



Infection Control Policy 4.0

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1.0	Sept 2020	Jules McDonald & Emily Heys	Initial version
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1. Purpose & Scope

We have a duty of care to safeguard the wellbeing of ourselves, our clients, and their families/others with whom we come into contact. This is now more important than ever in light of the Covid-19 Pandemic. Throughout this policy we refer to Covid-19 as this remains one of the most relevant infection risks however the contents of the policy should be considered to apply to any or all infection risks.

The neurological services clients at Connections have a wide range of neurological difficulties, disabilities, and medical conditions (often having secondary conditions associated with a primary neurological condition diagnosis). The clients are likely to have an increased vulnerability to infections and illness because of their medical needs.

The general Connections services clients are less likely to have increased vulnerability to infections and illnesses. However, in the interests of best-practice this policy is applied to all Connections clients.

Consideration of the following seven key factors informs our decisions on the best way to deliver our service. These factors are:

1. Legal, regulatory, and professional responsibilities
2. Risk assessment of the working environment for which we are responsible
3. Infection prevention and control measures
4. Access to personal protective equipment
5. Virtual approaches

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6. Client risk assessment and clinical reasoning
7. Client consent for treatment

2. Legal, regulatory, and professional responsibilities

We work within the legal, regulatory, and professional frameworks that guide the safe management of clients, the safety of the wider public and everyone who works in the environment for which we are responsible.

The following Guidance was used when creating and updating this policy:

- PCA(UK) Covid-19 Guidance – May 2020 - <https://www.cepeg.org.uk/>
- <https://www.shsc.nhs.uk/coronavirus>
- <https://www.nice.org.uk/about/nice-communities/social-care>
- <https://www.gov.uk/coronavirus>
- Chartered Society of Physiotherapists – Clinical Guidance - <https://www.csp.org.uk/news/coronavirus/clinical-guidance>
- Government PPE guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>
- Framework to support you in making safe decisions about participant contact: 7 key factors https://www.csp.org.uk/system/files/publication_files/F2FCountrydocFINAL.pdf

In adherence with ethical guidelines, we will:

- Take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.
- Not do anything or allow someone else to do anything that could put the health or safety of a service user, carer or colleague at unacceptable risk.
- Understand the need to establish and maintain a safe environment.
- Understand the need to maintain the safety of both service users and those involved in their care.
- Be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these.
- Be able to work safely including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation.
- Be able to establish safe environments for practice that minimise risk to service users, those treating them, and others, including the use of hazard control and particularly infection control.

(Framework to support you in making safe decisions about client contact: 7 key factors https://www.csp.org.uk/system/files/publication_files/F2FCountrydocFINAL.pdf)

At the time of update of this policy – March 2025 - there are no government guidelines or directives for Covid-19 or any other infection risks. However, should this change at any time we will ensure that we:

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- Comply with any government social distancing and shielding directives that are in place at any time and mitigate as far as reasonably practicable, the risk of transmitting the disease to clients and the wider general public, particularly to those who are vulnerable and extremely vulnerable.
- Use appropriate personal protective equipment and manage any clinical areas in accordance with specified infection prevention and control regulations.

3. Risk assessment of the working environment for which we are responsible.

We will mitigate risk wherever possible and practicable using the Individual Risk Assessment and subsequent actions for our clients. At times it may be appropriate to create one-off policies such as re-opening after an infection outbreak.

Mitigating actions are likely to include but are not limited to:

- Follow government guidance on social distancing
- Reducing potential exposure using virtual measures
- Use of appropriate PPE
- Consideration of conducting sessions outdoors
- Consideration of how we enter and leave premises
- Identify if/when clients will be accompanied by a relative
- Implement hand decontamination facilities (handwashing and hand sanitiser)
- Develop protocol for cleaning equipment used by multiple clients
- All personnel to be trained in infection control procedures
- Consider reducing the numbers of appointments offered in a day

4. Vaccinations

At the time of writing this policy there is no mandatory vaccination required for Connections practitioners.

Connections would encourage practitioners in direct contact with vulnerable or very vulnerable clients to take up any vaccinations that are offered.

Connections may seek information about vaccinations and boosters from all clients to use in determining risk within Individual Risk Assessments.

5. Infection prevention and control IPC measures

We will keep up to date with PHE guidance on IPC measures.

We will have all appropriate systems and processes in place in our practice to comply with guidance. This may include:

- Developing protocols and systems to manage and monitor any risks that the environment may pose.
- Developing a protocol for cleaning clinical areas as required.
- Procure all appropriate cleaning products.
- Provide suitable accurate signage on infection control for people coming into community spaces.
- All staff being aware of their responsibilities in the process of preventing and controlling infection.
- Supporting practitioners to manage Putting a system in place to manage symptoms and self-isolation if necessary.

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- Putting in place appropriate hand decontamination (handwashing and hand-sanitising) facilities if required.
- Procure a sufficient supply of relevant PPE suitable for the activities undertaken.
- Practitioners being trained in appropriate hand washing processes, PPE requirements, storage and disposal Personal Protective Equipment etc...

6. Personal Protective Equipment

We will make use appropriate personal protective equipment (PPE) and systems in place that govern its use.

Suggested actions may include:

- Considering whether to ask clients and family members to wear face coverings.
- Knowing how to risk assess for appropriate level of PPE for each client (see PHE tables)
- Ensuring the necessary PPE is available and utilised.
- Training ourselves in how to don and doff PPE.

7. Virtual Approaches

Virtual approaches will continue to be used if deemed most appropriate for the client by us and the client or if the client chooses to do so (for example if no suitable space can be found or the client is not based in the local area).

In these circumstances the Distance Services Generic Risk assessment will be used along with the Individual Risk Assessment in order to provide safe and suitable services.

8. Client risk assessment and clinical/practice-based reasoning

We will use our professional judgement to make reasoned decisions as to the best means of treating each client having considered the following suggested actions:

- Identifying whether the client is vulnerable or not.
- Ensuring we have the appropriate PPE to wear if necessary
- Ensuring the client is able to comply with social-distancing requirements where specified. including for those clients who have a family member or carer present.
- Ensuring we have appropriate Infection Control and Prevention provisions in place.

9. Client consent for participation in sessions

Finally, we will discuss the infection control risks associated with our clients and the service options available to them. This will enable us to gain and document informed consent.

We will:

- Explain the safety measures we have in place to address infection control risks when attending a face-to-face appointment.
- Discuss why a face-to-face appointment is clinically justified if necessary.
- Explain to clients the policy and procedures for attending clinic face to face.

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- Explain to the client the close contact that may be required during a face-to-face session.
- Discuss with clients that they may be required to attend wearing a face covering.
- Explain to clients the cleaning processes in place in treatment areas.
- Document any questions individual clients raise related to attending face to face related to COVID-19 and/or infection control.

10. Note regarding Service Provision Considerations

- The high-contact nature of the Connections Neurological Services sessions may in very rare cases become unsuitable for a client should the risk of infection occurring be considered too great and should they be unable to access virtual services.
- In such circumstances, parents/carers/clients will be fully consulted, and decisions will be made on an individual basis.

11. Note regarding Practitioner Preference

- Since no formal regulations exist with regards to Covid19 at the time of writing it is necessary to mention that no specific PPE is currently required for any face-to-face services.
- However, it remains the case that Connections practitioners can make their own decision based on knowledge and personal preferences with regards to continuing to use PPE for face-to-face services.

Authors	Jules McDonald, Bret McDonald & Emily Heys
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Print & Signed	<div>J McDonald </div> <div>E Heys </div> <div>B McDonald </div>