

Control of  
Infection within  
Children's  
Homes

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## CONTROL OF INFECTION WITHIN CHILDREN'S HOMES

### 1.0 Introduction

1.1 Blood-borne viruses are infectious agents that some people carry in their blood. They can cause severe disease in some cases, and few or no symptoms in others. The virus can be spread to another person and this may occur whether the carrier of the virus is ill or not. Therefore it is essential that there are clear and workable guidelines in place within our Children's Homes to ensure both children and care staff are protected against the transmission of these viruses.

1.2 The main blood-borne viruses of concern are:

- Human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body;
- Hepatitis B virus (HBV) and hepatitis C virus (HCV), which cause hepatitis, a disease of the liver.

### 2.0 Aim of the Policy

2.1 The purpose of this policy is to raise residential staff awareness and knowledge of blood-borne viruses and to give clear advice on how to deal with situations safely in order to reduce the risk of infection. It also ensures that all residential staff deals with infection control in a consistent and systematic way.

### 3.0 Legislative Context

3.1 Under the [Care Standards Act \(2000\)](#) and [Children's Homes Regulations 2015](#) it is a legal requirement that care homes for children have written policies and guidance on promoting children's health.

## 4.0 Transmission of HIV, HBV and HCV

4.1 Blood-borne viruses are spread by direct contact with the blood of an infected person. Certain other body fluids may also be infectious e.g. semen, vaginal secretions and breast milk. The risk of blood-borne virus infection from body fluids or materials most likely to be encountered, such as urine, faeces, saliva, sputum, sweat, tears and vomit, is minimal unless they are contaminated with blood. However, the presence of blood is not always obvious in these fluids.

4.2 The main routes by which infection is spread are:

- By sexual intercourse (including oral sex) with an infected person without a condom.
- By sharing contaminated needles or other equipment for drug injecting.
- From an infected mother to her baby during pregnancy, while giving birth or through breastfeeding.
- Skin puncture, including tattooing, ear and body piercing or acupuncture with unsterilised needles or equipment.
- Through a blood transfusion in a country where blood donations are not screened.
- By sharing razors and toothbrushes (which may be contaminated with blood) with an infected person.
- Human bites where blood is drawn.

4.3 These infections **are not** spread by normal daily contact and activities e.g. coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets, or through food, cups, cutlery and crockery.

## **5.0 Preventing Blood-Borne Virus Transmission**

5.1 Preventing transmission means avoiding exposure to the viruses (e.g. through unprotected sexual intercourse or sharing of injecting drug equipment). Children and young people looked after by local authorities need information and advice on preventing blood-borne virus transmission, particularly as some older children may be at particular risk of HIV, HVB or HVC e.g. because of injecting drug use, involvement in prostitution or unprotected sexual intercourse with frequent partner change. It is therefore important that staff receive appropriate information, advice and training.

## **6.0 Standard Infection Control Precautions**

6.1 The following hygiene precautions are recommended as safe practice for all residential staff. These precautions will provide protection against blood borne viruses and other infections, which may be transmitted via blood and body fluids. They should be incorporated as standard practice at all times.

- Always keep cuts or broken skin covered with waterproof dressings.
- Avoid direct skin contact with blood or body fluids.
- If blood is splashed onto the skin, it should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed immediately with plenty of water.
- Wear personal protective clothing (disposable gloves and plastic aprons as appropriate) when contact with blood or body fluids is likely.
- Always wash hands after removing gloves.
- Always wash your hands before and after giving first aid.
- Never share toothbrushes and razors as they might be contaminated with blood.

- Teach children about avoiding contact with other people's blood as soon as they are able to understand how to protect themselves.
- Teach children to wash their hands before meals and after using the toilet.
- Avoid exposure to needles and take particular care if disposing of them.
- Keep the environment clean at all times. This includes horizontal and frequently touched surfaces, toilets, sinks, basins, baths, showers, floors, doors, door handles, window blinds; light fittings and switches; kitchen areas.

6.2 The government advice of 'Catch It; Bin It; Kill It' is appropriate advice for infection control within a residential home. Children/young people should be provided with tissues which would enable them to reduce the spread of infection within the home when suffering from colds and flu-like symptoms.

## **7.0 Hand washing**

7.1 Good hand washing is the single most important measure in the prevention of the spread of infection. Appropriate hand washing facilities are very important for both staff and children. These should include:

- Hot and cold running water.
- Liquid soap.
- Disposable paper hand towels.

7.2 It is important to follow the guidelines below when hand washing:

- Wet hands before applying soap.
- Rub hands vigorously, ensuring all surfaces of the hands are cleansed.
- In particular- between fingers and around fingertips; around thumbs and wrists; palms; back of hands; rinse soap off thoroughly and dry hands with a disposable paper hand towel.

- The use of communal cloth towels for hand drying has been associated with the spread of infection and must be discouraged.

7.3 There are specific times when hand washing is essential:

- After using the toilet.
- After sneezing or blowing your nose.
- Before eating, drinking or preparing food.
- When hands are visibly soiled.

## **8.0 Use of Gloves and Type of Gloves**

8.1 The use of gloves provides a barrier for the user. However, they are not an alternative to good hand washing practices. There is only likely to be a risk of contracting an infection if there are open cuts; fresh abrasions; or eczema on the hands, as intact skin provides a barrier to protect against infection.

8.2 Household rubber gloves are ideal for general cleaning purposes.

8.3 Disposable vinyl gloves are ideal when dealing with excreta or blood stained materials. Latex gloves are not recommended.

8.4 Co-polymer (polythene) gloves provide little protection and should not be used.

8.5 Where gloves are used hands must be thoroughly washed following the removal of gloves.

## **9.0 Dealing with Splashes of Blood or Body Fluids**

9.1 Splashes of blood on the skin should be washed off immediately, with soap and hot running water.

9.2 Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water.

9.3 It is recommended that spillages be dealt with in the following ways:

- Small spills or splashes on floors or other hard surfaces should be cleaned with detergent and hot water.
- Large spillages should be removed with paper towels and the area cleaned with hot water and detergent.
- The affected area should be wiped with bleach. Bleach should not be used on metal, wooden or fabric surfaces as it may damage them.
- If it is not possible to use a bleach solution then the area should be thoroughly cleaned a second time using a fresh solution of detergent and water. Carpets and upholstery can then be cleaned using a cleaner of choice.

## **10.0 First Aid Care**

10.1 The following safe practices should be followed by the person giving first aid care:

- Cover any minor cuts or abrasions on hands or arms with waterproof dressing.
- Wash hands thoroughly, using hot running water and soap, before and after giving first aid care.
- Hands should be dried properly, using disposable paper towels.
- Minor cuts and grazes should be cleaned using clean water and disposable paper towels or tissues. A plaster or dressing (individually wrapped) can be applied if required.

10.2 These first aid measures may not be sufficient when dealing with penetration of the skin with:

- Needle stick or other sharp object, bite which causes bleeding or other visible skin punctures.

- Contamination of non-intact skin, conjunctive (lining of the eyes) or mucous membranes, for example, the lining of the mouth, throat, nose, genitals.

10.3 It is advisable to consult the GP as soon as possible in such cases. In these cases, the risk of infection is greater and the GP may wish to arrange for an immunoglobulin injection to protect the patient.

### **11.0 Dealing with Nose Bleeds and Cuts**

11.1 Where possible it is advisable to wear disposable gloves. Once used, the disposable gloves should be discarded into a bin fitted with a plastic liner.

### **12.0 Dealing with Diarrhoea or Vomit**

12.1 Disposable gloves and plastic apron must be worn. The area should be cleaned using the procedure described for dealing with blood or blood stained spills.

### **13.0 Linen**

13.1 Linen and clothing contaminated with blood and body fluids can be washed in a domestic machine and should be washed at the highest temperature the fabric can withstand. Where possible, linen should be washed at 90°C. However this will ruin some clothes, therefore a decision has to be made about the risk, in the individual case. Household gloves and cold running water should be used to remove soiled substance prior to washing and any solid matter i.e. faeces and vomit should be flushed down the toilet.

### **14.0 Disposal of Waste**

14.1 Paper towels, together with gloves and aprons should be put into a plastic waste sack prior to disposal, the top tied and placed in household waste bag for collection.

14.2 Contaminated waste such as, nappies and incontinence pads should be securely wrapped and be free of excess fluid prior to disposal.

14.3 Sanitary towels and tampons should be disposed of in sanitary bins.



14.4 Vomit, urine and faeces should be flushed down the toilet.

14.5 In some individual cases, a child's general practitioner may identify a specific infection control risk associated with their medical condition and may make additional arrangements for disposal of waste via the local authority.

## **15.0 Confidentiality**

15.1 Information about a child/young person's health or medical history is confidential to the person concerned. The protection of client confidentiality is particularly important in relation to blood-borne viruses. HIV and to some extent HBV and HCV carry a stigma which may lead to discrimination against individuals with the disease, sometimes leading to social isolation and harassment.

15.2 Before disclosing information about blood-borne viruses to any agency or individual the following criteria should be satisfied:

- The child and/or the child's parents have given their written consent to the transfer of information.
- The disclosure of the information would be in the best interests of the child and would benefit the welfare of the family in a specific way, or the disclosure would protect an individual at risk of infection.
- The person(s)/agencies receiving the information are aware of its confidential nature and are able to maintain the confidentiality of the information provided.

15.3 Information should not be disclosed on the basis that it might help protect those involved in the care of a child with a blood-borne infection. Standard infection control precautions to protect against infections should always be used.

15.4 In exceptional circumstances, particular difficulties may arise in dealing with children whose behaviour may be thought to increase the risk of others being infected, and there may be a need to consider disclosure of the child's blood-borne virus status (e.g. if a child is deliberately trying to infect other children in the home

by activities involving the direct exchange of blood/body fluids). If consent has not been given to the sharing of information in this circumstance, consultation should take place with the Head of Service CIC and Legal Services about the need to consider disclosure of the child's blood-borne virus status without the consent of the child/parent.

## **16.0 Carers with Blood-Borne Viruses**

- 16.1 Individuals with blood-borne viruses should not be barred from consideration as carers, but will need to have their health medically assessed as part of the recruitment process for residential staff.
- 16.2 All staff should receive training, advice and information on measures to reduce the risk of blood-borne virus transmission in residential settings.

## **17.0 Keeping Staff Healthy**

- 17.1 Carers should be advised about the risks from blood-borne viruses and be advised to discuss having vaccination against Hepatitis B with their doctor. Residential Managers and the Fostering Service should record that information about the risks from blood borne viruses has been given to carers and whether or not vaccination has been received. Prescription costs for vaccination will be paid by Warrington Borough Council.
- 17.2 In the case of flu pandemics, residential staff may be able to access the flu vaccination programme. Staff should discuss having flu vaccination with their doctor.