Health & Safety Management Arrangements for Infectious/Contagious Disease

Reviewed Summer 2017

Health & Safety Management Arrangements
For Infectious/Contagious Disease

Introduction

These arrangements have been produced in accordance with The Control of Substances Hazardous to Health 2002 (COSHH) and other guidance documents.

Definition

'Infection control' refers to preventative measures, which are put in place to minimise the risk of infections.

'Contagious' means capable of being transmitted by bodily contact with an affected infected person or object.

Managers Responsibilities

Managers at all levels within the Council will ensure that these arrangements are applied consistently within their own area of responsibility, ensuring that:

- A suitable risk assessment is in place (see appendix 5 for example risk assessment) which identifies
    - the hazards (infectious/contagious disease)
    - the people at risk (staff, public, visitors etc)
    - the risk control measures in place
- All routes of entry are considered and assessed in the risk assessment (*see appendix 1 & 7*)
- Principles for the control of infection are followed to prevent infectious and contagious disease (*see appendix 1 & 2*)
- Procedures are in place for the safe disposal of discarded needles, syringes and sharps (*see appendix 3*)
- Employees receive adequate information, instruction and training (*see appendix 6 for toolbox talk)* on infection risks (I*nfection Control training is available for employees in Adult Social Services*) and controls prior to undertaking their work duties and emergency procedures / first aid procedures in case of accidental infection (*see appendices 1 – 4*)
- Employees are provided with suitable protective equipment for undertaking their duties. (*Latex gloves should not be used as some individuals may develop an allergy*)
- Suitable cleaning arrangements to prevent cross contamination are in place for your building, work area etc (*see appendix 6*)
- Suitable arrangements are in place for the storage and replacement of personal protective equipment

Employees Responsibilities

All employees have a responsibility for their own health & safety and should ensure:

- They follow any training, information or instruction regarding infection risks and the control measures
- They read and follow the risk controls identified within the risk assessment relevant to their work activities for infection hazards
- They report any accidents or exposure to hazards or risks associated with their work activities

Immunisation & Vaccinations

Managers must ensure that any employees that are at risk from contact with blood borne diseases such as Hepatitis are offered appropriate vaccinations. This must be done via the Councils Occupational Health Unit and not through the employees General Practitioner (GP). Safe systems of work (*see appendix 5*) should be in place to prevent employees coming into contact with blood borne diseases. This includes the provision of suitable personal protective equipment.

Links to other policies & arrangements

These arrangements should be read in conjunction with;

- Council Health and Safety policy, which identifies the roles and responsibilities of all employees and managers
- Health and Safety Management Arrangements for Risk Assessment
- Health & Safety Management Arrangements for First Aid

External Documents

- Controlling the risks of infection at work from human remains
- Infection at work: Controlling the risks
- Blood borne viruses in the workplace
- Infection control in care homes

Appendix 1

Transmission: Routes of Entry

There are four main sources of infection that you need to consider in a workplace:

● Blood and other body fluids (e.g. saliva) and sources of blood/body fluids such as human bodies, animal carcases and raw meat;

● Human or animal waste products such as faeces, urine and vomit;

● Respiratory discharges such as coughs and sneezes; and

● Skin - direct contact.

Infection at work can occur via:

● putting contaminated hands and fingers (or pens etc) into the mouth, nose or eyes; (e.g. when preparing or consuming food)

● breathing in infectious aerosols/droplets from the air, e.g. respiratory discharges such as coughs and sneezes, contaminated dust or spray from a cooling tower; (e.g. when in close contact with an infected person)

● splashes of blood and other body fluids into the eye and other mucous membranes, such as the nose and the mouth; e.g. as above

● broken skin if it comes into direct contact with the micro-organism (or something contaminated by micro-organisms);

● a skin-penetrating injury, e.g. via a contaminated needle or other sharp object or through a bite by an infected animal or insect.

Methods of Prevention

1. Prohibit eating, drinking, smoking and the application of cosmetics in working areas where is a risk of contamination
2. Prevent puncture wounds, cuts and abrasions, especially in the presence of blood and bodily fluids
3. Where possible avoid the use or, or exposure to sharps such as needles, glass, metal etc or if unavoidable take care when handling (see appendix 3)
4. Consider the use of devices incorporating safety features, such as safer needle devices and blunt end scissors
5. Cover all breaks in exposed skin by using waterproof plasters or suitable gloves
6. Protect the eyes and mouth by using visor/goggles where splashing is possible
7. Use good basic hygiene practices such as hand washing
8. Dispose of contaminated waste properly

Appendix 2

PRINCIPLES FOR THE CONTROL OF INFECTION

In order to minimise the risk of transmitting infection, sensible good hygiene practices should be followed at all times, as standard practice.

1. Good Hygiene Practices

Good hygiene practices should include the following:

- All establishments should have clean toilet facilities, with an adequate supply of toilet paper.
- Good hand-washing facilities must be available
- Infected dressings or other contaminated materials should be discarded into a bin or container filled with a clinical waste plastic bag liner (yellow with black stripe). The plastic bag must be securely sealed and arrangements made for collection of this waste for incineration
- Clinical waste bag liners (yellow with black stripe) containing clinical waste must be stored in a safe area, secure from unauthorised persons, children or animals whilst awaiting collection and disposal
- Razors, toothbrushes or other implements which could become contaminated with blood must not be shared.

2. Hand Washing

Good hand-washing is the single most important measure in the prevention of the spread of infection.

Proper hand-washing facilities are very important. These should include:

- use of hot and cold running water
- use of soap, preferably liquid soap
- use of disposable paper hand towels or a hand dryer for hand drying
- Use of hand sanitising gel/lotion (gel/lotion will only be effective on clean hands)

3. How to wash your hands

- Wet hands before applying soap (*see appendix 4*)
- Rub hands vigorously, ensuring all surfaces of the hands are cleansed. In particular:
    - between fingers and around fingertips
    - around thumbs and wrists
    - palms, front and back
    - rinse soap off thoroughly and dry hands using disposable paper hand towels

The use of communal cloth towels for hand drying has been associated with the spread of infection and must be discouraged.

4. When to wash hands

- after using the toilet
- after sneezing or blowing your nose
- before eating, drinking or preparing food
- when hands are visibly soiled
- after providing personal care

5. Dealing with splashes of blood from one person to another

- Splashes of blood on the skin should be washed off immediately, with soap and water. Disposable paper towels or tissues should be used.
- Splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water.
- Infected dressings or other materials should be discarded into a bin or container fitted with a clinical waste plastic bag liner (yellow with black stripe). Arrangements should be made for the collection of this waste for incineration.

6. Dealing with nose bleeds and cuts

- Disposable gloves must be worn when dealing with someone who has a nose bleed or a cut.
- Disposable gloves, once used, should be discarded into a bin which is fitted with a clinical waste plastic bag liner (yellow with black stripe).
- After removing the gloves, hands must be washed using soap and water.

Gloves are not an alternative to good hand washing practices. Where gloves are used, hands must be thoroughly washed following the removal of gloves.

PROCEDURE FOR DEALING WITH AND DISPOSING OF BODILY FLUIDS

The most important way of reducing the risk of blood borne illnesses and cross infection is by ensuring that safe systems of work and good personal hygiene measures are followed where employees may come into contact with blood or other bodily fluids as detailed below.

It is recommended that a Spill Kit is readily available at all times

Contents of Spill Kit

- Disposable gloves
- Disposable aprons
- Bio hazard waste bag
- Scoop/spatula
- Absorbent disposable towels
- Absorbent disposable cloths
- Detergent
- Disinfectant Tablets (Titan), diluted to the appropriate strength in accordance with manufacturers instructions (one tablet dissolved in 5 Litres of water)

The following action should be taken in the event of spillages:

- Employees must wear disposable gloves and apron when cleaning any bodily fluids (spillages of blood, vomit, urine and excreta).
- Other persons should be kept away from the contamination until it is effectively dealt with.
- Where possible, display appropriate hazard warning sign.
- Soak up the spillages using disposable absorbent towels/cloths. Place contents and cloths in disposable bag.
- Clean the area with hot water containing soap or detergent using disposable cloths. Dispose of cloths after use.
- Clean the area with a disinfectant solution - use as directed by manufacturer and recorded in the COSHH assessment form.
- 'Solids' should be carefully flushed down the toilet.
- All sinks/washbasins/receptacles used/contaminated must be washed with detergent and disinfected as described above.
- Dressings, gloves, aprons and cloths/towels should be carefully disposed of in sealed plastic bags as clinical waste.

Note

When using bleach products, ensure no contact whatsoever occurs with lime scale removers/acid based products.

7. Soft fabrics/Carpets Contaminated with Bodily Fluids

Cushions that are contaminated with bodily fluids should be disposed of unless they can be washed in a washing machine. Where large areas of carpets are affected these should be steam cleaned by a competent person.

8. General Areas/Hard Surfaces

It is vital to thoroughly wash all hard surfaces that have been exposed to bodily fluids. Vertical and horizontal surfaces should be included:

- Table tops, chairs
- Undersides and legs of all furniture (i.e. any surface exposed to contamination)
- Include all light switches and cord pulls/toilet leavers/door handles, walls, windows, blinds, etc.
- Ensure areas are dried thoroughly

9. All surfaces in Toilets

Toilets, washrooms and shower areas including all fittings, sanitary appliances and fixtures to be thoroughly washed.

10. Personal Hygiene

It is important that any employee who may clean up bodily fluids should follow good personal hygiene practice at all times in order to reduce the risk of exposure to all infections. The following precautions should be taken:

- Care should be taken when removing contaminated aprons and gloves
- Wash hands thoroughly with hot soapy water and dry well
- Always ensure that any abrasions or cuts are covered immediately with a suitable and waterproof dressing
- Any employee who has a skin condition on the hands, arms, or face, e.g. Eczema, psoriasis or dermatitis should avoid contact with blood and seek advice from Occupational Health
- First aiders carrying out any procedures involving wound cleaning or cleaning blood spillages should follow the above guidelines and infection control procedures taught on the first aid course
- If clothing becomes contaminated with blood or other bodily fluids, it should be sponged with cold water, then laundered separately in a hot wash - the sponge should be disposed of as clinical waste

Appendix 3

Safe disposal of Discarded Needles, Syringes and Sharps

If it is likely your staff may come into contact with sharps, suitable arrangements should be put in place for safe handling and disposal.

- Disposal kit – litter picker, protective gloves, sharps box
- Clear handling procedures for the disposal of sharps (risk assessment and safe systems of work)
- Information, instruction and training for staff dealing with discarded sharps.

Sharps boxes are available from St Catherine's Hospital Needle Exchange, tel: 0151 678 5111

Action to be taken on finding discarded needle/syringe/sharp

a) Where possible, close the area to all other persons. If this is not possible, isolate the object(s) and supervise the area.
b) Needles should NEVER be re-sheathed and must NEVER be placed in a plastic bag. Sharps must not be left lying around.
c) You must wear hand protection and use the pick up tools rather than making direct hand contact with the object.
d) Whenever possible the discarded needle should be picked up by the syringe body, using the litter picker, and placed in the sharps container with the needle facing downwards.
e) If the needle is detached from the syringe body, use the litter picker around the collar to ensure the sharp point of the needle is facing downwards towards the container.
f) When placing used sharps into the container, ensure that all contents actually pass the plastic flap and enter the container. Items should not be retrieved from sharps bins.
g) Where possible, dispose of the syringe and needle as a complete unit into the sharps container.
h) When you discover needles or syringes, the surrounding area should also be checked, **but do not comb the area by hand.**
i) Wash your hands thoroughly with hot water and soap, <u>before and after</u> removing the gloves, which should then be bagged and thrown away. The bag should then be tied and sealed safely. (Do not put the bag in normal domestic waste.)
j) The sharps container must be discarded when it is two-thirds full. Sharps boxes for disposal must be taken to St Catherine's Hospital for safe disposal.

Guidance on dealing with needle-stick/sharps injuries

<u>If you are injured by a discarded sharp</u>:

a) Do encourage the wound to bleed (this helps to cleanse it). Do not suck the wound.
b) Do, if possible, wash the area with soap and water.
c) Do report to the Accident and Emergency Department at the nearest hospital or your own GP on the same day as the injury occurred.

d) Do ensure your Line Manager is informed of the incident and that it is recorded using the M13 Accident Report form.
e) If possible identify the source.
f) Remember that early treatment can prevent infections.
g) Do not put yourself or others at risk, be needle wise

Appendix 4

HAND WASHING

Health Protection Agency

Hand washing technique:

1 Palm to palm

2 Right palm over left dorsum and left palm over right dorsum

3 Palm to palm fingers interlaced

4 Backs of fingers to opposing palms with fingers interlocked

5 Rotational rubbing of right thumb clasped in left and vice versa

6 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Reference: Ayliffe GAJ, et al (1992) Control of hospital infection; A practical handbook. Third edition, Chapman and Hall, London.

APPENDIX 5

Department:

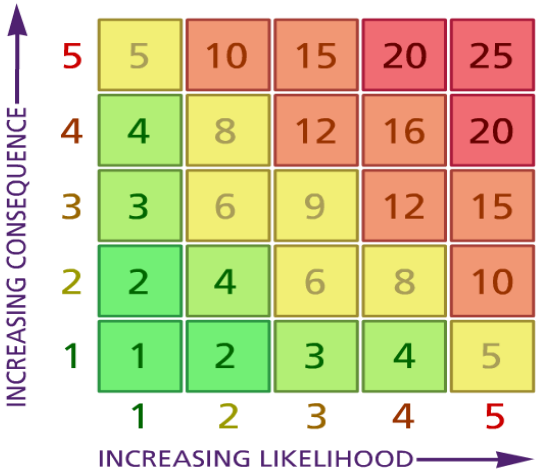
RISK ASSESSMENT RECORDING FORM

M34

Guidance on completing this form is available in the Health & Safety Management Arrangements for Risk Assessment

Location or address	Date assessment undertaken	Assessment undertaken by
Activity or situation)	Review date	Signature

1) Hazard (See appendix 2 - H&S Management Arrangements for Risk Assessment)	2) Who can be harmed and how? (See appendix 2 - H&S Management Arrangements for Risk Assessment)	3) What controls exist to reduce the risk? Have you followed the hierarchy of controls (eliminate, substitute etc) (See appendix 3 in H&S Management Arrangements for Risk Assessment)	Risk Score Consequence X Likelihood	4) Any further action; This should be included in the action plan on overleaf
Contact with blood borne diseases such as HIV and Hepatitis via; • *contact with blood or bodily fluids whilst caring for a service user.* • *contact with a contaminated needle during cleaning / waste collection tasks*	*Employee could contract various blood borne diseases if they come into direct contact with contaminated blood, bodily fluids or contaminated objects.*	• *All employee have received suitable information, instruction & training regarding the risk of blood borne diseases* • *All employees have been provided with suitable personal protective equipment (dependant on the hazards)* • *All blood or bodily fluid are treated as infectious and bio-hazard cleaning kits are provided and with suitable training* • *Employees at risk are offered appropriate vaccinations for hepatitis by OHU or GP* • *Safe systems of work and hygiene have been provided to all staff exposed (this will include hand washing etc)* • *Safe working procedures for used needles have been provided to all staff*	*2 x 2 =4*	*Review suitability of risk controls with staff at every team meeting (move to action plan below)* *Monitor staff following risk controls monthly by sample (move to action plan below)*



Risk Rating	Action Required
17 - 25	**Unacceptable** – stop activity and make immediate improvements
10 – 16	**Tolerable** – but look to improve within specified timescale
5 – 9	**Adequate** – but look to improve at review
1 – 4	**Acceptable** – no further action but ensure controls are maintained

(1) List hazards ***something with the potential to cause harm*** here
(2) List groups of people who are especially at risk from the significant hazards which you have identified
(3) List existing controls here or note where the information may be found. Then try to quantify the level of risk ***the likelihood of harm arising*** that remains when the existing controls are in place based on the number of persons affected, how often they are exposed to the hazard and the severity of any consequence. Use this column to list the controls that you might take and develop all or some of that list into a workable action plan. Have regard for the level of risk, the cost of any action and the benefit you expect to gain. Agree the action plan with your team leader and make a note of it overleaf. If it is agreed that no further action is to be taken this too should be noted.

Likelihood:
5 – Very likely
3 – Fairly likely

Consequence:
5 – Catastrophic4 –
3 – Moderate2 – Ur

(5) **ACTION PLAN**

Action required:		
Review suitability of risk controls with staff at every team meeting (make sure this is carried out)	**Manager**	**Team briefs**
Monitor staff following risk controls monthly by sample observes staff) **(make sure Manager or supervisor**	**Manager**	**Monthly**
Observation of tasks by manager and /or supervisor weekly observes staff) **(make sure Manager or supervisor**	**Manager**	**Weekly**
Action plan agreed with (signature) **Manager or supervisors name** Date **Today's Date**		

Infection Control Guidance for Employees

APP 6

Hand hygiene is widely acknowledged to be the single most important activity for reducing the spread of infection.

What is Infection Control
Is a set of measures to avoid infection that should be followed by anyone giving or receiving care at home, at a health centre or clinic, or elsewhere in the community

Who are vulnerable to infection?

- The elderly
- The young
- Pregnant women
- People with poor immunity AND people with diabetes, chest or heart disease, cancer

Infectious Diseases
Many infectious diseases have the capacity to spread within care establishments, where large numbers of people, many of whom may be susceptible to infection, share eating and living accommodation.
Infection is a major cause of illness among care home residents and may result in avoidable admissions to hospital.

Causes of Infection

- **Bacteria**
- **Viruses**
- **Pathogenic fungi**
- **Parasites**

How infections are spread

- **Inhalation**
- **Ingestion**
- **Direct contact**
- **Indirect contact**
- **Inoculation**

Point of Entry
Every micro-organism needs to have an entry point into the human body; different microorganisms have different ways of achieving this. For example:

- Salmonella bacteria need to enter the body through the mouth.
- Other micro-organisms, such as those that cause tuberculosis, enter our bodies through the nose and mouth and then pass into the lungs.
- Hepatitis B virus enters via the bloodstream and is then transported into the liver.
- Organisms capable of causing urinary tract infections may enter during poor catheter care.

Always cover your mouth and nose when coughing or sneezing and dispose of your tissues safely

Thorough hand washing and drying is the most important factor in preventing the spread of gastro-intestinal infections. This must be carried out after caring for people who are unwell, their bedding, clothing or sick room equipment and again before preparing or serving food. Everyone must always wash their hands after using the toilet, and before meals. Towels must not be shared.

Hand hygiene must be performed immediately before each and every episode of direct patient contact and after any activity or contact that could potentially result in hands becoming contaminated.

WIRRAL

Infection Control Guidance for Employees

Washing gloves rather than changing them is not safe and therefore not recommended. Hands should always be decontaminated following removal of gloves.

Sharps
- Handle sharps as little as possible
- Discard, immediately after use
- Dispose of in special sharps containers
- Keep containers off the floor
- Do not hand from person to person
- Do not re-cap, break or take apart

Colour coding
Ensuring the risks from cross contamination through inappropriate cleaning practices are kept to the absolute minimum will be aided by the presence of a clear system for the coding of cleaning equipment. Always work from the cleanest area to the dirtiest area.

Laundry
- Keep soiled laundry separate
- Follow guidelines for the treatment of clinical waste (yellow with black stripe)
- Wear suitable PPE and wash hands

To reduce or stop infection spreading, adopt the basic principle of hygiene:
- Be clean – wash hands frequently
- Be clean – wear clean PPE
- Be clean – wash and disinfect surfaces

Cleanliness in the work environment
It is very important to have high levels of cleanliness in a care home environment. Care home residents and the public expect, and have a right to, the highest standards of cleanliness. Care providers should be aware that standards of cleanliness are often seen as an outward and visible sign of the overall quality of care provided. Good cleanliness also:
- Reduces levels of bacteria
- Makes the environment less susceptible to infection

Clinical Waste
- Infected dressings or other contaminated materials should be discarded into a bin or container filled with a clinical waste plastic bag liner (yellow with black stripe)
- The plastic bag must be securely sealed and arrangements made for collection of this waste for incineration
- Clinical waste bag liners (yellow with black stripe) containing clinical waste must be stored in a safe area, secure from unauthorised persons, children or animals whilst awaiting collection and disposal

Palm to palm including rubbing of right thumb clasped in left and vice versa

Backs of fingers to opposing palms with fingers interlocked

Right palm over left dorsum and left palm over right.

Palm to palm with fingers interlaced and rotational rubbing with clasped fingers

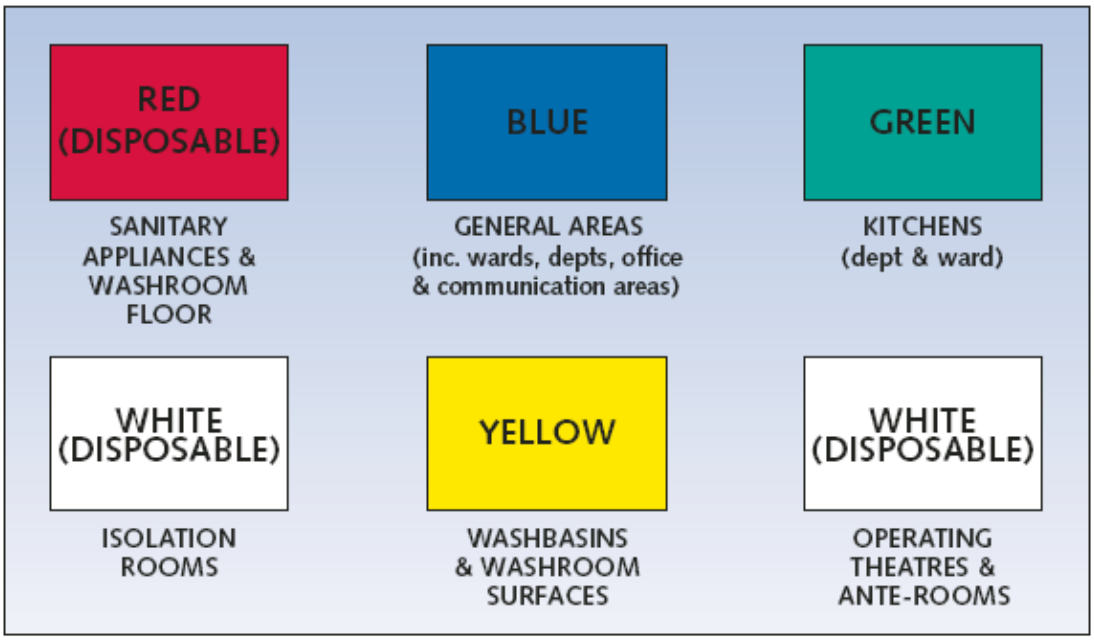
Do NOT discard sharp items into yellow clinical waste bags and never throw biohazardous waste into the general domestic waste stream.

WIRRAL

Appendix 6

Colour coding of cleaning equipment

Based on the National Colour-Coding System for the British Institute of Cleaning Science



THE GOLDEN RULE: WORK FROM THE CLEANEST AREA TOWARD THE DIRTIEST AREA. THIS GREATLY REDUCES THE RISK OF CROSS CONTAMINATION.

1. The aim of a colour-coding system is to prevent cross contamination.

2. It is vital that such a system forms part of any employee induction or continuous training programme.

3. A minority of people are colour blind in one or more colours. Some individuals may not know this and colour identification testing should form part of any induction training.

4. Always use two colours within the washroom/sanitary area.

5. The colour-coding system must relate to all cleaning equipment, cloths and gloves

Monitoring of the system and control of colour-coded disposable items against new stock release is extremely important.

Taken from *The NHS Healthcare Cleaning Manual*.

Appendix 7

Table of Common Blood Borne Viruses and Methods of Transmission/prevention

Blood Borne Virus	Usual Routes of Transmission	Prevention	Other Comments
HIV	Blood transfusion, contaminated needles, blood to blood contact.	Prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids;	
Hep B	Body Fluids or infectious blood, contaminated needles	Unprotected sexual contact, blood transfusions, re-use of contaminated needles and syringes. Prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids; ▪ Vaccination ▪ Safe handling of sharps i.e. needles	
Hep C	Blood-to-blood contact associated with intravenous drug use I.E. contaminated needles, poorly sterilized medical equipment and transfusions Personal-care items such as razors, toothbrushes, and manicuring or pedicuring equipment can be contaminated with blood	Prevent puncture wounds, cuts and abrasions, especially in the presence of blood and body fluids; **No vaccine available**.	Appropriate caution should be taken regarding any medical condition that results in bleeding, such as cuts and sores. Hep C is not spread through casual contact, such as hugging, kissing, or sharing eating or cooking utensils.

Quality Control Document

Date	Amendments	Officer
04/04/2012	1. Example toolbox talk included 2. Header and footer included 3. Table of blood borne viruses and methods of transmission and prevention 4. List of methods of prevention in appendix 1 5. New hand washing poster from the Health Protection Agency included	Gareth Roberts

Quality Control – All changes to these arrangements are recorded in this table.