



INFECTION CONTROL POLICY

Status: APPROVED

Policy Lead :	Neighbourhood Services Lead
Owned By :	Director of Customer and Communities
Date Approved:	02-December 2025
Approved By :	Executive Team
Review Date:	December 2028
Regulatory / Legislative Considerations/ References	<p>The policy should be considered as an essential document to Berwickshire Housing Association's (BHA) fulfilment of its duties under:</p> <p>Housing (Scotland) Act 2010 Health and Safety at Work Act 1974</p> <p>It should also be considered with BHA's compliance to the Scottish Social Housing Charter (SSHC) and the standards set out in the Scottish Housing Regulator's (SHR) Regulatory Framework.</p>
Other Documents to be read in conjunction with this policy:	<p>National Infection Prevention and Control Manual Standard Infection Control Precautions (SICPs) https://www.nipcm.scot.nhs.uk</p> <p>Lone working guidance Incident reporting procedure</p>

Policy Title:	Infection Control Policy
Purpose / Aim of policy:	<p>BHA recognises that, as an employer, it has a duty of care under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Control of Substances hazardous to Health Regulations 2002 (COSHH).</p> <p>The purpose of the policy is to prevent the spread of infection amongst colleagues, tenants and the local community.</p>
Scope of Policy:	All colleagues, Trustees, volunteers, contractors and visitors to our buildings are required to abide by this policy and any related government or legislated guidance that may be introduced relative to the prevention of infection.
Definitions:	Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infection amongst colleagues, contractors and customers.
Specific detail related to each strand in the scope:	<ul style="list-style-type: none"> • Prevention of risk and dynamic risk assessment • Effective hand washing • Cleaning • Handling clinical waste • Use of protective clothing • Storage, preparation and serving of food • Sharps • Isolation • Environment • Reporting • Training • Legislative requirements
Approval Source:	Executive Team
Equality Impact Assessment:	Policy reviewed, equality impact assessment not required at this stage.
Risk Implications:	All risks and mitigations as outlined – BHA's approach to risk around infection control is preventative.

1. INTRODUCTION

- 1.1. BHA believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both customers and colleagues.
- 1.2. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to issuing policy directive to colleagues on the range of effective mitigations and preventative steps as detailed within the policy.
- 1.3. The purpose for putting policies and procedures in place for Infection Control is to ensure colleagues, customers and key stakeholders/partners are protected against infectious diseases and infections by providing guidelines for their investigation, control, and prevention.

2. POLICY AIMS AND OBJECTIVES

- 2.1. The aim is to ensure that colleagues, contractors, Trustees, volunteers and customers are as safe as possible from infections when carrying out work or activities on behalf of BHA. All colleagues at BHA are aware of and adopt basic principles of infection control.

3. PREVENTION OF RISK AND DYNAMIC RISK ASSESSMENT

- 3.1. Prevention of risk is at the core of BHA's approach to infection control. Risk assessment and effective reporting of concerns are critical to prevent unsafe practices, avoidable exposure and the unnecessary handling of potentially contaminated materials.
- 3.2. All colleagues must assess potential infection risks before commencing any task involving in person contact with customers, property visits, or handling materials, equipment or waste.
- 3.3. Colleagues should consider:
 - Reports of illness within a household or communal areas
 - Visible signs of contamination or biological hazards
 - The nature of materials or surfaces being handled (eg bodily fluids, waste, damp or mould-affected items)
 - Whether the work is essential at that moment, or if it can be safely postponed to reduce risk or arrange specialist support
 - The suitability of personal protective equipment (PPE) for the task if it is suitable for colleagues to complete
 - Safe disposal of any waste or items because of any task or interaction
- 3.4. Colleagues must conduct a dynamic, on the spot risk assessment when entering a communal area or property. If unexpected hazards or concerns arise, colleagues must:
 - Pause works immediately
 - Avoid handling any materials or entering areas that may increase infection risk
 - Seek guidance from a line manager before proceeding
- 3.5. For the reporting of any ongoing hazards, please consult BHA's accident, incident and near miss form and procedure. For any items which require emergency removal, please contact the Customer Experience or Out of Hours team on 0800 652 8104. Colleagues should await specialist assistance and avoid any activity which may expose colleagues to infection. There is no expectation to continue any activity on behalf of BHA if it is unsafe.

4. EFFECTIVE HAND WASHING

- 4.1. Effective hand washing (including wrists) is the single most important method of preventing the spread of infection. All colleagues should ensure that their hands are thoroughly washed and dried as often as possible. The list below is not all inclusive and there may be situations where hand decontamination is required but specifically:
- Where direct contact has been made with another person, no matter how minor
 - After using the toilet
 - Before handling foodstuffs
 - Before and after removing items of PPE (eg gloves)
- 4.2. Hands should be washed according to guidelines posted in our Independent Living Courts and colleague bathrooms. Liquid soaps and disposable paper towels should be used and not bar soaps and fabric towels. Alcohol hand gel should only be used in situations where hand washing is not possible. All cuts or abrasions, particularly on the hands, should be always covered with waterproof dressings.

5. CLEANING

- 5.1. All colleagues have a responsibility to help keep the work environment clean and tidy and to identify areas which fall below acceptable or safe standards. Any discovery of bodily fluids or waste must be reported to the Customer Experience or Out of Hours team for emergency cleaning as soon as possible. Colleagues must not clean any unidentified bodily fluids or waste.

6. HANDLING CLINICAL WASTE

- 6.1. All clinical waste should be disposed of in sealed yellow plastic sacks provided to households who require specialist waste disposal. This is available to customers within Independent Living only and should be used by customers themselves only. Colleagues must not handle any sacks of clinical waste on behalf of customers.
- 6.2. Yellow sacks must be sealed and stored in the marked external bins for authorised collection. Where yellow sacks are not available, clinical waste should firstly be secured into a plastic bag and then into a domestic waste sack, and then removed to the marked external bins.

7. USE OF PROTECTIVE CLOTHING

- 7.1. Protective clothing must be worn and protective equipment must be used at all times when carrying out tasks where there is a potential risk of exposure to hazardous materials, bodily fluids or infectious agents.

8. STORAGE, PREPARATION AND SERVING OF FOOD

- 8.1. All colleagues should adhere to food safety regulations and ensure that all food prepared for customers is prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and the Food Safety (Temperature Control) Regulations 1995.
- 8.2. Colleagues should only be preparing food for customers on completion of food handling training via BrightHR. Consideration must always be given to opt for external catering where possible to minimise risk. Any colleague suffering from food poisoning, diarrhoea

or vomiting should report it to their line manager and not return to work until at least 48 hours after their last symptoms.

9. SHARPS

- 9.1. If a sharp (needle, syringe, etc.) is found in an estate, communal area or home BHA manages, colleagues must not touch it and where possible, the area should be left clearly marked and access restricted or covered to keep others away from the area to prevent injury.
- 9.2. The discovery should be reported to the Customer Experience or Out of Hours team on 0800 652 8104 for an emergency request to collect and remove the needle/sharp for safe disposal to be raised. Please clearly advise on the location and the description of the item and report the concern as soon as possible following discovery.
- 9.3. Colleagues must not attempt to remove the sharp personally. Safe removal should only be completed by a BHA approved contractor.
- 9.4. If an injury has occurred with a used or potentially contaminated needle, colleagues should:
 - Wash the area immediately and encourage bleeding if the skin is broken
 - Cover the area with dry waterproof dressing
 - Report to your line manager as soon as possible and complete an incident form
 - Report to a GP, accident and emergency or minor injuries department as soon as possible.
- 9.5. For those colleagues at risk of contact with bodily fluids, sharps injury or human bites, a full course of Hepatitis B injections are recommended and can be arranged by requesting via your line manager or the People and Culture Lead.

10. ISOLATION

- 10.1. Within Independent Living settings, where known affected customers seek guidance around viral or infectious symptoms, colleagues should advise to contact NHS24 on 111 and isolate in their flat where possible until they are 48 hours free from symptoms.

11. ENVIRONMENT

- 11.1. Following any instance of biological waste or bodily fluids being on a communal surface, colleagues should request specialist cleans. For Independent Living, this should be carried out by on site cleaning contractors to BHA's provided specifications. This includes surface cleaning for areas that are frequently handled for disinfection and decontamination.
- 11.2. Where possible, open windows to allow ventilation of the area and colleagues will carry out buzzer rounds to check on customer rather than call in where appropriate.

12. REPORTING

- 12.1. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) obliges BHA to report the outbreak of notifiable diseases to Social Care and Social Work Improvement Scotland and the NHS Board's Health Protection Team (HPT) along with the local GP.

- 12.2. Records of any such outbreak must be kept, specifying dates and times and a completed disease report form must be sent to the Health Protection Scotland (HPS). In the event of an incident in Independent Living, BHA's Housing Support Officer is responsible for informing the relevant bodies. RIDDOR forms are kept in HR office at 55 Newtown Street, Duns.
- 12.3. In the event of any infection outbreak, an internal report should be made where there are multiple cases of diarrhoea and vomiting, norovirus or clostridium difficile (C.diff). The summary should contain:
- The timescale of the outbreak
 - The number of people affected, and the site(s) affected
 - The duration
 - The precautions taken to manage the outbreak, any lessons learned, and action taken following an outbreak
 - How the outbreak was communicated to colleagues and other customers within the home and to families and visitors outside the home

A summary of any other notifiable diseases within the incident should also be given.

13. TRAINING

- 13.1. All new colleagues will be required to read the policy on infection control as part of their induction process.

14. LEGISLATIVE REQUIREMENTS

- 14.1. The general legislative and regulatory requirements are to:
- Carry out risk assessments, identifying control measures and actions to be taken, monitoring, and reviewing the risk assessment regularly or with any change
 - Ensure that exposure to the risk of infection is prevented or adequately controlled
 - Provide personal protective equipment (PPE) to prevent exposure
 - Maintain premises and equipment in a safe and clean condition
 - Put in place arrangements for dealing with accidents, incidents, and emergencies
 - Follow suitable waste disposal arrangements
 - Provide instruction, training and supervision
 - Implement reporting systems
 - Monitor and review procedures, supervision and training and suitable intervals
 - Provide occupational health intervention and surveillance as appropriate

15. POLICY REVIEW

- 15.1. This policy will be reviewed every three years, or before as required, in accordance with BHA's policy review procedures.