

HIV, Aids and Blood Borne Diseases Policy

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Regulations and Standards:

The Children's Homes Regulations 2015:

- Regulation 10 - The Health and Well-being Standard.

Health and Safety Executive – What are Blood Borne Viruses; available at:

<https://www.hse.gov.uk/biosafety/blood-borne-viruses/what-are-bvv.htm>

Health and Safety Executive - Human immunodeficiency viruses (HIV-1 and HIV-2); available at: <https://www.hse.gov.uk/biosafety/blood-borne-viruses/hiv.htm>

NHS – Overview, HIV and AIDS; available at:

<https://www.nhs.uk/conditions/hiv-and-aids/>

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1. Introduction:

HIV can only be transmitted by specific activities, and it may need to be considered in the following situations:

- Penile penetration (vaginal and anal)
- Oral sex (although this represents a much lower risk)
- Used needles and syringes - therefore, it may be a rare consideration in assessment of risk where family members have a casual attitude to the disposal of such needles.



Injecting drugs by itself is not necessarily indicative of exposure to risk of HIV infection - it is the sharing of drug using equipment that is risky. Information relating to the nature and extent of the parent's drug use should be sought from the parent and from other agencies with the knowledge of the parents.

In circumstances where children and parents share concerns about HIV, these should be responded to by sensitive discussion of the reasons for their concern. If penetration or oral sex has not taken place, then reassurance can be given that it is highly unlikely that the child will have been exposed to HIV.

Where it is known that penetration or oral sex has taken place, it may be unlikely that the child has been exposed to HIV.

In either situation, the child and / or parents may require specialist advice and counselling to help them weigh up the potential risks and to make future decisions.

It should be borne in mind that children may not talk about the full extent of the abuse they have experienced, especially during the initial investigation.

The decision to have a HIV test is a major step and poses many moral dilemmas. Any such decision should only be made after a balanced consideration of all advantages and disadvantages lead to the conclusion that it would be in the best interests of the child.

The advantages are:

- Knowledge of HIV status allows access to medical care and support.
- If the child is not infected, it can remove doubt and prevent unnecessary stress and anxiety.
- If the child is infected, the child and family can be offered support to help them better understand their condition and be encouraged to respond constructively.

The disadvantages are:

- There is no cure for AIDS, however it is more manageable with new forms of medication.
- The side effects from treatment can be severe and have a profound effect on the child.
- Awareness can be harmful to the emotional well-being of the child/family and family.
- Knowledge of HIV status may lead to stigma and isolation.
- There is an obligation to disclose the results of the test.
- Testing for babies / children is unlikely to be accurate or reliable particular in children under the age of 2.
- Having been tested, regardless of the outcome, can cause difficulties later in life in obtaining insurance and some other services.

There is negligible risk to children cared for in the homes by staff with HIV.

It is important for HND Children's Care Ltd as an employer, as well as individual home managers, that it is clear and explicit about the standards of confidentiality expected from

staff.

HND Children's Care Ltd may regard any breaches of confidentiality as a disciplinary offence for consideration through the normal recognised procedures. See 'Disciplinary Procedure'.

2. Hygiene Precautions:

The following hygiene precautions are recommended as safe practice for all HND Children's Care Ltd staff and children. These are common sense precautions that will protect against blood borne viruses and other infections that may be transmitted via blood and body fluids.

They should be incorporated as standard practice in all settings at all times.

Standard infection control precautions:

- Always keep cuts or broken skin covered with waterproof dressings.
- Avoid direct skin contact with blood or body fluids.
- If blood is splashed onto skin, it should be washed off immediately with soap and water. Splashes of blood into eyes or mouth should be washed immediately with plenty of water.
- If a sharps injury is sustained or blood splashed into the eyes or mouth, or on a non-intact skin (e.g., eczema), medical advice should be sought promptly.
- Wear disposable gloves when contact with blood or body fluids is likely.
- Always wash and dry hands after removing gloves
- Always wash and dry hands before and after giving first aid
- Never share toothbrushes and razors
- Tutor children about avoiding contact with other people's blood as soon as they are able to understand it.
- Teach children to wash and dry their hands before meals and after using the toilet.

Spillages of blood or body fluids:

Household grade gloves and a disposable plastic apron should be worn when cleaning splashes or spillages. Eye protection should be considered if there is a risk of splashing. Gloves should be washed with neutral detergent and hot water after use. Hands should always be washed and dried on removal of gloves.

Spillages of blood:

- Small spills or splashes of blood on floors or other hard surfaces should be cleaned with neutral detergent and hot water.
- Large spills should be covered with sodium dichloroisocyanurate (NADCC) granules (if available) for two minutes. The spillage and granules should be removed with paper towels, which should be disposed of carefully into a clinical waste bag. The area should be cleaned with hot water and neutral detergent.



- NADCC granules should not be used on metal, wood or fabric as they may damage these surfaces.
- Chlorine fumes will be released when NADCC granules are used, therefore it is important that the area is well ventilated. These granules should not be used on spillages of urine.

Spillages of body fluids:

- Small spills or splashes on floors or other hard surfaces should be cleaned with neutral detergent and hot water.
- Large spillages should be covered with absorbent paper towels and the area then cleaned with hot water and neutral detergent. Paper towels should be disposed of carefully into a waste bag.
- Carpets and upholstery
- Remove the spillage as far as possible using absorbent paper towels, then clean with a fresh solution of neutral detergent and water.
- Carpets and upholstery can then be cleaned using cleaner of choice.
- Steam cleaning may be considered.
- Crockery and cutlery can be cleaned in the normal way either by hand washing with hot soapy water or in a dishwasher.
- 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. Household gloves and cold running water should be used to remove soil prior to washing if necessary, and any solid matter (i.e., faeces and vomit) should be flushed down the toilet.

Care should be taken to avoid splashing body fluids into the mouth or eyes.

Soiled linen / clothing does not need to be sluiced in this instance with a sluice prewash programme.

Disposal of waste:

- Paper towels, together with gloves and aprons, should be put into a plastic waste sack prior to disposal, the top tied and placed in a household waste bag for collection.
- Waste such as sanitary towels, nappies, tampons and incontinence pads should be wrapped adequately in newspaper to soak up excess fluid prior to disposal in a household waste bag.
- Vomit, urine and faeces should be flushed down the toilet. Potties and nappy changing mats should be washed with neutral detergent and hot water and dried with paper towels after each use.

It is important that standard infection control precautions, such as hand washing and the use of gloves, are followed when handling body fluids.

In some individual cases, a child's general practitioner may identify a specific infection risk associated with their medical condition and may make additional arrangements for disposal



of waste via the local authority. This should be discussed with the general practitioner and local infection control team or paediatric community nursing service.

3. Confidentiality:

The number of people to be informed of a person's blood-borne infection status should be kept to a minimum and this information will only be shared on a need-to-know basis.

Staff who receive this information need to be fully aware of the need to maintain the strictest confidentiality.

Disclosure of the HIV status of an employee, colleague or a service user without the consent of the individual will be considered a disciplinary offence.

Any former employee who in the course of their employment, learnt that another employee, or service user, had an HIV related condition continues to owe a duty of confidentiality to that individual.

End.