Infectious Disease Control Standard

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1 Introduction

This standard deals with the control of infectious diseases and should be used in conjunction with the Occupational Health Standard (SHEMS-STD-GR-083).
There are several types of infection that may affect Unitas staff, supply chain and public due to its operational activities that may increase the workforce to a risk of contact with a pathogenic organism.
Those potential infections range from minor everyday illnesses to life threatening illnesses.

Some pathogens may result in adverse health side effects. Whilst many people who are affected, recover with no long term effects, other more serious diseases require medical treatment for a full cure.

Infectious diseases are considered those that make the sufferer feel ill enough to stop them being active.

Health and Safety legislation in the form of the Control of Substances Hazardous to Health Regulations is more wide ranging, in that it aims to "protect employees against risks to their health, whether immediate or delayed, arising from exposure to biological agents". Biological agents are defined as any micro-organism, cell culture or human endoparasite, including any which have been genetically modified. The adverse effects (risks to health) may be any infection, allergic reaction, toxic or other effect.

2 Scope

The scope of the SHEMS covers all persons, workplaces and Operations in our Business.

Exceptions will be documented through a SHEMS appendix B process (SHEMS-FOR-GR-999), authorised by SHE Director Responsible for coordinating SHE.

Unitas SHEMS (SHEMS-STD-GR-003) provides guidance and signposting for the compliance, implementation, monitoring, audit and review of our systems, demonstrating continual improvement and achievement of the business objectives.

Prior to any works commencing, the potential impacts from nuisance caused by Unitas activities must be assessed in accordance with the Risk and Impact Assessment Standard (SHEMS-STD-GR-014). This assessment must include identifying any control measures required to reduce the impact of our activities. The local Business Stream standard will also define use of Point of Work Risk Assessments.

2.1 Occupational Infectious Diseases

Occupational infectious diseases can be transmitted by numerous routes:

- Industrial – contact with contaminated materials from the working environment, e.g. dusts, adhesives and aerosols.
- Human (direct contact) – direct contact with other people, e. g. respiratory cross infection, blood to blood cross infection.
- Human (indirect contact) – indirect contact with other people, e.g. infection from contaminated waste products or services.
- Animal (direct contact) – direct infection from contact with living animals, e.g. bite from an infected animal.
- Animal (indirect contact) – indirect infection from materials or products derived from animals, e.g. infection from hides and skins.

3 Unitas Requirements

3.1 Hazard and Risks from Infectious Diseases

Where managers identify tasks or activities which could result in the workforce or others being exposed to a pathogenic biological organism, a risk assessment must be made with an accompanying COSHH assessment in accordance with the appropriate guidance and the Risk Management Standard. The assessments should consider whether the work activities can safely be carried out and should take into account:

- The biological agents that may be present.
- The probability of exposure to the pathogen during work
- What hazard groups they belong to.
- The probability of transmission to an individual
- What form they are in.
- The probability of infection to an individual
- The disease they may cause.
- The probability of long term illness or delayed effects
- How and where they are present and how they may be transmitted.
- The probability of recovery or more serious consequences
- The control measure to be applied and minimisation of the number of persons exposed.
- The need for health surveillance standards.

Where risk assessment has identified the need for the implementation of preventive and protective measures to control potential health hazards, the following issues should be incorporated into health and safety arrangements.

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3.3 Risk Assessment

- Where managers identify tasks or activities which could result in staff or others being exposed to a pathogenic biological organism, a risk assessment must be made with an accompanying COSHH assessment in accordance with the appropriate guidance and the Risk Management Standard. The assessments should consider whether the work activities can safely be carried out and should take into account:
- The biological agents that may be present
- What hazard groups they belong to

- What form they are in
- The diseases they may cause
- How and where they are present and how they may be transmitted
- The likelihood of exposure and consequent disease (including the identification of staff who may be particularly susceptible), drawing on evidence of the prevalence of infection or other ill-effect as experienced with a particular workplace
- The control measure to be applied and minimisation of the number of persons exposed
- The need for monitoring Standards
- The need for health surveillance Standards

Where risk assessment has identified the need for the implementation of preventive and protective measures to control potential health hazards, the following issues should be incorporated into safety and health arrangements.

3.4 Development of Safe System of Work

Where the risk assessment identifies an infectious disease risk which cannot be avoided, risk management controls shall be implemented and shall include a Safe System of Work (SSW), taking into account normal and abnormal working conditions and foreseeable emergency situations. The SSW shall include the controls identified on the risk assessment and suitable working processes in order to ensure the task is safe for the individual and the environment. This may include as appropriate.

3.4.1 Training and Information

It is important that any workforce that has the potential to be infected is communicated with the results of the risk assessment and the controls implemented. Each individual shall also receive the appropriate information, instruction and training for the work activity and details of the associated risks and how to minimise their consequence, prior to works commencing. If there is a potential that the public may be affected in any way, Unitas shall ensure that suitable information is shared in an appropriate format.

3.4.2 Hygiene Arrangements

Adequate provision shall be made for staff and where appropriate, members of the public to adopt standards of personal hygiene appropriate to the risks of exposure.

3.4.3 First Aid

Adequate provision shall be made for staff and where appropriate, members of the public to properly cover wounds to assist in the protection from exposure to pathogenic biological organisms. Refer to First Aid Standard (SHEMS-STD-GR-028)

3.4.4 Vaccination

Where the risks of exposure are significant and preventive vaccine arrangements exist, arrangements shall be made to allow the workforce the opportunity to protect themselves by this means.

If an employee wishes to have a Hepatitis A and/or B vaccination as part of their employment due to risk factors identified in the workplace e.g. cleaning, gardens, parks, playgrounds and waste handlers.

Employees identified at risk (through the risk assessment process) from contracting a blood-borne virus should be identified. Their managers should advise employees falling into the ‘at risk’ group, to consider a course of vaccination against Hepatitis B. Whilst this provides effective collective protection, it must not be regarded as a substitute to safe working practices.

There is only an 80% - 90% success rate from the vaccine. It can be less effective on those over the age of 40, or if people are obese, smoke or drink excessively.

The course consists of three injections over a period of six months. The course must be completed. A follow up blood test is important to determine immune status, once a response has been established further blood tests are not required.

The vaccines are available from the employee's own general practitioner, who will charge the full cost of the course of vaccinations to the employee, who should claim back from Unitas via their Business unit expenses process. All such costs will be refunded where managers have identified a need in the COSHH or workplace risk assessment. Expenses claims should be supported with receipt AND a scanned copy of Immunisation record (SHEMS-FOR-GR-093).

3.4.5 Personal Protective Equipment (PPE)

Suitable PPE must be issued to staff and where appropriate service users when the risk and/or COSHH assessment has shown it to be necessary for safe operation. Where PPE is issued the relevant staff and where appropriate service users, shall be trained in the correct use of the equipment.

3.5 Occupational Health records

Records of risk assessments, controls, PPE issued, exposure monitoring and occupational health records should be retained as part of Unitas Records Retention Register (SHEMS-REG-GR-010) for 40 years.

4 Sharps

4.1.1 Actions Taken After Accidental Sharps and Splash Injury

All blood products and other body fluids in the work place must be treated as potentially infected.

Where individuals may come into contact with blood or other body fluids as part of their work activity, they should be made aware of the steps in table below, which should be followed:

1. Wound should be squeezed to encourage bleeding, **DO NOT** suck the wound.	2. Wash the wound thoroughly using soap and water
3. Cover the injured area with a waterproof plaster	4. Splashes to mouth or eyes; rinse thoroughly under a running tap or use an eye irrigation set, if available

Table 1

Report **ALL** needle stick injuries, incidents and accident immediately to the appropriate line manager in accordance with the Incident and Near Miss Management Reporting Standard (SHEMS-STD-GR-011)

An incident record **must** be completed.

The requirements of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) do not automatically cover needle stick injuries unless they result in absence from work of more than seven days or the injured person becomes infected with Hepatitis B or HIV. If known, include the source (person) on the incident form.

If you have not been vaccinated and the 'source person' is known to be, or likely to be, of high risk you will require URGENT advice regarding treatment. Contact your GP/local hospital immediately.

4.1.2 Safe Disposal of Sharps

Any sharps must be disposed of by the approved contractor.

4.2 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 steps are called Universal Precautions.

Universal Precautions is the term used to describe practices taken to reduce the spread of blood borne viruses relating to the handling of contaminated equipment and material in such a manner as to prevent the transmission of infection to other clients or workers.

Universal Precautions is in accordance with the principles expressed in the Health and Safety at Work Act and the Control of Substances Hazardous to Health (COSHH) regulations. All employees have a responsibility to follow Unitas's requirements for their protection against Blood Borne Viruses and Safe Working practices at all times.

Universal Precautions mean assessing the task to be undertaken in terms of the likely risk of blood or body fluid splash and wearing protective clothing accordingly, e.g. gloves for taking blood, gloves and aprons for cleaning up blood, vomit and urine. Latex/vinyl gloves and disposable apron should always be worn when dealing with excreta, blood and body fluids.

The components of Universal Precautions are:

- Hand washing
- Skin care, which includes protection of cuts and abrasions
- Protective clothing
- Action taken after accidental sharps and splash injury
- Waste management

4.2.1 Hand Washing

Hand washing is recognised as the single most effective method of controlling infection. 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, i.e. not for washing contaminated instruments.

In the absence of adequate/suitable hand washing facilities, an alcohol hand rub or wet wipe may be used but only if the hands are visibly clean (free from dirt or grime). Manufacturers of alcohol hand rub recommend that it should only be used a maximum of seven consecutive times, by which time the hands need to be washed with soap and water.

Hands should be washed at least:

- Before and after each work shift or work break. Remove jewellery (rings) and wrist watches as they can harbour germs
- After handling contaminated items
- Before and after use of protective clothing, i.e. gloves and aprons
- After using the toilet, blowing your nose, covering a sneeze or cough
- Whenever hands become visibly soiled
- Before eating, drinking or handling food and before and after smoking

4.2.2 Skin Care

All cuts and abrasions should be covered with a waterproof dressing. Blue dressings must be used if contact with food is likely. If suffering from chronic skin lesions on hands, e.g. weeping dermatitis/ eczema, this must be reported to the appropriate manager and if necessary the advice of the Occupational Health Unit should be sought.

4.2.3 Protective Clothing

The selection of protective clothing depends on the anticipated risk of exposure i.e. blood or body fluids during the particular activity.

In short, think about what the task involves and wear the appropriate protective clothing to protect against exposure you will come in contact with.

Unpowered latex (or vinyl) gloves should be worn for any activity which may contaminate the hands. Hands should be washed immediately after removal of gloves as the gloves may be punctured and because hands are easily contaminated when gloves are taken off.

To prevent transmission of infection, disposable gloves should **NOT** be re used as they are for single use only, the integrity of the glove will be compromised and if punctured unknowingly, may cause the "contaminant" to remain in direct contact with the skin for prolonged periods.

Water-repellent protection should be worn at work for Standards anticipated to cause contamination or potential damage to the skin, for example cement. This will protect the skin and clothing of the worker from.

4.2.4 Clinical Waste Management

Clinical waste is any waste which consists wholly or partly of:

- Human or Animal Tissue
- Blood
- Other bodily fluids
- Excretions
- Drugs
- Other Pharmaceutical products
- Swabs
- Dressings
- Syringes, Needles or other sharp instruments

The above waste which unless rendered safe may prove hazardous to any person coming into contact with it.

Such waste should be handled and stored correctly to avoid:

- Accidental spilling or leaking
- Accident or weather breaking contained waste open and allowing it to escape
- Waste blowing away while stored or transported
- Scavenging of waste by vandals, thieves, children, trespassers or animals

Waste classified as Clinical Waste must be disposed by way of a contractor authorised to do so.

When generated on health care premises, or as a result of health care, the following must be disposed of in yellow bags for incineration:

- Soiled swabs and other contaminated waste following a Standard

5 Material other than linen from cases of infectious diseases. Used disposable urine containers, incontinence pads and stomach bags, even from non-infected clients. Infectious & Acquired Diseases

Disease	Cause, Symptoms etc.	Control Measures
Dermatitis and skin diseases	Wet work and contact with chemicals or dust, which produces an abrasive effect on the skin or removes the skin's natural oils, allowing the skin surface to dry and crack, especially on hands, wrists, elbows and forearms. Fingers and the webs between the fingers are the most commonly affected parts of the body. Often workers with a skin complaint find the problem clears up away from work. Symptoms can include itching, rough or dry skin and redness.	Contact with wet material is often unavoidable; protect hands by wearing the correct type of gloves for the task. Hands should be thoroughly dried after washing and before pulling on gloves.
Anthrax *(Anthracis Bacilli)*	Contact with animal hides and skin	
Fungi and moulds	Fungi and moulds are likely to be found in damp areas, on organic material or naturally occurring in soil. Widely found in the environment and can cause infection and allergy, such as farmer's lung, if spores are breathed in.	Systems of work that minimise the amount of dust becoming airborne and working practices that minimise them being breathed in. Appropriate PPE with face fit controls.
Hepatitis A *(Hepatitis A, E Coli, Salmonella, Campylobacter)*	Hepatitis A is transferred by ingestion of infected faecal material. This often occurs via contaminated water. Hepatitis A can be cause by oral/faecal route (food and drink).	Provide hygiene facilities, information and training. Personal hygiene is essential, including washing hands before eating, drinking, smoking and before/after using toilets. **Immunisation can be offered.**
HIV and Hepatitis B&C	HIV and hepatitis B are blood borne viruses acquired by the transfer of body fluids from an infected person to the body fluids of the recipient, e.g. by needlestick injury. Examples: • Refuse and recycling collection • Voids in buildings including lift shafts • Parks, playgrounds and gardens • Toilets • Litter bins • Cleaning The risk assessment shall indicate collective controls including Safe Systems Of Work, PPE and immunisation and emergency controls. No immunisation is available to protect against HIV. Or Hepatitis C. Treatment for hepatitis B is most effective when given within a few hours of the injury.	Provide sharps boxes and pincer tools, tongs, litter pickers, tweezers or a dustpan and hand brush for picking up needles. Consider replacing bag collections with rigid receptacles where practicable, as these can reduce sharps injuries. Provide proper information, training and supervision so that your workers understand the risks e.g. whereabouts of drug users and their waste products

Leptospirosis *(Weil's disease)*	Leptospirosis is a waterborne infection associated with rats (rat urine in water). Symptoms include fever, headache, and vomiting and muscle pain – it can lead to jaundice, meningitis and kidney failure. Cannot be transferred from person to person	Wear suitable protective gloves/gauntlets, shoes, boots, trousers, and/or clothing. Wash hands after handling any contaminated clothing or material and always before eating, drinking or smoking.
Salmonellosis	Salmonellosis can be caused by various species of the bacteria salmonella and is transmitted by hand, contact with faeces or contaminated material, resulting in diarrhoea, vomiting and fever	Provide hand washing facilities. Good personal hygiene is essential, including making sure that hands are washed before eating, drinking and smoking.
Tetanus *(Clastridium Tetani)*	Tetanus can be caused by sharp objects, such as wood shards, nails, metal, dog bites etc. penetrating tissue. You can be infected during e.g. gardening, contact with soil. Symptoms include exaggerated reflexes, muscle rigidity and uncontrolled muscle spasms (lockjaw). Immunisation is available free from GPs regardless of workplace risk.	Remove nails from timber and avoid walking on waste or recyclable loads and piles. Wear suitable protective shoes, boots or clothing. Encourage workers to keep vaccinations up to date
Toxocariasis	Toxocariasis is a roundworm parasite that can enter the body by hand to mouth contact with cat and dog faeces or contaminated material. Following ingestion, the eggs hatch and the larvae migrate to the liver, lungs, eyes and brain.	Good personal hygiene is the key here and the need for workforce to wash their hands in cases of contamination or leakage and before eating, drinking, smoking etc. is essential.
Bacteria and viruses	Bacteria and viruses can infect the body if they are breathed in, swallowed, or penetrate the skin if it is punctured with contaminated sharps or broken glass. They can also cause allergic reactions. Potentially vulnerable workers can include loaders handling waste and recyclables and pickers hand sorting at conveyor belts or MRFs. Drivers and crew discharging loads at sorting stations or tips and staff employed at and working close to discharging vehicles may be exposed to high levels of dust that might contain microorganisms.	Consider installing proper filtration in collection vehicle cabs to provide good air quality for drivers and crew (riding in the cab). Make sure filters are changed in accordance with the manufacturer's instructions. Sprinkler systems around the tip can reduce dust emissions during tipping operations. The area around pits should be kept clean (taking into account the nature of the material and activity). Avoid dry brushing by using vacuum cleaners to remove dust accumulation from floors and ledges.
Scrotal cancer	Can be caused by mineral oils, typically used engine oil coming into contact with the worker's scrotum via soiled hands and impregnated clothing.	Provide clean clothing and washing facilities for soiled work clothing. Good personal hygiene is essential and workers should wash their hands before and after using toilets.
Legionnaires Disease (*Lagionella Pneumopgila)*	Respiratory contact with contaminated water aerosois (not transferable from employee to employee)	
Meningitis *(bacterial/viral)*	Close/societal contact with affected individuals	
Tuberculosis *(Mycobacterium*	Prolonged close/societal contact with affected individuals	

tuberculosis)		
Infestation with exoparasites (head and body lice, scabies)	Close/societal contact with affected individuals or their personal belongings	
Mumps, measles, rubella, chicken pox, polio etc	Close/societal contact with affected individuals	

6 Guidance on Protection against Blood Borne Viruses

This Guidance is to provide advice to individuals employed by Unitas on the prevention of occupational acquired infection from blood-borne viruses and can be issued as a hand-out for their own retention.

6.1.1 Blood Borne Viruses

There is a number of blood borne viruses that staff may encounter whilst engaged in their work activities which could result in them contracting a disease through contact with the blood or other bodily fluids of an affected person.

Employees who clean or service public areas are likely to be at risk. Any information of previous finds should be relevant to the assessment. Table 1 defines those occupations identified as being at risk from carelessly discarded needles. Managers with employees in these areas should ensure that the occupational risk assessment identifies the hazard from a need stick injury and recommends appropriate control measures to minimise the level of risk.

Site	Employees most at risk
Toilets (including sanitary bins)	Cleaners, Waste/Handlers
Recycling units	Waste Handlers
Dis-used/void buildings	Housing Managers, Surveyors, Cleansing staff
Parks	Grounds Maintenance Operatives
Lift Shafts	Maintenance Engineers
Sewers and gullies	Drainage Operatives and Cleansing Workers

Table 2

When assessing the level of risk to staff, managers should also consider the needs of others.

6.1.2 Routes of Transmission

Blood-borne viruses can be transmitted by bodily fluids other than blood. These include urine, faeces, semen, vaginal secretions, saliva, sputum, tears, sweat and vomit. These present minimal risk of blood-borne infection unless they are also contaminated with blood. Potential routes of work related transmission are skin puncture by contaminated objects, e.g. needle sticks, broken glass.

Less common routes of work related transmission are:

- Infection through open wounds and skin lesions such as eczema
- Splashing mucous membrane of eyes, nose or mouth
- Human bites where blood is drawn

6.1.3 Risk Assessment

Unitas's line management shall complete a risk assessment as described earlier in the standard, to understand where the risk is and the controls that can be implemented to minimise the risk to individuals.

They shall consider what individuals are exposed to and review how good are the existing measures (e.g. provision of protective clothing, standards of personal hygiene?

6.1.4 Safe Working Practices

Safe working practices are developed by line management as described earlier in the standard and appropriate to individual environments and risk. They are the first line of defence against blood borne viral infections and are prepared to protect the individuals and therefore must be implemented at all times.

- All blood products and other body fluids in the work place should be treated as potentially infectious. Always apply good basic hygiene practices, thorough hand washing and drying after each working Standard.
- Prevent puncture wounds, cuts and abrasions in the presence of blood and bodily fluids. Avoid the use of or exposure to Sharps but if unavoidable take particular care with disposing of them. Protect all cuts to the skin with waterproof dressing/gloves.
- Dispose of all contaminated waste safely. Use protective clothing appropriate to the risk e.g. gloves, disposal aprons, safety footwear etc.
- Be vigilant at all times where there is a likelihood of a needle-stick injury.
- Managers should advise employees falling into the 'at risk' group due to their occupation, to consider a course of vaccination against Hepatitis B. This provides effective protection but should not be regarded as a substitute to safe working practices. There is only an 80% - 90% success rate from the vaccine. It can be less effective on those over the age of 40, or if people are obese, smoke or drink excessively.

The course consists of three injections over a period of six months. The course must be completed. A follow up blood test is important to determine immune status, once a response has been established further blood tests are not required. They should receive a one off booster dose in five years.

The vaccines are available from the employee's own general practitioner. GPs usually charge prescription charges and many now charge the full cost of the course of vaccinations. These costs will be refunded by the individual departments, where managers have identified a need in the COSHH assessment.

To enable the Occupational Health Provider to keep accurate records of all Hepatitis B immunisations, managers need to forward the details to the OH Provider. This will allow the creation of a recall system to remind employees in writing that their next vaccine or blood test is due.

Managers are responsible for the issue of SHEMS-FOR-GR-093 Hepatitis B vaccination record to new and existing employees. This should be based on the conclusion of the risk assessment on blood-borne viruses.

Managers must check the completed Hepatitis B vaccination record card with the individual for relevant information requested before forwarding the information to the Occupational Health Department.

Where employees do not wish to be vaccinated against Hepatitis B the manager must send relevant information to the Occupational Health Department again using SHEMS-FOR-GR-093.

The Occupational Health Provider will then advise the relevant managers on any necessary additional action that may be required.