BODY FLUIDS POLICY

Our Shared Vision

Equality Mission Statement

We are committed to ensuring equality of educational opportunity and support for all pupils, parents, carers, staff and visitors irrespective of age, sex, race, disability, religion or belief, sexual orientation, pregnancy, gender reassignment, and socio-economic background. We aim to provide a fully inclusive school in which every person feels proud of their identity and is able to participate fully within the school community. We believe that a diverse school community is a strength which should be respected and celebrated by all those who learn, teach and visit here.

Approved by: Site & Financial Management Committee	**Date:**
Signature (Chair of Committee):	**Signature (Headteacher):**

Last reviewed on: March 2026	**Next review date:** March 2027

This policy covers many of the articles from the UN Convention on the Rights of the Child. Some key ones are listed below.

Article 3

All organisations concerned with children should work towards what is best for each child.

Article 6

Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

Article 12

Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions considered.

Article 18

Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Purpose:
This document provides guidance on safe practices for staff coming into contact with body fluids so as to eliminate the risk of contamination and infection.
Good infection control measures are essential to protect children and staff.

Definition:
Body fluids include blood, vomit, saliva and excrement

The Dangers Associated with Unprotected Contact:
All body fluids should be treated carefully, as potentially they may be infected with harmful viruses or bacteria such as Hepatitis B/C/D (known as blood borne viruses – BBVs), Tuberculosis, HIV, Polio and Diarrhoea - these are all commonly termed as Communicable Diseases.

Further Guidance:
This policy has largely been adapted for Becontree Primary School from Barking and Dagenham Council's Body Fluids' Policy which can be found on the Intranet and is a source of further guidance and clarification.

Basic Essential Hygiene:
Safe precautions/protocols should be adopted by staff when dealing with body fluid spills, sharps (needles), splash injuries or performing first aid.

- Treat **all blood and body fluids as being <u>potentially</u> infectious**
- Wash hands, cover cuts or open lesions on exposed areas of the body with a waterproof plaster and put on your protective gloves/disposable apron prior to cleaning up any body fluids
- Protect eyes and mouth from being splashed with body fluids
- Thoroughly wash and dry hands after dealing with blood and other body fluid secretions

Safety but Confidentiality:
Staff who suspect or are confirmed as having an infectious disease should discuss with their Doctor if they need to inform their work place setting. If they do, then they should inform the Headteacher and take appropriate precautions. It may be necessary to liaise with the Council's Occupational Health, Safety and Wellbeing team or GP for advice but confidentiality will be preserved.

Contact with Needles and associated injuries
Staff may come across discarded needles in the playground, in the park when teaching sports lessons or possibly when out on trips. Touching needles can result in a needle prick injury which could lead to blood borne viruses (BBV) such as HIV or Hepatitis B/C/D. Staff need to keep children away from the needle and not touch the needle themselves. If on site, call for assistance and guidance from the office. They will provide a suitable response possibly after consultation with the Headteacher. If off site, report it to the staff of the visiting centre or to the office when back at school.
If essential that a member of staff remove the needle, then avoid skin contact with needles. Collect the needle by using a litter picker, lifting it away from you and into a Sharps box. If such equipment is not readily available, think of other alternatives accessible to you e.g. Tongs, dustpan/brush and safe receptacle that won't puncture easily e.g. Jar with lid or metal can. Removal of the needle then requires safe disposal. If this can't be achieved, then don't remove it. Do not put it in your bag for disposal back at school.

Action and support after possible infection with a BBV:
If you are contaminated with blood or other body fluids, take the following action without delay:

- wash splashes off your skin with soap and running water
- if your skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water
- wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water – do not swallow the water
- record the source of contamination
- report the incident to the Headteacher as prompt medical advice is important and you should have access to speedy support, advice and reassurance which may be sought through the Occupational Health and Well-Being Team on 0208 227 3509. The circumstances of the incident need to be assessed and consideration given to any medical treatment required. If exposure occurs outside of core time, attend the nearest Accident and Emergency department for advice, without delay.

Special considerations for first aiders
If you are a first aider in the workplace, the risk of being infected with a blood borne virus while carrying out your duties is small. There has been no recorded case of HIV or Hep B virus (HBV) being passed on during mouth-to-mouth resuscitation. However, the following precautions should be taken to reduce the risk of infection:

- wash and dry hands
- cover any cuts or grazes on your skin with a waterproof dressing
- wear suitable disposable gloves/apron when dealing with blood or any other body 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
- wash your hands after each procedure.

Spillages
Blood and other body fluid spillages should be dealt with promptly. A typical procedure for cleaning is set out below:

- Restrict access to the area
- Wear gloves (non-latex) to protect hands
- Use additional personal protective equipment, as needed (e.g. disposable leak-proof apron and/or eye protection)
- Use disposable absorbent towels to soak up the majority of the body fluid
- Clean with an appropriate disinfecting solution (see recommended kit below)
- *Contaminated towels, waste and disposable PPE should be “double bagged” and disposed of in domestic waste
- Wash hands thoroughly with hot soapy water and dry fully

* If a blood spillage comes from a person with a known communicable disease, it should be treated as clinical waste and not be disposed of with normal domestic waste. It should be doubled bagged and clearly labelled “Clinical waste” ready for collection by an approved contractor (see below).

Kit
All items needed for cleaning spillages of blood or body fluids are kept together in a designated and secure workplace area, to which all trained staff have access.

A spillage kit typically includes:

- Disposable plastic apron

- Disposable non latex gloves
- Eye protection (in case of splashes)
- Disposable shoe/boot protector (to prevent body fluids trapped in soles contaminating surfaces)
- Disposable waste bags (for double-bagging)
- Detergent/ disinfectant, eg. Milton
- Blood spill products e.g. Absorbit
- Disposable paper towels
- Plastic dustpan and brush
- Plastic bucket/bowl

Disposal of waste
Certain waste is classified as clinical waste and its collection, storage and disposal is subject to strict controls. Clinical waste includes waste consisting wholly or partly of contaminated blood or other body fluids, swabs or dressings, syringes, needles or other sharp instruments, which unless made safe may be hazardous to any person coming into contact with it.

Human hygiene waste which is generated in places like schools is generally assumed not to be clinical waste as the risk of infection is no greater than that for domestic waste. If staff knowledge indicates that some waste is contaminated, then it needs to be disposed of as clinical waste and not as normal daily refuse or waste.

Further information on how to dispose of clinical and human hygiene waste can be found by contacting your local Environment Agency office (General Enquiry Line Tel: 08708 506506).

Council Clinical waste collection arrangements
If clinical waste material needs to be disposed of, contact one of the following companies as the council does not provide this service.
SRCL – 0333 240 4400 or email: info@SRCL.com
PHS – 01204 862361 or email: suebarwiseball@phs.co.uk

Our employee welfare scheme can assist with medical enquiries and offer support in confidence. Health Assured offers support,24 hours a day, 7 days a week, 365 days a year by calling **0800 028 0199**

Body Fluids Risk Assessment

Follow the 4 key steps ▶ **Fill in the checklist** ▶ **Assess the risk and plan**

1	Exposure to Body Fluids	Consider	Findings (make a note of it)
	How could staff be exposed? Think about: The provision of personal care? The cleaning of blood, vomit, urine or faeces? The use or presence of sharps? Contamination of equipment and area being used? The main entry routes to the body are: • Absorption through the **respiratory tract** via inhalation • Absorption through the **skin** via dermal contact • Absorption through the **digestive tract** via ingestion (this can occur through hand to mouth actions such as eating or biting nails) • **Injection**: Introducing the material directly into the bloodstream. (Injection may occur through mechanical injury from "sharps")	☐ Does the possibility exist for staff to be exposed? ☐ Does any work activity increase the likelihood of exposure?	Yes Staff who work with pupils with SEND or the youngest children, First Aiders and premises staff are most at risk.
2	**People at risk**	**Consider**	**Findings** (make a note of it)
	Who is at risk? Consider staff groups that may be: Providing personal care e.g. Nurses, Carers, Teachers/Assistants, Mid-day meals supervisors, First Aiders, Other?	☐ Have staff who could be at risk been identified?	Yes EYFS and SEND staff, office staff, MDA's, First Aiders, cleaners, caretakers
	Who is especially at risk? Consider: Staff who may be tasked with cleaning up body fluids and discarded needles e.g. Caretakers/Cleaners. Also, new or expectant mothers (harm to unborn baby and mother) and young workers (under 18 - inexperienced) **What Increases the risk?** Risk to staff increases when body fluids come into contact with an open wound, if ingested or needle puncture.	☐ Have staff been identified who could be especially at risk? ☐ Has advice/instruction been issued to staff to cover wounds/abrasions and how to safely handle needles?	Yes SEND LSAs, Nursery nurses, office staff, cleaners, caretakers New or expectant mothers are not expected to deal with bodily fluids Staff are given information on Safe Working Practice (taken from the Risk Assessment) – see Appendix 1

3	**Evaluate and Act**	**Consider**	**Findings** (make a note of it)
	Evaluate First think about what has been identified in steps 1 and 2 – what is the likelihood of exposure, and what is the risk to staff. **Act** Consider developing a common protocol for staff when dealing with body fluids.	☐ Have basic good hygiene procedures been developed? ☐ Are staff aware of and working to the procedures? ☐ Are spill kits/sharps boxes available? ☐ Is Personal Protective Equipment available?	Staff are given info on good hygiene (via Safe Working Practice). Yes Yes, there are 4 spill kits (see Appendix 2). Sharps box provided when required (ie pupil with diabetes) PPE available (gloves, aprons, protective glasses in spill kit)
4	**Train and Review**	**Consider**	**Findings** (make a note of it)
	Instruct/Train Staff should be aware of what to do when dealing with body fluids. Provision of information and instruction is foremost. **Review** Overtime, risks may change. Where significant changes are identified, the assessment should be reviewed and changed accordingly. Remember to communicate any changes to staff.	☐ Have staff been provided with information on how to deal with body fluid spillages/needles? ☐ Have staff been provided with information on communicable diseases? ☐ Have timescales been set to review your procedures for dealing with body fluids/needles?	Staff at risk provided with Safe Working Practice. Action Plan in place (see Appendix 3) Info on communicable diseases available to all staff (from office), particularly First Aiders All procedures reviewed annually, if a relevant change has happened or a risk identified

Bodily Fluids

Safe Working Practice for staff at risk of exposure

Definition:
Body fluids include blood, vomit, saliva and excrement

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Basic Essential Hygiene:
Safe precautions/protocols should be adopted by staff when dealing with body fluid spills, sharps (needles), splash injuries or performing first aid.

- Treat all blood and body fluids as being potentially infectious
- Wash hands, cover cuts or open lesions on exposed areas of the body with a waterproof plaster and put on your protective gloves/disposable apron prior to cleaning up any body fluids
- Protect eyes and mouth from being splashed with body fluids
- Thoroughly wash and dry hands after dealing with blood and other body fluid secretions

Action and support after possible infection:
If you are contaminated with blood or other body fluids, take the following action without delay:

- wash splashes off your skin with soap and running water
- if your skin is broken, encourage the wound to bleed, do not suck the wound – rinse thoroughly under running water
- wash out splashes in your eyes using tap water or an eye wash bottle, and your nose or mouth with plenty of tap water – do not swallow the water
- record the source of contamination
- report the incident to the Headteacher (who will complete an Incident Form) as prompt medical advice is important and you should have access to speedy support, advice and reassurance which may be sought through the School's Occupational Health and Well-Being Team. The circumstances of the incident need to be assessed and consideration given to any medical treatment required. If exposure occurs outside of core time, attend the nearest Accident and Emergency department for advice, without delay.

Spillages
All body fluid spillages should be dealt with promptly. A procedure for cleaning is set out below:

- Restrict access to the area
- Wear gloves (non-latex) to protect hands
- Use additional personal protective equipment, as needed (e.g. disposable leak-proof apron and/or eye protection)
- Use disposable absorbent towels to soak up the majority of the body fluid
- Clean with an appropriate disinfecting solution
- *Contaminated towels, waste and disposable PPE should be "double bagged" and disposed of in domestic waste
- Wash hands thoroughly with hot soapy water and dry fully

Bodily Fluids

Information to be displayed on Spillage kit

Spillages
Blood and other body fluid spillages should be dealt with promptly. A typical procedure for cleaning is set out below:

- Restrict access to the area
- Wear gloves (non-latex) to protect hands.
- Use additional personal protective equipment, as needed (e.g. disposable leak-proof apron and/or eye protection)
- Use disposable absorbent towels to soak up the majority of the body fluid.
- Clean with an appropriate disinfecting solution (see recommended kit below).
- *Contaminated towels, waste and disposable PPE should be “double bagged” and disposed of in domestic waste
- Wash hands thoroughly with hot soapy water and dry fully

* If a blood spillage comes from a person with a known communicable disease, it should be treated as clinical waste and not be disposed of with normal domestic waste. It should be doubled bagged and clearly labelled “Clinical waste” ready for collection by an approved contractor (see below).

Spillage kits are located at:

- In the First Aid room
- KS2 Cleaners cupboard
- Nursery
- ARP

Mrs Smallman has the responsibility to keep these kits fully stocked

Each kit contains
All items needed for cleaning spillages of blood or body fluids are kept together in a designated and secure workplace area, to which all trained staff have access.

A spillage kit (yellow bucket) typically includes:

- Disposable plastic apron
- Disposable non latex gloves
- Eye protection (in case of splashes)
- Disposable shoe/boot protector (to prevent body fluids trapped in soles contaminating surfaces)
- Disposable waste bags (for double bagging)
- Detergent/ disinfectant, eg. Milton
- Blood spill products e.g. Absorbit
- Disposable paper towels
- Plastic dustpan and brush
- Plastic bucket/bowl

Bodily Fluids

Action Points for staff at risk of exposure

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Body fluids include blood, vomit, saliva and excrement

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Who is at risk?
Those working with the youngest children or who deal with cleaning of spillages, predominantly EYFS staff, office staff, First Aiders, cleaners and the caretaker

New or expectant mothers are not expected to deal with bodily fluids

Action Points:

- Staff at risk are provided with the Safe Working Practice for dealing with Bodily Fluids
- Staff are given information on the importance of good hygiene
- **Personal Protective Equipment (PPE)** - Spillage kits contain disposable gloves, aprons and eye protection. Disposable gloves are routinely provided for First Aiders, MDA staff and distributed in every teaching room around the school, so that they are always available for immediate use.
- Info on communicable diseases available to all staff (from office), particularly First Aiders
- All incidents of possible infection through bodily fluids are reported to the Headteacher.
- All procedures reviewed annually, if a relevant change has happened or a risk identified