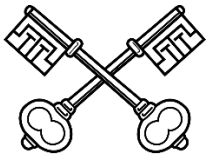


RADLEY

# Infection Control

November 2025

# Infection Control

When people live or work closely together in a community, they are more at risk from spreading infection. 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 (PPE)
- Encourage staff to be immunised where appropriate, with Occupational Health advice where appropriate
- Report notifiable infections to the UK Health Security Agency (UKHSA)
- Recommend clinical staff 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 Health 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 information/guidance signposting 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 Health Centre, who will liaise with the School's Medical Officer
- Subject to the advice sought, any pupils suspected of being infectious should be isolated and, if possible/advised and medically safe, 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 – liaising with Housekeeping/Laundry and utilising the "red bag" system
- Prepare cleaning schedules and liaise with Housekeeping Lead and allocated cleaner
- Reports of any incidences of fever, vomiting, diarrhoea, rashes in pupils are to be reported to clinical staff in the Health Centre and recorded as soon as possible
- Ensure easy access and supply of appropriate personal protective equipment (PPE)
- Infected staff should not return to work for at least 48 hours post last episode if vomiting and/or 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, while also communicating with the Catering department
- Any notifiable diseases should be reported to the UK Health Security Agency (UKHSA) 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 Health Centre and PHMs (Pastoral Housemistresses).
- There should be close liaison with Housekeeping
- All body fluid spills, including blood, faeces, nasal or eye discharges, saliva, vomit should be immediately cleaned up and disinfected using detergent that kills bacteria and viruses. If the spill is on fabric or carpet, then Public Health Agency (HSC) can 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 in the Health Centre and the pitch side medical hut. Management and disposal/change of these is managed by the housekeeping department

**Prevention of Infection – Dealing with Sharps**

A Risk Assessment has been undertaken between the Head of Facilities and Compliance 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 Health 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 in sharps bin and without delay
- Once the sharps box is two-thirds full, it should be closed, dated and signed 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 Health 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 7.

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 a sharps box.

- In the event of a sharp's 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 always followed 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 Public Health 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 with 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 (if a pupil), the individual's own GP (if staff) or the individual's Consultant if under a Specialist.

**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 Health 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

HSC Public Health Agency

March 2017

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 (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england 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 | |
| *E. coli* O157 VTEC* | Should be excluded for 48 hours from the last episode of diarrhoea | Further exclusion is required for young children under five 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 |

| 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 |

| 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.

### 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. Spitting should be discouraged.

**Personal protective equipment (PPE).** Disposable non-powdered vinyl or latex-free CE-marked 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.

**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.hseni.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.

### 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 child/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 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 or the school health service can advise on the latest national immunisation schedule.

| When to immunise | Diseases vaccine protects against | How it is given |
|---|---|---|
| 2 months old | Diphtheria, tetanus, pertussis (whooping cough), polio and Hib | One injection |
| | Pneumococcal infection | One injection |
| | Rotavirus | Orally |
| | Meningococcal B infection | One injection |
| 3 months old | Diphtheria, tetanus, pertussis, polio and Hib | One injection |
| | Rotavirus | Orally |
| 4 months old | Diphtheria, tetanus, pertussis, polio and Hib | One injection |
| | Pneumococcal infection | One injection |
| | Meningococcal B infection | One injection |
| Just after the first birthday | Measles, mumps and rubella | One injection |
| | Pneumococcal infection | One injection |
| | Hib and meningococcal C infection | One injection |
| | Meningococcal B infection | One injection |
| Every year from 2 years old up to P7 | Influenza | Nasal spray or injection |
| 3 years and 4 months old | Diphtheria, tetanus, pertussis and polio | One injection |
| | Measles, mumps and rubella | One injection |
| Girls 12 to 13 years old | Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11 | Two injections over six months |
| 14 to 18 years old | Tetanus, diphtheria and polio | One injection |
| | Meningococcal infection ACWY | One injection |

This is the Immunisation Schedule as of July 2016. 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

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

**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
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.

**Appendix 2**

**Useful Numbers:**

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

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)

Head of Domestic Services x8567

Head of Facilities and Compliance x3159

Long Furlong Medical Centre - 01235 522379

National Poisons Unit 0844892011

Leo Healy – 07850 004420

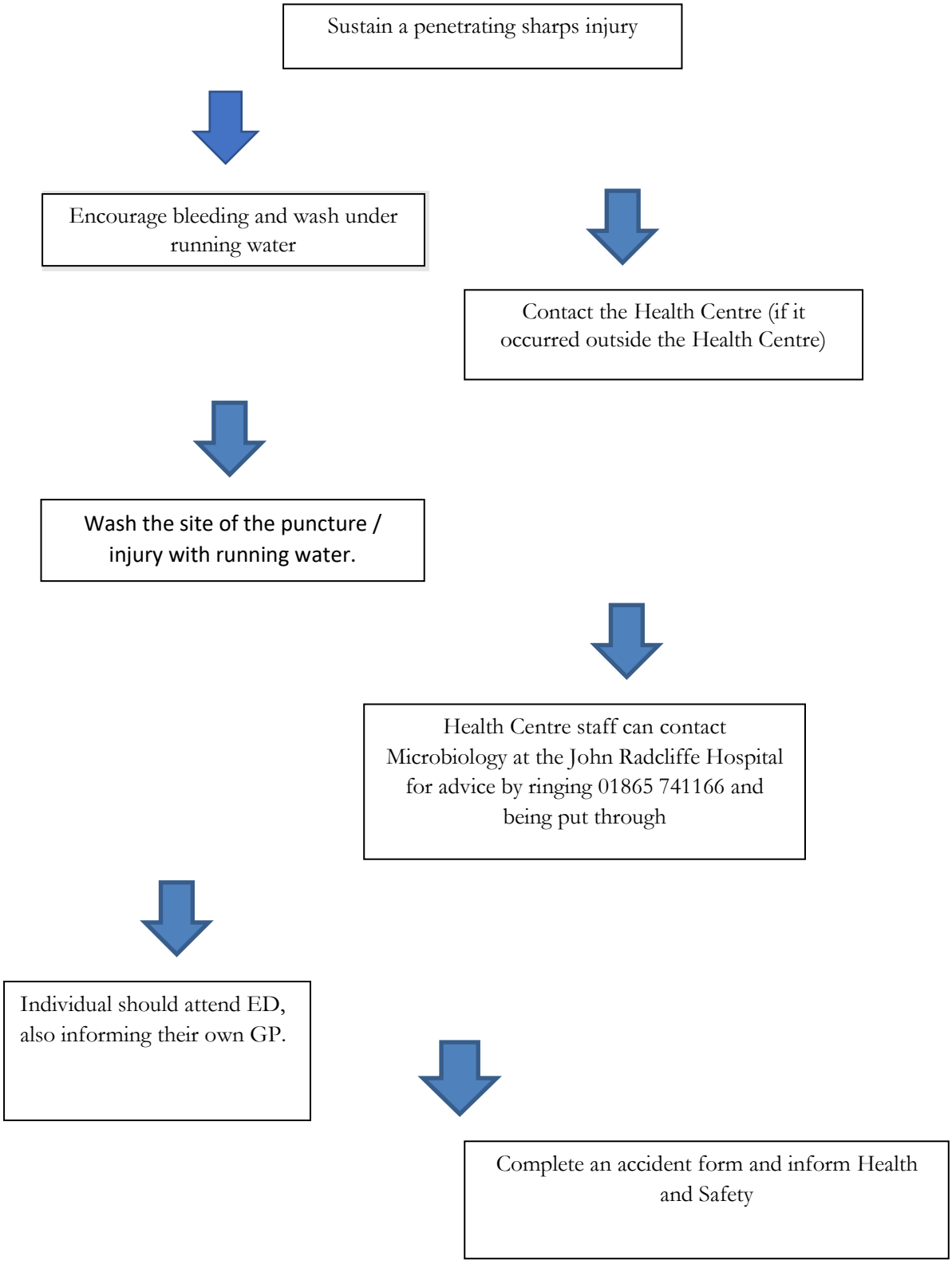
Security – x0 or 07774 249601

**Guidance references:**

Managing specific infectious diseases: A to Z

Guidance on infection control in schools and other childcare settings

## Appendix 3 Sharps Injury flow chart



**Appendix 4**

**Procedures for pupils self-administering injected medications:**

Any injectable medication should be prescribed to the individual by a Doctor

Other than insulin and AAIs, injectable medication will not be stored in the pupil's own room, but held either by the PHM or in the Health Centre

Weekend injecting at the Health Centre, when there is only one nurse working, should be avoided where possible

Administration should happen in the PHM office or in the Health Centre, following the procedure below

Pupils are entitled to privacy when self-administering, but the Nurse or PHM should check safe disposal of sharps after self-administration is completed. This may be verbally

Pupils will complete a self-injecting assessment with a nurse before doing this unsupervised

**Pre-Injection checks**

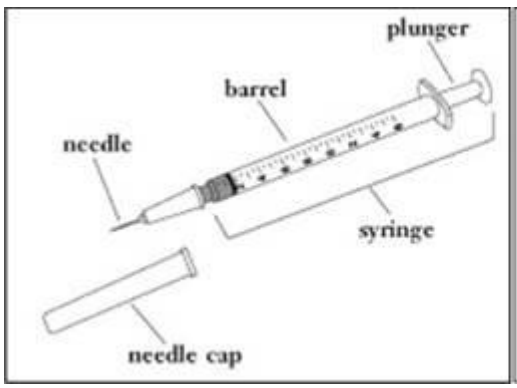
**Do:**

- Ensure you have everything you need to hand
- Check that your medication is correctly labelled and yours
- Check that your medication is in date and looks appropriate

**Don't:**

- Share your medication or syringes with anyone else
- Put needles in household waste/normal bins

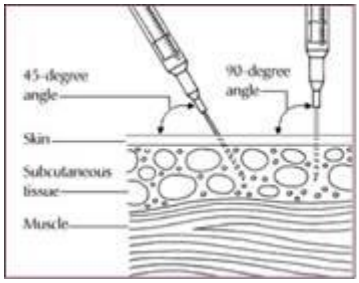
**Needle/Syringe parts for reference:**

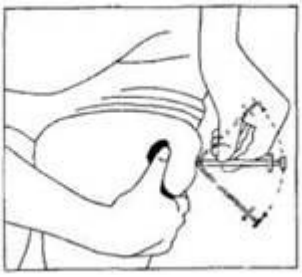


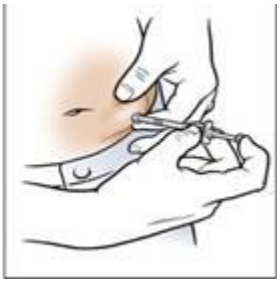

**Procedure: for Subcutaneous Injection:**

- Wash hands thoroughly, with soap and water, and dry
- Lay out all equipment needed, including sharps bin
- Prepare injection – draw up, if required as per instructions given by prescribing clinician, or prepare pre-filled syringe

- The most common locations for injections in the fat is the stomach and the outer thigh.. Remove needle cap. Grasp 2-3 inches of the fat between your thumb and first finger. Inject by inserting the needle at a 45 degree angle, and pushing the plunger.



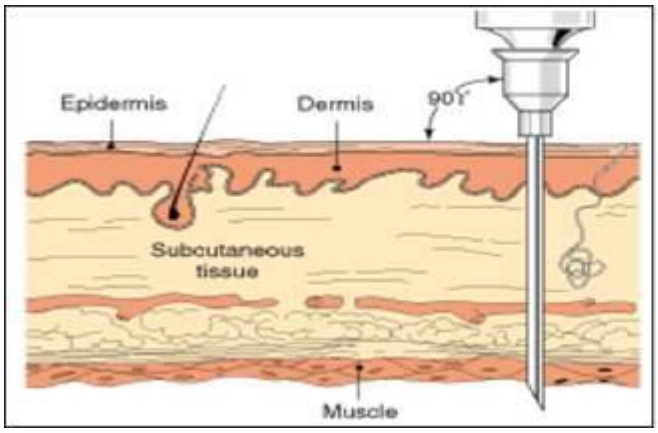


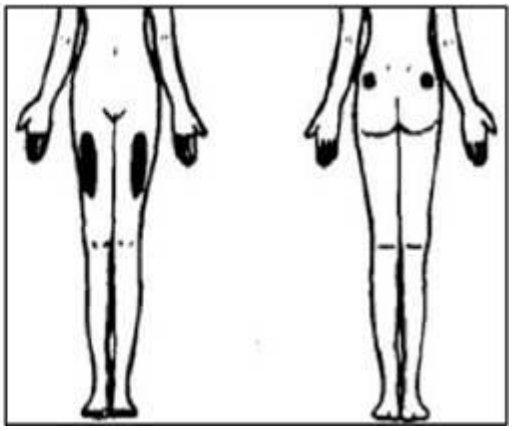
**Dispose of needles and syringes in a sharps container ONLY**


- Nurse or PHM to either supervise, or do check with pupil after self-administration, to ensure safe disposal of sharps

**Procedure for Intramuscular Injections:**

The most common locations for injections into muscle are the front of the thigh and the upper outer portion of the buttocks. Cleanse desired location of injection on your skin with an alcohol pad in an outward spiral fashion, as shown to you by your doctor (if applicable). Remove the needle cap. Grasp 4-5 inches of the muscle between your thumb and first finger. Inject by inserting the needle at a 90 degree angle, and pushing the plunger.



- Apply pressure with gauze to injection site, and gently massage
- Apply small dressing (plaster) if required

**Dispose of needles and syringes in a sharps container ONLY**


- Nurse or PHM to either supervise, or do check with pupil after self-administration, to ensure safe disposal of sharps

**Appendix 5**

RADLEY

**Injectables – Pupil self-administration assessment**

**Name: _____ Year:_____ Social:_____**

**Drug:_____ Dose:_____ Frequency:_____**

**Medication:**

| | |
|---|---|
| Does Pupil understand what the drug is for? | |
| Does the Pupil understand the instructions of when to take it? | |

**Preparing:**

| | |
|---|---|
| Does the pupil know to wash hands before starting?<br>Can the pupil organise all equipment needed, including ensuring surface area clear and clean and that there is a sharps bin to hand? | |

**Administering:**

| | |
|---|---|
| Can the pupil prepare appropriate injection area (e.g. tummy, thigh) with cleaning swab (if indicated/required)?<br>Can the pupil pinch skin/fat between thumb and finger and inject themselves, emptying the syringe prior to removing needle from skin?<br>Can the pupil massage the injection site post injection (if indicated) | |

**Sharp safety:**

| | |
|---|---|
| Does the pupil understand the need for a sharps bin, and put the needle in it as soon as they have finished their injection? | |

**Pupil:**

I have read and understood the Radley College Health Centre procedure for self-administering injectable medication and will adhere to this

**Signed:_____ Date:_____**

**Nurse:**

I have supervised _____ self-administering his medication and feel he is competent to do this without supervision.

**Signed:_____ Date:_____**

**COMMENTS:**

## Appendix 6

Version 1.2 Updated September 2025 by Health and Safety Manager & Head of Health Centre

| | |
|---|---|
| School Name: Radley College<br>Assessment Date: September 2025<br>Review Date: September 2026<br>Location: Health Centre, Boarding Houses, Grounds | Risk Assessment Description: Sharps & Infection Control Risk Assessment |

| RISK MATRIX | | | | | | | |
|---|---|---|---|---|---|---|---|
| Risk Rating 1-5 | Low Risk | | | | | LIKELIHOOD (L) | SEVERITY (S) |
| Risk Rating 6 - 15 | Medium Risk | | | | | Remote (1): Highly unlikely, possible in extreme circumstances<br>Improbable (2): Unlikely, but could occur / unusual<br>Occasional (3): Possible, could happen<br>Probable (4): Highly likely<br>Probable, to be expected<br>Frequent (5): Certainly, there is no doubt it will occur | Minor (1): Very minor injury, superficial cuts / grazes. Very limited damage or loss to property.<br>Serious (2): More serious injury. Serious cuts requiring stiches, bruising & sprains. Slight damage or loss.<br>Reportable (3): RIDDOR reportable injuries. 3-day injuries, more than 3 days away from |
| Risk Rating 16-25 | High Risk | | | | | | |
| LIKELIHOOD (L) | SEVERITY (S) | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | | |
| 1 | 1 | 2 | 3 | 4 | 5 | | |
| 2 | 2 | 4 | 6 | 8 | 10 | | |
| 3 | 3 | 6 | 9 | 12 | 15 | | |
| 4 | 4 | 8 | 12 | 16 | 20 | | |
| 5 | 5 | 10 | 15 | 20 | 25 | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | college / employment. Major (4): <u>RIDDOR reportable injuries.</u> Fracture of legs and Arms, Amputations. Major property loss or damage. Catastrophic (5): Single or multiple fatalities. Total loss of property. |

Degree of Risk (DR) = LIKELIHOOD (L) x SEVERITY (S)

* Numbers used are for illustrative purposes only.

** Residual risk is the level of risk that remains after suitable and sufficient control measures are introduced.

| What is the Hazard? | Who might be harmed? | What is the Risk? | List the current control measures in place | L | S | DR (LxS) |
|---|---|---|---|---|---|---|
| Use of Sharps in Health Centre | Medical staff, students receiving treatment | Needle-stick injury, exposure to bloodborne pathogens | • Only those persons who are aware of and have read the policy on sharps, i.e. Health Centre and affected socials staff are to work with control of new/used sharps.<br>• All staff to be aware of the action to take in an emergency.<br>• All staff to be inducted on use/storage/disposal.<br>• Ensure sharps are disposed of into sharps bins.<br>• Sharps safety devices to be used at all times where practicable.<br>• Sharps not to be re-sheathed.<br>• Use of safety-engineered sharps. | 2 | 3 | 6 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | • Person required to attend Hospital for Medical Attention following contact with used or contaminated sharp<br>• Staff to complete the near miss forms should one occur<br>• Completion of required college forms following any incidents with sharps<br>• Sharps safety information can be supplied by Health Centre<br>• As per Medical policy, Lead Nurse has overall responsibility for this | | | |
| Student Self-Administration of Medication (e.g. Insulin) and Sharps in Socials | Students, house staff, cleaners | Improper use or disposal of sharps by students, Injury from discarded sharps, infection. | • Individual sharps bins in student rooms (where needed)<br>• Self-administration is encouraged to be supervised, but in these instances **disposal of sharps should be supervised by a responsible staff member.**<br>• Student education and supervision<br>• Staff awareness and monitoring<br>• Scheduled disposal by medical staff<br>• Start of each Half Term checks to be completed by two persons Tutor and PHM.<br>• Half Termly checks to be recorded with copy to Health Centre,<br>• Social Spot Checks to be completed by Health Centre Employee.<br>• Full Sharp Boxes must not be stored in Socials<br>• Students to be provided with information regarding safety of Sharps, along with completing self-administration assessment with nurse<br>• Socials have the responsibility to inform Health Centre and Housekeeping of room numbers where sharps are within, to be updated every half term or during room changes<br>• PHM to oversee this in boarding houses | 3 | 3 | 9 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Discarded Sharps on Grounds and Public Footpaths | Grounds staff, students, visitors | Accidental injury, infection from unknown source | • Regular patrols and inspections<br>• Trained staff in safe disposal<br>• Emergency Action Plan in place within the Infection Control policy on what to do upon discovery of a sharp<br>• Emergency Action plan in place within the infection Control Policy on what to do if you sustain a needle stick injury.<br>• Liaison with local council for community safety | 2 | 4 | 8 |
| Improper Storage of Sharps | Staff<br>Students<br>Employees<br>Visitors | Injury and infections | • All Sharps containers must be completely closed and sealed upon reaching the fill line. DO NOT OVERFILL<br>• Person completing final closure of a sharp's container must complete all sections on the label<br>• Staff to assess/select the correct size of sharps bins for use in the Health Centre and any students Rooms.<br>• Students to be provided with information on storage of sharps within rooms<br>• Students to keep all sharps in rooms within their personal individual room safes<br>• Health Centre staff to ensure all sharps containers are marked correctly with the label completed as required.<br>• Sharps containers to be as close as possible when completing tasks to permit sharps/needles to be disposed of immediately after use<br>• As per medical policy, the Lead nurse has overall responsibility for this | 1 | 3 | 3 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Incorrect Disposal of Sharps Containers | | | • Staff who transport sharps to other locations on site must dispose of used sharps immediately in a suitable container for transporting sharps.<br>• The lid of the container must be closed with the container secured for transportation back to the Health Centre for disposal.<br>• Students who have sharps bins in their rooms must inform members of social staff who will organise the removal and installation of the new container.<br>• Full Sharps containers to be taken to Health Centre for disposal via GP Surgery<br>• As per medical policy, the Lead Nurse has overall responsibility for this | 1 | 3 | 3 |

## Appendix 7: Escalation Procedure for finding a Needle

### If a Needle is found in Social in working hours inform:

- Tutor and PHM
- DSL or Deputy
- Bursar
- Head of Domestic Services
- Health Centre & Lead Nurse
- Health and Safety Manager

**Out of hours, contact Security immediately, and email all of the above as soon as possible.**

### If a Needle is found on Grounds in working hours inform:

- Head of Grounds
- DSL or Deputy
- Bursar
- Head of Domestic Services
- Health Centre & Lead Nurse
- Health and Safety Manager

**Out of hours, contact Security immediately, and email all of the above as soon as possible**