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Infection Control Policy

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1. INTRODUCTION

1.1 This Policy has been produced to ensure that employees are made aware of the action required to deal with biological agents in the workplace and to demonstrate the Council's commitment to the health, safety and well being of its employees.

1.2 Biological agents in this context are those agents, which may cause infection, allergy or toxicity, or otherwise create a hazard to human health, for example, Hepatitis B.

1.3 Although biological agents in the workplace are already being managed effectively, this Policy will ensure that a consistent approach is adopted across the Council, and that the Council addresses effectively its duties under The Control of Substances Hazardous to Health Regulations 2002 (COSHH).

2. POLICY STATEMENT

2.1 All reasonable steps will be taken to ensure that the exposure of employees to infection while carrying out their work activities is prevented, or at the very least controlled by, for example, the use of personal protective equipment and, where appropriate, the vaccination of employees.

2.2 Where a risk of infection is identified and effective vaccines are obtainable, the Council may make those vaccines available to employees. The Health & Safety at Work etc, Act 1974 provides for vaccination to be offered free of charge to employees, where it is necessary to safeguard their health and safety resulting from work activities.

2.3 Managers will be required to obtain the agreement of employees to engage in a vaccination programme, and to ensure employees are fully aware of the benefits, and of any side effects, of being vaccinated. Records will be kept of vaccinations received and will be made available to an individual on request.

2.4 It is not the intention of the Council to vaccinate employees where it is assessed that only minor risks are involved, which can be avoided by safe working procedures and good hygiene practices.

2.5 This Policy statement has been the subject of consultation between the Council's Occupational Health and Wellbeing Unit, and the recognised trade unions.

2.6 The responsibility for implementing the requirements of this Policy, and for the preparation of an implementation strategy, rests with each Service Director or Head of Service.

2.7 Specific guidance on managing infection control is attached to this Policy Statement.

1. RISK ASSESSMENT

1.1 A risk assessment must be carried out for all biological agents likely to be encountered in carrying out work activities, in order to determine the extent to which employees are exposed to various communicable/infectious diseases, and to identify suitable control measures as a result of the assessment.

1.2 Managers, when carrying out a risk assessment, may have to consider the need or desirability of obtaining advice from the Council's Occupational Health and Wellbeing unit in order to arrive at an appropriate judgement.

2. CONTROL MEASURES

2.1 The following are examples of control measures that managers may consider taking, bearing in mind that the method selected will depend on the outcome of the risk assessment and the specific work situation:

- minimising the number of employees exposed
- designing work processes to avoid the release of biological hazardous agents
- using warning signs
- preparing emergency action plans to deal with accidents
- introducing procedures and arrangements, with appropriate training for the safe handling and transportation of biological agents
- introducing good hygiene measures such as the provision of washing and toilet facilities and forbidding eating and drinking in working areas where there is a risk of contamination.
- advising on recommended vaccines.

It should be noted however that vaccination as a control measure will be the last resort after all other control measures have been exhausted.

2.2 Personal Protective Equipment (PPE) is also an acceptable method for the prevention of exposure to hazardous substances. Examples of PPE are as follows:

- protective clothing - such as overalls, boiler suits, aprons and gloves which should be worn when dealing with potentially infected material. This includes laundry or faecal contaminated material, hypodermic needles, blood spills and splashes, collecting refuse, and in situations where emergency first aid is required. This clothing should be removed when eating and drinking.

- eye/face protection - should be used where splashing of liquid is a possibility.

- protective footwear - (heavy soled) should be worn where sharp objects might be a risk. Sewage workers, refuse collectors, drainage cleaners, park attendants or cleaners, for example, may be at risk from hypodermic needles.

3. PROCEDURE/ADMINISTRATION

3.1 The risk assessment may have identified the need for vaccination for certain employees. Those employees at risk should complete a "Vaccination Questionnaire", which is attached at Appendix 'A'. It is vitally important that the Questionnaire is completed accurately by the individual.

3.2 Where, as a result of a risk assessment, it is determined that vaccination is advisable and an individual refuses to be vaccinated, then s/he will be prohibited by their manager from carrying out that particular work activity. In this situation, the work activity will either be carried out by another individual, or not at all.

3.3 Employees must be made fully aware of the benefits, and side effects, of vaccination and records must be kept, which should be made available to the individual on request.

4. INFORMATION/INSTRUCTION/TRAINING

4.1 Managers should ensure that employees are provided with information, instruction and training where any hazardous substances they use may be a risk to health. Employees should be informed of:

- the risk to health from the hazardous substance
- the precautions which should be taken to prevent exposure
- any results of monitoring of exposure.

Instructions should be provided informing employees of procedures to be used following an incident with a biological agent and managers must ensure that these instructions have been clearly understood.

5. GUIDANCE ON VACCINATION

5.1 Attached at Appendix 'B' are examples of occupations, which may need to be considered for vaccination. The categories are not exhaustive and other categories of employees may be at risk that have not been listed. Managers will need to consider the degree of risk of exposure to infections/diseases as part of the normal risk assessment process, for all tasks performed by employees.

5.2 Appendix ‘B’ relates to work activities only. The Council as an employer will pay the costs, if any, of employees being vaccinated, which will be carried out by the individual’s own General Practitioner (GP), through the Primary Health Care process.

Note: Irrespective of work activities, every individual is advised to be vaccinated against Polio, Typhoid and Tetanus through their own GP. This will be at the individual’s own cost.

5.3 Examples of infectious diseases are set out in Appendix ’C’. Further information on vaccinations can be obtained from the Council’s Occupational Health and Wellbeing Unit, Tel. No. 01443 494003

6. RECORD KEEPING

6.1 Records of vaccinations carried out must be kept on an individual's personal file.

The individual’s manager will be responsible for notifying the individual in good time, where vaccinations need to be renewed or a booster required.

7. ADVICE

Advice on the implementation of this Policy can be obtained from the Health and Safety Team, Human Resources, Tŷ Elai, Dinas Isaf Industrial Estate, Williamstown, CF40 1NY.

APPENDIX A

VACCINATION QUESTIONNAIRE

Employees should complete the form and return to the Occupational Health Adviser at Municipal Buildings, Pontypridd, to determine whether vaccination is necessary.

Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

_____ Place of Work: _____

_____ _____

Description of Activities (particularly those that present a risk of infection):

_____

_____

GENERAL HEALTH

Is your general health good? YES/NO

If NO, please give details _____

_____

Do you take any regular medication? YES/NO

If YES, please give details _____

_____

Do you suffer any allergies, e.g., to food, drugs, etc? YES/NO

Do you take any regular medication? YES/NO

If YES, please give details _____

_____

Have you contracted any of the following?

	YES/NO	Approximate Date
Tetanus	_____	_____
Poliomyelitis	_____	_____
Tuberculosis (TB)	_____	_____
Typhoid or Paratyphoid	_____	_____
Hepatitis A	_____	_____
Hepatitis B	_____	_____
Other	_____	_____

Have you been vaccinated against the following?

	YES/NO	Approximate Date
Tetanus	_____	_____
Poliomyelitis	_____	_____
Tuberculosis (TB)	_____	_____
Typhoid or Paratyphoid	_____	_____
Hepatitis A	_____	_____
Hepatitis B	_____	_____
Other	_____	_____

I declare that these statements are true and correct to the best of my knowledge and belief.

I do/do not wish to be vaccinated.

Signature: _____ Date:_____

Note: Reference should also be made to Section 3 of the Guidance on Managing Infection Control.

APPENDIX B

EXAMPLES OF OCCUPATIONS WHICH MAY REQUIRE EMPLOYEES TO BE VACCINATED

Infection / Occupation	Tetanus	Polio	Hepatitis A	Hepatitis B	Typhoid
Refuse Collectors	•	•		•	•
Environmental Health Officers	•				
Dog Wardens	•	•			
Sewer Workers	•	•	•	•	•
Pest Control Operatives	•			•	•
Cemetery Workers	•				
Gardener/ Handyperson	•				
Designated First Aiders	•			•	
Home Carers	•			•	
Litter Pickers	•			•	
Clinical Waste Operatives	•			•	
Construction Workers	•				
Residential Care Staff	•			•	
Toilet Attendants	•			•	

Note: The above is a guide only. Whether or not vaccination is necessary and the type of occupations will be dependent on the result of the risk assessment. Reference should also be made to Section 5 of the Guidance on Managing Infection Control.

APPENDIX C

EXAMPLES OF POTENTIAL HAZARDS THAT EMPLOYEES MAY BE EXPOSED TO

Some examples of disease and infections:

Gastro-enteritis

Characterised by cramping stomach pains, diarrhoea and vomiting.

Human Immunodeficiency Virus (HIV)

Information and guidance relating to the spread of HIV infection is detailed in Health and Safety Policy Statement HS14 – HIV Infection and AIDS, which can be accessed on the Council's HR Intranet Site.

Hepatitis

Hepatitis is characterised by inflammation of the liver and jaundice. Most commonly the cause is a virus of which there are two main kinds:

Hepatitis A (Infective Hepatitis): transmitted by the faecal/oral route via water, contaminated goods and unsanitary conditions. After two to six weeks, fever, nausea, abdominal pain and jaundice occurs. Recovery usually occurs in one to two weeks and recurrence is rare. Precautions to be taken include good hygiene practices e.g. washing hands after using the toilet and before handling food.

The following, for example, may be considered to be occupationally at risk of incidental exposure to Hepatitis A: health care workers, sewage workers, nursery workers, food handlers.

Hepatitis B (Serum Hepatitis): transmitted in infected blood or serum, especially among drug addicts who share needles. The disease manifests itself after two to six months with symptoms similar to Hepatitis A but the effects are much more prolonged and damaging. It is extremely infectious and those particularly at risk would be the medical profession. There is the potential for a number of occupations to sustain needlestick injuries or to come into contact with blood products.

A particularly significant factor in the spread of Hepatitis B is the extreme infectivity of the virus. It has been estimated that Hepatitis B could be up to 100 times more infectious than HIV. It is extremely stable and dried blood remains infectious for several weeks. Employees such as refuse collectors, sewer workers and litter pickers might be considered to be at risk of contracting Hepatitis B.

Safe work practices are the first line of defence against both Hepatitis A and B. Although transmission routes are different for the two viruses, many of the control measures are applicable to both and form the basis of good hygiene practice.

Other employees who may be regarded as being within a higher category of risk are those who are in contact with:

- drug users
- known carriers
- persons with chronic renal failure
- persons who injure or bite
- blood stained sharp instruments

Hepatitis C : is a slowly progressive and often silent disease of the liver caused by the Hepatitis C virus (HCV). HCV is carried in the blood, and has been detected in other body fluids, but blood has been identified as the main vehicle of infection.

The major route of transmission is by sharing equipment for injecting drugs, mainly via blood-contaminated needles and syringes. There is also a small chance of contracting Hepatitis C if you have unprotected sex. Other routes of transmission can be, from tattooing, ear piercing and body piercing. There is also some evidence that transmission may occur through sharing of toothbrushes, razors and other personal items that could be contaminated with blood.

Most people who become infected with Hepatitis C are unaware of it at the time and have no symptoms, some people however may feel briefly unwell or may have nausea and vomiting, and rarely, jaundice. Because most people remain well for a number of years, this makes the infection difficult to recognise. Good hygiene and safe working practices will be the best defence against Hepatitis C.

Employees who may be considered most at risk from the virus are: refuse collectors, home care workers and litter pickers.

Leptospirosis (Weil's Disease) – Not Infectious

A form of Hepatitis transmitted by bacteria in rat urine. It is a flu-like illness with persistent and severe headache followed by jaundice. It enters the stomach when eating contaminated food or it can enter a break in the skin. Damage to the liver, kidneys and blood may occur with approximately 50% mortality rate. Those most at risk, for example, include workers in sewers, tunnels, and rivers, who should ensure that they carry the Weil's Disease Warning Card (IND (G) 84L: Leptospirosis – Are You at Risk).

Occupational Asthma – Not infectious

Resulting in attacks of breathlessness, chest tightness and wheezing, caused by breathing in substances at work that produce an oversensitive state in the airways, such as tobacco smoke, hardwood dust and latex.

Poliomyelitis

An acute illness following invasion of the gastro-intestinal tract. The infection may be clinically non-apparent or range in severity from a non-paralytic fever to aseptic meningitis or paralysis. Transmission is through contact with the faeces or secretions of an infected person. Individuals born before 1958 may not have been immunised and no opportunity should be missed to immunise in adult life.

Tuberculosis

In the UK about 75% of new cases involve the respiratory system. Non-respiratory forms are more common in immigrant ethnic groups and in those with impaired immunity. Health or care employees who may be in contact with infectious patients or their specimens may be at risk, particularly if they are within close proximity when coughing occurs.

Typhoid

Typhoid fever is spread by the faecal-oral route, usually through food or drinking water. It is mainly hygiene and sanitary conditions that determine its spread.

Tetanus – Not Infectious

An acute disease characterised by muscular rigidity with agonising contractions. Tetanus spores are present in soil and may be introduced into the body during injury, often through puncture wounds, but also through burns and trivial unnoticed wounds.

Anthrax – Not Infectious

An acute bacterial disease affecting the skin, lungs or gastro-intestinal tract. Spores can be found in animal products such as wool, hair, skin, bones, bonemeal and in the carcasses of infected animals. Spores can also contaminate soil and survive for many years.

Rabies

Rabies is almost always fatal, resulting from respiratory paralysis. There is no treatment after the symptoms of the disease occur. Vaccination is recommended for those who regularly handle imported animals. Dog wardens and those employees who work in the dog pound may be at risk.

MRSA

MRSA stands for Methicillin Resistant Staphylococcus Aureus, a form of Staphylococcus Aureus (SA). SA are the commonest type of bacteria which can infect humans. About a third of the population are colonised with them. "Colonised" means that the organism lives harmlessly on a person's skin or in the nose and does not cause any infection.

Usually SA causes no problems. If it does, the resulting infection is usually trivial and affects the skin, resulting in infected cuts or boils. These are easily treated. SA is more of a threat to hospital patients with deep wounds, catheters or drips, which allow the bacterium to enter the body. People with severely reduced resistance to infection, for instance due to HIV infection, are also vulnerable. For these groups the resulting infections can be serious – septicaemia or pneumonia for example.

MRSA acts in exactly the same way as SA and causes the same range of infections. Most people who are infected come to no harm at all. What makes MRSA different is its resistance to antibiotics. Some antibiotics are still effective but they may be more difficult to use and cause side effects. That is why the spread of MRSA in hospitals is a cause for concern and why hospital patients with MRSA may be isolated in side rooms or special wards.

Employees who may be considered most at risk from MRSA will be homecare and residential care workers.

Good hygiene and safe working practices will be the best defence against MRSA.

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MANAGERS CHECKLIST

	✓ As Appropriate		
	N/A	Yes	No
Has a suitable and sufficient risk assessment been carried out to determine whether employees are exposed to various communicable/ infectious diseases?			
Has action been taken as a result of the assessment to reduce the risk?			
Where appropriate, has the 'Vaccination Questionnaire' been completed?			
Are you aware of the occupations that require vaccinations?			
Has information, instruction and training been given to employees when any hazardous substances they use are a risk to health?			
Are records kept on an individual's personal file of any vaccinations received?			
Are there monitoring procedures in place?			

Completed by: _____ Confirmed by: _____

Name: _____ Name: _____

Designation: _____ Designation: _____

Date: _____ Date: _____