Communicable Diseases Policy

Date: November 2018

Document summary

Good personal hygiene precautions are crucial to prevent the spread of infections and hand washing is the single most important intervention in the control of cross-infection.

A risk assessment approach will be taken to manage the hazards associated with exposure to foreseeable communicable diseases, to determine the appropriate control measures required which will include educating, informing, instructing and where necessary, training staff in the appropriate safe working practices.

Contents

Communicable Diseases Policy

Key Points:

- This Policy aims to ensure that staff know the required standards needed to reduce the risk from communicable diseases at work
- Managers and staff must ensure that the appropriate personal hygiene precautions are observed, particularly in the provision of direct personal care
- Responsibilities fall on Chief Officers, Managers and employees
- Some diseases are reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Detailed information and guidance on specific communicable diseases is given in Appendix 1
- Managers and staff must ensure that the appropriate action is taken following any incident involving the risk of blood-borne infection e.g. sharps injury – Appendix 2
- Reference must be made to the "Don't Spread Infection" guidance, available on the intranet and Webshop, which contains more detailed guidance for employees who may be exposed to certain infectious and contagious disease due to their work activities.

1. Introduction

1.1 This policy describes the arrangements to ensure that those employees who, by virtue of their job and working environment, e.g. in Adult Social Care and Children's Services, may be exposed to a risk of contracting or spreading certain infectious and communicable diseases, have their and others health safeguarded.

1.2 This policy incorporates the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 – see Appendix 2.

2. Responsibilities

2.1 **Chief Officers must ensure that:**

2.1.1 this policy is implemented in their departments and arrange for the production, issue and application of specific departmental procedures, code of practice, leaflets, etc. appropriate to implement this policy.

2.2 **LMG and other Line Managers must ensure that:**

2.2.1 their staff, including agency staff, volunteers, etc. and the infectious/communicable diseases to which they may be exposed specifically as a result of their work, are identified in order to:

- confirm who may be harmed and how
- determine the level of risk
- implement the appropriate control measures, including safe methods of work, and informing and instructing all their staff (potentially) affected, and
- emphasise that on a generic risk assessment approach, effective hand washing/disinfecting is the most effective control measure to protect (care) staff against foreseeable communicable diseases.

2.2.2 where relevant, employees adhere to the “Basic Standard Precautions” – see Appendix 5 and the more detailed guidance contained in the “Don’t Spread Infection” guidance available on the intranet and Webshop health and safety online pages.

2.2.3 the handling of sharps is managed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 – see Appendix 2.

2.2.4 any incidents involving the risk of blood-borne infection are managed in accordance with the guidance contained in Appendix 2.

2.2.5 ensure that the skin of staff who are at risk of skin problems e.g. dermatitis, due to their work e.g. high levels of handwashing and wearing disposable gloves, is regularly monitored. This should involve, at least, an annual enquiry as to the health/condition of their skin and if there are any concerns, a referral made to the Occupational Health Service.

2.2.6 any employee who refuses immunisation recommended by the County Council, to be appropriately advised and encouraged, or otherwise their refusal recorded on their personal file.

2.2.7 safe and appropriate waste disposal procedures must be implemented.

2.2.8 appropriate and effective cleaning procedures must be implemented, including procedures for dealing with laundry.

2.2.9 records are kept of those service users known to have MRSA, or any other communicable diseases. Specific risk assessments must be carried out sensitively and the necessary control measures recorded in their individual care plans – see Appendix 6.

2.2.10 the Occupational Health Service are notified of any needlestick injury; note that additionally some diseases that could result from these injuries may be reportable under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

2.2.11 a Safety Adviser is informed of any infection, contracted by a staff member, which could be attributable to their work.

2.2.12 advice is sought from the Kent, Surrey & Sussex Public Health England Centre (KSSPHE) concerning any specific safe working practices and /or potential diseases.

2.2.13 any outbreaks of infection are managed effectively and where necessary, advice sought from the KSSPHE (0344 225 3861).

2.3 **The Occupational Health Service must ensure that:**

2.3.1 advice and support is available to managers and staff around issues concerning communicable diseases.

2.3.2 they contribute to this policy and provide advice and guidance with future reviews and updates.

2.4 **Employees must:**

2.4.1 report all sharps incidents to their manager and attend their nearest Accident and Emergency Department for appropriate treatment and advice as soon as possible, taking the completed Exposure Incident Form (Appendix 4) with them.

2.4.2 attend their nearest Accident and Emergency Department for appropriate treatment and advice, whenever they suspect they may have contracted an infectious disease at work, e.g. from biting, spitting or scratching by a third party.

2.4.3 ensure that online incident reports are completed in relation to the above incident types. Please refer to the Incident Reporting Policy for guidance on the incident reporting procedure.

2.4.4 safely dispose of discovered/discarded sharps, e.g. needles and syringes, in a proprietary sharps container, which should then be dealt with as clinical waste.

2.4.5 use any personal protective clothing provided.

2.4.6 report any problems with their skin to their line manager.

2.4.7 adhere to the basic standard personal hygiene precautions detailed in Appendix 5.

2.4.8 thoroughly decontaminate their hands with an approved hand disinfectant after visiting any service user in their own home.

2.4.9 adopt the agreed safe methods of work for dealing with biological agents e.g. contaminated waste, human and animal body fluids as well as sharps.

2.4.10 refer to Appendix 1 containing information specific to Tuberculosis, Hepatitis B, MRSA, Clostridium Difficile and Norovirus.

2.4.11 report to their manager if they are suffering from any communicable diseases they may need to refrain from work until they have recovered.

3. General Information

3.1 Staff who do not provide personal care to service users e.g. Visiting Officers and Social Workers, must ensure that effective hand washing protocols are followed to minimise the risk of cross infection - see Appendix 5.

3.2 Reference should also be made to the “Guidelines on the Control of Infection in Residential and Nursing Homes” (obtainable from the Department using the following internet address:
https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published

3.3 Those who work in the countryside can obtain a copy of the County Council document **Health Information for Countryside Workers** on the intranet, which gives similar guidance in respect of specific diseases which may be encountered in the natural environment e.g. Leptospirosis.

Appendix 1: Specific Infections

Tuberculosis:

The possibility of contracting **TB** is low unless staff are providing **direct prolonged personal care** in the same room to the "at risk groups" in a social care setting, i.e. older people, asylum seekers and their children. Where staff have previously been immunised against TB this should give them some protection. However, if staff have any doubts, or believe they may not have been previously immunised, they should consult their GP who may refer them to a Chest Clinic for a skin test to confirm whether they have any immunity and whether BCG immunisation is appropriate.

Hepatitis B:

Decisions on immunisation for staff must be made following a risk assessment which takes into account their work activities and where they work. Staff of residential and other accommodation for those with learning difficulties are a greater risk from infection from Hepatitis B than

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). Some staff will be at a greater risk of infection from Hepatitis B due to their work activities and where they work e.g. working in residential and other accommodation for those with learning difficulties, including Special Schools. Also staff who have direct exposure to contaminated sharps, infected blood or other body fluids contaminated with infected blood will be at greater risk. The HSE publication INDG342 "Blood-borne Viruses in the Workplace" gives more guidance on Hepatitis B and associated risk assessments.

If, as a result of a specific risk assessment, Hepatitis B immunisation is considered appropriate, the relevant staff should approach their GP for advice in the first instance. If the GP is unable to assist with such a service, either directly or through a third party, they should contact the Occupational Health Service for advice on alternative arrangements. GPs will not usually vaccinate for an occupational risk however some GPs carry out occupational health work so they will provide this service but will make a charge for it.

Any employee, who refuses immunisation recommended by the County Council, should be appropriately advised and encouraged or otherwise their refusal recorded on their personal file. A risk assessment must identify how the risks are to be managed if no immunisation is received. Guidance is available from the Occupational Health Service.

If, following an incident involving a person known, or suspected, of being a Hepatitis B carrier; staff suffer a needlestick injury, bite, spitting, etc. they must report to an Accident and Emergency Unit as soon as possible.

Blood Borne Viruses

Blood Borne Viruses (BBV) can cause diseases such as Hepatitis B Virus, Human Immunodeficiency Virus (HIV), Hepatitis C Virus. As a result it is necessary for all healthcare workers to take precautions to protect themselves from contact with blood and other contaminants.

There is post-exposure treatment for Hepatitis B with specific immunoglobulin and vaccination for non-immune staff exposed to Hepatitis B infection.

Hepatitis C has no vaccine or post-exposure treatment but post–exposure screening for Hepatitis C antibody is carried out where indicated by risk assessment.

HIV post exposure prophylaxis is available for those who have been exposed to HIV, or where there is a high risk of the source patient being HIV positive.

Contamination Injury

Blood or body fluid splashed into a mucous membrane of the eye, nose, mouth, or onto the skin surface, which has an open cut or abrasion.

Incidents involving risk of blood borne infection may involve:

- Inoculation of blood by a needle, or other sharp
- Contamination of broken skin with blood/body fluids
- Blood/body fluid splashes to mucous membranes e.g. eyes or mouth
- Human bites or scratches where the skin is broken

The risks from a percutaneous exposure are 1 in 3 for Hepatitis B positive patient, 1 in 30 for Hepatitis C positive patient and 1 in 300 for an HIV positive patient.

If, following an incident involving a person known, or suspected, to have Hepatitis B or C, HIV or are a known IV drug user or of being a Hepatitis B carrier; staff suffer a needlestick injury, bite, spitting, etc. they must report to an Accident and Emergency Unit as soon as possible.

Clostridium Difficile (C.Difficile)

C. Difficile is a bacterium that lives in the large bowel. It most commonly affects elderly people with other underlying diseases. It is a major cause of antibiotic associated diarrhoea.

The spread of infection is a greater risk in hospitals and care homes where there are many people in close contact with each other and touching equipment or surfaces that are contaminated with the bacteria. The elderly and the ill are particularly vulnerable in particular if they are taking broad spectrum antibiotics for one or more conditions.

The bacterium is spread by touch therefore if you work or visit in a care home or hospital it is very important that you take care to minimise the risk and spread of possible infection by:

- washing your hands with soap and water after any contact with a patient/service user
- maintaining good hygiene practices through thorough cleaning of the environment
- wearing disposable gloves and aprons when giving care to patients who have C Difficile or when cleaning equipment that could be contaminated, e.g. commodes.

Norovirus (Winter Vomiting Disease)

Outbreaks often occur in establishments such as hospitals and care homes where there are many people in close contact with each other. It is easily spread among people who are already ill.

The virus is spread by the faecal/oral route (unwashed hand to mouth), by touching contaminated surfaces/objects or person to person contact (unwashed hand to mouth).

The most effective way to control the spread of norovirus is by:

- washing your hands frequently and thoroughly particularly after using the toilet and before preparing food
- disinfecting any surfaces or objects that could be contaminated with a norovirus using a bleach based household cleaner and following the product instructions
- flushing away faeces and vomit in the toilet, keeping the toilet area clean and hygienic
- washing contaminated clothing and linen in hot soapy water to help ensure the virus is killed.

Infected people should not prepare food until 48 hours after symptoms have ceased.

Methicillin Resistant Staphylococcus Aureus (MRSA)

Staphylococcus Aureus (SA) is a common bacterium. In recent years some strains have become resistant to many of the antibiotics used in the treatment of infections and these are called Methicillin Resistant Staphylococcus Aureus (MRSA).

There is a difference between numerous people in the general population who are asymptomatically colonised with MRSA (e.g. carry it on their skin or in their nose) harmlessly without any associated problems and those who have a specific MRSA infection. Such infection can slow down recovery or result in serious disease such as blood poisoning or bronchopneumonia.

Some service users who have been discharged from hospital may have developed MRSA.

MRSA is passed on by human contact, commonly by the hands and it is therefore essential that staff who provide personal care to service users and come into direct physical contact with them, practice the highest standards of hygiene precautions to prevent contracting MRSA or spreading it (or any other organism) to other people.

Staff with skin problems on their hands, e.g. eczema, dermatitis and psoriasis, must seek occupational health advice before providing, or continuing to provide, personal care for service users with MRSA.
Where service users are known to have MRSA, a specific risk assessment must be sensitively carried out using the generic risk assessment (Appendix 6) given below which must be tailored by establishment managers, etc. to reflect the specific service provision.
For more information on MRSA please log onto the 'NHS Direct' or the 'Department of Health' website.

Appendix 2: Handling Sharps and Incidents Involving the Risk of Blood-borne Infections

Sharps include needles, lancets and scalpels and a sharps incident is one that causes a needle or sharp instrument to penetrate the skin. If the sharp is contaminated with blood or another body fluid, there is a potential for transmission of infection.

Generally, medical sharps will not be used by County Council staff but in some services e.g. social care, some clients/service users may self administer injections and staff may need to help with the disposal of needles. In such circumstances managers must complete a Sharps Risk Assessment and implement and monitor the necessary control measures. See model generic risk assessment at Appendix 3.

Sharps must be handled and disposed of safely to reduce the risk of exposure to blood-borne viruses and any staff having to handle them must receive adequate instruction/training to ensure they can do so safely. Using the following advice will also reduce the risk of injury.

Do's & Don'ts Of Handling Sharps	
Do	**Don't**
• Ensure sharps receptacles conform to UN3291 or BS7320 standards. • Sharps receptacles should be taken to the point of use. • Ensure used sharps are discarded into a sharps receptacle at the point of use by the user. • Close the aperture to the sharps receptacle when carrying or, if left unsupervised, to prevent spillage or tampering. • Place sharps receptacle on a level stable surface. • Carry sharps receptacles by the handle - do not hold them close to the body. • Sharps Receptacles in public areas must be located in a safe position. • Ensure sharps receptacle is stored safely in a secure environment when not in use. • Lock the sharps receptacle when it is ¾ full using the closure mechanism and arrange collection • Receptacle must be disposed of by the licensed route in accordance with local policy.	• Sharps must not be passed directly from hand-to-hand and handling should be kept to a minimum. • Needles must not be re-capped, bent, broken or disassembled before disposal. • Sharps receptacles must not be placed on the floor. • Do not over fill sharps receptacles above the mark indicated. • Never leave sharps lying around. • Do not try to retrieve items from a sharps receptacle. • Do not try to press sharps down in the sharps box to make more room. • Do **not** place sharps inside a waste bag.

Any incident involving the risk of blood-borne infections e.g. a sharps injury should be dealt with as follows:

- The injured person must report the injury to their line manager
- The manager must ensure that the injured person receives the necessary first aid as follows:
- **Percutaneous Injury (e.g. Needle Stick) or human bite which breaks the skin:**

- Immediately wash the affected area with soap and water, but do not scrub.
- Encourage bleeding of the wound, but do not suck or lick the area.
- Apply a dry waterproof dressing.

- **Exposed Mucous Membranes (e.g. eyes, mouth):**
    - Irrigate with copious amounts of water.
    - If contact lenses are worn, irrigate before and after removing the lens in the event of an exposure.

- The injured person should report to an A & E unit as soon as possible taking the Exposure Incident Form (Appendix 4) with them.
- The affected person must provide their manager with information about the circumstances of the incident
- Contact the Occupational Health Service if necessary for advice about potential infection risks
- The affected person should be reminded of the Staff Counselling Service
- The manager must ensure the incident details are uploaded onto the online incident reporting system.
- The manager must ensure the incident is fully investigated and take any action required to prevent a recurrence. The investigation must be uploaded onto the online incident reporting system and attached to the incident report.

Appendix 3: Model Sharps Risk Assessment

Workplace		**Department**	
Risk Assessor			
Room/Area			
Activity/Task	Handling sharps	**Date**	
Benefit of activity	Assisting clients/service users to self administer infections		

Description of Hazards Puncture injury, infection
Consequence of Hazard Minor injury Injury Over three-day absence Major injury Disability or Death
Persons at Risk staff and clients/service users
Current Control Measures infection control training, sharps handling instruction/training given to all relevant staff, handling of sharps kept to a minimum, prompt medical advice is sought following an incident, sharps bins available at point of use, staff aware of procedure to following sharps injury, post-exposure preventative treatment given following sharps injury,

Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating	
Likelihood : 1 2 3 4 5	**Severity :** 1 2 3 4 5
Risk (Likelihood x Severity)	
Risk Priority Rating	High (16 – 25) Medium (9 – 15) Low (1 – 8)

Recommended Control Measures Refresher training attended, staff reminded frequently about correct procedures, sharp handling monitored		
Revised Risk Priority Rating (L) x (S) =	High (16 – 25) Medium (9 – 15) Low (1 – 8)	
Management action taken and implementation date(s)		
Name of Manager:	**Signature of Manager:**	**Date:**

1st review undertaken on:	**Signature of Manager:**	**Date:**
2nd review undertaken on:	**Signature of Manager:**	**Date:**
3rd review undertaken on:	**Signature of Manager:**	**Date:**

Appendix 4: Exposure Incident Form

Recipients name	
Date of birth	
Job role	
Hepatitis B vaccination status (if known)	
Date of incident	

Description of incident:

Type of exposure	**Yes**	**No**
Percutaneous (where the skin is broken by a contaminated sharp object including bites)		
Mucocutaneous exposure (direct contact of blood/body fluid with eyes, nose & mouth)		
Broken skin exposure e.g. cuts/abrasions/eczema (not covered with a water proof dressing)		

Body fluid exposed to	**Yes**	**No**
Blood		
Other high risk body fluid (e.g. blood stained saliva, dental saliva, synovial fluid, unfixed human tissues or organs, any other visibly blood-stained body fluid, exudative or other tissue fluid from burns or skin lesions, blood stain urine, vomit/faeces).		

	Bled	**Washed**	**Covered**
First aid administered			

	Yes	**No**
Is source known?		
If yes, is the source likely to be available for testing?		

Action taken:

Manager's name:	**Manager's signature:**

Appendix 5: Basic Standard Precautions

Good personal hygiene precautions are crucial to preventing the spread of all infections.

Effective hand washing is the single most important intervention in the control of cross-infection and staff must always wash their hands:

- Before and at the end of each working period
- Before and after direct physical contact with service users/pupils
- After using the toilet
- After handling daily living equipment e.g. a commode
- After bed changing
- Before and after removing protective clothing such as disposable aprons and gloves
- Before eating, drinking or handling food
- When they are obviously soiled, and
- After cleaning of any kind.

Hand washing facilities should include liquid soap dispensers (bar soap is prohibited for use by care staff), disposable paper towels in all care settings, easy access to hot and cold running water and an adjacent (ideally foot-operated) waste bin.

Effective hand washing should be performed as follows:

- Wet the hands up to the wrist before applying liquid hand cleanser
- Smooth the liquid hand cleanser evenly over the hands, including the thumbs, and in between the fingers
- Lather well, rubbing vigorously
- Rinse hands under running water and dry thoroughly with paper towels.

Effective use of hand disinfectant:

- Where the specific hand washing facilities above are not always available or suitable, e.g. home care, an approved hand disinfectant must be provided and used. However, before using an approved hand disinfectant, hands should be free of dirt and organic material
- When decontaminating hands, the approved hand rub solution (2mls) must come into contact with all surfaces of the hands. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry
- If the approved hand disinfectant causes a rash, cracking of the skin, etc. the Occupational Health Service must be contacted as soon as practicable.

Protective Clothing:

- Disposable aprons and gloves must be worn, as a minimum, whenever there is a risk of splashing or contamination with blood, other body fluids (e.g. faeces, urine, vomit, saliva) or chemicals; and when cleaning, handling laundry, clinical waste etc.

  They should be:

  - Single use
  - Changed between service users
  - Changed between tasks and not re-used on the same person.

- When there is a risk of blood or body fluids, chemicals etc. splashing onto the face and eyes, face protection should be worn.

Disposable Gloves:

To ensure latex allergies are minimised, latex gloves should only be used in exceptional circumstances and only following a risk assessment. Therefore, non latex gloves e.g. vinyl or nitrile, must be available for use at all times.

Please note that vinyl and nitrile gloves can still present an allergy risk to some people and any problems caused by their use must be referred to the Occupational Health Service.

Additional Information:

- Staff must cover cuts or breaks in skin on exposed parts of the body with a waterproof plaster or dressing whilst at work
- Blood and body fluid spills must be dealt with immediately in accordance with the "Don't spread infection" guidance obtainable on the health and safety pages of the intranet and Webshop
- Personal grooming items, e.g. razors, scissors, nail files, clippers, etc. or anything that may have come in contact with blood, must never be shared with others.

Appendix 6: Model MRSA Risk Assessment

Workplace		**Department**	
Risk Assessor			
Room/Area			
Activity/Task	Providing a service to clients with MRSA	**Date**	
Benefit of activity	Assisting clients/service users to self administer infections		

Description of Hazards MRSA bacteria
Consequence of Hazard Minor injury Injury Over three-day absence Major injury Disability or Death
Persons at Risk Clients, care staff and other staff who may visit or come into direct physical contact with clients in residential, day or home care services.
Current Control Measures Awareness of Communicable Diseases Policy by all relevant staff, basic standard hygiene precautions applied, sufficient hand care, appropriate cleaning schedules in place, affective waste management, adequate training, information and instruction given to relevant staff, adequate record keeping.

Please mark appropriate number (1 = very low, 5 = very high) and Risk Priority Rating	
Likelihood : 1 2 3 4 5	**Severity :** 1 2 3 4 5
Risk (Likelihood x Severity)	
Risk Priority Rating	High (16 – 25) Medium (9 – 15) Low (1 – 8)

Recommended Control Measures Refresher training, monitoring of infection control procedures.		
Revised Risk Priority Rating (L) x (S) =	High (16 – 25) Medium (9 – 15) Low (1 – 8)	
Management action taken and implementation date(s)		
Name of Manager:	**Signature of Manager:**	**Date:**

1st review undertaken on:	**Signature of Manager:**	**Date:**
2nd review undertaken on:	**Signature of Manager:**	**Date:**
3rd review undertaken on:	**Signature of Manager:**	**Date:**