

## **Burnt Tree Primary School**

### **Procedures for the Safe Handling, Treatment and Disposal of Body Fluids**

#### Spillage of blood or body fluids

1. Clean up spillages of blood or body fluids, however small, immediately.
2. Open wounds must be covered with a waterproof dressing.
3. It is essential to wear disposable non-seamed latex or vinyl gloves and an apron.
4. If there is broken glass, never pick it up with your fingers, even if wearing gloves. Use a paper or plastic scoop or litter picker and dispose of the glass in a safe manner. Needles will be stored in a safe container and taken to the nearest GP practice for disposal.
5. Apply cleansing granules i.e. sanitizing granules/body spills kit according to manufacturer's instructions.
6. Rinse area with hot water and detergent.
7. Dispose of gloves and apron as clinical waste in the bin stored in the Nursery shower room.
8. Wash hands thoroughly with soap and hot water.
9. Splashes of blood or body fluid on the skin should be washed off immediately with soap and hot water.
10. If clothing becomes contaminated with blood or other body fluids, it should be rinsed with cold water then laundered separately in a hot wash.

#### Cuts and Abrasions

All staff should ensure that wounds or damaged skin are covered with a waterproof dressing (without visible air holes). Disposable non-seamed latex or vinyl gloves provided must be worn at all times, without exception.

## Infection Control, Toileting and Nappy Changing

The same principles apply to Hygiene or Infection Control policies, procedures and administration. There is no legal duty for nursery nurses or school support staff to supervise or administer the nappy changing process or toileting of children. Again any changes to contracts should be negotiated on an individual basis, there should be no wholesale changes to role profiles and contracts.

Consideration needs to be given to the health and safety implications of pupils with special education needs (SEND). The HSE have published a series of guides (details in the reference section of this guide) which have been written with full consultation with the trade unions representing school staff. These guides seek to assist employers in complying with their duties under the health and safety legislation. The guidance offers practical solutions to potential problems. The guiding principles to achieve the balance between fulfilling the duties and requirements of the Health and Safety at Work Act and the DDA are:

- \* There should be a balance between the health and safety considerations of employees and individual pupils' rights to dignity, autonomy and privacy
- \* Employees' health and safety should be maintained, but this should not be used as an excuse for denying disabled students and students with SEND access to educational opportunities

### **The risks**

Particular health and safety issues may include:

- \* manual handling of students with physical disabilities;
- \* students unable to recognise everyday hazards, communicate distress, or move around independently;
- \* using mechanical aids and equipment;
- \* using therapy and ball pools;
- \* administering medical treatment and minimising the risk of infection;

- \* management of difficult behaviour and the use of restraint;
- \* lone working where an employee works on a one to-one basis with an SEN student; and
- \* transport issues such as getting learning disabled or physically disabled students in and out of transport and making sure that access to the premises is appropriate.

Schools and all other settings registered to provide education will already have Hygiene and/or Infection Control statement as part of their Health and Safety policy. This is a necessary statement of the procedures the setting/school will follow if a child accidentally wets or soils him/herself, or is sick while on the premises. The same precautions will apply for nappy changing. Risk assessment does need to be undertaken. This should include the provision of protective clothing, the means for the appropriate safe disposal of clinical waste, and suitable facilities for the child's dignity and privacy. Additionally there also needs to be monitoring of any pertinent information e.g upset stomach. High levels of hygiene are therefore essential to minimise the risk of infection. It is important that systems are in place to communicate important information to the relevant individuals to maintain H&S, such as any behavioural difficulties. All hazards should be properly risk assessed and exposure to them prevented where possible, or otherwise minimised.

This is likely to include:

- \* Specific area in the school/setting for nappy changing to take place
- \* Staff to wear disposable gloves and aprons while dealing with the incident
- \* Soiled nappies to be double wrapped, or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- \* Changing area to be cleaned after use

\* Hot water and liquid soap available to wash hands as soon as the task is completed

\* Hot air dryer or paper towels available for drying hands.

### **Child Protection Issues**

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few setting/schools will have the staffing resources to provide two members of staff for nappy changing and CRB checks are carried out to ensure the safety of children with staff employed in childcare and education settings. If there is known risk of false allegation by a child then a single practitioner should not undertake nappy changing. A student on placement should not change a nappy unsupervised.

Chair of Governors	
Date Agreed	January 2016
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