**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Infections and Blood Borne Diseases**

* Blood borne infections occur where infected blood or other bodily fluids are transferred into the body. A person may be a carrier of a virus without realising it and can pass on the virus through accidental exposure to another person’s blood or other infected bodily fluid. Hepatitis B and HIV are examples of blood borne infections.
* Within WSCC children’s homes, staff must ensure they keep information relating to any child’s health needs or medical diagnosis confidential. For example, the decision to disclose a child’s HIV status must be guided by their best interests and should only take place where the child gives their consent.
* Where a child is placed in residential care, only those members of staff who have a special involvement with the child and where their knowledge would enhance their work with the child need be informed of the child’s diagnosis.
* In exceptional circumstances, when a child is deliberately trying to infect others, specific training and advice should be obtained and additional staff in a residential placement should be made aware of the child’s HIV status;

**Hepatitis B**

* Hepatitis B is an infectious disease of the liver caused by a virus that can lead to a serious illness after 1-6 months. The majority of children who will have acquired the disease from their mothers, will go on to become carriers. These children are at risk of developing serious long-term liver disease and could pass on the virus to others.
* The Hepatitis B virus is present in the blood and body fluids (such as semen, saliva, urine and faeces) of the infected person. It is spread by sexual contact with an infected person; transfer of infected blood or from human bites.
* A child with Hepatitis B can be completely well, so it is important to take precautions at all times to minimise the risk of infection.
* There is a safe and effective vaccine available against Hepatitis B, given in a course of three injections. It is recommended that residential care staff are vaccinated against Hepatitis B and Registered Manager’s should keep a record of which staff have declined to have the vaccine.

**Hepatitis C**

* Hepatitis C is an infectious disease of the liver caused by a virus which can lead to serious illness after 2 weeks – 6 months. High risk areas for Hepatitis C include North America, Southern Europe, Egypt and Japan.
* Hepatitis C is spread in the same way as Hepatitis B, by contact with blood and other body fluids. It has been found most commonly amongst injecting drug users, where estimates of infection rates vary from 60% to 90%. Sexual transmission can also occur.
* An adult or child with Hepatitis C may be completely well, so it is important to take precautions to minimise the risk of infection.
* It is likely to be in a child’s best interests to know their Hepatitis C status because of future developments. Monitoring of liver function is important and early treatment may improve the outlook for the health of those infected.
* It is recommended that testing should be offered to the following children:
* Those from families vulnerable to infection who are being placed in long-term accommodation;
* Those arriving from areas of the world with a high prevalence of Hepatitis C;
* Children whose mothers are infected, or who are carriers of the virus;
* Children who may have been exposed to the virus (e.g. sexual abuse, needle stick injury);
* Children with clinical symptoms such as jaundice.
* There is, at present, no vaccination against Hepatitis C.

**Hepatitis A**

* Hepatitis A is very different from Hepatitis B or C, as it is usually acquired in a completely different way. It is an infectious disease which is initially spread by contact with food or water contaminated by faeces, and may subsequently be spread by person to person contact.
* People do not become carriers of Hepatitis A, and there are no issues specifically relevant to child care.

**HIV Infection**

* HIV stands for the Human Immunodeficiency Virus and a child who is HIV positive is unable to fight off infections. At its most serious, HIV infection can progress to AIDS (Acquired Immune Deficiency Syndrome).
* Risk factors for HIV infection include:
* Adults with a history of needle sharing
* Adults with a history of unprotected sexual activity, previous sexual abuse and underage sex
* Adults from high risk areas of the world (two areas - sub-Saharan Africa and South and South-East Asia account for 85% of the HIV infection on the world)
* Adults having unprotected sexual activity with a partner who is vulnerable to infection through any of the above risk factors;
* Children can acquire the infection from their mothers around the time of birth and through breastfeeding.
* HIV is much less infectious that other blood-borne virus infections such as Hepatitis B and C, although it is spread in exactly the same manner;
* HIV infection in children can present in ways which can appear similar to common childhood conditions, such as swollen glands, recurrent infections, diarrhoea, slow growth and delayed development. The only way to find out if a child has HIV infection is by a blood test.
* At present, there is no cure for HIV infection, but treatments are radically altering the outlook for infected children.

**Emergency Treatment**

* Emergency advice may occasionally be required, for example, for teenagers involved in risk taking behaviour, or for younger children following an episode of sexual abuse, or following a needle stick injury.
* If a child is seen immediately after an episode of exposure to possible HIV infection, health professionals may consider that emergency preventative treatment should be offered, without waiting for blood results. This will depend upon the circumstances of the incident.
* In a needle stick injury or bite, simple first aid measures such as encouraging more bleeding and thorough washing of the wound with plenty of soap and water will minimise the risk.  Advice and emergency treatment should also be sought as soon as possible.

**Hygiene precautions**

* The risk of being exposed to infection can be minimised through good hygiene practice. The precautions must be applied when there is a possibility of direct contact with blood or any body fluids from another person. These practices include
* Washing of the skin with soap and water following any contact with blood or bodily fluids;
* Appropriate care of cuts and abrasions by covering them with waterproof dressings;
* Avoid sharing items which might be contaminated with blood e.g. toothbrushes and razors;
* Use of rubber gloves as appropriate, if there is a risk of mixing body fluids between carer and child e.g. presence of cuts, eczema;
* Prompt clearing up of spillages of blood or other body fluids with freshly diluted bleach and disposable tissues;
* Careful disposal of nappies, or any disposable items soiled with blood or bodily fluids - these should be burned or put out in sealed polythene bags;
* Washing of soiled clothing in hot water and detergent in a hot wash cycle (using red laundry bags); Cleaning of dishes and cutlery in the usual way with hot water and detergent.

**Universal Precautions**

* It is not always possible to identify people who may spread infection to others. Therefore, precautions to prevent the spread of infection must be followed at all times. These routine procedures are called Universal Precautions.
* The components of Universal Precautions are:
* **Hand washing** - Hands should be washed between each client activity. The wearing of gloves is **not** a substitute for hand washing. Where possible a designated sink should be used for hand hygiene only.
* **Skin care** - all cuts and abrasions should be covered with a waterproof dressing. Blue dressings must be used if contact with food is likely.
* **Personal Protective Equipment** - staff should wear Personal Protective Equipment (PPE) when supporting children with personal care tasks or undertaking any activity that presents a risk of contamination. All equipment is single use and should be disposed of as clinical waste.
* **Safe Disposal of Sharps** - in a suitable puncture resistant lockable container
* **Waste management** - Spillage must be cleaned up immediately using a body fluid spillage kit.  Staff must also use yellow disposal bags for collecting all waste which will be transferred for incineration.

**Links to related documents:**

First Aid and Medication

Children’s Residential Medication Policy