

St John's Catholic Primary School



NEEDLESTICK AND INFECTION CONTROL POLICY

*"Christ is the Centre of our School Community where we
live, love and learn together"*

Overview:

Blood-borne virus (BBVs) are viruses that some people carry in their blood which may cause disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not.

Responsibilities:

Ensuring that an infection control and communicable disease risk assessment is carried out and that all control measures are implemented is a managerial responsibility. All relevant members of staff should be consulted when carrying out the risk assessment.

Members of staff have a duty to co-operate with their manager and to comply with all controls in place to ensure safe working. Employees also have a duty to inform their manager of any concerns regarding existing controls, the method of work or new hazards that may not have been identified i.e. inform their manager of any shortcomings.

It should be stressed that while the flow of information greatly facilitates co-operation and enhances effective prevention, medical details of individuals must be kept confidential and all agencies involved should make every effort to safeguard the privacy of affected individuals and their families.

Hazards:

Hazards will vary, it is the responsibility of the Headteacher/Health & Safety Officer to ensure an assessment takes place before specific action is determined.

Control Measures:

Control measures are determined by the hazard presented. Personal Protective Equipment (PPE) – generally this refers to items such as disposable / heavy duty gloves (latex free), aprons, overalls, RPE (half masks etc), rubber boots or disposable protective overshoes and face visors. Where a risk assessment identifies the use of PPE as a control measure, a plentiful supply should be easily accessible for all those who have to observe this precaution.

PPE must be suitable for the purpose and supplied free of charge to the staff who require it. Generally PPE will be disposable however if non-disposable PPE is supplied then adequate storage facilities should be provided in the workplace, as well as an area for staff to change if necessary.

All breaks in exposed skin should be covered by using waterproof dressings and suitable gloves.

Use appropriate decontamination procedures for cleaning of surfaces.
Hand washing – one of the most important and effective ways of controlling the spread of infection is to **remember to wash your hands.**

If towels are used for drying hands, these should be clean or disposable, alternatively hot air dryers can be used.

Blood-borne viruses:

The main BBVs of concern are:

- Hepatitis B, Hepatitis C and Hepatitis D all of which cause Hepatitis, a disease of the liver.
- Human Immunodeficiency Virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system.

It is very unlikely that you will become infected through everyday social contact with a colleague who has a BBV as they are mainly transmitted sexually or by direct exposure to infected blood or bodily fluids. In the workplace, direct exposure can happen through accidental contamination by a sharp instrument, such as a needle or broken glass. Infected blood may also spread through contamination of open wounds, skin abrasions, skin damaged due to a condition such as eczema, or through splashes to the eyes, nose and mouth.

Action to be taken after a Needle stick injury and possible infection by a blood-borne virus:

If you are contaminated with blood or other bodily fluids, take the following action without delay:

- If the skin is broken, encourage the wound to bleed and wash thoroughly using soap and running water. Contact A & E immediately. Do not suck the wound
- Record the source of contamination; and
- Report the incident to your line manager and the Occupational Health Service.

Prompt medical advice is important - The circumstances of the incident need to be assessed and consideration given to any medical treatment required. Treatment might be appropriate following infection with a BBV, but to be effective, it may need to be started quickly. Contact the nearest Accident and Emergency department for advice, without delay.

Use and Disposal of Sharps:

Staff must have available the resources and competencies required to correctly use and /or dispose of any sharp object in a way that will prevent injury to themselves or others.

It is the responsibility of the user of a sharp object to dispose of it themselves and it must not be handed to anyone else for disposal. Any used syringes and needles must not be re-sheathed by hand prior to disposal.

A sharps bin must be taken to the point of use wherever possible and any sharps must be disposed of at the point of use, or in the case of urban clearance, sharps boxes must be taken to the area that is being cleared.

Sharps Bin Compliance:

Sharps Bins must be assembled correctly in accordance with the manufacturers' instructions. All receptacles must meet an approved UK standard. A label affixed to the bin must display a CE and appropriate standard mark i.e, UN 3291 (1997) and/or BS 7320 (1990).

Other requirements of a Sharps Bin include:

- The capacity should be sufficient for its intended use.
- It must be taken to or kept at the point of use.
- It must be labelled when in use to identify the date it was opened, section or team using it and date of disposal.
- When not in use the closure aperture must be shut but not locked.

- It must not be over filled and in all cases must not be filled to more than $\frac{3}{4}$ capacity or over the intended limit set by the manufacturer. This is usually indicated by a line on the label attached to the bin.
- Blood contamination on the outside of the sharps bin must be disinfected prior to disposal.
- Once it has been locked for disposal it must be signed and dated by the person locking the bin.
- It must be disposed of by arranging for a clinical waste contractor to collect and ultimately incinerate the sharps bin. A waste transfer note must be kept for audit purposes.

Special consideration for first aiders:

If you are a first aider in the workplace, the risk of being infected with a BBV while carrying out your duties is small. There has been no recorded case of HIV or HBV being passed on during mouth to mouth resuscitation. The following precautions can be taken to reduce the risk of infection;

- cover any cuts or grazes on your skin with a waterproof dressing;
- wear suitable disposable gloves when dealing with blood or any other bodily fluids;
- use suitable eye protection and a disposable plastic apron where splashing is possible;
- use devices such as face shields when you give mouth to mouth resuscitation, but only if you have been trained to use them; and
- wash your hands after each procedure.

It is not normally necessary for first aiders in the workplace to be immunised against HBV, unless the risk assessment indicates it as appropriate.

Training:

All managers and employees should receive sufficient training to enable them to carry out their duties in accordance with legislation.

Training is an important factor for managing infection control especially where levels of supervision may be limited. The extent of training required will depend on the level of risk; all training should be detailed as a control within each activity risk assessment.

Training and instruction may be provided either 'in-house' or from an external provider. Regular refresher/continuation training is essential to ensure competence remains current.

Records of all training must be kept.