**Background**

This document provides guidance to County Council employees to enable them to implement the County Council’s Health and Safety Policy. A copy of the Policy can be found in the Policy library at:

<http://intranet.nottscc.gov.uk/index/policies-and-performance/policies/policy-library/>

The Health and Safety (H&S) Policy documents reflect the ‘safety culture’ of the County Council and define its broad H&S objectives, responsibilities and the OHSMS (occupational health and safety management system). The policy has three sections;

A1: Statement of corporate commitment

A2: Definition of roles and responsibilities

A3: Health and safety management system arrangements

The policy is supported by a series of guidance documents. These provide information to employees on the actions that are necessary to comply with the policy. Guidance documents cover the OHSMS, specific hazards and specific legal or other standards. There are also guidance documents that are designed to pull together information on a subject, job or situation that might involve a number of different H&S issues.

**Context**

## Infections at work are those created by exposure to harmful micro-organisms such as bacteria, fungi, viruses, internal parasites, and other infectious proteins. Micro-organisms are found virtually everywhere in the natural environment. Most of these are harmless to humans and many do important jobs. However, certain micro-organisms can cause harm - either by infection, allergy or being toxic.

## This document has been produced to provide guidance for managers whose employees could come into contact with infectious micro-organisms as a result of the work they do.

| **Action required to achieve required standard** | **Guidance** |
| --- | --- |
| **Assess the risk from infectious agents**  | The principal legislation that applies to infectious agents is the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH, together with the associated Approved Codes of Practice, require employers to assess the risks of exposure to biological agents (micro-organisms) and either prevent exposure (where reasonably practicable) or adequately control it.Apart from those who intentionally work with micro-organisms in a laboratory type setting, there are many occupations where there will be an element of incidental exposure to micro-organisms as a result of the kind of work that is carried out.This incidental exposure could be because the hazard, i.e. the micro-organism, is present on or within the materials, substances, animals or people that individuals come into contact with. For example, handling waste contaminated with human/animal waste or working with equipment or in an environment that is contaminated e.g. sewers. The HSE has prepared guidance [{Infection at Work: Controlling the Risk}](http://www.hse.gov.uk/pubns/infection.pdf) on the prevention of such incidental exposure.Line Managers should identify the activities where a risk of infection arises and the individuals who may be at risk. Below is a list of occupations where there may be a risk of infection - it's not exhaustive but gives an indication of the range of jobs where biological hazards should be considered. * Care workers and social workers; and staff with close personal contact with children with Learning Difficulties in Special Schools (Special Needs Assistant, Teacher etc)
* Refuse and litter handling
* Caretakers and cleaners
* Contact with animals or their waste
* Countryside workers
* Grounds maintenance
* Plumbers, drain clearance
* Laundry workers
* Garage mechanic duties
* Security workers
* Contact with floodwater

Activities which may involve the risk of infection include: * Working with animals and their waste
* Working with people who might be infectious
* Handling waste material that may be contaminated with micro-organisms
* Working in an environment or with equipment that could be contaminated

Consideration then needs to be given to:* Which type of infection may be present
* What effects it may have on people at risk
* Where it is likely to be present
* The ways in which employees may be exposed
* The likelihood of exposure
* The precautions which should be taken to minimise the risk of exposure
 |
| **Suitable control measures should be identified and implemented** | Measures to reduce the risk of infection should be identified as part of the risk assessment. These measures may include, in order of preference: * Prevent contact with infectious materials where possible
* Minimise the number of people exposed

Employ safe working methods, including:* providing and using suitable equipment such as “picking sticks” for picking up syringes
* using personal protective equipment, such as suitable gloves
* disinfection procedures
* clinical waste containers and proper disposal arrangements
* separate storage for cleaned and used equipment which is away from eating facilities
* providing hygiene facilities (this may necessitate portable facilities where employees work on remote sites or premises)
* Report any needle finds to the person responsible for the premises or area
* Ensure that a reporting system is in place for needle finds and that employees are made aware of needle locations so that they may take extra care

Further guidance on control measures including basic principles of good occupational and environmental hygiene can be found in Appendix A and the HSE guidance document [{Infection at Work: Controlling the Risk}](http://www.hse.gov.uk/pubns/infection.pdf)  |
| **Where appropriate immunisations should be made available** | In the COSHH hierarchy of control measures, immunisation as protection against infection at work is the last line of defence and other controls should be available. However, for employees potentially exposed to blood-borne viruses, such as care staff, immunisation is an appropriate additional measure.If a risk assessment shows that there is a risk of exposure to biological agents, and effective vaccines exist, then provision should be made to determine whether an employee is already immunised, and immunisation should be offered to those not already immunised. The pros and cons of immunisation/non-immunisation should be explained when offering immunisation to the employee at risk.Under the Health and Safety at Work etc. Act, employers must pay for protective measures such as immunisation. Where practical, this is likely to be provided through Occupational Health. Alternatively, the employee could be asked to arrange immunisation through their own GP, but the employer must make alternative arrangements if this cannot be done, and reimburse any charges made to the employee for such arrangements.As with all control measures, immunisation needs to be checked and reviewed and boosters provided where deemed necessary. Final decisions on immunisation should be made on the basis of a local risk assessment. In settings where the workplace task or an individuals behaviour is likely to lead to significant exposures on a regular basis (eg biting or being bitten), the Department of Health Green Book indicates that it would be prudent to offer immunisation to staff even in the absence of documented Hepatitis B Virus transmission.**Hepatitis B**Where the employee may be exposed to a needle-stick injury or come in to contact with individuals who may bite, then the Hepatitis B assessment form (See Appendix B) should be completed. Examples of occupations include: Special Needs Assistant, Teacher, Care Assistant, Nursery Nurse, Caretaker, Cleaner, Grounds Maintenance Worker, Drain Cleaner, Plumber. One form should be completed for each employee to determine if immunisation is necessary and then forwarded to the Occupational Health Unit. Records should be kept of an employee’s immunisations together with details of any refusal to undergo an immunisation identified as a necessary risk control measure (a sample disclaimer form is attached at Appendix C).Where immunisation is not effective or where the employee does not wish to proceed with immunisation further action is necessary. It is envisaged that this will take one of three forms:* Introduction of further control measures (written safe systems of work etc.) to adequately reduce the level of risk
* Changes to the tasks undertaken by the employee to avoid activities where the risk is not adequately controlled by other means. Where employees are prohibited from carrying out certain tasks this should be included in the written safe system of work.
* Where there remains a significant risk of infection despite the above action consideration of redeployment into a lower risk area.

In the above situations you are advised to seek advice from the Occupational Health Unit. |
| **Consideration may need to be given to health surveillance** | There may be a need for health surveillance of employees at risk of infection in order to establish their level of immunity and the effectiveness of the immunisation. Managers should contact the Occupational Health Unit for advice. |
| **Information, Instruction and Training** | All employees identified at potential risk of infection due to their activities should receive information, instruction and training. This includes providing information on:* Infections they could be exposed to and how
* the risks posed by this exposure;
* the main findings of any risk assessment;
* the precautions employees should take to protect themselves and other employees, contract staff or visitors;
* how they should use and dispose of any PPE that is provided; and
* what procedures they should follow in the event of an emergency

 **Sources of training**Training on infection control is available on * Learning Pool.
* Through the Health and Safety Team
* [Safety Talks](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthsafetylearningdevelopment/healthandsafetytalks/)
* [Infection Control Factsheets](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/) can be obtained from the intranet
* Carry cards should be issued to staff as necessary (see Appendix D)
* [Factsheet on Premises Flood : Initial Response Factsheet](http://intranet.nottscc.gov.uk/EasySiteWeb/GatewayLink.aspx?alId=426982)

Line Managers should also ensure that employees receive instruction and training as part of induction if they change jobs and refresher training on a regular basis. Records of training and the issue of instructions/information should be kept for all employees.Further advice and training is available from the Occupational Health Unit. |
| **Incident Reporting** | Where an employee suffers an incident which they believe could give rise to a risk of infection, an incident report form should be completed on form SR3/5, e.g. for a puncture wound from a sharp object or bite, etc. In certain circumstances sharps injuries must be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) * When an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), eg hepatitis B or C or HIV. This is reportable as a dangerous occurrence;
* When the employee receives a sharps injury and a BBV acquired by this route sero-converts (change from negative to positive status during blood testing).
* This is reportable as a disease – see ’Diseases, infections and ill health’;
* If the injury itself is so severe that it must be reported.

If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable, unless the injury itself causes an **over-seven-day injury**. If the employee develops a disease attributable to the injury, then it **must** be reported. For further advice on reporting contact the Health and Safety TeamLine Managers should advise the injured person to attend the local hospital GU medicine department immediately for advice, irrespective of the origin of  the needle (A&E outside of normal working hours).  Occupational Health will assist with any advice needed.  Needles must be disposed of in appropriate sharps containers using appropriate equipment to prevent further injury and must NEVER be put in plastic bags or wrapped in tissue for example and taken with you to the hospital.Where an employee develops a disease or infection that could be work related seek advice from the Occupational Health Unit.Records of exposure to infection should be kept for 10 years, or 40 years for latent infections. |

**Further Guidance**

**General Guidance**

[Control of Substances Hazardous to Health](http://www.hse.gov.uk/coshh/)

**Specific Guidance**

[HSE Guidance Infection at Work: Controlling the Risk](http://www.hse.gov.uk/pubns/infection.pdf)

[HSE Guidance on Blood Bourne Viruses](http://www.hse.gov.uk/biosafety/blood-borne-viruses/what-are-bvv.htm)

[Sharps Injuries](http://www.hse.gov.uk/healthservices/needlesticks/index.htm)

[Risks to Healthcare Workers](http://www.hse.gov.uk/biosafety/blood-borne-viruses/risk-healthcare-workers.htm)

[List of zoonotic diseases](https://www.gov.uk/government/publications/list-of-zoonotic-diseases/list-of-zoonotic-diseases)

[Legionella from water systems](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/legionella.htm)[1]

[Anthrax from contaminated land and buildings](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/anthrax.htm)[2]

[Blood Borne Viruses from needlestick injuries](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/blood-borne-viruses.htm)[3]

[Hepatitis A from sewage](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/hepatitis-a.htm)[4]

[Psittacosis and other diseases from bird droppings](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/other-diseases.htm)[5]

[Leptospirosis / Weil’s Disease from rats](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/leptospirosis-weils-disease.htm)[6]

[Tetanus from contaminated cuts and wounds](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/tetanus.htm)[7]

[Aspergillus during demolition and refurbishment](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/aspergillus.htm)

[**Guidance for Care Homes**](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/) **– Under Infection Control**

[Guidance on the Management of Blood and Body Fluid Spillages in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on the Management of](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/) *[Clostridium difficile](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)* [in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on ESBL in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on Hand Hygiene in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on Laundry Management in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on MRSA in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on PPE in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on Scabies in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on the Management of Sharps in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

[Guidance on the Management of Waste in NCC Care Homes](http://intranet.nottscc.gov.uk/workingforncc/healthandsafety/healthandsafetyusefulforms/)

**Appendix A**

This Section describes some of the most common biological agents that could be encountered.

**HEPATITIS A**

Hepatitis A is spread by the faecal-oral route and may be contracted through sewage, work with young children or people whose personal hygiene may be poor. Employees may become infected if they ingest the virus e.g. if sewage or faecal material comes in to contact directly with the mouth or the hands are contaminated and this is transferred to the mouth directly or through eating, drinking or smoking.

Children who contact Hepatitis A often get no or few symptoms, but in adults the disease is more debilitating. Symptoms include fever, nausea and jaundice lasting 2 to 6 weeks, though a return to full health can take up to 12 months.

Line Managers should carry out a risk assessment of the likely exposure of employees to Hepatitis A. Where there is a significant risk of exposure employees should be offered immunisation (or be encouraged to contact their general practitioner and request immunisation).

Employees at risk should be provided with written instructions on the safe practices to be followed in order to reduce the risks of infection. This should emphasise the importance of good personal hygiene.

Further guidance on assessing and controlling the risks is available on the HSE Website at:

* [Hepatitis A from sewage](http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/hepatitis-a.htm)
* [Risks to Health Care Workers](http://www.hse.gov.uk/biosafety/blood-borne-viruses/risk-healthcare-workers.htm)

**HEPATITIS B**

Hepatitis B is a condition affecting the liver and other organs, often associated with fever and jaundice and is the most virulent of the occupational infections in the UK. It has a lower recorded incidence than Hepatitis A but is potentially more serious for the sufferer.

Hepatitis B may be present in all bodily secretions of a sufferer e.g. saliva, semen, vaginal secretions, urine, faeces or blood. It is 100 times more infectious than HIV by accidental exposure mainly through contact with blood. The virus can survive outside the body in dried blood for a period of time.

Employees could be infected by accidental injection by a used needle, contact of infected bodily fluids with uncovered cuts, grazes, broken skin or with mucous membranes e.g. eyes, mouth, bites/scratches from an infected person. The disease affects the liver and if contracted a real risk exists of permanent disability or even death resulting from subsequent infection, liver cirrhosis or liver cancer.

Line Managers should carry out risk assessment of employees’ likely exposure to Hepatitis B using the form in Appendix B. Completed forms should be returned to Occupational Health Unit and if the risk is significant then employees will be offered immunisation (or be encouraged to contact their general practitioner and request immunisation) against Hepatitis B. The risks will be greater for persons employed in areas of premises where there are known drug users or working with persons who are potentially infected with the virus.

Where activities may bring employees in to contact with body fluids, biting or scratching by potentially infected persons or used needles they should be provided with written instructions on the safe practices to be followed in order to reduce the risks of infection. These should include the importance of good personal hygiene.

Personal protective equipment must be provided to prevent abrasions and cuts; and also preventing eyes, nose, mouth, etc. from coming in to contact with body fluids, urine and blood. Gloves must be waterproof (and abrasion resistant where necessary) and checked for tears or holes prior to each use. Any contaminated disposable gloves and body fluids should be disposed of as clinical waste.

Where syringes may be encountered or handled as part of the work, priority must be given to measures which avoid the risk of direct contact e.g. use of scraper boards, trowels, tongs, tweezers, solid waste containers e.g. designated sealed sharp containers which should comply with UN3921/BS7320 standards (rather than plastic sacks), litter pickers, etc. Where there is a substantial residual risk of contact with needles that cannot be avoided by these means then anti-syringe gauntlets should be provided. All employees who may encounter syringes must be provided with sharps boxes and instructed to take the sharps box to the syringe not vice versa.

Managers should ensure that hand washing facilities are always readily available e.g. soap, warm water and paper towels or if this is not reasonable practicable a system of barrier, water free skin cleaning and sanitising creams are provided.

This will mean portable facilities for remote working or when sites are closed.

Further guidance on [Hepatitis B](http://www.hse.gov.uk/biosafety/blood-borne-viruses/hepatitis-b.htm) can be found on the HSE Website

**HEPATITIS C, D AND E**

Hepatitis C is a virus transmitted by bodily fluids in the same way as Hepatitis B except that no vaccine is available at present.

Hepatitis D is a defective Hepatitis B virus that only causes infection when a Hepatitis B infection is already underway. Its clinical consequences are severe, but it can be prevented by an adequate Hepatitis B vaccination.

Hepatitis E is similar to Hepatitis A in that it is passed by the faecal-oral route. Cases are usually associated with contaminated food consumed abroad where the disease is prevalent. There is not vaccine available and good hygiene precautions are the best preventative advice.

**LEPTOSPIROSIS**

Leptospirosis (Weil’s disease) is a flu-like infection which can lead to jaundice, liver and kidney damage. There is a possibility of permanent disability or even death. Employees may become infected where infected rat’s urine or contaminated water come in to contact with skin abrasions, the eyes or mouth or are inhaled in droplets. Employees are at risk of contracting this disease if they work in or near drains, sewers, cess pits, still or stagnant water, e.g. lakes, ponds, collected ground water, standing water in empty buildings, slow flowing rivers and canals.

Hardjo is a similar disease which can be caught from infected cattle or their urine and can be contracted if working on farms.

Early diagnosis and treatment is important in order to limit the effects of the infection. Where employees are at risk they must be issued with a card warning of elementary precautions to take and to remind them of onset symptoms (see carry card Appendix D).

There is currently no effective vaccination for Weil’s or Hardjo disease.

Further guidance on assessing and controlling the risks is available on the HSE Website at: <http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/leptospirosis-weils-disease.htm>

**POLIOMYELITIS**

Poliomyelitis is a virus which may be present in sewage and which causes a fever, potentially followed by paralysis (usually in the arms or legs).

Employees working in contact with sewage or who come in to contact with faecal contaminated material from very young children should be advised to maintain inoculations against Polio through their general practitioner.

Suitable personal protective equipment should be provided to prevent sewage from coming in to the contact with abrasions, cuts, hands, arms mouth and eyes. Gloves must be impermeable and abrasion resistant and checked for tears or holes prior to each use. Reusable gloves should be washed thoroughly after each use.

Employees should be provided with written safe working instructions including the importance of good personal hygiene. All cuts and abrasions should be covered by waterproof dressings and barrier cream applied before work. Hand washing facilities should always be readily available e.g. warm water, soap and paper towels, or if this is not reasonable practicable a system or barrier cream, water free skin cleaning and sanitising creams.

**TETANUS**

Tetanus (lockjaw) is contracted through skin abrasions, which come in to contact with soil, sewage and certain plants through puncture wounds by soiled articles, including needles or through animal bites. Employees at risk of contracting this disease are principally maintenance and grounds maintenance staff, plumbers and drainage workers. A toxin produced by Tetanus bacteria causes the disease. The toxin damages the nervous system and can be fatal.

Employees should be advised to maintain their inoculation against Tetanus, through their medical practitioner.

If employees suffer a cut in the above conditions or an animal bit it may be necessary to receive a booster inoculation, refer the employee to their medical practitioner or Occupational Health Unit.

Further guidance on assessing and controlling the risks is available on the HSE Website at <http://www.hse.gov.uk/construction/healthrisks/hazardous-substances/harmful-micro-organisms/tetanus.htm>

**HIV/AIDS**

AIDS (Acquired Immune Deficiency Syndrome) is caused by the Human Immunodeficiency Virus (HIV). HIV is to be found in most bodily fluids including blood and transmission is theoretically possible by the transfer of any bodily fluids. The virus requires access in to the person’s bloodstream and is not considered to be hardy, that is, it will soon die away from a host’s bloodstream. There is no risk of catching the virus by simple hand to hand contact. Infection requires intimate contact with the body fluids of infected individuals.

Because of the method of transmission and fragility of the virus, infection is only likely at work (and is still only a remote chance) if:

* A freshly injected needle of infected blood pierces the skin of another person
* Or through administration of first aid, there may be a small risk due to mouth to mouth resuscitation
* Or through clearing up a recent blood spillage if the bloods comes in to contact with broken skin

Persons most likely to be suffering from AIDS/HIV or Hepatitis B are illegal intravenous drug users or people who have undergone blood transfusions e.g. haemophiliacs. The risk is much greater of contracting Hepatitis B than of AIDS. There is negligible risk of AIDS during normal body spillage cleaning or through abandoned used needles. The precautions for avoiding Hepatitis B infection should be followed. There is no means of vaccination against AIDS.

When giving mouth to mouth resuscitation a vent tube should be used to cover the mouth. Spill kits should be used to deal with any blood splashes/spillages. If employees suffer a needlestick injury or suspected contact of cuts or mouth with fresh blood they should contact Occupational Health Unit for appropriate investigation and tests.

Further guidance on assessing and controlling the risks is available on the HSE Website at <http://www.hse.gov.uk/biosafety/blood-borne-viruses/hiv.htm>

**TUBERCULOSIS**

Tuberculosis (TB) is a respiratory disease which has been known for centuries in the human population. It results in symptoms such as lung function problems and meningitis. There is an effective vaccination in place for TB called BCG which over the last few decades has helped to control the disease. However, TB is now increasing in prevalence among certain risk groups, these include people born on the Indian subcontinent, the homeless, the elderly and those with HIV infection.

Where employees work regularly with these high risk groups they should be advised to ensure that they have been immunised. Employees should contact their own GP or the Occupational Health Unit for further advice.

**TOXOCARIASIS**

**Toxocariasis is a rare infection caused by roundworm parasites. It's spread from animals to humans through contact with infected faeces.**

**Control measures include:**

* Wearing protective gloves
* Following good basic hygiene including regular hand-washing and avoiding hand to mouth/eye etc contact
* Taking rest breaks, including meals and drinks, away from the work area;
* Washing cuts and grazes immediately with soap and running water Cover all cuts, abrasions and other breaks in the skin with waterproof dressings and/or gloves.

**Further information on toxocariasis is available on the** [NHS website](http://www.nhs.uk/conditions/Toxocariasis/Pages/Introduction.aspx)

**Appendix B**

**HEPATITIS B RISK ASSESSMENT FORM**

Risk Assessment for Special Needs, Teachers, Care Assistants, Nursery Nurses, Caretakers, Cleaners, Grounds Maintenance, Drain Cleaners, Plumbers or any employee who may be exposed to a needlestick injury hazard or come in to contact with individuals who may bite.

**PART 1 - HAZARD IDENTIFICATION - HEPATITIS B**

|  |  |
| --- | --- |
| Employee’s Name | Job Title |
| Manager’s Name | Based at |
| Manager’s Signature | Date |

1. **HEALTH HAZARDS**

In order to identify whether an individual is at risk of exposure or not and whether they should commence a Hepatitis B immunisation programme, the following series of statements should be assessed by a manager or an appointed person with the employee concerned.

This form must be completed for each employee and returned to the Occupational Health Unit even if no risk is identified and a copy should be kept on record with all risk assessments for your Division.

|  |  |  |
| --- | --- | --- |
| 1. | Physical | Response |
|  |  | Weekly | Monthly | Yearly | Never |
| 1.1 | Works directly with children or individuals who require special care needs and who may bite or scratch |  |  |  |  |
| 1.2 | Nature of work involves direct involvement with blood or instruments contaminated with blood |  |  |  |  |
| 1.3 | Nature of work involves working with individual or their children who are or have been known drug users |  |  |  |  |
| 1.4 | Nature of role involves working with individuals or their children where there is a known carrier of Hepatitis B |  |  |  |  |
| 1.5 | Nature of work exposes the employee to used needles or sharps |  |  |  |  |
| 1.6 | Nature of work poses a potential risk of being injured by sharps i.e. clearing houses previously used by known drug users, clearing public walkways/gardens/toilets/play areas or a risk of finding concealed sharps in soft furnishings, refuse bags, etc. |  |  |  |  |

Those employees identified as at risk from being in contact with other bodily fluids such as urine or saliva need only be advised on safe working practices and be provided with the adequate PPE.

**PART 2 - TO BE COMPLETED BY EMPLOYER AND EMPLOYEE**

|  |  |  |
| --- | --- | --- |
| 2. | Safe Working Practices | Response |
|  |  | Yes | No | N/A |
| 2.1 | Employees at risk are commenced on the Hepatitis B programme |  |  |  |
| 2.2 | Department provides suitable personal protective equipment for carrying out tasks with risk of infection |  |  |  |
| 2.3 | Department provides equipment to avoid accidental contact or need to handle sharps e.g. boxes, picker sticks, scraper boards |  |  |  |
| 2.4 | There is an available source of clean water near to the employee in order to clean any potential wounds |  |  |  |
| 2.5 | The employee has access to a first aid kit |  |  |  |
| 2.6 | Sharps boxes or suitable containers are provided to transport or dispose of needles or sharps |  |  |  |
| 2.7 | Employee/First Aiders are aware of how to dispose of blood stained dressings |  |  |  |
| 2.8 | Washing of blood stained clothing where carried out on site is laundered at 60 degrees and above. |  |  |  |
| 2.9 | Written guidelines are available about safety methods of work and using personal protective equipment for tasks posing a risk of infection |  |  |  |
| 2.10 | Employee is aware of procedure for reporting incidents involving sharps |  |  |  |
| 2.11 | Employee is aware of the importance of contacting the Occupational Health Nurse or the accident and emergency department if injured |  |  |  |

**PART 3 - TO BE COMPLETED BY MANAGERS ONLY**

|  |  |  |
| --- | --- | --- |
| 3. | Working Environment | Response  |
|  |  | Yes | No | N/A |
| 3.1 | Manager is aware of reporting procedure for injuries with sharps and needlestick (HSE and Safety Advisers) |  |  |  |
| 3.2 | First Aiders have been appointed and their names and locations are clearly displayed on available notice boards |  |  |  |
| 3.3 | Any new information regarding needlestick injuries is cascaded through team briefs to all identified employees who may be exposed to Hepatitis B |  |  |  |
| 3.4 | PPE (personal protective equipment) when provided is of the required standard and undamaged |  |  |  |

Employees who are identified as at risk from being in contact with blood via needlestick injury, bite or scratch should be considered for immunisation against Hepatitis B and the Occupational Health Unit should be contacted for advice.

It should be noted that even after the Hepatitis B programme, immunity cannot be guaranteed and therefore the employee should always adopt safe working practices and provision of PPE made available.

Appendix C: Immunisation Disclaimer (Example Form)

EMPLOYEE DETAILS

Name: Establishment:

Department: Manager:

I the above named employee have had explained to be by my Manager/Occupational Health Nurse (delete as applicable) the risks that I may be exposed to because I do not wish to proceed with an immunisation against:

Name of Infection:

I understand that I have to continue to work safely using the appropriate protective equipment provided and report any incidences or sharps injury, bites or scratches from a client to my Manager.

I am aware that should I change my mind about the program it is still available to me at a later date.

Signature: Date:

I confirm that I have spoken to this employee and explained the risks of not commencing with an immunisation programme.

Manager/Occupations Nurse Signature:

Date:

**Appendix D – Carry Card**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employees Name:****Home Address:****Telephone:****Occupation:** | **Instructions to Employees****Precautions*** Wash thoroughly any cut, scratch or abrasion of the skin as soon as possible. After cleaning, protect wound completely with a waterproof plaster before starting work.
* Wear the protective clothing supplied by the Council to protect you from infection.
* Use a barrier cream before starting work.
* Do not eat, drink or smoke unless you have changed out of contaminated clothing and washed your hands properly.
* After working in contact with suspect water, sewage, clinical waste, body fluids or animals wash your hands and forearms
* Thoroughly with soap and water or cleansers provided. If your protective clothing e.g. gloves, etc. are contaminated wash them thoroughly or dispose of as directed. Wet protective clothing should be dried as soon as possible.
* If you protective clothing is damaged or leaking report it to your supervisor immediately for replacement.
 | * Report every cut or damage to your skin or splashes of suspect water, sewage, body fluids to eyes, nose or mouth using an accident form.
* Always follow the safe working practices outlined in your instructions.

**Needlestick Injuries****Do:*** Check for needles before you start work
* Pick them up with tongs
* approved sharps box
* Encourage a needlestick injury to bleed
* Wash the wound under cold water without soap
* Put a dressing on it
* Seek immediate medical advice
* Report the incident to your Line Manager

**Don’t:*** Touch a needle with your bare hands
* Overfill your sharps box
* Such on a needle wound
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| **INSTRUCTIONS****TO PERSONS WORKING****IN CONTACT WITH****INFECTED PERSONS, SEWAGE,****FOUL DRAINS,****PONDS,****STANDING WATER,****WATER COURSES****AND ANIMALS** |

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| **THIS CARD IS FOR YOUR PROTECTION** |

**KEEP IT IN A SAFE PLACE** |
| **Information**Contact with sewage, faeces, contaminated water, body fluids, used syringes, animals and clinical waste and bites and scratches inflicted by persons or animals may lead to illness.This card advises you of the precautions to take to avoid infection and the importance of early action if you suffer symptoms.It is important that you keep this card for reference, report its loss to your supervisor immediately and show the card when you visit your doctor/hospital with an illness.**Leptospirosis**Weil’s disease is a serious and sometimes fatal infection present in infected rat’s urine. Hardjo disease can be caught from cattle.Both diseases start with a flu-like illness with a persistent and severe headache usual within 2 days. | Contact with cattle, rats or rat urine or with contaminated water e.g. sewage, ground water, ponds, rivers, canals can lead to infection by the bacteria. Bacteria can enter through cuts, abrasions, eyes, nose or mouth.Early treatment is very important and you must report to your doctor quickly if you suffer these symptoms.**Hepatitis A**Hepatitis A is a serious liver disease although complete recovery is usual and fairly quickly. This infection may be present in sewage, faeces and clinical waste. It can enter the body through cuts, abrasions, mouth, eyes or nose.**Poliomyelitis**Polio virus may be present it sewage and can enter the body through cuts, abrasions, mouth, eyes or nose. It causes a fever and may cause paralysis, usually of legs or arms | **Hepatitis B**Hepatitis B is a serious liver disease which may be fatal. It is transmitted via blood from an infected person. It may enter the body through:* Contaminated blood contacting with cuts, abrasions, eyes, nose or mouth
* Bites or scratches by an infected person
* Injection by a contaminated syringe

**Gastro-enteritis/Salmonella/****E-Coli**Contact with faeces, sewage or soiled animals/articles may lead to gastro-enteritis, salmonella or E-Coli. Bacteria enters the body through contact with cuts, abrasions, eyes, nose or mouth. Symptoms include stomach cramps, diarrhoea, vomiting and in the case of E-Coli blood in the urine. Salmonella or E-Coli infection may be fatal. | **Tetanus**Tetanus bacteria are present in soil, some plants and animals. Infection can occur through animal bites or soil contact with cuts, abrasions or puncture wounds. The bacteria produce a toxin which affects the nerves and can cause paralysis (lockjaw) and may be fatal.**To the Medical Practitioner**The holder of this card in engaged in work that might bring him/her in to contact with:* Water or sewage that may contain Leptospira, Poliomyelitis or Hepatitis A
* Body fluids, bites, syringes posing a risk of Hepatitis B
* Tetanus in soil

We would be obliged if you would note this on the patient’s medical card for future reference.Should you suspect that the holder has been infected, please notify:**Occupational Health Service****Nottinghamshire County Council** |