

Churchill Academy and Sixth Form Policy to Reduce the Spread of Infection

Objectives:

- To maintain a high standard of cleanliness of
 - People
 - the toilets and washing facilities
 - the kitchen and food storage areas.
- To prevent contamination and protect from the risk of infection

Hand washing:

Hands should be washed after:

- Using or cleaning the toilet
- Contact with all bodily substances
- Blowing/wiping the nose or covering a sneeze or cough
- Removing medical gloves

Hands should be washed:

- Before handling, eating, preparing or serving food
- Before preparing and giving medications or treatments
- When hands look or feel dirty

Gloves:

- Gloves should be worn before contact with body substances.

Body fluid spills:

- Biohazard Removal Kit keep in Medical room and Caretaker's room
- Disposable latex gloves (or equivalent) and a disposable plastic apron must be worn by the person dealing with body fluid spills.
- Should only be dealt with by a properly trained and competent person using suitable equipment and protective clothing etc.
- First clear the immediate area of people. Hazard sign may be necessary.
- Wash in cold water any part of the body that has come into contact with the bodily fluid. e.g.
 - The wound
 - Eyes
 - Hands
- The body fluid spill should be cleaned up with a granular form of Na DCC as it helps to contain the spillage while inactivation occurs
- Alternatively a chlorine releasing disinfectant (bleach) can be used, made up as 1 part bleach in 10 parts water. Adequate ventilation should always be ensured when chlorine-releasing agents are used

Note: Chlorine releasing agents should not be used for urine spills as chlorine gas may be released.

Procedures for dealing with body fluid spills on various surfaces:

All waste materials, which are generated when mopping up body fluid spills, should be treated as 'clinical waste' and carefully disposed of as follows:

Spills on 'hard' surfaces:

For all fluids:

- The fluid should be covered with disposable towels to soak up excess. These should then be gathered up and placed in clinical waste plastic bag.

If the spillage is of blood:

- The remaining spillage should then be covered with hypochlorite solution (or equivalent).
- After the appropriate time has elapsed (as per manufacturer's instruction), the whole area should be mopped using disposable towels. These should be disposed of as clinical waste.

For all fluids:

- Use red mop and bucket to clean area, stored in each house block. Replace mop head after each use.
- The area should then be washed with detergent and hot water and dried thoroughly.

Spills on 'soft' surfaces:

- If carpets become soiled they should have most of the body fluid mopped up as above and then be cleaned using a steam cleaner, if available. Otherwise hot water and detergent should be used.
- On upholstery and soft furnishings, excess fluid should be mopped up with disposable towels, sponged with cold water, then cleaned with detergent and hot water, or steamed cleaned.
- If soft furnishings, carpets etc. are very badly soiled with body fluids, they may need to be considered for disposal as 'clinical waste'.
- Spills on clothing should be sponged with lukewarm soapy water and washed as soon as possible in the hottest wash the clothing will stand. Heat from ironing the fabric may also kill pathogens.

Sharps and Inoculation Injuries

Sharps: Needles, scalpel blades, stitch cutters, iv needles etc used in clinical care. These may become contaminated with blood or body fluids during use. There is a risk of accidental injury if not handled correctly.

Inoculation injuries: This is when blood or body fluid of another person is introduced by injury with a contaminated item. It involves the puncture of the skin with a sharp instrument.

Action to be taken if an inoculation or sharps injury occurs:

- Bleed it, encourage it to bleed by squeezing. Do not suck.

- Wash it under running water
- Cover it with a waterproof dressing or plaster
- Report it to the senior member of staff. Record it in the accident book.
- If eyes or mouth involved, irrigate with sterile water solution or tap water for 1-2 minutes.
- Contact parents / carer (if a pupil) who should then attend their GP or A&E department. The GP may need to contact the Health Protection Agency collaborating laboratories, to discuss any necessary treatment or tests that may be required.

Contamination by splashing or spitting should be managed as inoculation injuries.

In most circumstances all that will be needed, after immediate first aid, will be reassurance.

Bite Injury

If the skin is **not** broken, there is no bleeding or visible puncture:

- Inform senior member of staff
- Record in accident book
- Advise to observe for signs of infection or inflammation

If the skin is broken and the case is a member of staff:

- Inform senior member of staff
- Record in accident book.
- The staff member must inform their GP. A blood sample may be taken from the source and any injured people and sent to the Health Protection Agency collaborating laboratories.

If the skin is broken and the case is a pupil:

- Inform the parents / carer
- Inform senior member of staff
- Record in accident book.
- The parent / carer must take the pupil to their GP or A&E department. A blood sample may be taken from the source and any injured people and sent to the Health Protection Agency collaborating laboratories.

This policy is based on Avon, Gloucestershire & Wiltshire Health Protection Unit Local Handbook for Schools on Infectious Diseases.

Issued by the Health Protection Agency.

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