



Infection Control Policy

Status: Approved

Policy Lead :	Executive Director – Customer Experience
Owned By :	Neighbourhood Services Lead
Date Approved:	17 th January 2023
Approved By :	BHA Board
Review Date:	January 2026
Regulatory / Legislative Considerations/ References	<p>This Policy shall be reviewed by the Operations Committee, with delegated authority by BHA Board upon approval.</p> <p>Legislation referred to previously has now been superseded by newly published legislation to take account of Covid-19 and related respiratory air borne virus considerations, see: https://www.nipcm.scot.nhs.uk/#:~:text=The%20national%20IPC%20manual%20aims,and%20control%20practices%20throughout%20Scotland</p> <p>The policy should be considered as an essential document to BHA's fulfilment of its duties under the Housing (Scotland) Act 2010 including provision of housing services in line with the Scottish Social Housing Charter and compliance with the standards set out in the Scottish Housing Regulator's Regulatory Framework.</p>

<p>Other Documents to be read in conjunction with this policy :</p>	<p>This document should be read in conjunction with:</p> <p>Also see for guidance in community settings: https://www.nipcm.hps.scot.nhs.uk/media/2029/2022-11-18-appendix-22-v14.pdf</p> <p>Whilst BHA does not operate care services as such, our policy should aim to mirror best practice in infection control from care settings.</p>
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Policy Title:	Infection Control Policy
Purpose / Aim of policy:	The purpose of the policy is to prevent the spread of infection amongst staff, tenants and the local community.
Scope of Policy:	<p>BHA believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both customers and colleagues.</p> <p>It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to issuing Policy directive to employees on the range of effective mitigations and preventative steps as detailed within the Policy.</p>
Definitions:	Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst colleagues and customers. All the colleagues working in BHA are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit, or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.
Specific detail related to each strand in the scope:	<ul style="list-style-type: none"> • Effective Handing Washing • Cleaning • Handling Clinical Waste • Use of Protective Clothing • Storage, Preparation and Serving of Food • Sharps • Isolation • Environment • Reporting • Training • Legislative Requirements
Approval Source:	BHA Board (to be reviewed by Operations Committee)
Equality Impact Assessment:	In fulfilment of the Access pillar of the Customer Experience Strategy, an equality impact assessment is still required to be carried out (<i>to follow</i>)
Sustainability Assessment:	No direct implications or requirements.
Partnership Assessment:	BHA colleagues will work in partnership with other organisations where appropriate to ensure customers' needs and aspirations are fulfilled.
Risk Implications:	N/A

1. INTRODUCTION

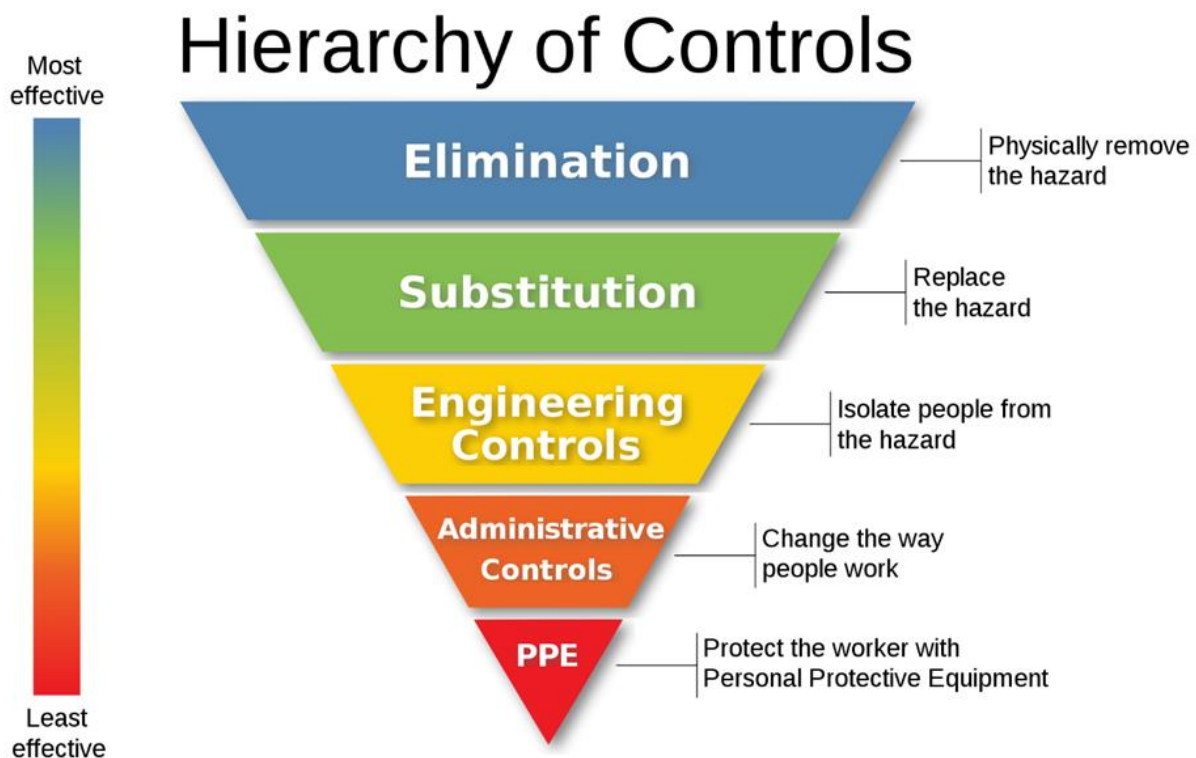
1.1

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.

BHA's Policy is written following National Infection Prevention and Control Manual guidance, with specific reference to Standard Infection Control Precautions (SICPs). <https://www.nipcm.scot.nhs.uk/>

The [Hierarchy of Controls](#) should also be considered in controlling exposures to occupational hazards which include infection risks.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection.



2. POLICY AIMS AND OBJECTIVES

2.1

The aim is to ensure that:

Customers, their families and colleagues are as safe as possible from infections through work based activities.

All colleagues at BHA are aware of and adopt basic principles of infection control.

3. EFFECTIVE HAND WASHING

3.1

BHA believes that consistent with modern infection control evidence and knowledge, 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.

- Between seeing each and every customer where direct contact is involved, no matter how minor the contact.
- After handling any body fluids or waste or soiled items.
- After handling specimens.
- After using the toilet.
- Before handling foodstuffs.
- On entering and leaving an isolation area.
- After handling soiled linen, changing linen or bedding.
- Emptying or handling waste.
- Before applying and after removing items of protective clothing, e.g gloves and aprons.
- After blowing your nose.
- After any cleaning operation..

This list is not all inclusive, there may be other situations where Hand decontamination would be required.

3.2

Hands should be washed according to the guidelines (Ayliffe technique) which are posted by each sink in our Independent Living Units. Liquid soaps and disposable paper towels should be used whenever possible rather than bar soaps and fabric towels. Alcohol hand rub should be used only in situations where hand washing is not possible. Alcohol Hand Gel should not be used if hands are visibly dirty or in the care of customers exhibiting symptoms of diarrhoea and/or vomiting as it is not effective against Clostridium Difficile spores.

All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times.

<https://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/>

4. CLEANING

4.1

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.

Colleagues should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious. They should wear protective gloves and aprons and use disposable wipes wherever possible. Eye protection should also be used if there is risk of splashing.

4.2

For a spillage of blood or body fluids a dichloroisocyanurate solution should be used.

Colleagues should do the following:

- Put on disposable gloves and apron.
- Prepare the solution.
- Cover the spillage with paper towels.
- Carefully wipe up the spillage with more towels soaked in solution.
- Dispose of the waste in a yellow waste bag.
- Wash hands in soap and water.

5. HANDLING CLINICAL WASTE

5.1

All clinical waste should be disposed of in sealed yellow plastic sacks whenever they are available and be clearly labelled with the Courts details. When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector. When yellow sacks are not available clinical waste should be firstly secured into a plastic bag and then into a domestic waste sack. This should then be removed. Non-clinical waste should be disposed of in normal black plastic bags. Colleagues should alert Human Resources if they are running out of any protective equipment.

Yellow bags should only be used in pedal-type bins in clinical areas.

6. USE OF PROTECTIVE CLOTHING

6.1

Gloves and disposable aprons are provided for colleagues who are at risk of coming into direct contact with body fluids. These are single use only.

All colleagues should adhere to BHA's protective clothing policy and use the disposable gloves and disposable aprons which are provided for staff who are at risk of coming into direct contact with body fluids.

7. STORAGE, PREPARATION AND SERVING OF FOOD

7.1

All colleagues should adhere to BHA food hygiene policy 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.

Any colleagues suffering from food poisoning, diarrhoea or vomiting should report it to their manager and see their GP immediately.

8. SHARPS

8.1

In the event of an injury with a used or potentially contaminated needle colleagues should do the following.

- Wash the area immediately and encourage bleeding if the skin is broken.

- Cover area with dry waterproof dressing.
- Report to the line manager immediately and fill in an incident form.
- Report immediately to a GP, Occupational Health Department or if none are available, Accident and Emergency.

For those colleagues at risk of contact with body fluid, sharps injury or human bites a full course of Hep b injections are recommended.

9. ISOLATION

9.1

Within Independent Living settings, where known affected customers seek guidance, colleagues should advise to isolate in their flat where possible until they are 48 hours free from symptoms.

Whenever possible the door should be kept closed, but the personal safety of the customer should not be compromised. The following equipment should be stored immediately outside the isolation room:

- Non-sterile disposable gloves (EN Standard 455) (in manufacturers packaging).
- Disposable plastic aprons (in manufacturers packaging).
- Used linen should be placed in a red soluble bag inside the room for immediate washing at 90 degrees. Following the wash, the machine should be disinfected with solution suitable for this task.
- Hazardous waste bags (red laundry bags) in a rigid container (preferably with a foot operated lid) inside the room.
- If it is not possible to isolate customers, e.g., then ideally all symptomatic individuals should be cared for in an area that can be separated from unaffected customers.
- Signage should be displayed see isolation policy.

10. ENVIRONMENT

10.1

- Any contamination of the environment with vomit or faeces should be cleaned immediately wearing gloves (EN standard 455) and aprons, using detergent, hot water, and disposable paper towels. All hard surfaces should then be disinfected using a 0.1% hypochlorite solution and then rinsed and dried. Dispose of clinical waste in yellow bags.
- Soft furnishings and carpets should be cleaned with detergent and hot water and then steam cleaned.
- Where possible open windows to allow ventilation of the area and keep the area clean for as long as possible.
- Avoid vacuum cleaning or buffing the floors in areas where there is illness during the outbreak, as this may contribute to recirculation of the virus into the air.
- Colleagues will carry out buzzer rounds to check on customer rather than call in where appropriate.
- Areas that are frequently handled e.g., handrails, door handles, toilet/bath rails; taps should be cleaned more regularly, suggested 3 times daily. All surfaces in the toilet areas, especially after use by a symptomatic customer, should be cleaned/disinfected frequently as these areas are likely to be heavily contaminated.

- Isolation Rooms must be deep cleaned as soon as the customer is 48 hours symptom free and colleagues will encourage family members to do so.

11. REPORTING

11.1

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.

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).

Independent Living - in the event of an incident BHA's Housing Support Officer is responsible for informing the relevant bodies.

RIDDOR forms are kept in HR office at Newtown Street, Duns.

11.2 Internal Reporting

This should contain a brief summary of any outbreaks of infection such as any multiple cases of diarrhoea and vomiting, norovirus or clostridium difficile.

The summary should contain:

- The timescale of the outbreak.
- The number of people 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.

12. TRAINING

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

13. LEGISLATIVE REQUIREMENTS

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.

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- Provide instruction, training and supervision.
- Implement reporting systems.
- Monitor and review procedures, supervision and training at suitable intervals.

Provide occupational health intervention and surveillance as appropriate.

14. POLICY REVIEW

This Infection Control Policy has been approved by the Board of BHA and will be subject to regular review in accordance with BHA's policy review procedures.