corridors</b>			
4. Clean, tidy and clutter free?			
5. Cleaning products available?			
6. Any shared equipment clean? Eg. radios, vacuums			
<b>Corridors</b>			
7. Walls and doors clean?			
8. Flooring clean?			

No	Comments/Actions

## walk in centre

- Urgent but **non life** threatening situations if Health team not on site.
- Open 7 days a week 10am to 10pm
- Ask for an interpreter
- Problems which you might attend the walk-in centre for include:
  - Minor Illnesses
  - Sprains and strains,
  - Emergency contraception.
  - No appointment or registration is needed.

# Resources



UK Health Security Agency

### Overview of outbreak management in short term asylum seeker accommodation settings

**Why and How do we Clean?**

**Germs and infection**  
Germs or microorganisms can be found everywhere - in our air, soil, and water. They are on our skin and in our bodies. They are also on the surfaces and objects that we touch. Some of them are helpful, but others can make us unwell. Only a small portion of germs are known to cause infection.

Lots of people living together makes it easier for infections such as colds, flu, sickness, diarrhoea, chicken pox and measles to spread. Infections can spread through contact with contaminated surfaces. Cleaning helps to remove the germs that can make people unwell.

**How to clean**  
Cleaning is important as it removes most dirt, dust, crumbs, and germs from surfaces or objects. When you clean, you use detergent and water to physically clean the surfaces and objects. All surfaces need cleaning but some need cleaning brushes to lower the risk of infections spreading.

Cleaning has to be done correctly so that germs are not accidentally spread. It is very important that you wash your hands in between tasks and before putting on gloves and after removing gloves.

**Cleaning Products**  
Cleaning involves using the right product and allowing it to stay in contact with the surface for the right amount of time. Products must be diluted properly. Always check with your line manager and make sure you read any instructions. Some areas such as bathrooms may need a different product to be used. If an infection is present in the building a stronger cleaning product may be used to make sure the germs are killed.

**Colour codes**  
Have different coloured cleaning equipment. Make sure you are code as this will reduce the risk of contaminating other areas.



### Measles Cases Action Card accommodation managers and

**General information on measles:**  
Measles is highly infectious. Spending 15 minutes or more in direct contact with someone infected with considered a significant exposure but consider any face to face conversation of time a contact. Immunocompromised patients, pregnant women and unvaccinated infants risk.

**Signs and symptoms**

- High fever
- Lack of energy
- Sore, red, watery eyes
- Coughing
- Runny nose
- Small red spots with a bluish white centre in the mouth
- Red brown blotchy rash after a few days (not itchy)

**As well as above:**

- Ear infections
- Diarrhoea

**Treatment**

- Usually start to get better after 1 week.
- Rest and fluids
- May need medication which the Health Team can provide.

**Transmission Information**



### ARABIC ISOLATION GUIDANCE FOR RESIDENTS

**تدابیر العزل للحمی**

تدیر لئ یجیئو یعی ویتجیئو ایتو ویکل ون جوتیک  
 اذ کتت یعی ون مرض ویتو ، فین العزل فی جوتیک ! لئ یکنو لئ یجیئو لئ یجیئو لئ یجیئو  
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**تدابیر العزل للحمی**

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**Tallaal**  
 Cabanaad si koo laaliyo qof walba, da' kanta

**NHS UK Health Security Agency**

**M JADEECO**  
**M QAAMO-QASHIR**  
**R JADEECO-JARMAL**

**TALLAAL**

Buug-yarahaan waaqso sharciyaa maduumnaadka Jadeecada, qaamo-qashirta iyo rubella iyo tallaalika MMR kaars oo ka caawiya ka hortagga dhammaan saddexda cudur.



# Benefits of approach

- Rapport & Trust – work with not 'do to'
- Staff know who to contact for advice/ideas
- Work together on improvements, preparedness and during outbreaks
- Ongoing support & communication





# Summary

- Be involved ideally from the commission of the site
- Be visible and available
- Support staff and residents
- Provide staff with the tools they need to support the residents

