



BENGEWORTH CE ACADEMY

POLICY FOR DEALING WITH SPILLAGES AND BODILY FLUIDS 2023-2024

September 2023



Bengeworth
Multi Academy Trust

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STATEMENT OF INTENT

This policy is to inform and instruct staff of what actions to take on the discovery or involvement with a spillage or biologically hazardous material (blood, body fluids or micro-organisms) or water/milk spillage.

Blood and body fluids (eg. faeces, vomit, saliva, urine, nasal and eye discharge) may contain viruses or bacteria capable of causing disease. It is therefore vital to follow measures for personal protection in order to protect adults and children from the risk of cross infection. In order to minimise the risk of transmission of infection both staff and pupils should practice good personal hygiene and be aware of the procedure for dealing with body spillages or biologically hazardous material.

Bengeworth CE Academy will take every reasonable precaution to ensure the safety and wellbeing of all staff and pupils. Details of such precautions are noted in the following policies and guidance:

- Health and Safety Policy
- Behaviour Policy
- Safeguarding Policy
- Medicines Policy
- Educational Visits and School Trips Policy
- Biological risk assessment
- HSE guidance and Blood-borne viruses in the workplace (INDG342).
<http://www.hse.gov.uk/pbns/ind342.pdf>
- HSE information sheet – Slips and Trips: The importance of floor cleaning (Slips and Trips 2).
<http://www.hse.gov.uk/pubns/web/slips02.pdf>

1. Introduction

1.1 The Headteacher/Head of School/Managers should ensure that risk assessments are undertaken to ascertain where activities/events might place staff at a significant risk of contamination.

1.2 The Headteacher/Head of School/Managers are responsible for ensuring that appropriate personal, protective equipment (PPE) e.g. disposable gloves and aprons, are available for staff to use at all times.

2. First Aid Involving External Bleeding

2.1 In any situation requiring first-aid the **universal precautions** must always be followed during treatment of bleeding wounds to reduce the risk of transmitting blood-borne infections such as hepatitis and HIV.

2.2 This approach assumes that all blood products and bodily fluids are potentially infectious and therefore the following procedures should always be applied:

- Staff must always cover any open wounds on their own hands with waterproof adhesive dressing.
- Disposable gloves (unpowdered latex or vinyl) must always be worn when dealing with bleeding/cleaning up of bodily fluids.
- For activities which are carried out in remote places (such as a sports field or educational visits), a small first aid kit containing at least a selection of clean dressings, a pair of disposable gloves, some

clean disposable paper towels and a plastic bag large enough to accept the used dressing etc. should be provided. After emergency treatment the injured person should, as soon as possible, have their wounds properly cleaned and dressed. All first aid treatment records must be transferred to the main first aid books on return to school.

2.3 Normal first aid procedures should be followed which may include firm pressure maintained over the wound for 5 to 10 minutes with a sufficient pad of clean, absorbent material. If a surgical dressing is not immediately available, a folded paper towel or clean handkerchief may be used. When bleeding has stopped, blood should be washed off surrounding skin and hair with water or a wipe without disturbing the wound.

2.4 Dressings, disposable gloves, etc. should be disposed of safely in a lidded bin allocated for first aid waste.

3. Actions To Be Taken After Direct Contact With Blood And Other Bodily Fluids

3.1 If direct contact with another person's blood or other bodily fluids occurs the area should be washed as soon as possible with soap and water.

3.2 If contact is made with lips, mouth, tongue, eyes or broken skin, these should be washed out thoroughly with clean cold tap water. Where running water is unavailable, saline should be provided to wash out eyes.

3.3 Hands should be washed using soap, water and dried with paper towels or air dryer.

3.4 If a cut or puncture wound is sustained (e.g. hypodermic needle, bite etc.) the wound should be squeezed to encourage bleeding, washed with water or a wipe and covered with a waterproof dressing.

3.5 If there is an incident in which another's blood may have entered a person's bloodstream through a cut or abrasion or by splashing in the mouth or eyes, medical advice must be requested at the earliest opportunity.

4. Procedure For The Removal/Cleaning/Disposal of Bodily Fluids

4.1 All spillages of blood, faeces and vomit should be cleared up as quickly as possible; it is the responsibility of the adult responsible for dealing with the incident to ensure he/she is wearing suitable PPE. When spillages do occur, products suitable for the affected surface which combines both detergent and disinfectant (and in accordance with the manufacturer's instructions) should be used as soon as possible to sanitise the area. Such products are stored in the caretaker/cleaning cupboards at either setting.

4.2 Mops should never be used for cleaning up blood and bodily fluid spillages. In these instances, carpets can be cleaned using paper towels and industrial carpet cleaners available at both settings used.

4.3 Soiled (blood and bodily fluids) laundry should be washed separately at the hottest wash the fabric will tolerate. Protective gloves, and where appropriate clothing, should be worn when handling soiled laundry. Soiled children's clothing should be bagged to go home and handed directly to parents/carers at the

earliest possible opportunity with an explanation of the bag's contents and the circumstances of the incident.

4.4 If there is broken glass present, it is essential that the fragments are not gathered up by hand either before or after treatment with disinfectant. Bunches of paper towels, pieces of card or a plastic dustpan should be used to remove the fragments to a sharps container without risk of sharps injury.

4.5 Solid matter (vomit and/or faeces) can be removed using a dustpan or shovel that then can be appropriately decontaminated or cardboard that can be disposed of.

4.6 Once the contamination is removed, clean the room/area with neutral detergent and warm water and dry. Ensure that the cleaned area does not pose any hazards such as slip or trips etc. The area should be washed with water and disinfectant and dry mopped. A wet suction cleaner if available may be necessary if a large area is to be dried. Area to be reopened for pedestrian traffic when the floor surface is completely dry.

4.7 In open areas such as playgrounds and roadways, the spillage should be hosed down with large amounts of water.

5. Cleaning Equipment

5.1 To avoid cross-contamination within the building, the use of colour coding of equipment such as cleaning cloths, dish cloths, disposable cloths, cleaning sponges, mop heads, mop handles, wringer buckets, pales, brooms, hand brushes, protective gloves and dust pans offers a practical solution. Although the use of colour coded cleaning equipment is not a legal requirement it is considered to be a good practice to adopt.

The colour coding for cleaning equipment is as follows:

Blue	Generally used when cleaning areas which are considered to present a low risk of infection. All equipment can be used to clean classrooms, corridors, offices and receptions etc.
Yellow	All kitchen areas within the school should use green equipment. However, in a commercial kitchen, there are usually toilets, offices, storerooms, locker rooms and changing areas – the other relevant colours should still be adopted within the confines of the kitchen in areas where food is not prepared.
Green	To be used in areas considered to be of a high risk in relation to the spread of infection, notably sanitary fittings within toilets, washrooms, wet changing areas, showers etc., including all associated fixtures and fittings.
Red	Should be used in washroom areas for cleaning all fixtures, fittings and surfaces that are not considered critical in terms of infection. These include worktops, pipework, towel dispensers, sinks and basins.

5.2 Cloths used in food preparation areas should be kept separate from those used in toilet areas.

5.3 When different areas are cleaned, the operative should change gloves when changing areas. This will ensure that bacteria are not allowed to contaminate equipment used in other areas during the act of cleaning.

5.4 Any buckets used should be thoroughly washed, rinsed and dried and then stored inverted.

5.5 All reusable cleaning cloths of different colours should be cleaned and stored separately.

5.6 Like cleaning cloths, all reusable mops should be thoroughly cleaned after each use and should be thoroughly rinsed and wrung out. Do not leave mops or cloths steeping in cleaning solutions.

5. Food Handling

5.1 Provided the requirements of the food hygiene regulations are complied with by covering open cuts etc. with waterproof plasters, there should be no risk of blood-borne infection through food preparation or handling.

6. Blood Spillages/Beverage Spillages

6.1 All staff must take individual responsibility for ensuring that their work environment is clear and free from spillage. It is the responsibility of all staff to clean up spillages immediately by placing paper towels over the affected area and allowing the spillage to absorb. Ensure that the surface is dry and cordon off if required.

6.2 If the spillage is extensive, the area may need to be closed off and cleaned correctly, ensuring that the risk of slips is minimised. If the floor remains wet, a 'Wet Floor' sign must be used to indicate risk and care must be taken to ensure that the area is not used until the floor is completely dry.

7. Waste Disposal

7.1 Protective gloves, and where appropriate clothing, should be worn when disposing of contaminated waste. (E.g. disposable vinyl or powder free, low protein latex gloves and disposable plastic aprons).

7.2 Where there are significant quantities of potentially offensive/hygiene waste it should be segregated from normal waste stream and appropriate packaging used to alert those in the waste management chain of contents.

7.3 Non contaminated waste should be discarded into a bin liner or dustbin and disposed of in the normal manner. Human hygiene waste such as vomit, sputum and faeces which is generated in schools is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste.

6. Sharps' Disposal

6.1 All sharps must be correctly and safely disposed of in an approved sharps container and collected by a dedicated collection service.

6.2 No attempt should be made to re-sheath, bend or break needles. Used needles and syringes to be disposed of as one unit.

7. Accident Reporting

7.1 Accidents or injuries to children should be reported in the normal way using the accident book located in the first aid areas at each setting. Adult accidents, both staff and visitors, should report any accidents to school office staff, with serious accidents reported by members of SLT to the HSE.

7.2 Any incident in which it is thought that anyone could have been contaminated with another's blood through a cut or abrasion in the skin, or splashing in the mouth or eyes, should report to their own doctor. Advice can also be obtained from the local Accident and Emergency Department. Ideally advice should be obtained within 48 hours of the incident.

7.3 Any information given should be noted on the associated accident report form.

8. Personal Protective Equipment (PPE)

8.1 Disposable vinyl or powder free latex CE marked gloves and disposable apron should be worn for any activity where there is a risk of contamination with blood or bodily fluids. Hands should be washed immediately after removal of gloves.

8.2 PPE should be readily available in all areas and are single use only, to be discarded after the task is completed and must not be re-used.

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Bengeworth

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