



INFECTION CONTROL POLICY

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INFECTION CONTROL POLICY

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1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to prevent and control the spread of infection. The policy applies to all staff, agency workers, volunteers, contractors, and anyone acting on behalf of Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere. **The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road.** This policy applies equally across both residences.

For many common infections and infectious diseases, early recognition and prompt action can reduce the spread of disease, the severity of illness, and the number of people affected. The use of infection control policies and procedures aims to minimise the spread of infection. It is important that clear information on infection control standards is available so that people can make informed choices and because it promotes confidence in the support being provided.

Byram House expects all staff to adhere to this policy and associated guidance to ensure a high standard of care is applied to protect children, staff, and visitors from unnecessary exposure to infection. This policy is evidence-based and will be reviewed and updated regularly.

The objectives of this policy are to:

- Comply with all relevant legislation, including the **Health and Safety at Work etc Act 1974**, the **Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)**, the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**, the **Environmental Protection Act 1990**, the **Health and Safety (Sharp Instruments in Healthcare) Regulations 2013** (implementing EU Sharps Directive 2010/32/EU), and the **Public Health (Control of Disease) Act 1984**.
- Provide clear guidance on standard infection control precautions: hand hygiene, PPE, safe handling of bodily fluids, waste management, laundry, and cleaning.
- Establish roles and responsibilities for infection control, including a nominated Infection Prevention and Control Lead.
- Ensure outbreaks are identified, reported to the Health Protection Team (HPT), and controlled.
- Provide training and occupational health measures (vaccinations, health screening).
- Ensure regular monitoring and audit of infection control practices.

2. How this Policy Benefits the Home

This Infection Control Policy benefits Byram House in the following ways:

- **Legal Compliance** – It meets duties under HSWA, COSHH, RIDDOR, the Sharps Regulations, the Environmental Protection Act, and public health legislation. It also aligns with guidance from **Public Health England (now UK Health Security Agency – UKHSA)** and the **Social Care Common Inspection Framework (SCCIF) 2026**.
- **Child Safety** – It reduces the risk of healthcare-associated infections (e.g., diarrhoea, vomiting, respiratory infections, skin infections) among children in our care.
- **Staff Protection** – It provides clear protocols for hand hygiene, PPE use, safe handling of bodily fluids, sharps disposal, and post-exposure management, reducing occupational exposure to blood-borne viruses (BBVs) and other pathogens.
- **Outbreak Management** – It establishes a clear reporting pathway for suspected outbreaks (two or more linked cases) and liaison with the Health Protection Team.
- **Environment and Waste** – It sets standards for cleaning schedules (colour coding), waste segregation (hazardous vs non-hazardous, yellow/black bags), and management of sharps.
- **Laundry and Food Hygiene** – It gives practical guidance on safe laundry handling (including water-soluble bags for infected linen) and food hygiene to prevent cross-contamination.
- **Pets and Pests** – It includes risk-based guidance on keeping pets safely and controlling pests.
- **Training and Competence** – It requires annual infection control training for all staff and updates for the nominated lead.
- **Inspection Readiness** – The SCCIF 2026 expects effective infection prevention. This policy demonstrates the home's commitment.

3. Definitions & Legislation

3.1 Definitions

Term	Definition
Home	Byram House, the children's home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
Company	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
Byram House	The name used throughout this policy to refer to the home and its staff.
Infection	The invasion and multiplication of micro-organisms in body tissues that cause harm.
Colonisation	The presence of micro-organisms on a body surface without causing harm.
Transmission	The spread of an infectious agent from a reservoir to a susceptible host.
Chain of Infection	A model describing the six links required for infection to spread: infectious agent, reservoir, portal of exit, mode of transmission, portal of entry, susceptible host.
Standard Precautions	A set of infection control practices used for all care, regardless of a child's infection status.
Hand Hygiene	The process of cleaning hands with soap and water or alcohol-based hand rub.
Personal Protective Equipment (PPE)	Gloves, aprons, masks, eye protection used to protect against exposure to body fluids.
Sharps	Needles, scalpels, stitch cutters, cannulae, disposable razors, or any item that can puncture the skin.

Inoculation Injury	A puncture wound, cut, or splash exposure to blood or body fluids.
Health Protection Team (HPT)	A multidisciplinary team (formerly Health Protection Unit) that monitors and controls communicable diseases.
COSHH	Control of Substances Hazardous to Health Regulations 2002 (as amended).
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
UK Health Security Agency (UKHSA)	The government agency that replaced Public Health England (PHE).

3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
Health and Safety at Work etc Act 1974 (HSWA)	Sections 2, 3, 7 – duty to ensure health and safety of employees and others, and employee duty to take reasonable care.	Byram House must provide a safe environment and safe systems to prevent infection.
Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)	Requires risk assessment for biological agents and hazardous substances, and implementation of control measures (including PPE, ventilation, hygiene).	The home must assess risks from infectious agents and put in place controls.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Requires reporting of work-related infections (e.g., Hepatitis B/C, HIV) where there is occupational exposure, as well as sharps injuries.	Sharps injuries and confirmed occupational infections must be reported to HSE.

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013	Implements EU Sharps Directive 2010/32/EU. Bans re-sheathing of needles, requires safer sharps, training, and recording of sharps injuries.	Byram House must provide safety sharps (e.g., retracting needles), train staff, and record all sharps injuries.
Environmental Protection Act 1990	Controls the disposal of controlled waste, including clinical waste.	The home must segregate waste (black, yellow, yellow-striped bags) and contract with licensed waste carriers.
Controlled Waste (England and Wales) Regulations 2012	Defines household, industrial and commercial waste.	Infection control waste is controlled waste and must be handled correctly.
Public Health (Control of Disease) Act 1984	Provides powers to control communicable diseases and notifiable diseases.	The home must report notifiable diseases (e.g., measles, meningitis, tuberculosis) to UKHSA.
The Waste (England and Wales) Regulations 2011 (as amended 2012)	Duty of care for waste, waste hierarchy.	The home must manage clinical waste responsibly.
UK Health Security Agency (UKHSA) guidance (updated 2025)	Provides national guidance on infection prevention and control in health and care settings, including hand hygiene, PPE,	The home must follow UKHSA guidance (the successor to Public Health England).

	outbreak management, and decontamination.	
Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026	Effective 1 April 2026. Inspects health and wellbeing, including infection control.	Inspectors will evaluate the home's cleanliness, hand hygiene, PPE use, and outbreak management.
National Colour Coding Scheme (UK)	Red (high risk – bathrooms/toilets), Yellow (medium risk – isolation), Blue (general areas), Green (kitchens).	The home must use colour-coded cleaning equipment.

4. The Policy

4.1 Policy Statement

Byram House believes that adherence to guidelines on infection prevention and control is of the utmost importance in safeguarding children, staff, and the local community. The purpose of this document is to assure employees, children and their families, and all external organisations that safe systems of working are in place to assist in minimising the risk of infection.

- Byram House has a nominated **Infection Prevention and Control Lead** who takes overall responsibility for this area within the home (with support from the company-wide lead).
- We use a corporate audit tool to monitor infection control standards.
- We follow the advice and guidance of the **UK Health Security Agency (UKHSA)** (formerly Public Health England) and local Health Protection Teams.

4.2 Organisation and Management Responsibilities

Role	Responsibility
Directors	Ultimate responsibility for statutory compliance and effective health and safety arrangements, including infection control.
Responsible Individual	Ensures the policy is implemented for their services, provides support and advice to managers, monitors implementation.
Registered Manager	<ul style="list-style-type: none">– Ensures staff are aware of and adhere to the policy.– Ensures staff receive annual infection control training.– Drives a culture of cleanliness and hand hygiene.

	<ul style="list-style-type: none"> – Ensures adequate cleaning equipment, disinfectants, and PPE supplies. – Reports outbreaks of infection to the Health Protection Team. – Ensures waste is managed and disposed of correctly. – Investigates and reports sharps injuries.
Infection Prevention and Control Lead (nominated within the home)	Undertakes annual training, conducts audits, updates this policy, provides advice to staff.
All Staff	<ul style="list-style-type: none"> – Complete annual infection control training. – Never knowingly place a child, colleague, or visitor at risk. – Work to the infection control standards set out in this policy. – Wear PPE as provided. – Challenge poor practice and seek support from managers. – Report any adverse incidents or suspected outbreaks to the Registered Manager. – Report sharps injuries or bites immediately.

4.3 The Chain of Infection (Understanding Transmission)

Infection occurs when all six links in the chain are present. Breaking any link prevents infection.

Link	Definition	Example
1. Infectious Agent	Micro-organism that causes disease (bacteria, virus, fungus, parasite).	Norovirus, Salmonella, COVID-19, MRSA.

2. Reservoir	Where the micro-organism lives and multiplies (humans, animals, environment).	A child with diarrhoea, contaminated food, a damp surface.
3. Portal of Exit	How the micro-organism leaves the reservoir.	Faeces, vomit, respiratory droplets, blood.
4. Mode of Transmission	How the micro-organism spreads to a new host.	Direct contact, airborne droplets, ingestion, sharps injury.
5. Portal of Entry	How the micro-organism enters a new host.	Mouth, nose, eyes, broken skin, catheter.
6. Susceptible Host	A person with reduced immunity (young children, elderly, ill, unvaccinated).	A child with a weakened immune system.

Infection control aims to break the chain – by hand hygiene (breaking transmission), PPE (blocking portals of entry), isolation of infected persons (removing reservoir), sterilisation/disinfection (destroying agents), etc.

4.4 Prevention and Control of Infection – Standard Principles

4.4.1 Hand Hygiene (Handwashing Procedure)

Handwashing is the **most important** measure in reducing cross-infection. Staff must wash their hands for at least **20 seconds** (about the time to sing “Happy Birthday” twice) using the WHO-recommended steps:

1. Wet hands with water (warm or cold). Apply enough soap to cover all surfaces.
2. Rub hands palm to palm.
3. Rub the back of left hand with right palm, interlaced fingers; repeat.
4. Rub palms together with fingers interlaced.
5. Rub backs of fingers against opposite palms with fingers interlocked.

6. Clasp left thumb in right hand and rotate; repeat.
7. Rub tips of fingers in opposite palm in circular motion; repeat.
8. Rinse hands thoroughly.
9. Dry thoroughly with a disposable towel.
10. Use the disposable towel to turn off the tap.

When to wash hands:

- Before and after each work shift or break.
- Before and after physical care with each child.
- After handling contaminated items (dressings, bedpans, urinals).
- Before putting on PPE and after removing PPE (including gloves).
- After contact with blood and other body fluids.
- After handling bed linen or laundry.
- After using the toilet, blowing nose, covering a sneeze.
- Whenever hands are visibly soiled.
- Before eating, drinking, handling food, or smoking.
- Before entering the kitchen.

Products: Use liquid soap (bacteria grow on soap bars). Alcohol-based hand rub ($\geq 70\%$ alcohol) may be used when hands are not visibly soiled, except during outbreaks of *Clostridium difficile* (use soap and water). Hand cream from a tube (not a tub) to prevent chapping.

Facilities: Hand wash basins with hot and cold water, liquid soap, paper towels must be available and accessible.

4.4.2 Personal Protective Equipment (PPE)

PPE protects both staff and children. It must be readily available, appropriate for the task, fit properly, be disposable (where possible), and be used with training.

Order of putting on PPE:

1. Apron
2. Mask / respirator (if indicated)
3. Eye protection (if splash risk)
4. Gloves

Order of removing PPE (to avoid self-contamination):

1. Gloves
2. Apron
3. Eye protection
4. Mask / respirator

Gloves:

- Wear **non-powdered vinyl gloves** for standard procedures, **nitrile (latex-free)** for aseptic procedures or high risk of blood exposure.
- Put on immediately before an episode of care; remove as soon as activity completed.
- **Single use only** – discard after each use.
- Wash hands immediately after removal.

Aprons:

- Wear disposable plastic apron to protect clothing from blood, body fluids, secretions.
- Also wear when handling contaminated linen or waste.
- Remove after gloves. Discard inside side room if caring for an isolated child.

Eye protection and masks:

- Wear as advised by UKHSA (e.g., for suspected COVID-19, influenza, droplet infections) or when splashing of fluids likely.

4.4.3 Keeping Cuts Covered

- Always cover cuts or abrasions on the skin with a **waterproof plaster** (blue if a food handler).
- If a cut or abrasion is exposed to body fluids from a child potentially at risk of blood-borne viruses, wash immediately with soap and water (do not scrub). Report to manager and seek medical advice.

4.4.4 Precautions when Caring for Children

- Physical contact is necessary but can spread infection. Follow hand hygiene and PPE guidance.
- For children with known infectious conditions (e.g., diarrhoea, vomiting, suspected COVID-19), use **additional precautions**:
 - Isolate (single room) if possible.
 - Dedicated toilet facilities if possible.
 - Enhanced cleaning and PPE.

4.5 Bodily Fluids and Spillages

Body fluids include: blood, sputum, urine, faeces, vomit, wound drainage, and other moist body substances.

Precautions:

- Wear disposable apron and gloves (and eye protection if splash risk).
- Cover wounds or skin lesions with waterproof dressing.

Spillages of blood and body fluids (except urine):

1. Cover the spillage with a sanitising solution (bleach/hypochlorite containing at least 1,000 ppm available chlorine). Leave for **2 minutes**.

2. Clean with disposable wipes, discard in a **yellow bag with black stripes**.
3. For large spillages, first absorb with paper towels/incontinence pad, then disinfect as above.

Urine spillages: Remove with disposable towels, then wash with general purpose detergent and hot water.

4.6 Reporting and Control of an Outbreak of Infection

Definition of an outbreak: An incident in which **two or more** people experience a similar illness linked in time or place.

Procedure:

1. **Request a GP diagnosis** for the first case. If an outbreak suspected, contact the **Health Protection Team (HPT)** immediately (local UKHSA team). Keep contact numbers accessible.
2. **Record details** in each child's care plan and the home's incident log.
3. **Send specimens** to the local laboratory in approved containers (GP will assist).
4. **Isolate** affected children as advised by HPT (single room, dedicated toilet if possible).
5. For **food-borne outbreaks**, the local Environmental Health Officer (EHO) will investigate food handling and hygiene.
6. **Notify the Registered Manager, Responsible Individual, and Ofsted** (if the outbreak is serious or leads to hospitalisation).

Common outbreaks in children's homes: viral gastroenteritis (norovirus), respiratory infections (influenza, COVID-19), scabies, head lice.

4.7 Education and Training

- All staff receive annual infection control training (basic methods, risk identification, hand hygiene, PPE, waste, outbreak response).
- The **Infection Prevention and Control Lead** receives additional training annually.

- Agency staff and volunteers must be familiar with the policy before commencing duties.
- Competency will be assessed via an environmental audit (at least annually).

4.8 Occupational Health (Screening, Vaccinations)

Health screening: Each new member of staff must complete a health questionnaire.

Vaccinations:

- Staff with direct contact with children's blood or body fluids should be offered **Hepatitis B vaccination** (employer pays).
- Staff should be encouraged to be up-to-date with routine immunisations (influenza, COVID-19, MMR, tetanus, diphtheria, polio).
- Staff who decline vaccination must sign a statement acknowledging the risks.

Records: The Registered Manager keeps a record of vaccination advice given and staff acceptance/declination.

COSHH risk assessment for biological agents must be documented for any child known to be infected with a blood-borne virus (BBV) – e.g., Hepatitis B, C, HIV.

4.9 Cleaning and Decontamination (including Colour Coding)

Three levels of decontamination:

- **Cleaning** – physically removes contamination but does not kill micro-organisms. Use for low-risk items (e.g., floors, tables, intact skin).
- **Disinfection** – reduces micro-organisms (but may not kill spores). Use for intermediate-risk items (e.g., commodes, bath seats).

- **Sterilisation** – eliminates all micro-organisms. Use for high-risk items (penetrate skin/mucous membrane). Single-use items are preferred.

General cleaning schedules: All areas must have a cleaning schedule specifying equipment, frequency, and responsible person.

Colour coding of cleaning equipment (national standard):

Colour	Area
Red	High risk – bathrooms, showers, toilets, basins, bathroom floors.
Yellow	Medium risk – isolation rooms (when a child has an infection in their own room).
Blue	General areas – lounges, offices, corridors, bedrooms (non-isolation).
Green	Kitchens and food storage areas only – never used elsewhere.

Disinfectants: Only use when necessary; do not use as routine cleaning agents or deodorants. Follow COSHH and manufacturer’s instructions. Never use expired disinfectant.

Single-use items: Never reuse items labelled “single use” (Consumer Protection Act 1987 liability).

4.10 Laundry

Facilities: A washing machine (domestic or industrial) with adequate temperature control. Dryer with filter cleaned after each use.

Handling used laundry:

- Wear disposable apron and gloves.
- Cover cuts on hands.
- Place soiled linens directly into appropriate bag – do not sort in living areas.
- **Infected/infested linen** (e.g., diarrhoea, scabies) – place in a **red water-soluble bag**, then inside a fabric bag or yellow/black striped bag.
- **General laundry** – may be washed at appropriate temperature according to fabric label (at least 60°C for infected linen).

Wash hands after handling laundry.

Storage: Clean linen stored in a dry area above floor level, not in bathrooms.

4.11 Waste Management

Waste categories:

Colour of bag / container	Type of waste
Black bag	Domestic waste (non-hazardous, non-infectious, non-offensive).
Yellow bag with black stripes (tiger bag)	Offensive / hygiene waste (incontinence pads, nappies, non-infectious but offensive).
Yellow bag (solid colour)	Infectious clinical waste (must be incinerated).

Orange bag (rare in children's homes)	Infectious waste for high-temperature incineration (anatomical, sharps).
Yellow sharps box	Sharps (needles, scalpels, razors).

Segregation:

- All waste must be assessed at point of production.
- Bags must be sealed securely, not overfilled. If a bag splits, place it inside another bag of the same colour.
- Waste storage area: away from food and living areas, with hand hygiene facilities.
- Use **foot-operated bins** where possible.

Sharps – see section 4.12.

4.12 Sharps Injuries and Bites (Inoculation Injuries)

Sharps regulations (2013) require:

- Use of safer sharps (e.g., retracting needles) wherever reasonably practicable.
- A ban on re-sheathing needles.
- Training and reporting.

Disposal of sharps:

- Containers conform to British Standard BS7320.
- Assemble and label with date.
- Never send uncovered sharps through waste bags.
- Do not overfill ($\frac{3}{4}$ full or weekly, whichever first).
- Seal container and carry by handle.

Sharps injury procedure:

1. **Encourage bleeding** – gently squeeze the wound (do not suck).
2. **Wash** with soap and warm running water, then swab with alcohol wipe or gel.
3. **For splash to eye/mouth** – rinse with copious water (do not swallow).
4. **Report to line manager immediately.**
5. **Complete accident report** (Clear Care).
6. **Seek medical advice** – attend GP or A&E (for out of hours). Report that you have had a sharps injury – you may need PEP (post-exposure prophylaxis) for HIV and Hepatitis B testing.
7. **RIDDOR report** – the manager must report the injury to HSE if it leads to a work-related infection or a specified injury.

Human bites: Clean thoroughly with soap and running water; seek medical advice (antibiotics likely needed). Report to manager.

4.13 Food Hygiene

- Assume **all raw meat and poultry** is contaminated.
- Staff with diarrhoea/vomiting must stay off work until symptoms ceased for **48 hours**.
- Staff handling food must pay strict attention to personal hygiene (hand washing, covering cuts with blue plasters, no jewellery).
- Follow kitchen cleaning schedule.

4.14 Pests and Pest Control

Prevention:

- Keep doors well-fitted, use fly screens or bird netting.
- Clean spillages immediately, store food in sealed containers, rotate stock.

- Do not leave leftovers out for birds.

Signs of pests: droppings, nests, chew marks, damaged food containers, webbing, live insects.

Action: Discard affected food, clean area, and liaise with Environmental Health or commercial pest control company.

4.15 Pets

Pets can enhance quality of life but may pose infection risks. A written pet policy must include:

- Acceptable types (mature, house-trained pets).
- Control and permitted behaviour.
- Areas where pets are not allowed.
- Cleaning and health checks (vaccinations, worming, flea control).

Rules for safe pet keeping:

- Children must wash hands after touching pets.
- Pets should not lick children or be allowed to jump on them.
- Claws trimmed regularly.
- Pet feeding equipment washed separately, not in food preparation area.
- Litter boxes cleaned daily by healthy, non-pregnant staff wearing apron and gloves. Disinfect weekly with boiling water (kills toxoplasmosis).

Risky animals: stray, sick, or wild animals; exotic animals; caged birds (psittacosis); tropical fish (TB).

4.16 Monitoring and Review

- **Monthly health and safety checks** include infection control items (e.g., PPE stock, hand hygiene facilities, cleaning schedules).
- **Annual environmental audit** by a competent person (Infection Prevention and Control Lead) – results reported to the Registered Manager.
- **Annual policy review** (or earlier if legislation or guidance changes).
- All outbreaks and significant incidents (e.g., sharps injury) must be reported to the Responsible Individual and, where required, to Ofsted (Regulation 40) and HSE (RIDDOR).

5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Infection Control Policy effectively.

Training Element	Frequency	Method / Content
Induction	Upon appointment	Face-to-face training covering: chain of infection, hand hygiene (practical demonstration), PPE use (donning/doffing), bodily fluid spillages, outbreak reporting, waste segregation (colour coding), sharps disposal, laundry, food hygiene, pets, and the dual-site operation (62 & 66 Deighton Road).
Annual refresher	Every 12 months	Classroom or virtual session covering updates to UKHSA guidance, case studies, refresher on hand hygiene steps (practical), and outbreak management.
PPE practical	At induction and annually	Practise donning and doffing gloves, aprons, masks, and eye protection; disposal techniques.
Sharps and inoculation injuries	At induction and biennially	Training on safe handling of sharps, use of safety devices, reporting procedure (RIDDOR), and post-exposure management.
Cleaning and decontamination	At induction and as needed	Training on colour coding of cleaning equipment, use of disinfectants, COSHH assessments, and schedules.
Outbreak simulation	Annually (for managers)	Table-top exercise on suspected norovirus or influenza outbreak: isolation, PPE, reporting to HPT, liaising with parents and Ofsted.

Staff are required to:

- Read and sign this policy annually.
- Complete all mandatory training.
- Wash hands according to the 10-step procedure at every opportunity.
- Wear PPE correctly.
- Immediately report any outbreak, sharps injury, or infection control concern.

6. Related Policies and Guidance

This policy must be read in conjunction with:

- Health and Safety Policy
- COSHH Assessments (local)
- Waste Management Policy
- Food Hygiene Policy
- Medication Policy (for handling of expired medicines)
- Safer Recruitment Policy (vaccination status checks where appropriate)
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- UK Health Security Agency (UKHSA) guidance – "Infection prevention and control in care settings"

7. Policy Approval and Review Details



Byram House

Policy Name	Infection Control Policy	
Home	Byram House	
Reviewed by	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
Approved by	Stacey Wagstaffe	Responsible Individual
Date	May 2026	