

# Management of bodily fluids

## ***Hygiene Control Guidelines***

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### **Personal hygiene**

- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.
- Items of protective clothing, such as disposable gloves and aprons, are provided for staff and are readily accessible in the PD toilets. Supplies of suitable cleaning materials are provided for cleaning and disinfecting changing surfaces.
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid, soap. Toilets must be kept clean.
- Discard disposable towels in a foot-pedal operated bin with a lid.
- Encourage use of tissues when coughing and sneezing.
- Minor cuts, open or weeping skin lesions and abrasions should be covered with waterproof or other suitable dressings.
- Tampons may be flushed down the toilet; however sanitary towels should be placed in the containers provided in the toilet cubicles.
- Nappies and catheters should be disposed of in the waste pedal bin (which has a lid) situated in the hygiene rooms and disabled toilet. Nappies should be placed in nappy bags and catheters should be wrapped up in disposable gloves where possible.
- Only staff trained in certain procedures, e.g. catheterisation, would be asked to undertake this procedure with a child, following the protocol set out by a Community Nurse. Another member of school staff will act as a chaperone to ensure safeguarding measures are in place.

### **Cleaning up body fluid spills**

- First Aiders must follow their training and maintain good standards for infection control. Whenever small amounts of body fluids have to be cleaned up, disposable plastic gloves should be worn and disposable paper towels should be used.
- Disposable gloves are available in first aid, front office, premises office and in each hygiene room. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.
- A detergent solution should be used to absorb and clean surfaces. These items should be disposed of in black plastic bin bags, tied up and placed directly into waste bins with other inert waste. Human hygiene waste that is produced in places like schools and offices is generally assumed not to be clinical waste because the risk of infection is no greater than for domestic waste. However this should be verified in the risk assessment (see attached).
- Detergent cleaning solution is stored in the cleaning cupboards – staff would need to contact the Premises officers for access to the cleaning cupboards or request them to clean up any large spillages.
- Don't use mops to clean up blood and body fluid spillages. Use paper towels instead.

- Ensure contaminated clothing is laundered at the hottest wash the fabric will tolerate.

## **Injuries**

- A senior member of staff should be responsible for receiving reports of accidents involving staff and children. Reportable incidents should include contamination of cuts or other open skin wounds i.e. those where blood has been drawn, by blood, spittle or other body fluid, splashes into the eyes or mouth of the same, or cuts and scratches inflicted by a child.
- Normal First Aid procedures should be followed, which should include the use of disposable gloves and, where splashing is possible, the use of suitable eye protection and a disposable plastic apron.
- All wounds should be washed immediately in copious amounts of soap and water, treated with a disposable disinfectant tissue and covered with an appropriate adhesive dressing. Any existing wound which has contact with other blood, spittle or other body fluids should also be washed with soap and water. If the accident involves the eye or mouth, then this should be washed thoroughly with water.
- Splashes of blood, saliva or other body fluids on the skin should also be washed off with soap and water. Where any of these enter the eye or mouth, again this should be washed copiously with water.
- Where there is a risk of contracting a blood-borne virus, the employer should provide adequate information and training in the potential risk and protective clothing and equipment as necessary e.g. disposable gloves, aprons, medical tissues and disinfectant.

## ***Blood-Borne Viruses***

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### **HIV and AIDS**

HIV and AIDS can only be transmitted by the introduction of infected blood or blood products into the bloodstream, through sexual intercourse, and from a mother to her baby either during pregnancy or by breast feeding. The main groups of children carrying the HIV virus are those who were born of infected mothers, haemophiliac children who received infected blood products and those who received infected blood via transfusion. The latter two groups are becoming smaller, as since 1985 blood products used to treat haemophiliacs have been heat-treated in the UK and blood donations are screened and tested for the HIV virus antibody. However, there still may be children in schools carrying the HIV virus.

### **Hepatitis A**

Hepatitis A virus or infective hepatitis is a common infection which mainly affects children and young adults. The illness is caused by an infection in the faeces and may be passed from one person to another by contamination of the hands with infected faeces which may lead to the germ being introduced into the mouth. Although symptoms can sometimes be severe, in most cases they are so mild as not to be apparent. Unlike hepatitis B there is no evidence that the disease results in a permanent carrier state or permanent damage and although the infection is difficult to control, its spread can usually be reduced by simple hygienic measures.

### **Hepatitis B**

Hepatitis B virus is much more serious, resulting in a permanent carrier state and with a risk of permanent liver damage. The virus may be transmitted through spittle or blood contact. High-risk groups are people requiring blood transfusions, long-term hospital patients or institution residents and those with natural or acquired immune deficiency. Down's Syndrome children are known to have a higher carrier rate because of a deficiency in their immune system.

School staff can be at risk through contact with children with high-risk groups. An effective vaccine is

available and the DfES has recently recommended that this be considered for staff working with such children.

### **Hepatitis C**

The hepatitis C virus was discovered in 1989 and still very little is known about it. Like hepatitis B, it is spread by blood contact and can cause long-term liver damage. About 50% of those who contract the virus become chronic carriers. There is currently no vaccine against hepatitis C because the virus comes in many forms and can transmute.

### **Diarrhoeic and vomiting illnesses**

There are a range of illnesses which can cause vomiting and diarrhoea including dysentery, salmonella and infection and e.Coli infection. They vary considerably in severity but in all cases effective hygiene control procedures in schools can substantially reduce the risk of infection and transmission.

Appendix A  
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