

**RADLEY**

## **Infection Control**

**December 2022**

## **Infection Control**

When people live or work closely together in a community, they are more at risk from spreading infection. In order to prevent spread of infection, precautions need to be taken. This policy outlines the precautions that need to be observed.

It is Radley College's policy to:

- Train staff so they are aware of any risks and the precautions to be taken to prevent the spread of infection
- Provide preventative measures - procedures, training and personal protective equipment
- Encourage staff to be immunised where appropriate
- Report notifiable infections to the Health Protective Agency (HPA)
- Ensure adherence to the national guidance on 'bare below the elbows' when undertaking clinical duties

## **Procedure for control of Infection**

- In case of infection, all areas will be identified, and procedures implemented to control the risk of infection being spread
- There will be close liaison between the Medical Centre, Pastoral House Mistress (PHM) and Housekeeping if there is an outbreak of disease or infection control risk, with Senior Management kept informed by the Lead Nurse (or designated deputy)
- Advice will be sought from the School's Medical Officer
- Where necessary, staff will be given training regarding specific infection control procedures
- Close communication will be maintained with Parents/Guardians/PHMs in the case of infections to pupils

### **Procedure for the control of Infectious Disease**

- If an infectious disease is suspected, contact the School's Medical Officer
- Subject to the advice sought, any pupils suspected of being infectious should be isolated and, if possible, will be sent home
- Disinfect all toilet seats, handles, hand basins and taps used by the infected person
- Wash contaminated clothing/bedding in a washing machine at 60oC or the hottest temperature the fabric will tolerate
- Prepare cleaning schedules and liaise with Housekeeping Lead
- Reports of any incidences of fever, vomiting, diarrhoea, rashes in pupils are to be reported to clinical staff in the Medical Centre and recorded as soon as possible
- Ensure easy access and supply of personal protective equipment (PPE)
- Infected staff should not return to work for at least 48 hours post last episode if vomiting and diarrhoea have occurred, or 24 hours post fever
- Any cases of food poisoning or other related infections should be reported to the local Environmental Health Officer and accurate records kept
- Any notifiable diseases should be reported to the local Health Protection Agency (HPA) and relevant records kept
- Where specimens need transporting to Long Furlong Medical Centre, they should be in the appropriate sealed container, placed in the appropriate specimen bag and given to the Doctor at the end of surgery for transport. If the specimen leaks it should be discarded in a yellow clinical waste bag

### **Prevention of Infection – Procedure to clean up body fluid spillage**

- In cases of any spillage of blood, bodily fluids or excreta, Personal Protective Equipment (PPE) including disposable plastic gloves and aprons must be worn and disposed of appropriately after use.
- Should there be any spillage of bodily fluids, biohazard spillage kits are kept by the Medical Centre and PHMs (Pastoral Housemistresses).
- There should be close liaison with Housekeeping

- Any body fluid spills, including blood, faeces, nasal or eye discharges, saliva, vomit will be immediately cleaned up and disinfected using detergent that kills bacteria and viruses. If the spill is on fabric or carpet, then Public Health England (PHE) should be contacted for advice (Appendix 2)
- Gloves should be worn when handling any specimens of body fluids when in specimen pots, for example, microbiological swabs, bloods, urine, faeces
- All mops should be cleaned, rinsed with disinfectant solution and dried
- Dispose of large quantities of clinical waste in yellow bags and send to incinerator via a registered company. Small quantities should be double bagged and disposed of via the household refuse system
- Clinical disposal points are located in the Medical Centre and the pitch side medical hut

### **Prevention of Infection – Dealing with Sharps**

A Risk Assessment has been undertaken between the Health and Safety Manager and the Lead Nurse (Appendix 4) and is to be adhered to at all times in conjunction with Infection Control Policy.

- After a penetrative injury by a sharp object e.g. Needle, knife, scalpel, saw, drill bit in Biology, Design Engineering, Arts, or kitchen the sharp maybe contaminated with bodily fluid and therefore must be disposed of
- Sharps containers are kept in the Medical Centre
- No attempt should ever be made to bend, break, cut or otherwise tamper with sharps
- Gloves should be worn when handling sharps
- Never re-sheathe a needle and always dispose of needles safely and without delay
- Once the sharps box is two-thirds full, it should be dated, signed, closed and returned to Long Furlong Medical Centre with a new sharps box being collected to replace it
- PHMs should be aware of any pupils who have sharps bins for medical conditions and liaise with the Medical Centre accordingly for disposal. The PHM should also liaise with Housekeeping so that they are aware of the rooms that have sharps bins in them
- Sharps containers should not be handled or transported any more than necessary. They should be secured whilst being transported to avoid damage to the container or spillage of the contents

- When taking blood specimens, gloves should be worn. A Vacutainer Eclipse system should be used when possible. The needle should be covered with a cotton wool ball prior to withdrawal of the needle and sharps disposed of quickly and safely

This section also deals with the unlikely event of coming into contact with a discarded needle whilst cleaning or collecting litter, the escalation procedure of which is outlined in Appendix 5.

The main hazards from cuts and piercing injuries are Hepatitis B and C virus, Human Immunodeficiency virus (HIV) and tetanus. When collecting litter, litter picks should be used. Any sharps found should be placed directly and carefully into the sharps box.

- In the event of a sharps injury caused by potentially contaminated needles or sharps, see Appendix 3 for flow chart of procedure to follow

### **Prevention of Infection- Hand washing**

- All staff must ensure effective hand hygiene procedures are followed at all times and report any problems with hand washing facilities to their manager. A routine 15 second hand washing using liquid soap is adequate to remove dirt and most micro-organisms. Aqueous antiseptic solutions or alcohol hand gel may be used as an alternative in place of soap and water if the hands are visibly clean.

Hands should be washed (not limited to):

- Before starting and leaving work
- Before entering and leaving a clinical area
- Before and after administering direct care to pupils
- Before and after administering medication
- Before contact with pupils
- Before and after applying gloves
- Before handling food
- After contact with bodily fluids
- After bed making
- After handling contaminated waste/ laundry
- After visiting the toilet
- When the hands are visibly dirty

- Drying hands: disposable paper towels should be used and disposed of into the domestic waste bins. Paper towels are stored in wall-mounted dispensers in all clinical areas away from the splash zone of the sink
- Any fresh abrasions, cuts etc. on hands should be covered with an impermeable waterproof dressing.

### **Infection control table**

- The Nursing staff, following advice from the Medical Officer, will provide current information about the recommended period any pupil with specific infectious diseases should be kept away from school. This will be in accordance with the Health Protection Agency “Guidance on infection control in schools and other childcare settings” (Appendix 1)

### **Immunisations**

- A pupil’s immunisation status will be checked against the UK Health Security Agency (UKHSA), (previously known as PHE), National Schedule at school entry and updated. An immunisation programme will be carried out in the school in accordance with up-to-date guidance to maintain Immunity for the pupils, providing there is Parental consent. NHS School Nurses will seek Parental consent before vaccinating Pupils, in line with the childhood immunisation schedule.

### **Vulnerable Persons**

- Some medical conditions make people vulnerable to infections that would rarely be serious. These include those being treated for Leukaemia or other Cancers, those on high dose steroids and those with conditions that reduce immunity. The medical staff should have been made aware of these persons. Staff should be aware that these persons are vulnerable if exposed to chicken pox and measles. If this occurs, immediate Medical help and advice should be sought from either the Medical Officer or the individual’s Consultant.

### **Female Staff or Pupils**

- In general, if a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, it should be investigated by her own doctor. The greatest risk to pregnant women is if they come into contact with someone who has chicken pox (if they have not had the disease), rubella, slapped cheek (Parvovirus B19) or measles.

**Animals.**

- Animals may carry infections. Health and Safety Executive guidelines for protecting health and safety of pupils should be followed.
- In School, whether permanent or visiting animals, living quarters should be kept clean and away from food areas. Waste should be disposed of regularly and not accessible to children
- Pupils should not play with animals unsupervised
- Particular care should be taken with reptiles as all species carry Salmonella
- Following any animal bite, pupils/staff should go immediately to the Medical Centre and, if necessary, advice sought from the Emergency department. If a person is bitten in the Biology labs advice can also be sought from Mr Noone and/or the National Poisons Unit.

**Appendix 1**



# Guidance on infection control in schools and other childcare settings

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room on 0300 555 0119** or

visit [www.publichealth.hscni.net](http://www.publichealth.hscni.net) or [www.gov.uk/government/organisations/uk-health-security-agency](http://www.gov.uk/government/organisations/uk-health-security-agency) if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per 'Green Book')	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> D157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children aged five years and under and those who have difficulty in adhering to hygiene practices
Typhoid* (and paratyphoid*) (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

## Good hygiene practice

**Handwashing** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

**Coughing and sneezing** easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. If tissues are unavailable sneeze or cough into the crook of the elbow and not hands. Spitting should be discouraged.

**Personal protective equipment (PPE).** Disposable gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

**Cleaning of the environment,** including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

**Cleaning of blood and body fluid spillages.** All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

**Laundry** should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand. See [www.ninfectioncontrolmanual.net/sites/default/files/Laundry\\_Leaflet\\_04\\_16.pdf](http://www.ninfectioncontrolmanual.net/sites/default/files/Laundry_Leaflet_04_16.pdf)

**Clinical waste.** Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

**Sharps, eg needles,** should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

## Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

## Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

**Animals in school** (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

**Visits to farms.** For more information see <https://www.hseini.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions>

## Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health. Vulnerable children will have been offered COVID-19 vaccinations and booster vaccinations.

## Female staff\* – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary
COVID-19 (coronavirus)	Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better. <a href="http://www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19">www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19</a>	See Vulnerable children

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

pregnancy, the GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

\*The above advice also applies to pregnant students.

### Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit [www.publichealth.hscni.net](http://www.publichealth.hscni.net) or the school health service can advise on the latest national immunisation schedule.

### Routine childhood immunisation programme

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio, Hib and hepatitis B (6 in 1) Rotavirus Meningococcal B infection	One injection  Orally One injection
3 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1) Pneumococcal infection Rotavirus	One injection  One injection Orally
4 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1) Meningococcal B infection	One injection  One injection
Just after the first birthday	Measles, mumps and rubella Pneumococcal infection Hib and meningococcal C infection Meningococcal B infection	One injection One injection One injection One injection
Every year from 2 years old up to and including Y12	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	One injection One injection
Girls and boys 12 to 13 years old	Conditions caused by human papillomavirus including cervical cancer (in girls) and cancers of the mouth, throat, anus and genitals (in boys and girls) and genital warts.	Two injections at least six months apart
14 to 18 years old	Tetanus, diphtheria and polio Meningococcal ACWY	One injection One injection

This is the Immunisation Schedule as of September 2022. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on [www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book)

**Staff immunisations.** All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency, 12-22 Linenhall Street, Belfast, BT2 8BS.

Tel: 0300 555 0114.

[www.publichealth.hscni.net](http://www.publichealth.hscni.net)



## **Appendix 2**

### **Useful Numbers:**

UK Health Security Agency (UKHSA) – PHE Thames Valley HPT (South East), UK Health Security Agency, Chilton, OX11 0RQ

Email - ICC.TVPHEC@phe.gov.uk

Phone – 0344 225 3861 (option 1-4 depending on area, then option 1)

Out of hours (for Health Care Professionals only) 0844 967 0083

Fax - 0345 279 9881

Microbiology at the John Radcliffe Hospital - 01865 741166 (switchboard)

Nick Sharland- Housekeeping Lead x8567

Kevin Barker - x3159

Long Furlong Medical Centre - 01235 522379

National Poisons Unit 0844892011

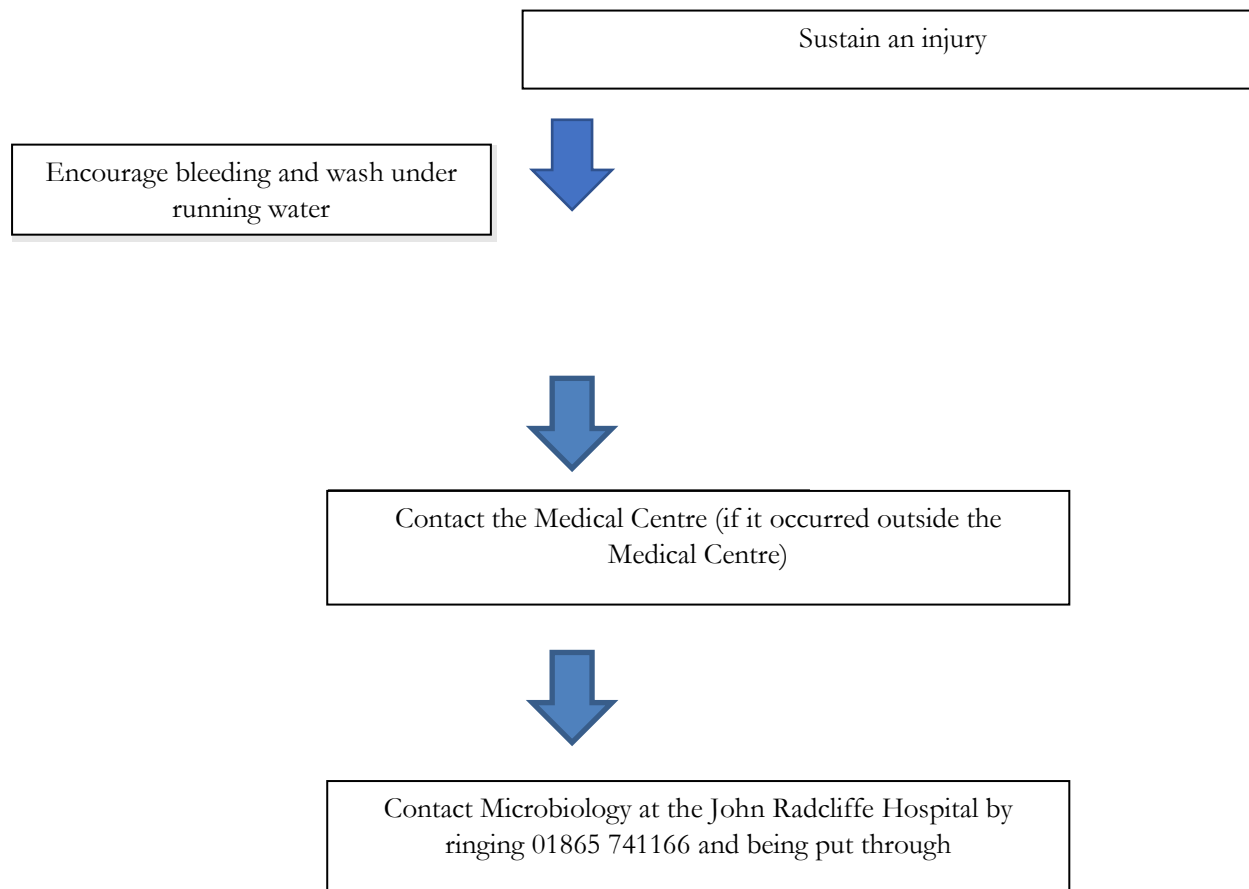
Leo Healy – 07850 004420

Security – x0 or 07774 249601

Ally Horton (Health and Safety Manager) x3159

**Appendix 3**

**Sharps Injury flow chart**





Appendix 4

<p><b>This document should be read with:</b> Safeguarding Policy, Health and Safety Policy, First Aid Policy, Fire Policy, Infection Control Policy,</p> <p><b>The activities included within this risk assessment are</b> all activities related to Infection Control: Dealing with Sharps</p> <p><b>Please report any Incidents, Accidents, Injuries or Near Misses by email to AMG / ABH.</b></p>									
ACTIVITY	PERSONS AT RISK	SIGNIFICANT HAZARDS	RISK*			RISK CONTROL MEASURES	RESIDUAL RISK**		
			L	S	DR		L	S	DR
Use of Sharps	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV	5	5	15	<ul style="list-style-type: none"> <li>Only those persons who are aware of and have read the policy on sharps, i.e. Medical Centre and affected socials staff are to work with control of new/used sharps.</li> <li>All staff to be aware on the action to take in an emergency.</li> <li>All staff to be inducted on use/storage/disposal.</li> </ul>	2	3	6
Use of Sharps	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV	5	5	15	<ul style="list-style-type: none"> <li>Only those persons who are aware of and have read the policy on sharps, i.e. Medical Centre and affected socials staff are to work with control of new/used sharps.</li> <li>All staff to be aware on the action to take in an emergency.</li> <li>All staff to be inducted on use/storage/disposal.</li> </ul>	2	3	6
Use of Sharps	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV	5	5	15	<ul style="list-style-type: none"> <li>Sharps safety devices to be used at all times where practicable.</li> <li>Sharps not to be re-sheathed</li> </ul>	2	3	6
Storage of Sharps	Staff Students	Failure to observe safety procedures may lead contact with Blood	5		25	<ul style="list-style-type: none"> <li>All Sharps containers Must be completely closed and sealed upon reaching the fill line. <b>DO NOT OVERFILL</b></li> </ul>	3	3	9

	Employees Visitors	Bourne Virus –Hepatitis B&C or HIV				<ul style="list-style-type: none"> <li>Person completing final closure of a sharp's container must complete all sections on the label</li> </ul>			
Storage of Sharps	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV	5	5	15	<ul style="list-style-type: none"> <li>Staff to assess/select the correct size of sharps bins for use in Medical Centre and any students Rooms.</li> <li>Students to be provided with information on storage of sharps within rooms</li> <li>Students to keep all sharps in rooms within their personal individual room safes</li> <li>Medical centre staff to ensure all sharps containers are marked correctly with the label completed as required.</li> <li>Sharps containers to be as close as possible when completing tasks to permit sharps/needles to be disposed of immediately after use</li> </ul>	2	3	6
Disposal of Sharps Containers	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV.	5	5	25	<ul style="list-style-type: none"> <li>Staff who transport sharps to other locations on site must dispose of used sharps immediately on use in a suitable container for transporting sharps.</li> <li>Lid of container must be closed with container secured for transportation back to Medical Centre for disposal.</li> <li>Students who have sharps bins in their rooms must inform member of Social staff who will organise removal and installation of new container.</li> <li>Full Sharps containers to be taken to Medical Centre for disposal via GP Surgery</li> </ul>	3	3	9
Sharps in Socials	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV.	5	5	25	<ul style="list-style-type: none"> <li>Start of each Half Term checks to be completed by two persons Tutor and PHM.</li> <li>Half Termly checks to be recorded with copy to Medical Centre,</li> <li>Social Spot Checks to be completed by Medical Centre Employee.</li> <li>Full Sharp Boxes must not be stored in Socials</li> <li>Students to be provided with information regarding safety of Sharps.</li> </ul>	3	3	9

						<ul style="list-style-type: none"> <li>Socials have the responsibility to inform Medical Centre and Housekeeping of room numbers where sharps are within, to be updated every half term or during room changes.</li> </ul>			
Sharps in Socials	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV.	5	5	25	<ul style="list-style-type: none"> <li>Start of each Half Term checks to be completed by two persons Tutor and PHM.</li> <li>Half Termly checks to be recorded with copy to Medical Centre,</li> <li>Social Spot Checks to be completed by Medical Centre Employee.</li> <li>Full Sharp Boxes must not be stored in Socials</li> <li>Students to be provided with information regarding safety of Sharps.</li> <li>Socials have the responsibility to inform Medical Centre and Housekeeping of room numbers where sharps are within, to be updated every half term or during room changes.</li> </ul>	3	3	9
Contact with Sharp	Staff Students Employees Visitors	Failure to observe safety procedures may lead contact with Blood Bourne Virus –Hepatitis B&C or HIV.	5	5	25	<ul style="list-style-type: none"> <li>Person required to attend Hospital for Medical Attention following contact with used or contaminated sharp</li> <li>Staff to complete the near miss forms should one occur</li> <li>Completion of required college forms following any incidents with sharps</li> <li>Sharps safety information can be supplied by Medical Centre.</li> </ul>	2	3	6



Appendix 5: Escalation Procedure for finding a Needle

