



Blood Borne Viruses (BBVs) Policy

Supporting [the Health and Well-being Standard](#)

Applies to: All staff in children's homes, schools, and associated services within the Caldecott Foundation

Related guidance:-

[Health Care Assessments and Plans](#)

[Health and Wellbeing, Health Notifications and Access to Services](#)

1. Introduction – Understanding Blood Borne Viruses

Blood-borne viruses (BBVs) are infectious viruses present in blood and other body fluids. While some individuals are asymptomatic, others may develop serious health complications. Key BBVs include:

- [Hepatitis B](#)
- [Hepatitis C](#)
- [HIV](#)

They are primarily spread through:

- Sexual contact
- Blood-to-blood contact (e.g., through needlestick injuries or open wounds)
- Vertical transmission (e.g., via childbirth or breastfeeding)

Transmission is not a risk through everyday social interaction. However, universal precautions must be maintained at all times to reduce any risk of accidental exposure.

2. Risk Assessment and Testing

BBV testing for children is not routine. It is considered as part of the Initial Health Assessment (IHA) ⁱ and revisited during reviews if risk factors emerge. Testing is only done with:

- Informed consent from the young person (if Gillick competent), or
- Consent from a person with parental responsibility.

BBV risk factors may include:

- Emergency placements from unknown medical backgrounds
- Young people with a history of sexual exploitation or intravenous drug use
- Unaccompanied asylum-seeking children (UASC)

Where risk is identified, decisions must be led by a medical professional and supported by safeguarding considerations.

3. Universal Precautions and Safe Working Practices

The Foundation follows HSE and UKHSA guidance on infection prevention and control. Staff are expected to:

- Practice thorough hand hygiene before and after any care procedure
- Wear disposable gloves when in contact with blood or bodily fluids, or caring for broken skin
- Cover cuts or abrasions with waterproof dressings
- Immediately wash skin exposed to blood or body fluids
- Never share items such as razors or toothbrushes – provide separate storage
- Promptly clean blood spills using a diluted bleach solution (1:10 ratio) and dispose of waste safely
- Wash contaminated clothing separately in a hot cycle
- Promote safe practices for young people seeking piercings or tattoos, including only using licensed providers
- Offer age-appropriate sexual health education
- Provide advice to young people re the importance of going to a licensed established which uses sterile equipment for ear piercing, body piercing or tattooing.

4. Confidentiality and Information Sharing

Also see: [Information Sharing Policy](#)

The Foundation adheres to UK GDPR, Data Protection Act 2018, and Working Together to Safeguard Children 2023.

BBV status is confidential medical information. It must not be disclosed without:

- The child's consent (if capable), or
- Consent from someone with parental responsibility.

However, if a child is immuno-compromised, on medication, or at higher infection risk, key workers may need to be informed to deliver appropriate care.

Before sharing BBV information, staff must:

- Ensure it is in the child's best interest
- Share only the necessary information, with only those who need to know
- Confirm whether consent is given or needs to be sought
- Document why information is shared or withheld
- Seek legal advice if consent is refused but risk is present to others

Any sharing must be logged in the child's record with rationale.

5. Training and Oversight

All adults must:

- Complete infection control training annually
- Understand universal precautions and correct use of PPE
- Know how to report and manage exposure incidents, including use of post-exposure prophylaxis (PEP) for HIV if needed

Senior managers and the Health and Safety Lead are responsible for:

- Ensuring appropriate PPE and cleaning materials are available
- Recording and monitoring sharps injuries or exposure incidents
- Reviewing BBV procedures annually alongside clinical partners

6. References and Legal Framework

- HSE: [Blood-borne viruses in the workplace](#)
- [Children's Homes \(England\) Regulations 2015](#)
- [Health and Safety at Work etc. Act 1974](#)
- [COSHH Regulations 2002](#)
- UKHSA – [Management of BBVs in healthcare and community settings](#)
- [NICE Guidelines on Looked-after Children \(NG205\)](#)
- [Public Health England – Immunisation Guidance](#)
- [Caldecott Foundation Infection Control Policy](#)
- [Caldecott Foundation Information Sharing Policy](#)

ⁱ The Initial Health Assessment (IHA) is a mandatory health assessment for children who are becoming Looked After, and it should be completed within 20 working days of a child entering care.

The IHA is usually conducted by a doctor and involves a discussion about various aspects of the child's health, including physical, developmental, emotional, behavioral, and lifestyle issues.

Key aspects of the IHA:

Purpose:

To identify any health needs or gaps in routine care and develop a health plan to address them.

Timing:

Must be completed within 20 working days of the child becoming Looked After.

Who conducts it:

Usually a doctor or a registered medical practitioner