

# Infectious and Other Diseases Guidelines



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## **Introduction**

These guidance notes have been designed to provide information for all those who offer a service to members of the public, by answering the kind of questions which most frequently arise in situations where various diseases may be present. This guidance aims to promote a better understanding of the main types of common diseases to which employees may be exposed during the course of their work, and the precautions designed to minimise the risk of both contracting or spreading a disease.

There are three main types of disease which employees may come into contact with in the course of their duties. These are Non- Infectious Diseases, Infectious Diseases and Infestations. This document contains information and guidance about them. By increasing awareness and ensuring safe practices are carried out, service users and employees will also be protected.

Employees directly involved in caring, i.e. specific areas within the Peoples Directorate, are not only interested in protecting employees, but also in preventing transmission of infection from one service user to another via the care worker (cross-infection). Employees tend to be fitter and less vulnerable than the individuals for whom they care and thus have greater resistance to infection.

It is most important that all such employees should have access to these Guidance Notes. Additional copies are available through the Occupational Health Safety and Wellbeing Service. Specific infection control policies and procedures should be drawn up and must ensure that the guidance notes and infection control policies and procedures are understood and followed in all appropriate circumstances. For residential/ nursing homes further reference can be made to the Department of Health document 'Infection Control Guidance for Care Homes 2013'

## **Types of diseases**

### **Non-infectious diseases, what are they?**

These are diseases which are not spread by contact with a person suffering from the disease. Examples include:

Cancer, Eczema, Dermatitis, Psoriasis

You cannot therefore contract any of these conditions by any form of personal contact at work or at home.

### **Infestations; what are they?**

These are conditions when the body becomes a host to parasites, e.g. fleas, lice, mites, worms etc. They can be passed from person to person easily but they are not serious, in as much as they do not usually make people ill. It is difficult to protect employees from infestations.

However, advice can be sought from the Occupational Health, Safety and Wellbeing Service as required. Arrangements would normally be made via your supervisor for the fumigation of any premises heavily infested.

Some common infestations are:

#### **(i) Scabies**

This infestation is caused by a small insect which lives under the skin and causes intense itching. The condition is not serious although on occasions other germs may infect the lesions. The mites are spread by prolonged skin-to-skin contact. Infestation is not evidence of poor hygiene.

### **Special precautions and treatment**

Standard infection control precautions will reduce spread.

Treatment involves use of a lotion spread over the whole body, usually on two occasions. Itching may last for two weeks after a successful treatment. Family members or close contacts should be treated at the same time.

A single infected person should be isolated for 24 hours after treatment. Although the mite cannot survive long in clothing, it is reassuring for everyone if clothes and bed clothes are laundered in the normal way after the infected individual has been treated.

#### **(ii) Lice**

There are a number of different types of lice which infect different parts of the body, for example the scalp or pubic hair. All the different types are spread by direct skin-to-skin or hair-to-hair contact and not generally through clothes etc. They like clean hair as much as dirty hair and infestation is not evidence of poor hygiene.

### **Special precautions and treatment**

Standard infection control precautions will reduce spread.

The treatment options are: combing (only effective for those who are highly motivated and not as effective as insecticide lotions, which should be used according to instructions) Advice is available from your GP or local pharmacist.

#### **(iii) Fleas**

These insects cause irritating bites. The human flea is very rare in this country and the majority of problems are caused by animal fleas, particularly cat, dog and bird fleas. The adult flea spends most of its life off the animal host and thus can infest carpets etc. Infestation can be difficult to resolve when animals are present as re-infestation is very common.

### **Special precautions and treatment**

If a house which is heavily infested, the Environmental Services Department should be contacted. Animals should be treated with appropriate de-flea powder or shampoo.

#### **(iv) Worms**

Threadworm is common amongst children and is passed from one individual to another by ingestion of the worm eggs (hand to mouth). On infestation, a cycle of re-ingestion occurs; the adult worm emerges onto the perianal skin at night to deposit eggs, causing irritation. Scratching transfers the eggs to the fingers, which are then ingested to develop in the bowel.

### **Special precautions and treatment**

Treatment from the GP is necessary. Close attention to personal hygiene, especially hand washing prior to food preparation, is very important in preventing re-infestation and spread.

### **Infectious diseases; what are they?**

Infectious diseases are caused by germs, most commonly viruses or bacteria. A person does not have to be unwell to be infectious to others. They may be developing (incubating) the infection or have been infected without becoming

unwell (a healthy carrier). It is therefore important to follow the standard infection control precautions detailed in this guide in all dealings with service users.

## **Principles of Infection**

Infectious diseases can be transmitted from one person to another in a number of ways:

(i) By direct skin contact - The majority of infections cannot penetrate the skin if there is no open wound. Infections that spread through direct skin contact include impetigo and ringworm.

(ii) By swallowing contaminated material - This is the route for most infections of the gut, for example, food poisoning and typhoid. Other infections cannot be caught this way, one reason being the acid in the stomach which destroys certain germs.

(iii) By droplets in the air - This is another method of transmission for diseases such as measles, the common cold and influenza.

(iv) By unprotected sexual intercourse - Sexually transmitted diseases such as syphilis, gonorrhoea, HIV/AIDS and hepatitis B are spread in this way.

(v) By blood to blood transmission - This is seen in a small number of infections, often diseases that can also be transmitted sexually, e.g. HIV/AIDS and hepatitis B.

(vi) Vertical transmission from a pregnant mother to her child - Some infections such as syphilis, HIV/AIDS, hepatitis B and rubella (German measles) can cross the placental barrier and cause infection of the foetus.

## **General strategies for the control of infection and Infestations**

Infection will not spread if transmission from one individual to another is prevented. As it is not always possible to identify people who may spread infection to others, a preventative strategy needs to be adopted at all times. These routine procedures are usually called standard infection control precautions.

All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them. These precautions include avoiding injury by sharp objects. (The Needlestick Injury Guidelines provide further information for employees, where such an injury occurs).

Each employee is accountable for his/her actions and must follow safe practices.

## **Standard Infection Control Precautions**

### **a) Hand hygiene**

Hand washing is the single most important measure for reducing cross-infection (see Appendix 1). Diseases that are spread by direct skin contact or by contaminated material can be prevented by vigorous attention to good basic hygiene practices. Hands should always be washed after any personal care is provided for another individual, whether or not infection is suspected. Where gloves are used, it is most important to realise that when these are removed hands may be contaminated, and therefore should be washed. When wearing gloves, it is also important to remember to change the gloves and other personal protective equipment between care tasks in order to avoid cross-infection. Soap and water is quite adequate for all routine hand washing. Hands should be dried on a paper towel. The use of communal towels should be avoided. If the hands are free from contamination from blood and other body fluids, dirt and grime, alcohol gel or foam can be used. Alcohol will kill 99% of bacteria on your hands and is effective against MRSA if it is used appropriately. An alcohol gel/foam should not be used for more than two occasions before the hands are washed, to prevent build-up of the product.

#### b) Wounds and skin conditions

All employees should ensure that wounds or moist skin conditions are covered with a waterproof dressing, such as a plaster (without visible air holes), to protect themselves and other people. If moist lesions are present on the hands, extra care must be taken to avoid blood or body fluid contamination. Individuals should, wherever possible, clean their own wounds following injury. Where necessary the Occupational Health, Safety and Wellbeing service should be contacted for advice.

#### c) Protective clothing

In most jobs protective clothing is not usually required to prevent infection, although it may be used in very dirty premises to protect own clothing. However, when dealing with, or anticipating any contact with infected respiratory secretions, excreta, blood and body fluids, protective measures must be taken, this should be identified through risk assessment, e.g. apron, gloves, face mask. For further advice you can contact the Occupational Health, Safety and Wellbeing Service.

#### d) Cleaning up Body Fluids i.e. urine, faeces, vomit and blood

All body fluids should be cleaned up as quickly as possible after spillage. Appropriate disposable gloves and personal protective equipment should be worn. To ensure bacteria are removed, detergent should be used before any disinfectant such as chlorine. NaDCC granules (Sodium dichloroisocyanurate e.g. Presept, Actichlor) or liquid bleach should be used to clean and disinfect after spillages, except urine (see below).

The dilution of the bleach solution depends on the product being used. Chlorine content varies from brand to brand and also depends on how the product has been stored. Solutions should be made up fresh as required. Please also refer to the Council's policy and procedure for the Control of Substances Hazardous to Health (COSHH) which includes biological as well as chemical substances.

If possible, the diluted bleach or granules should be poured gently over a blood spill, covered with disposable towels, and cleaned up after 2 minutes with more disposable towels. The towels should be disposed of as clinical waste. Remember to wash your hands after removing your gloves. In general, the task is more unpleasant than risky. It is important, however, to follow the manufacturer's instructions when using these products. Should contact with the skin occur, the product must be washed off immediately with plenty of water. Spillages of urine should be cleared up using paper towels before washing the area with a detergent solution. Do not use NaDCC granules, as a chemical reaction can take place which gives off a potentially harmful gas.

#### e) Waste disposal

The handling and disposal of all waste, and in particular clinical waste, should be in accordance with the Department of the Environment Waste Management Guidelines 2013. The Health and Safety at Work Act 1974, and the Control of Substances Hazardous to Health Regulations 2002 lays down a duty of care for employers with regards to potential sources of harm. This duty is extended under the Environmental Protection Act 1990 to the safe disposal of waste.

Management has the responsibility for ensuring effective procedures are in place and that safe working practices are adhered to.

Non-clinical waste, such as food waste, non-contaminated paper and household material, should be disposed of in black bags. Clinical waste, such as disposable items contaminated with blood or body fluids should be placed in

yellow bags for incineration (currently orange in colour). A flush toilet is ideal for disposing of faeces and urine and should be used whenever possible.

Sharps, such as needles, sharp instruments and small pieces of broken glass, must always be disposed of in a sharps container conforming to British Standard Specifications. Arrangements for the collection of both clinical waste and sharps boxes can be made by emailing [wastesolutions@coventry.gov.uk](mailto:wastesolutions@coventry.gov.uk) or via telephone on 02476 832255.

Employees providing very personal care for service users are advised to follow the Department of Health guidelines set out below. These are considered to be good practice to prevent the spread of infections generally and are particularly relevant in relation to HIV (AIDS) and Hepatitis B.

#### f) Personal hygiene

(i) Towels, flannels, razors, toothbrushes, combs or any other items used for personal care should not be shared.

(ii) Each resident should have their own washing bowl, which should be cleaned with detergent after each use and thoroughly dried.

#### g) Preparation of food

Food hygiene regulations apply to all employees involved in food preparation or handling. Under these regulations managers have a duty to exclude from such work those who have infections which may lead to food contamination. Employees also have a duty to inform managers if they know or suspect they are suffering from such a condition. Food hygiene training should be provided for all relevant employees.

Further advice on food safety requirements can be obtained from the Food Safety Team in Environmental Health.

#### h) Cleaning sources of cross infection/equipment

In care homes and other communal areas where a vulnerable client group share facilities, to prevent cross infection, a documented system for cleaning equipment, i.e. hoists and commodes, and high contact areas such as light switches and door handles, needs to be agreed following an assessment of risk. A programme of cleaning should be implemented on a regular basis. This should be in addition to the requirement to immediately clean up blood and body fluids.

(i) Showers are preferable to baths or bed baths

(ii) Tampons and used sanitary towels, where possible, should be disposed of in dedicated Sanibins, otherwise treated as clinical waste.

#### i) General hygiene

(i) For cleaning baths, toilets and wash basins, where no contamination has occurred, normal cleaning methods should be used. The 'Infection Control Guidance for Care Homes', gives further information.

(ii) Use separate, easily identifiable cloths for cleaning the kitchen, bathrooms and toilets.

(iii) Crockery and cutlery can be shared. Utensils can be hand washed in detergent and hot water or machine washed with a rinse temperature above 80C.

(iv) Laundry facilities can be provided on site or through a commercial/hospital service. Facilities need to meet Department of Health requirements. The 'Infection Control Guidance for Care Homes' gives further information. Alginate bags should be used for soiled linen where there are communal washing facilities. A procedure on the management of linen should be drawn up.

#### j) Disposal of excreta and soiled materials

(i) The contents of bed pans and potties should be disposed of via the toilet in the normal manner. Single use bed pans should be disposed of as clinical waste. Multi-use bed pans and potties should be washed in hot water and detergent, wiped with hypochlorite and rinsed after use, where heat disinfection is not possible.

(ii) Surgical dressings and swabs, urine containers, sanitary towels, tampons, disposable nappies, continence aids and stoma bags should all be treated as clinical waste

#### **Additional precautions in the control of infection for employees providing very personal care for service users**

The use of standard infection control precautions will protect the first aider from infection. Always remember to:

1. Wash hands before and after administering first aid, even if wearing gloves.
2. Cover any exposed cuts or abrasions on yourself with a waterproof dressing before treating any casualty.
3. Wear disposable plastic gloves as appropriate.
4. Dispose of soiled/used dressings safely using the disposable plastic bags provided.

First aid treatment of incidents/injuries which result in bleeding, first aid procedures should always be followed for incidents or injuries which result in bleeding (see the City Council's First Aid Code of Practice).

If an injury results in a minor wound, encourage the individual to wash it themselves under running water. A dressing should be applied without touching the wound.

Where non nursing practitioners carrying out assessments are required to enter closed wards or other restricted areas, and where a risk of infection has been identified, infection control precautions must be followed, including wearing personal protective equipment i.e. gloves, masks etc. as advised. Employees must follow the advice given by the clinical/care Employees working in the area. Thorough hygiene measures should also be practiced at all times. The Occupational Health, Safety and Wellbeing Service can be contacted on 02476 833285 for further advice and guidance.

Where bleeding is more severe, disposable plastic gloves, which are kept in the first aid box, should be used to administer first aid treatment.

#### **Additional information for non- nursing Employees entering closed wards or other restricted areas**

Where non nursing practitioners carrying out assessments, are required to enter closed wards or other restricted areas, where a risk of infection has been identified, infection control precautions must be followed, including wearing personal protective equipment, i.e. gloves, masks etc, as advised. Employees must follow the advice given by the clinical/care employees working in the area. Thorough hygiene measures should also be practiced at all times. The Occupational Health, Safety and Wellbeing Service can be contacted on **024 7683 3285** for further advice and guidance.

#### **First aid treatment and infectious diseases**

The use of standard infection control precautions will protect the first aider from infection.

Always remember to:

1. Wash hands before and after administering first aid, even if wearing gloves.
2. Cover any exposed cuts or abrasions on yourself with a waterproof dressing before treating any casualty.



3. Wear disposable plastic gloves as appropriate.
4. Dispose of soiled/used dressings safely using the disposable plastic bags provided.

### **Resuscitation**

For guidance on resuscitation further information is available on the following link:

<https://www.resus.org.uk/#>

### **First aid treatment of incidents/injuries which result in bleeding**

First aid procedures should always be followed for incidents or injuries which result in bleeding.

See link to the City Council's First Aid Policy and Guidance document

[https://coventrycc.sharepoint.com/:w:/r/\\_layouts/15/Doc.aspx?sourcedoc=%7B02e12619-04b0-45b7-8ec6-2ea583443471%7D&action=default](https://coventrycc.sharepoint.com/:w:/r/_layouts/15/Doc.aspx?sourcedoc=%7B02e12619-04b0-45b7-8ec6-2ea583443471%7D&action=default)

If an injury results in a minor wound, encourage the individual to wash it themselves under running water. A dressing should be applied without touching the wound. Where bleeding is more severe, disposable plastic gloves, which are kept in the first aid box, should be used to administer first aid treatment.

### **Accidents involving risk of blood-borne infections**

Such accidents include:

- all needlestick injuries
- contamination of abrasions with blood and body fluids
- human scratches/bites causing bleeding
- splashes of body fluid onto mucous membranes e.g. mouth, eyes

### **These incidents should be dealt with as follows:**

1. Bleeding from a wound should be encouraged.
2. The wound should be washed thoroughly under running water.
3. The wound should be covered.
4. Skin, eyes or mouth should be washed with plenty of water.
5. The incident should be reported to the immediate supervisor and an accident form completed.
6. The person who sustained the wound/body fluid splash should attend the Accident and Emergency Department at University Hospital, Walsgrave, as soon as possible, and notify the Occupational Health, Safety and Wellbeing Service within 48 hours.
7. Individuals should also report to their GP any incident in which it is thought they could have been contaminated with an infected person's blood, through a cut or abrasion in the skin or splashing in the mouth or eyes.

**NB: No case of transmission of HIV by spitting and/or biting has ever been recorded.**

### **General information on infectious diseases at work**

All cases of infectious diseases or infestations must be considered individually. If a service user has a known infectious disease and you or your supervisor are unsure of the procedures required to ensure a safe and healthy work situation, Occupational Health, Safety and Wellbeing Service can be contacted for advice. It may not always be possible to be informed if a service user is suffering from an infectious disease because of medical confidentiality. However, the use of the standard infection control precautions outlined earlier will help prevent the spread of infection. Where necessary, further advice can be sought from the Occupational Health, Safety and Wellbeing Service.

### **Information on specific infectious diseases**

Frequent advice is requested on certain specific diseases. This section is intended to give guidance on these.

#### **Coronavirus (COVID-19)**

Coronavirus virus (COVID-19) is a viral infection which is spread via respiratory droplets from an infected person to a non-infected person. Infection is transmitted by the aerosols being inhaled or by touching an item and then touching the face, i.e. nose, eyes, mouth or ears.

The symptoms of coronavirus (COVID-19) are usually mild, but some people can become very unwell.

#### **Main symptoms**

The main common symptoms of coronavirus are:

- **A high temperature**
- **New, continuous cough** – coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (also - an existing cough may be worse than usual)
- **Loss or change to your sense of smell or taste**

Most people with coronavirus have at least one of these symptoms, however some people have reported different symptoms or no symptoms.

#### **Staying at home if you have symptoms (self-isolation).**

- Anyone with symptoms must self-isolate for 7 days from when their symptoms started.
- Anyone who does not have symptoms must self-isolate for 14 days from when the first person in their home started having symptoms.

Coronavirus (COVID-19) can make anyone seriously ill. But for some people, the risk is higher. There are 2 levels of higher clinical risk:

- Clinically extremely vulnerable - (high risk)
- Clinically vulnerable - (moderate risk)

The following link provides further details on what you should do if you fall into one of these categories:

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/>

There are also 3 further demographic risk categories that can affect people's vulnerability, or 'risk factor' in relation to COVID-19 health outcomes:

- Age
- Gender
- Ethnicity

#### **Age**

The evidence shows that age is a clear risk factor. Hence government measures are in place for the over-70s in terms of self-isolation. Among people already diagnosed with COVID19, people who were 80 or older are seventy times more likely to die than those under 40.

## Gender

The risk for men of becoming seriously ill from COVID-19 was also higher than that for women. This seems to increase with age from 40 up to 85.

## Ethnicity

An analysis of survival among people with confirmed COVID-19 by sex, age group, ethnicity, deprivation and region, showed that, after taking these factors into account, some ethnic groups still had a higher risk of death than others. Analysis found that, when compared to White British, people of Bangladeshi ethnicity had twice the risk of death, people of other Asian (i.e. Chinese, Indian) and Black ethnicity had between 10 and 50% higher risk of death.

If you fall within one of these categories you need to strictly follow infection control and social distancing guidelines. If you are returning to work and you consider yourself to be in one or more of the higher risk groups additional precautions may need to be taken and you will need a 'Vulnerable Person Risk Assessment (see link below to the guidance) – (to be added)

## Pregnancy advice

If you're pregnant and worried about coronavirus, for further information see link below:

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/>

## How to get tested

If you or a family member has the symptoms described above, you can get tested. Further information on testing can be found at testing for **coronavirus**.

## Main Precautions

As with any organism, the prevention of the spread of coronavirus is very much dependent on adherence to standard infection control procedures, as follows:

1. The most important practice is effective hand hygiene (see Appendix 1).
2. Ensuring good respiratory hygiene by promoting the "catch it, bin it, kill it" approach.
3. Cleaning frequently touched surfaces often using standard products, such as detergents and bleach.

Further information on Coronavirus COVID-19 can be found using the link below. This includes advice on such things as: cleaning, including what to use and how to clean, how to set up working environments to adhere to social distancing, what to do if an adult or child shows symptoms, when personal protective equipment is needed.

NHS Coronavirus (COVID-19): <https://www.nhs.uk/conditions/coronavirus-covid-19/>

Full guidance on Coronavirus COVID-19

<https://www.gov.uk/coronavirus>

## Pulmonary tuberculosis

Tuberculosis is a disease which usually affects the lungs, although other parts of the body can be affected. Antibiotic drugs are the prescribed treatment for curing this disease. Symptoms of pulmonary tuberculosis include; a persistent, unexplained cough, blood-stained sputum, night sweats and weight loss.

It is caused by germs which are breathed in. These germs are coughed into the air by people who are ill with the infection. An individual with tuberculosis is only infectious, however, if the germ is in the sputum (this will be established through laboratory tests). In only a proportion of cases is the germ present. To catch it, therefore, an individual has to be in close, frequent contact with an infected individual who is coughing, for example someone living in the same household.

If there are no germs in the sputum, no screening of contacts is needed as the disease is not infectious. Where a person has received treatment for two weeks, again there is no longer an infection risk.

If germs are present, the Health Authority, when notified, will arrange for the examination of people who have been in close contact. Only individuals working or living very closely with the affected person will be examined. There is no need to examine the families of carers, as they are not at risk. The examination will usually take place between 6 and 12 weeks after the last contact with the case. It will usually involve a chest x-ray and skin test. There is no benefit to carrying out the examination earlier than this, as it will be too early to make an effective diagnosis.

### **Special precautions**

People at high risk of developing TB include; the elderly, people of Asian and African origin, those on long term steroid or cancer treatments, those who are HIV positive, diabetics, people with Downs Syndrome and those who abuse drugs and alcohol.

All Employees should be aware of the symptoms of TB and report suspected symptoms (in themselves or in the service user) promptly.

### **Childhood illnesses - measles, chicken pox, rubella (Appendix 2)**

Rubella - Rubella is a virus which can affect an unborn child if the pregnant mother is infected. All female employees of child bearing years should have rubella antibody tests and, where no immunity is shown, should be vaccinated. This can be arranged with your doctor. Any female employee without immunity, who is pregnant, should avoid contact with rubella infection and should seek advice from her GP.

### **Shingles**

Shingles is caused by the chicken pox virus. Following the initial infection, usually in childhood, the virus remains inactive in the body until a 'trigger factor', such as shock or stress, reactivates it. Shingles is a rash of blisters on the skin accompanied by severe stinging. The blisters in shingles may contain active chicken pox virus. To avoid the spread of the virus, close contact with the rash should be avoided.

### **Meningitis**

Meningitis can be caused by a large number of germs including bacteria and viruses. The severity of the illness varies depending on the causative organism. The germs live in the back of the throat, however you need to be in very close and regular contact to be at risk of picking it up. Usually only members of the same household or sexual partners are at risk.

On contracting the illness, symptoms may progress over one or two days, but they can sometimes develop in a matter of hours. In the early stages it is very like getting the flu. Symptoms include; high temperature, fever, irritability, rash (initially tiny red spots, developing to purple/red bruises), loss of appetite, nausea and vomiting, headaches, photophobia and neck stiffness.

If meningitis is diagnosed, the affected person will normally be admitted to hospital for treatment.

### **Special precautions**

In general, none. Early help should be sought from a doctor, if meningitis is suspected.

Occasionally for specific types of meningitis, family or close contacts of an infected person will be followed up by the department for Communicable Disease Control.

**Gastro enteric food poisoning and other diarrhoeal diseases** - There are a wide range of germs that can cause diarrhoea and vomiting. They are all spread by swallowing contaminated material. This may be in food contaminated at source or during preparation. The majority of individuals present a minimal risk of infecting others. However particular care should be taken in the following areas:

- (a) People who handle and prepare food for others.
- (b) Teaching and care employees working with children, the very old or debilitated.
- (c) Small children (under five) who are attending schools, nurseries or play groups.
- (d) Individuals in institutions where personal hygiene may be poor, for example, those suffering from a mental illness or those with learning disabilities.

NB: Dysentery is a common, incorrectly used term for many diarrhoeal diseases.

### **Special precautions**

Individuals working in the areas identified above, who are suffering from severe diarrhoea should consult their GP, as they may need to be excluded from work. The Food Safety Agency provide guidance with regards to people who handle and prepare food for others.

Advice is also available from the Occupational Health, Safety and Wellbeing Service. (Appendix 2 gives additional information.)

Generally, the standard infection control precautions outlined earlier should be sufficient to prevent spread. Scrupulous attention to hand washing is essential.

In establishments if a service user has symptoms, it is preferable for them to have sole use of a designated toilet as long as symptoms persist. Where this is not possible, toilet seats, flush handles, taps and door handles should be cleaned down with disinfectant, such as hypochlorite, after use.

### **Action in an outbreak within an establishment**

If more than two cases are suspected or known to be infectious, occur within a few days, the General Practitioner, the Food Safety Team and the **Consultant for Communicable Disease Control (CCDC)**, Public Health Agency and West Midlands Health Protection Team should be notified immediately, who will take the appropriate action.

Environmental Services will advise on the measures to be taken and will investigate where necessary. Where applicable, food samples should be kept in the refrigerator for analysis.

### **Hepatitis**

There are two main types of hepatitis, both of which cause inflammation of the liver and are characterised by jaundice.

#### **Hepatitis A**

Hepatitis A is the more common form and is spread from faeces to hands and then to mouth. It is usually a mild illness and the precautions discussed under the headings 'Standard Infection Control Precautions' and 'Gastro enteric food poisoning and other diarrhoeal diseases' will prevent spread. It is more common in young people.

## **Hepatitis B**

This is a viral infection which is spread most commonly by blood to blood contact, sexual intercourse and transmission from mother to baby. Transmission is therefore very similar to HIV, however unlike HIV, the disease has sometimes, although rarely, followed a bite from an infected person.

Hepatitis B cannot be caught by everyday social contact in the family, at school or at work. It cannot be passed on by shaking hands, sharing crockery, sharing toilets or in swimming pools.

A small proportion of people who have been infected by the hepatitis B virus continue to carry the virus in their blood. This can present an infection risk to others although the individual is healthy and symptom free.

The City Council Guidelines for Protection from Viral Hepatitis B provides further information for employees.

## **General precautions**

Strict application of standard infection control precautions, including care with sharps and ensuring minor wounds are covered, will help to prevent cross infection.

## **Special precautions**

It is recognised that, whilst undertaking their duties, some employees may come into contact with service users/students who could pose a slightly higher risk regarding the hepatitis B virus, as follows:

- (a) Those caring for children or adults with severe learning difficulties.
- (b) Those specialising in the care of drug addicts.
- (c) Those who handle clinical waste.

The City Council has a policy of offering a Hepatitis B protection programme for those identified by risk assessment to be at risk on a regular basis. These groups of employees have been identified and courses of vaccine arranged.

For further advice on this matter contact the Occupational Health, Safety and Wellbeing Service.

## **AIDS**

AIDS is short for 'Acquired Immune Deficiency Syndrome'. This is a condition in which the body's natural defences are severely damaged by a virus known as Human Immunodeficiency Virus (HIV). Because of this damage the body is open to certain rare infections and cancers which do not commonly affect other people. If these illnesses develop, they may eventually prove fatal.

## **Does everyone with this virus get aids?**

It is not yet known what percentage of people with HIV will eventually go on to develop AIDS. In those who do, the average time between getting the virus and developing symptoms is now thought to be between eight and ten years. Most people with HIV will therefore remain healthy for a long time. Some will eventually develop AIDS, whilst others will develop milder degrees of the illness.

## **How is it passed on?**

It is important to remember that apparently healthy carriers are able to pass HIV on to other people (carriers are of course the main source of infection). Consequently, employees should adopt precautions to prevent HIV spread, whether or not they are aware that a service user has AIDS, an AIDS-related condition, or is HIV positive.

Someone with HIV can pass the virus on if certain body fluids (blood, semen or vaginal fluid) manage to enter the bloodstream of another person. This can occur through:

- (a) Unprotected sexual intercourse with a carrier of the virus.
- (b) Transfer of blood from a carrier of the virus to someone else (for example, through the use of shared drug injecting equipment).
- (c) From a mother who is carrying the virus to her newborn baby before or during birth.

At one time HIV was transmitted medically through blood and blood products. In the UK blood donations are now tested and all blood products specially treated. There have been no cases of HIV transmission in this way since such procedures were adopted.

HIV cannot be passed on through everyday social contact in the family, at school or at work. It cannot be passed by shaking hands, sharing cups or cutlery, sharing toilets, in swimming pools, or even by kissing a carrier of the virus.

### **General precautions**

Strict application of standard infection control precautions, including care with sharps and ensuring minor wounds are covered, will help to prevent cross infection.

### **Special precautions**

Employees providing very personal care for service users should follow the Department of Health Guidelines set out in the following section; 'Additional Precautions in the Control of Infection' on page 6.

### **Methicillin Resistant Staphylococcus Aureus (MRSA)**

Staphylococcus aureus is an organism which one third of the population carry on their skin or in their nose without any associated problems. The organism can, however, cause infections of various kinds; many of these are not serious and are easily treated, but in certain vulnerable individuals more serious infections can be caused.

Some strains of staphylococcus aureus are resistant to many of the antibiotics used; these are called Methicillin Resistant. About 80% of people who acquire MRSA carry it harmlessly and do not develop any infection.

These people are colonised, not infected, with the organism. The types of infection which can occur are exactly the same as with other staphylococcus aureus, usually trivial skin infections, but occasionally more serious deeper infections. MRSA is no more likely to cause infection than other staphylococcus aureus and treatment is available for any infection it does cause.

Where people are discharged from hospital with MRSA, this is not a contraindication for admission to a home or to exclude them from activities in the home. However, in residential settings where people with open post-operative wounds or intra-vascular devices are cared for, expert control of infection advice should be followed. This can be obtained via the General Practitioner, the discharging doctor or hospital Employees.

Just as with any other organism, the prevention of the spread of MRSA is very much dependent on adherence to standard infection control procedures. The single most important practice is effective hand hygiene (see Appendix 1). In homes, isolation of residents with MRSA is not generally recommended. The resident may join others for social

activities as long as any sores or wounds are kept covered with a dressing. The resident's clothes and bedding can be laundered as normal 'used linen', by machine washing.

Further information on infection control in care homes can be found on the following link:  
<https://www.gov.uk/coronavirus>

### **Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013**

These regulations require the reporting of work-related accidents, diseases and dangerous occurrences. It applies to all work activities, but not to all incidents. The full list of reportable diseases can be found in the detailed guide to the Regulations or by ringing the Occupational Health, Safety and Wellbeing Service. Further information can be obtained from the HSE web site: <https://www.hse.gov.uk/riddor/>

Follow the links below for guidance on reporting for COVID – 19:

<https://coventrycc.sharepoint.com/Shared%20Documents/Incident%20reporting%20-%20RIDDOR%20COVID-19.pdf>

<https://coventrycc.sharepoint.com/Shared%20Documents/Near%20Miss%20Reporting%20Guidance%20-%20COVID-19.pdf>

### **Reportable diseases**

Employers, the self employed and those in control of work premises have duties under the Regulations. For infections which may be linked to work activities, such as leptospirosis, legionellosis, tetanus, tuberculosis and hepatitis, the Occupational Health, Safety and Wellbeing Service should be contacted on **024 7683 3285** for advice, guidance and notification.

The Occupational Health, Safety and Wellbeing Service should also be notified via the City Council's Accident and Incident Reporting System – Alcumus <https://coventrycc.sharepoint.com/Info/Pages/Accident-and-incident-reporting.aspx>

For information or advice on RIDDOR 2013 or the Council's policy and procedures, in relation to infectious diseases, please contact the Occupational Health, Safety and Wellbeing Service on **024 7683 3285** or email [ohsw@coventry.gov.uk](mailto:ohsw@coventry.gov.uk)

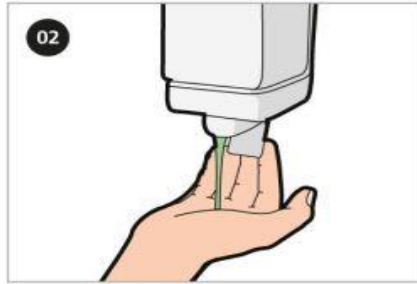


## Appendix 1 – How to wash hands correctly and reduce infection

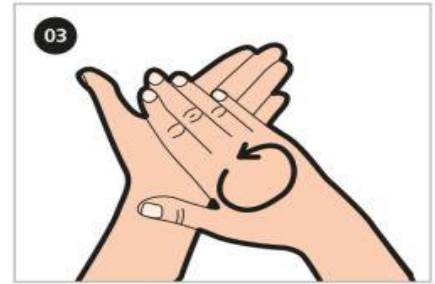
### Handwashing Guide



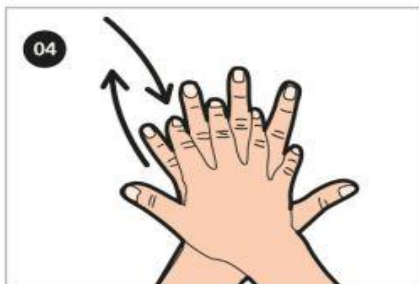
Wet hands with water



Apply enough soap to cover all hand surfaces



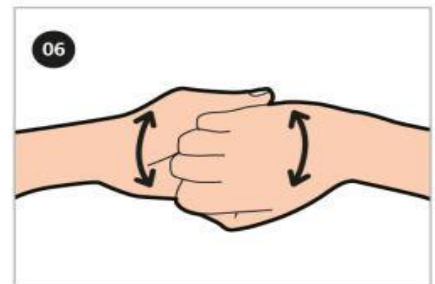
Rub hands palm to palm



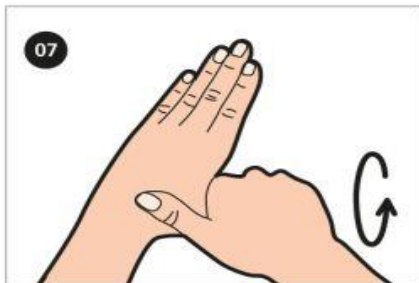
Right palm over back of the left hand and left palm over back of the right hand



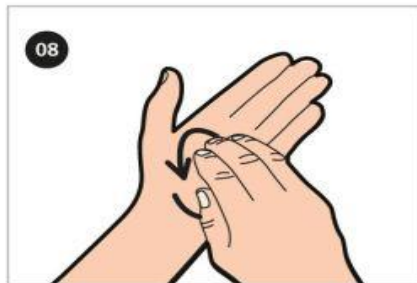
Palm to palm with fingers interlaced



Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rinse hands with water



Dry hands thoroughly with a towel

## Appendix 2 – Links to further information on infectious diseases

<https://www.nhs.uk/conditions/>

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published>

### References

First Aid Policy and Guidance  
General Information on Leptospirosis  
Needlestick Injury Guidelines  
Infection Control Guidance for Care Homes  
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013  
Control of Substances Hazardous to Health (COSHH) Regulations 2002  
Guidance on Infection Control in Schools and Other Child Care Settings HPA.  
The Food Hygiene (England) Regulations (amended 2016)  
Food Hygiene for Your Business

[Coventry City Council](#)  
[Coventry City Council guidelines](#)  
[Coventry City Council](#)  
[Department of Health](#)

HSE <http://www.hse.gov.uk/riddor/>

HSE <http://www.hse.gov.uk/coshh/>

<http://www.hpa.org.uk/>

<http://www.legislation.gov.uk/ukxi/2016/868/made/data.pdf>

[Food Standards Agency](#)

If you need this information in another format or language please contact us.

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