

INFECTION CONTROL POLICY

The OHC&AT Board of Directors has agreed this Policy and as such, it applies across the organisation – 15th December 2017.

Jay Mercer
Chair of OHCAT Board



Darren Coghlan
Chair of OHC Board



Infection Control Policy

INTRODUCTION

Orchard Hill College and Academy Trust (OHC&AT) is committed to providing outstanding educational opportunities for all our pupils and students. Part of this commitment is safeguarding the health and wellbeing of everyone within the OHC&AT community. The purpose of this policy is to ensure that all appropriate steps are taken to prevent the spread of infection amongst our pupils/students, staff and visitors.

This policy provides general hygiene guidelines to be followed by all staff, and specific guidelines around providing intimate care to pupils/students as required.

OHC&AT will keep its staff up to date with any changes in the guidelines and will take appropriate action in the case of an outbreak of any infection.

PROCEDURE

It is very easy to control the spread of infection in educational establishments when current guidelines are followed. Basic steps should be followed as detailed in this procedure.

Universal Infection Control Procedure

- Universal Infection Control Procedure must be used whenever you give care to a pupil/student – whether there is known infection present or not.
- These procedures, when carried out correctly, will protect you, the pupil/student and other pupils/students and staff from infection, including blood borne viruses such as HIV and Hepatitis B and infection such as MRSA (Appendix 2).
- Good infection control practices apply equally for all pupils/students, and are based upon the care activities being carried out. This ensures you are always protected even if there is infection present that no one is aware of.

Please also refer to the Health Protection Agency for advice:

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203496946639

Guidance on infection control in schools and other childcare settings:

http://www.publichealth.hscni.net/sites/default/files/A2%20Schools%20poster_1.pdf

GENERAL HYGIENE GUIDELINES

Hand washing

- The most important way to control infection is good hand washing.

- Use ordinary non-medicated soap provided in the soap dispensers.

Hand washing technique (Appendix 1)

- Wet hands under running water
- Apply soap
- Rub all parts vigorously without adding water for 15-30 seconds
- Rinse soap off hands under running water
- Dry hands thoroughly using a disposable towel or hand drying machine
- Keep your hands in good condition, avoid skin contact with harsh abrasive chemicals such as bleach
- Keep your nails neat and clean
- All breaks in the skin should be covered with a waterproof plaster whenever you are at work (blue plasters should be worn when working with food)
- If you wish to use hand cream, this should be your own supply which is not shared by others. You should be mindful of student allergies at all times.

You must wash your hands:

- Before and after undertaking personal care tasks, even if you are wearing gloves
- Before any food preparation, feeding a student or giving medication
- After using or cleaning a toilet or undertaking any task relating to toileting
- After taking off disposable gloves or other protective gloves
- After handling any body fluids/products such as blood, urine, faeces, vomit, semen, mucus, pus, saliva or sputum
- Whenever you have been to the toilet, coughed into your hand, sneezed/blown your nose
- Before and after you eat, drink or smoke
- At the end of your working day

Gloves

- Disposable gloves are provided as a single use item and should always be discarded after use. Gloves are not an alternative to hand washing. You should always wash your hands after removing them.
- Disposable gloves **MUST** be worn whenever there is potential or actual contact with blood, faeces, urine, vomit and other bodily fluids. It is OHC&AT policy that you wear them when delivering all personal care.
- Disposable gloves should be changed between 'clean' and 'dirty' tasks.
- Gloves should be removed by pulling down from the wrist and left inside out.
- You should never wash and reuse gloves.
- Used gloves can be disposed of in normal rubbish. If worn whilst dealing with personal care or bodily fluids, they should be disposed of via clinical waste bags.
- **DO NOT** dispose of gloves down the toilet.

Intimate care

- When giving intimate care always use disposable cloths/wipes for washing/drying the genital area and for cleaning any incontinence or body fluids.
- Always wear disposable gloves and aprons.
- Towels should be used for dignity only. Depending on identified best practice within each provision, either washable or disposable towels will be used. Where washable towels are used, this is in accordance with the laundry guidelines below.

Aprons

- In areas where disposable aprons are provided, they are provided as a single use item and must always be discarded after one use.
- You should wear a disposable apron when providing intimate care and when dealing with laundry.
- Used disposable aprons should be disposed of in normal rubbish unless worn while providing personal care, in which case they should be disposed of via clinical waste bags.

Disposal of waste

- All soiled waste should be disposed of in the yellow clinical waste bins located in the toilets.
- All disposable soiled wash cloths should be disposed of in the clinical waste bin.
- All soiled disposable aprons should be disposed of in the clinical waste bin.
- Used sanitary protection should be disposed of in the feminine hygiene disposal units located in the women's toilets. These units will be collected regularly by our external contractors.
- Clinical waste bags should not be more than three quarters full.
- When the clinical waste bin is full, the bag should be securely tied and placed in the yellow commercial wheelie bins provided. Gloves must be worn when emptying clinical waste bins.

General cleaning

- Colour coded cloths and mops are to be used to prevent cross contamination.

Crockery and cutlery

- Items should be washed in a dishwasher and can then be safely shared.
- If a dishwasher is not available, hot soapy water should be used. Particular attention should be paid to rinsing and ensuring all items are dry prior to being stored.

Laundry

- Each provision will have a laundry facility as need dictates.

- All staff to use gloves and aprons when dealing with laundry.
- Dirty and clean laundry are kept segregated at all times.
- All washing machines have a system to minimise contact with chemicals.
- Washing machines have adjustable temperatures to deal with soiled/infected linen.
- Soiled laundry e.g. towels should be washed at a temperature of 65°C or above.

POLICY REVIEW DETAILS

<i>Version:</i>	1.1
<i>Reviewer:</i>	Jackie Van-West, Lisa Watkins
<i>Approval body:</i>	Family Board
<i>Date this version approved:</i>	15 th December 2017
<i>Due for review:</i>	Autumn 2020

RELATED POLICIES AND PROCEDURES

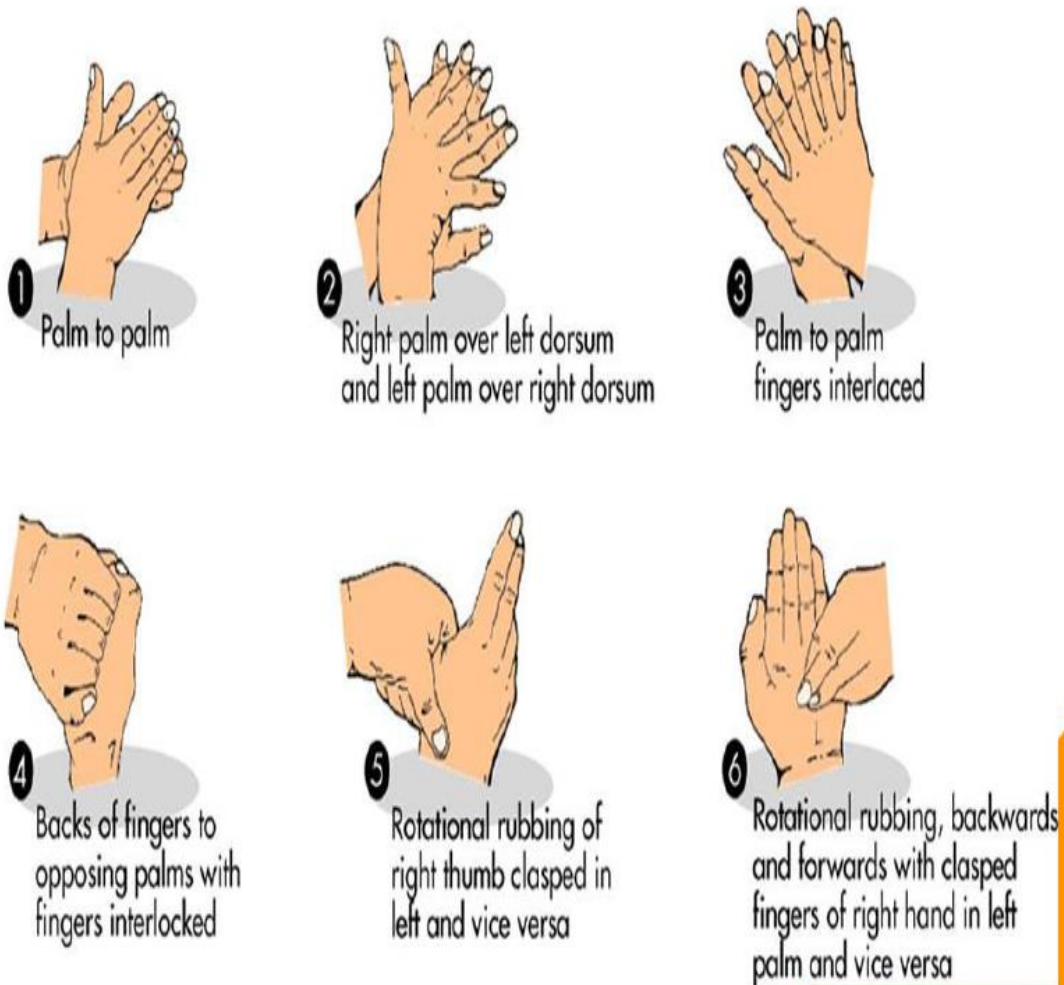
Child Protection, Adult Protection & Safeguarding Policy and Procedure
Health & Safety Policy
Moving & Handling Policy
Personal & Intimate Care Policy
Risk Assessment Policy

APPENDIX 1: HAND WASHING TECHNIQUE

HAND WASHING



Hand washing technique:



Reference: Ayilffe GAJ, et al (1992) Control of hospital infection; A practical handbook. Third edition, Chapman and Hall, London.

APPENDIX 2: BLOOD BORNE VIRUSES

Blood borne viruses are defined as those viruses which are passed via blood and bodily fluids, such as HIV, AIDS and Hepatitis B.

All blood and bodily fluids should be treated as though they are infected and the information and guidelines in this appendix followed to protect against infection.

The risk of staff being infected by transmission of bodily fluids is low and by following all Universal Precautions the risk is further reduced.

Blood and bodily fluids

These precautions about blood and bodily fluids apply to ALL students and are part of Universal Infection Control Precautions. Treating all blood and bodily fluids with care ensures that you are safe whether there is infection or not.

Dealing with spillages of blood or bodily fluids

- Spillages of bodily fluids must be cleaned up as soon as possible.
- You must wear disposable apron and gloves.
- Mop up as much of the spillage as possible with disposable paper towels/wipes and dispose of them in the clinical waste bin.
- If available, use a spillage kit and follow the instructions on the kit.

Spitting and biting

- Although unpleasant, spitting should cause no particular hazards.
- Sputum should be treated as a bodily fluid when being cleaned up.
- If sputum has contacted skin the area should be washed thoroughly.
- If sputum has contacted the eyes then eye wash should be used (located in first aid box).
- Biting which causes the skin to be punctured should be regarded as a sharps injury.

Sharps injury advice

- Encourage free bleeding of the wound.
- Wash the affected area with soap and running water.
- Cover the wound with a dressing that seals the affected area all around.
- Inform line manager.
- Seek further medical advice.
- Complete an incident report.

APPENDIX 3: NEEDLE STICK / SHARPS INJURY GUIDANCE AND PROCEDURES

If any OHC&AT pupil/student requires administration of medication with sharps, an Individual Risk Assessment and Care Plan will be created. These will include specific administration guidance and instructions for the procedure in case of needle stick injury.

Any staff member who is required to use or assist in the use of needles or sharps will be trained and made aware of the related:

- Risk Assessments
- Care plans
- Safe working practice
- Procedures in the event of injury

Safe working practices

This can be divided into 3 stages:

1. Prior to use

- A full risk assessment must be undertaken to identify the risks, who might be harmed and the measures needed to control the risks during planned use and the unexpected discovery of incorrectly or maliciously discarded needles.
- Any employee that is required to use or assist in the use of needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training.
- Any employees that are required to collect and dispose of discarded needles or sharps must be informed of the risk assessment and receive appropriate information, instruction and training and be provided with suitable equipment for the task
- Except in extreme emergency situations where there is a risk to life e.g. where there is a risk to life without immediate intervention, protective gloves must be worn before any activity where a member of staff may come into contact with blood or other body fluids.
- Wear facemasks and eye protection (goggles/safety glasses and mask or a full face visor) where there is a risk of blood/body fluid splashes.
- A sharps container must be available that complies with the British Standard (BS7320).
- Ensure there are adequate sharps bins of appropriate sizes situated in suitable locations e.g. located in Medical Rooms (portable).
- Place bins at the point of use on a hard even surface.
- Keep sharps bins out of the way of children and other vulnerable people.
- A sharps disposal pack should be available where there is the possibility of maliciously discarded needles. This should contain protective gloves, forceps/pick up device and portable sharps container.

2. During use

- Wear appropriate personal protective equipment.
- Never carry sharps in your hand.
- Carefully assemble the device to be used.
- Do not take the device apart unless unavoidable.
- If unavoidable, use the device provided on the sharps bin to remove needles from syringes and blades from scalpel handles.
- Do not re-sheath needles.
- Use tray to carry sharps devices.
- Activate temporary closure mechanism on sharps bin between uses.
- Be especially careful of sharps risks during emergency procedures.

3. After use

Safe disposal is the responsibility of the member of staff assisting or administering the treatment.

- Dispose of sharps directly into a sharps bin **at the point of use**.
- Discard disposable needles and syringes as one unit immediately after use.
- Dispose of sharps bins when three quarters full.
- Dispose of sharps bin securely as clinical waste.
- Do not put sharps bins in clinical waste bags.
- Sharps, their associated syringes, tubes, bags etc. and drug vials which are not fully discharged and contain prescription only medicine must be treated as 'Special Waste' and must be disposed of in a sharps bin, which must be clearly marked '**For Incineration**'.
- Dispose of gloves into waste bag.
- Wash and dry hands thoroughly.

4. In the event of injury

Injuries from needles used in medical procedures are sometimes called needle-stick or sharps injuries. Sharps can include other medical supplies, such as syringes, scalpels and lancets, and glass from broken equipment.

Needle-stick injuries

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

- encourage the wound to bleed, ideally by holding it under running water
- wash the wound using running water and plenty of soap
- don't scrub the wound while you're washing it
- don't suck the wound
- dry the wound and cover it with a waterproof plaster or dressing

You should also seek urgent medical advice:

- go to the nearest [accident and emergency \(A&E\) department](#), or

- contact your employer's Occupational Health service, if you injure yourself at work.

Further information

Once someone has used a needle, viruses in their blood such as [hepatitis B](#), [hepatitis C](#) or [HIV](#) may contaminate it. This includes needles used to inject illegal drugs. Blood can also contaminate sharps.

For more information, see [What infections can used needles or sharps pass on?](#)

Assessing your injury

The healthcare professional treating you will assess the risks to your health and ask about your injury, for example how and when it happened, or who had used the needle.

Samples of your blood may need to be tested for hepatitis B and C or HIV.

Although rare, there is also a small risk of other infections being transmitted via contaminated blood, such as [cytomegalovirus \(CMV\)](#) and [Epstein-Barr virus](#).

Your healthcare professional may also arrange to test samples of the other person's blood, if they give their consent.

Will I need any treatment?

If your healthcare professional thinks you're at low risk of infection, you may not need any treatment.

If there's a higher risk of infection, you may need:

- antibiotic treatment, for example if you have [cellulitis](#) (infection of the skin)
- vaccination against hepatitis B
- treatment to prevent HIV

If there's a high risk of infection with HIV, your healthcare professional may consider treatment called post-exposure prophylaxis (PEP). For more information, see [Can PEP stop me getting HIV?](#)

Getting support

Your healthcare professional may recommend that you get:

- support from your employer's occupational health service – they can also advise about sick leave
- psychological support such as [counselling](#), to help with any stress the injury has caused

If you injure yourself with a used needle at work, report the incident immediately to your supervisor or manager.

For further guidance see [NHS Choices Guidance on Needle stick Injuries – Reviewed May 2015](#)

APPENDIX 4: HEPATITIS B: CLINICAL AND PUBLIC HEALTH MANAGEMENT – GUIDANCE FOR STAFF

Information for healthcare professionals on the diagnosis, prevention and treatment of hepatitis B (Public Health England 2014) Available from <https://www.gov.uk/guidance/hepatitis-b-clinical-and-public-health-management>

Diagnosis and General Information for staff

Hepatitis B is a virus that replicates in the liver, but is also present at very high levels in the blood of people who are infected. The hepatitis B virus (HBV) causes hepatitis (inflammation of the liver) and can also cause long term liver damage. **It is vaccine preventable.**

The virus may be transmitted by contact with infected blood or body fluids contaminated by blood. The virus can be spread by:

- sharing or use of contaminated equipment during injecting drug use
- vertical transmission (mother to baby) from an infectious mother to her unborn child
- sexual transmission
- horizontal transmission (non-sexual contact between individuals , for example household contact with an infected person)
- receipt of infectious blood (via transfusion) or infectious blood products (for example clotting factors) in countries where screening of blood donors and donations is not performed.
- needle stick or other sharps injuries (in particular those sustained by hospital personnel)
- tattooing and body piercing

The incubation period from infection to the appearance of symptoms is around 12 weeks (range 40-160 days).

Exposure to the hepatitis B virus causes an acute infection. **Symptoms** during acute infection can include tiredness, abdominal pain, a “flu-like illness”, nausea, vomiting, joint pains, loss of appetite and jaundice. Children rarely develop acute symptomatic hepatitis B infection whereas up to a third of adults are symptomatic during this acute stage of infection. **Individuals are infectious to others** and mortality during the acute phase of infection is estimated to be less than 1%.

Currently there is a national shortage of vaccines which is predicted to last to March 2018 (as at 25/10/17).

Action required by staff – reduce your risks

- **Prevention** - Visit your GP to establish if they have any vaccines and request you are immunised – OHCAT will reimburse any costs incurred to staff – please contact HR.
- **Reduce your risks** - Follow all guidance in OHCAT’s Infection Control Policy on Universal Precautions and Action in the event of a needle stick injury <http://ohcintranet/College%20Policies/Infection%20Control%20Policy.pdf>

- **In an emergency-** Any injury caused by needle stick, bites which break the skin, or where there is any risk of blood born virus/ infection being spread between two or more employees and/or students, **emergency care must be accessed immediately by attending the nearest A&E dept.** This applies to staff vaccinated and not vaccinated.