

INFECTION CONTROL POLICY

Approved by Executive Board July 2010

Great Yarmouth Borough Council recognises and acknowledges its responsibility to its staff, contractors and the general public to provide a safe and healthy environment for all those who use its facilities and undertake work to provide for the wellbeing of those living and working in the Borough.

The Council recognises its general duty of care to staff and the public as well as its duties under the Control of Substances Hazardous to Health Regulations (COSHH) and other regulations dealing with harmful substances

Staff could come into contact with infectious micro-organisms as a result of the work that they do, e.g.

- Working with people who might have infections (reception staff or those visiting homes)
- Working in and around premises where in contact with micro-organisms through rubbish, food, animals, bodies, needles etc,

The purpose of this policy is to outline the broad principles of infection control to enable:

- managers to develop comprehensive operational infection control procedures appropriate to their service area, and to the staff, contractors and the public likely to be affected including those who may be at greater risk though medical treatment they are undergoing, poor immune system, pregnant, etc.
- staff to be provided with sufficient information, supervision and training to ensure their safety while at work.

Where infection risks are identified for both, staff, contractors or the public, and depending on the nature of the specific risk, the risk management programme should look to:

- eliminate the risk
- modify or change procedures and work practices to reduce and control the risk
- monitor compliance with the infection control procedures
- provide sufficient information, training and supervision as required

Should a member of staff catch an infection as a result of their work there is a requirement to report this to the Health and Safety Executive under the RIDDOR Regulations as soon as possible. To do this managers must complete the Accident and Incident Report Form and pass to the Health and Safety Advisor to enable the correct report to be made.

1 Definitions

Infection Control covers bacteria, viruses, fungi and internal parasites which create a hazard to human health either by infection, allergies or by being toxic. The terms, 'infectious micro-organisms' or 'biological agents' are often used to describe the above hazards to human health.

2 Identifying the Hazard

Micro-organisms are found virtually everywhere in the natural environment and most are harmless to humans doing important jobs on the planet. However some micro-organisms can cause disease and therefore there is a need to ensure that the risk of infections can be controlled.

The main sources of infection come from:

- Blood and other body fluids (e.g. saliva, human bodies, needles, carcasses and raw meat)
- Human or animal waste products
- Respiratory discharges (e.g. coughs and sneezes)
- Direct contact with the skin

The main transmission routes into the body are:

- Putting contaminated hands, fingers, pens etc. into the mouth, nose or eyes
- Breathing in infectious aerosols/droplets from the air
- Splashes of blood or other body fluids into the eye, nose and mouth
- Broken skin coming into contact with micro-organisms or something contaminated by micro-organisms
- Skin-penetrating injury like contaminated needle, bite from insect or animal or a sharp object

The skin, lining of mouth, throat, gut and airway all serve to provide a barrier to infection and are the body's first line of defence. If a micro-organism crosses this barrier the immune system tries to deal with it and fevers, rashes are a result of this activity.

Some people are more susceptible to infection than others e.g. those with a pre-existing illness and in this case they will require increased protection or given less hazardous work. Others may be naturally immune to a disease either because they have already had the disease or been immunised against it.

Further advice and guidance on identifying a potential infection hazard can be obtained from an Occupational Health professional via HR.

3 Assessing the Risk

Managers must identify any hazards (in consultation with their staff) where their staff might come into contact with infectious micro-organisms, either through contact with people, animals, the workplace itself, etc. This includes the structures, tools and services offered. (See also Legionella and Asbestos Policies).

In Appendix 4 are some questions to help manager's identify the source of infections that are present in the workplace for their staff and the public. Once the source(s) of infections are identified then consideration should be given to:

- How often is the task carried out
- How many employees or the public are exposed

- How the infectious material is handled
- What the risk is and whether the current controls are sufficient or not

The result of the findings should be recorded in a risk assessment. For an example see Appendix 5.

4 Controlling the Risks

Once the risk assessment has been carried out the following actions should be considered and acted upon as appropriate:

- Can the risk be eliminated to stop staff, contractors or the public from being exposed to a source of infection, e.g. by changing the way a job/task is carried out, modifying the work to remove the hazardous waste or substances
- If exposure cannot be prevented then the risk must be controlled to an acceptable level. This includes taking into consideration how micro-organisms grow and multiply and the exposure to the micro-organisms. The two main approaches are to have good occupational hygiene and good environmental hygiene and design to limit the growth of micro-organisms in the workplace (see Appendix 1)
- If protective clothing or equipment is provided arrangements must be made to ensure that it is cleaned regularly and properly and kept away from uncontaminated clothing
- Arrangements put in place for emergency situations like an employee coming into contact with a contaminated needle
- Cleaning agents may also be the cause of health problems to staff or cause damage to equipment and needs to be considered as part of the risk assessment
- What access staff have to running hot and cold water for the tasks they are performing or if they require alternatives like antiseptic wipes or hand cleansers
- Providing protection by offering vaccinations, etc. where available and the hazards associated with this – may need to refer to Occupational Health for advice and guidance

Finally, having adequately assessed the risks, and put the control measures in place ensure that the documentation is all recorded, that all staff and contractors are made aware of the controls/procedures and that any training, supervision, actions required etc. as identified in the assessment are put in place before the task(s) is carried out.

Managers should then review the risk assessment and control measures as changes in the job/task occur or further information becomes available to ensure that the risks assessment and control measures are monitored and kept up to date.

Where an injury or an infection arises from undertaking work activities these must be reported in the normal way via the accident/incident reporting form.

It should also be noted that there is an agreement in place by all local agencies in the Borough to report any used needles or syringes found in public places, etc. directly to the Control Centre with as much information as possible as to the location and number of needles found so that GYB Services can take the appropriate action to collect and dispose of the needles/syringes in the appropriate way.

Appendix 1

Good Occupational Hygiene: Basic Controls

- Wash hands (and arms if necessary) before eating, drinking, smoking, using the telephone, taking medication, applying make-up, inserting contact lens, etc^❶.
- Cover all new and existing cuts and grazes with waterproof dressings and/or gloves before starting work. If cuts and grazes occur, wash immediately with soap and running water and apply a waterproof dressing.
- Take rest breaks and meal breaks away from the main work area
- Wear appropriate protective clothing where personal contamination likely, e.g. waterproof protective clothing, plastic aprons, gloves. Ensure its safe cleaning or disposal
- Avoid hand-mouth or hand-eye contact – don't put pens/pencils etc. in mouth
- Dispose all contaminated waste immediately

Additional Controls

- If work activity could involve skin/cutting injury, the risk of puncture wounds, cuts or grazes should be controlled by having safe working practices for handling, disposal of needles and syringes and appropriate protective clothing provided^❷
- If the work activity could result in splashing of any body fluids, the eyes and mouth should be protected by wearing a visor or goggles or a mask.
- If work could generate aerosols, either liquid or dust take steps to alter the work activity e.g. vacuum rather than brush, contain the work activity or provide respiratory equipment

❶ To wash hands you should:

- use soap and warm running water
- wash all surfaces thoroughly, including wrists, palms, backs of hands, fingers and thumbs and under the fingernails
- rub hands together for at least 10 -15 seconds
- rinse and dry hands – if towels are used, these should be clean or disposable

❷ There is an agreement in place with GYB Services to collect and dispose of any needles/syringes found in the Borough. The procedure is to contract the Control Centre who will pass to GYB Services to collect and dispose of the needles etc. safely.

If the needle, etc. has to be removed to a safe place prior to collect the following advice should be taken:

- Do not touch the needle with 'bare skin'
- Pick up with tweezers, pliers or scoop them onto a piece of paper or card
- Place needles in a glass container to await collection – DO NOT PUT in normal refuse bins
- Wash hands thoroughly after being involved with used needles as a precaution

Good Environmental Hygiene and Design

- Use equipment that is easy to clean and decontaminate
- Clean all work surfaces or work areas regularly
- Ensure, where possible, that the workplace and its services, e.g. water, air conditioning systems are designed to be safe to use and easy to clean, decontaminate and maintain
- Treat water systems to kill or limit micro-organism's ability to grow
- Control pests e.g. rats, mice, birds, insects from the workplace

Appendix 2

Key Infections (Source Advisory Committee on Dangerous pathogens)

Bovine tuberculosis

Causative agent	<i>Mycobacterium bovis</i> (bacterium)
Natural hosts	Cows, also been found in deer and badgers
Disease in humans	Chronic, progressive disease with fever and weight loss
Transmission	Originally through drinking of unpasteurised milk, now via breathing in of infectious aerosols of respiratory discharges or possibly when handling meat from infected animals

Campylobacteriosis

Causative agent	Most human illness is caused by <i>Campylobacter jejuni</i> (bacterium)
Natural hosts	Farm animals, chickens, wild birds and household pets
Disease in humans	Abdominal pain, fever and nausea
Transmission	Hand-to-mouth contact with faeces or contaminated objects, handling of raw poultry during processing (contaminated with faeces)

Chlamydiosis

Causative agent	<i>Chlamydia psittaci</i> (bacterium)
Natural hosts	Birds – caged, wild exotic birds, also poultry and pigeons. Sheep and goats
Disease in humans	Two forms of the disease: Birds – causes ornithosis/psittacosis – flu-like illness which may lead to pneumonia and in severe cases, endocarditis, hepatitis and death Sheep – causes ovine chlamydiosis – may cause abortion; flu-like illness
Transmission	Birds – breathing in infected respiratory discharges from infected birds or breathing in dust contaminated with faeces and/or respiratory discharges Sheep – contact with products of gestation, eg placentae, amniotic fluid or contaminated objects, eg bedding

Cryptosporidiosis

Causative agent	<i>Cryptosporidium parvum</i> (a protozoan parasite)
Natural hosts	Calves and lambs, goats and kids
Disease in humans	Diarrhoea and abdominal pain
Transmission	Hand-to-mouth contact with faeces or contaminated objects

Fungi and Moulds

Causative agent	Various species – likely to be found contaminating damp areas or naturally occurring in soil, eg <i>Aspergillus</i>
Natural hosts	Found widely in the environment
Disease in humans	Can cause infection and allergy (Farmer's lung)
Transmission	Breathing in spores, for example in dust liberated when sweeping or handling mouldy hay, also when carrying out building work

Haemorrhagic colitis/haemolytic uraemic syndrome (HUS)

Causative agent	<i>Escherchia coli</i> O157 (bacterium)
Natural hosts	Cattle, sheep, goats and deer
Disease in humans	Haemolytic uraemic syndrome (HUS) and haemorrhagic colitis are the most severe forms of the disease caused by this micro-organism. It can cause a range of symptoms from a mild diarrhoea to bloody diarrhoea (haemorrhagic colitis) and HUS. Haemorrhagic colitis is characterised by frank bloody diarrhoea, often accompanied by severe abdominal cramps but usually without fever. HUS is characterised by acute renal failure. Disease can be severe in young children
Transmission	Hand-to-mouth contact with faeces or contaminated objects

Hepatitis A

Causative agent	Hepatitis A virus
Natural hosts	Humans
Disease in humans	Depends on age – more severe in adults, common symptoms include fever, headache, jaundice, loss of appetite, vomiting and abdominal pain
Transmission	Hand-to-mouth contact with faeces or contaminated objects

Hepatitis B

Causative agent	Hepatitis B virus
Natural hosts	Humans
Disease in humans	Infection may cause acute inflammation of the liver (hepatitis) which may be life-threatening. A person showing no symptoms may still carry the infection
Transmission	Contact with blood (and other body fluids which may be contaminated with blood) via a skin-penetrating injury or via broken skin (puncture from hypodermic needles). Through splashes of blood (and other body fluids which may be contaminated with blood) to eyes, nose and mouth

Hepatitis C

Causative agent	Hepatitis C virus
Natural hosts	Humans
Disease in humans	Acute infection may be without symptoms or mild. If disease progresses, most common complaint is fatigue. At least 50% of those with acute infection develop chronic hepatitis
Transmission	Contact with blood (and other body fluids which may be contaminated with blood) via a skin-penetrating injury or via broken skin (puncture from hypodermic needles). Through splashes of blood (and other body fluids which may be contaminated with blood) to eyes, nose and mouth

HIV (AIDS)

Causative agent	Human immunodeficiency virus
Natural hosts	Humans
Disease in humans	Acquired immune deficiency disease and related conditions affecting the immune system
Transmission	Contact with blood (and other body fluids which may be contaminated with blood) via a skin-penetrating injury or via broken skin (puncture from hypodermic needles). Through splashes of blood (and other body fluids which may be contaminated with blood) to eyes, nose and mouth

Legionellosis

Causative agent *Legionella pneumophila* (bacterium)
 Natural host Humans – but found naturally occurring in the aquatic environment
 Disease in humans Ranges in severity from a mild flu-like illness to the more severe pneumonic form, Legionnaires' disease
 Transmission Breathing in contaminated water droplets, eg from showers, spa baths

Leptospirosis

Causative agent *Leptospira icterohaemorrhagiae*, *L. hardjo* (bacterium)
 Natural hosts Rodents (*L. icterohaemorrhagiae*) Cattle (*L. hardjo*)
 Disease in humans Rodents – Weil's disease – fever, headache, vomiting, muscle pain, can lead to jaundice, meningitis and kidney failure – can be fatal
 Cattle – cattle-associated leptospirosis – flu-like illness of short duration, often with headache
 Transmission Rats – direct contact through breaks in the skin with infected urine or water contaminated with urine
 Cattle – splashing of urine during milking and other close contact

Lyme disease

Causative agent *Borrelia burgdorferi* (bacterium)
 Natural hosts Ticks
 Disease in humans Begins with skin rash, often associated with flu-like illness. Later cardiac, arthritic and/or neurological diseases may develop
 Transmission Via the bite of infected ticks which are often found on the tips of vegetation waiting for a host to pass

Orf

Causative agent Orf virus
 Natural hosts Sheep and goats
 Disease in humans Causes ulcerative lesions on face, hands and arms
 Transmission Direct skin contact with lesions on animals or by contact with virus on infected wool, hedges/fences etc where it can survive almost indefinitely

Q fever

Causative agent *Coxiella burnetii* (bacterium)
 Natural hosts Sheep and cattle
 Disease in humans Mild illness – chills, headaches and general malaise, but rarely can progress to pneumonia, liver and heart valve damage and death
 Transmission Usually by breathing in dust contaminated by placental tissue, amniotic fluids, urine and faeces. Also direct contact with the animal and these secreta/excreta.
 Micro-organism is resistant to drying and can survive for long periods in the Environment

Ringworm

Causative agent Trichophyton - various species of the fungus
 Natural hosts Humans, cows (and some other farm animals, eg horses, pigs, sheep)
 Disease in humans Causes inflamed, swollen, crusty skin lesions mainly on hands, forearms, head and neck
 Transmission Direct skin contact with infected animal, spores enter through breaks in the skin

Salmonellosis

Causative agent Various species of the bacterium *Salmonella*
 Natural hosts Wild and domestic animals, birds (especially poultry), reptiles, amphibians (for example, terrapins), and occasionally humans
 Disease in humans Diarrhoea, vomiting, fever
 Transmission Hand-to-mouth contact with faeces or contaminated objects

Shigellosis

Causative agent Various species of the bacterium *Shigella*
 Natural hosts Humans
 Disease in humans Bloody diarrhoea – disease severity depends on infecting species
 Transmission Hand-to-mouth contact with faeces or contaminated objects

Streptococcosis

Causative agent *Streptococcus suis* (bacterium)
 Natural hosts Pigs
 Disease in humans May be a severe and serious disease with meningitis and septicemia
 Transmission Breathing in infectious respiratory discharges, also direct contact (via broken skin) with contaminated meat

Tetanus

Causative agent *Clostridium tetani* (bacterium)
 Natural hosts Humans and animals, but spores of the micro-organisms occur widely in the environment, eg soil
 Disease in humans Exaggerated reflexes, muscle rigidity and uncontrolled muscle spasms – lockjaw
 Transmission Organism enters via breaks in skin e.g. puncture from hypodermic needles.

Toxocariasis

Causative agent *Toxocara canis*, *Toxocara cati* (roundworm – a parasite)
 Natural hosts Dogs (canis) Cats (cati)
 Disease in humans Following ingestion of the eggs, these hatch and the larvae migrate to the liver, lungs, eyes and brain
 Transmission Hand-to-mouth contact with faeces or contaminated objects

Toxoplasmosis

Causative agent *Toxoplasma gondii* (a parasite)
 Natural hosts Cats
 Disease in humans May be without symptoms, but can vary from persistent acute fever to rare infection in the brain, muscle and eye leading to death, abortion in pregnant women
 Transmission Hand-to-mouth contact with faeces or contaminated objects

Tuberculosis

Causative agent *Mycobacterium tuberculosis* (bacterium)
 Natural hosts Humans
 Disease in humans Disease develops slowly, usually takes several months for symptoms to appear, symptoms include fever and night sweats, coughing, losing weight and blood in phlegm or spit
 Transmission Breathing in infectious respiratory discharges

Viral gastroenteritis

Causative agent	Mostly commonly small round structured viruses – Norwalk-like viruses
Natural hosts	Humans
Disease in humans	Vomiting, diarrhoea, fever
Transmission	Hand-to-mouth contact with faeces or contaminated objects, also from breathing in aerosols of projectile vomit – this can lead to environmental contamination, especially of toilets

Appendix 3 Form for Requesting Vaccinations

Request for Vaccinations against _____

Please PRINT clearly when completing the following information

Council's Name: Great Yarmouth Borough Council

Authorising Manager name: Position:

Site Address:

Invoice Address if different:

Contact telephone number: e-mail:

The following employees listed below are at risk of exposure to blood and high risk body fluid and therefore should be offered a vaccination against Hepatitis B.

Table with 4 columns: Name, Date of Birth, Job title, Home address details. It contains 5 empty rows for data entry.

I have undertaken a risk assessment and following this can confirm all the above individuals are at risk of contracting _____.

If any of the above employees leave their current employment, I will inform HR. I understand failure to do so may result in charges being incurred for ex-employees if they access a vaccination after their employment.

I am aware there is a charge per vaccination or blood test, and a full appointment cost is payable for any missed appointments or cancellation with less than 24hrs notice. I also understand this charge may be subject to an annual review.

PLEASE CIRCLE

I would like staff to attend a pre-booked clinic at _____. YES NO

I would like staff to receive a vaccination on site and would like to arrange for a nurse to visit the organisation YES NO

Manager's Signature: _____

Print Name: Date:

Return completed form to HR

Appendix 4 Identifying the Hazards (Sources of Infection)

If staff come into direct contact with people or animals, do they....		Source of infection	Example
Have direct physical contact?	Assistance in personal tasks like washing, dressing or feeding	Direct skin contact	Wardens
	Contact with those whose behaviour could involve spitting, biting or scratching?	Body fluids, blood	Reception
Have contact with waste?	Human or animal waste, soiled clothing, raw meat	Human or animal waste	Rangers
	Needles or Dressings contaminated with blood	Blood	Wardens
Have contact with activities involving cutting or piecing the skins?	Inspections or shops and premises	Blood	Inspectors
Does the work activity involve.....			
Coming into contact with sharp objects	Contaminated needles, broken glass etc.	Blood	Cleaners
Working in an area contaminated by human or animal waste?	Activities that create sprays or dust like water jetting, hosing or sweeping	Infectious aerosols, direct skin contact	Cleaners
Direct contact with....	Soil	Direct skin contact	Grave diggers
	Household contents	Direct skin contact	Home visitors
	Water in the form of a spray	Infectious aerosols	Cleaners
	Hay, straw or plants	Infectious dust, direct skin contact	Inspector

Appendix 5 Example Risk Assessment

Risk Assessment: Assess the likelihood and then the impact from the tables below, multiply the finding to achieve the score from the risk matrix

Likelihood Table:

Likelihood	Probability	Score
Almost Impossible	0% to 1%	1
Very Low	2% to 5%	2
Low	6% to 15%	3
Significant	16% to 60%	4
High	61% to 90%	5
Very High	>90%	6

Impact Table:

Impact	Score
Negligible (sticky plaster/first aid)	1
Marginal (Broken bones/illness)	2
Critical (Loss of life/major illness)	3
Catastrophic (Major loss of life/large scale major illness)	4

Risk Matrix

LIKELIHOOD	Very High 6	6	12	18	24	<p>Risk Rating Key</p> <table border="1"> <tr> <td style="background-color: lightgreen;">Low Risk – maintain or lower</td> </tr> <tr> <td style="background-color: yellow;">Medium Risk – take action to lower</td> </tr> <tr> <td style="background-color: red;">High Risk- take immediate action to lower</td> </tr> </table>	Low Risk – maintain or lower	Medium Risk – take action to lower	High Risk- take immediate action to lower
	Low Risk – maintain or lower								
	Medium Risk – take action to lower								
	High Risk- take immediate action to lower								
	High 5	5	10	15	20				
	Significant 4	4	8	12	16				
	Low 3	3	6	9	12				
Very Low 2	2	4	6	8					
Almost Impossible 1	1	2	3	4					
	Negligible 1	Marginal 2	Critical 3	Catastrophic 4					
	IMPACT								

Waste Collection and Handling				
Step 1 Hazards Identified	Step 2 Likelihood X Impact	Step 3 Risk Rating No	Step 4 Safety Measures Required	Step 5 Residual Risk Rating No (Likelihood X Impact)
Removing faeces-illness, toxocariasis	2 x 2	4 (L)	Cleansing of equipment-shovel, bags and sanitiser. Use of protective clothing-gloves, masks and overalls	2 x 2 = 4 (L)
Dealing with dead animals- zoonosis, cross contamination	2 x 2	4 (L)	Protective clothing-gloves, masks and overalls. Cleansing equipment-shovel. Carcass bags for collection. No touch policy on known possible issues i.e. seals.	2 x 2 = 4 (L)
Large item removal	2 x 2	4 (L)	Staff awareness. Where required two person lift. Refer to cleansing department when appropriate. Protective clothing-boots etc	2 x 2 = 4 (L)
Graffiti removal-use of chemicals	3 x 2	6 (M)	General awareness. Protective clothing to be worn-gloves, overalls, masks etc Following supplier's instructions –data sheets provided and available Awareness of COSHH.	2 x 2 = 4 (L)
Handling/carrying refuse bags- Strain	2 x 2	4 (L)	Only one sack at a time. Visual check of sacks/boxes etc to look for obvious hazards/loading/tear damage etc Self test weight prior to lifting. Staff awareness.	2 x 2 = 4 (L)

Waste Collection and Handling continued				
Searching refuse bags- Cuts, needle stick injury, dust Inhalation	4 x 3	12 (H)	General awareness. Safety clothing-gloves, footwear, mask, overalls and goggles provided Warden training dealing with sharps. Hygiene wipes for personal cleansing. If concerned do not search.	2 x 3 = 6 (M)
Dealing with sharps- Puncture wound, transmission of blood borne diseases	4 x 3	12 (H)	Anti-syringe gloves. Sharps boxes for containment. No direct touch policy. Pliers/litter pickers for collection. Warden training dealing with sharps. Hepatitis injections made available upon request Written advice ref sharps/needles available	2 x 3 = 6 (M)
Dealing with hazardous waste -asbestos, gas cylinders etc	2 x 3	6 (M)	Do not touch policy-refer to responsible department/agency.	1 x 3 = 3 (L)
<p>General Control Measures</p> <p>Good general hygiene arrangements and where warm water not available hand sanitizers and gels provided</p> <p>Handling needles information, equipment, procedures and training</p> <p>Manual Handling Training</p> <p>Environmental general risk assessment information</p> <p>Code of practise in dealing with violence and aggression</p> <p>In the event of a skin-penetrating injury, any wound should be gently encouraged to bleed and washed well with cold running water, cover with a dry dressing and seek medical advice as soon as possible. Record the incident and the action taken</p>				

Risk Assessment for Vaccination from Infectious Disease



*Other controls may include, but are not limited to:

- Implementation of best hygiene practices
- Administration of post-exposure vaccine or immunoglobulin
- Prophylaxis