Infection Prevention & Control

How to Guidance

Contents:

Standard Infection Control Precautions

This guidance has been produced to support Warwickshire County Council's (WCC) Infection Prevention and Control Standard to ensure that all the health and safety issues relating to infection and the spread of infection are adequately managed and controlled so activities are carried out in a safe manner.

Please note that useful infection control resources for care homes (applicable to other care and educational settings) can be found on the Care Homes: Infection Prevention and Control area of the www.gov.uk website. https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published.

Current resources include Prevention and Control of Infection in Care Homes: An Information Resource (2013) and Prevention and Control of Infection in Care Homes: Summary for Staff (2013).

Please note that some relevant definitions in relation to this guidance is available in Appendix 7.

The following precautions must be followed to minimise the risk of infection and help to protect everyone.

1. Hand washing

The hands are considered to be the principal route of spreading infection. It is also well established that hand washing and drying is a simple but effective means of protecting customers and staff from cross-infection.

When providing personal care, do not wear:

- Stoned rings
- Wrist watches or bracelets
- False nails, acrylic, gel nails or nail varnish

And.

- Cover all cuts or abrasions with a waterproof plaster, a blue one if handling food
- Always dry hands well and use a moisturiser, if available
- Care givers should be bare below the elbows

1.1 Hand washing technique

Hand washing technique is the most important means of reducing the spread of infection. See Appendix 1. Hand washing with a good technique, covering all surfaces of the hands is more important than the agent used, or the length of time taken.

1.2 When to wash your hands

The following list is not exhaustive there may be other instances when hand washing is required:

Wash hands:

- When arriving and leaving the workplace
- Before and after visiting the toilet
- Before and after preparing or eating food
- Before and after the provision of personal care to each service user.
- On arrival and on departure of service user's home
- After handling clinical waste, contaminated linen or other contaminated surfaces
- Before and after wearing PPE
- Before and after administering medication
- Before and after smoking
- After coughing and sneezing
- Before and after providing First Aid
- After gardening
- After working with animals
- After cleaning

1.3 Using Alcohol gels (alcohol rub)

Alcohol hand gel is only effective on visibly clean hands. Visible dirt needs to be removed with soap and water or baby wipes before using the gel.

- Alcohol gel should contain at least 70% alcohol concentration and an emollient to moisturise the skin
- Alcohol hand gel is not effective against some infections such as Clostridium Difficile (C.Diff) and Norovirus.
- Always use soap and water for washing hands following seeing service users with these infections.
- Alcohol gels must be positioned and stored away from heat sources and not stored above 25 degrees centigrade.
- Alcohol gels shouldn't be placed where children or vulnerable people may deliberately or accidently ingest.

2. Personal Protective Equipment (PPE)

There is a legal obligation for employers to assess the work undertaken by staff. Where personal protective equipment (PPE) is identified as a measure to reduce the risk of infection, it must be issued free of charge to staff.

When provided, it should be worn by staff following the instructions given on how and when to use it. PPE must only be worn when carrying out tasks it has been identified for and must not be worn when travelling to and from the workplace.

When handling food, PPE must be clean protective clothing which covers personal clothing. Chef's clothing must not be worn outside the kitchen.

The wearing of gloves is not a substitute for hand washing. Hands must be washed before and after using gloves. Where this is not possible, an alcohol hand gel should be available as an alternative (see Section 1).

2.1 Which Personal Protective Equipment should be used?

The appropriate PPE should be identified by risk assessment and the task to be undertaken.

PPE consists of disposable gloves, plastic aprons, eye protection (where appropriate) and masks (where appropriate).

2.2 Using PPE

- **Disposable Gloves and aprons**:
  Disposable gloves & aprons must be worn when carrying out all personal care tasks. A new pair of disposable gloves and an apron must be worn for each service user and disposed of after use. You must not share, or re-use disposable gloves and they may need to be replaced in between tasks.
- **Gloves**

The purpose of wearing gloves is to keep the skin in good condition and to protect the skin against bodily fluids, detergents, chemicals, cuts and abrasions and to prevent the risk of cross infection between staff and customers.

- The types of gloves to be worn will be determined by risk assessment of activities or tasks and must be suitable to reduce the risks identified and conditions where they are to be used
- All latex gloves used must be powder free and vinyl gloves must not be used as they are more permeable to viruses – for guidance on Latex see Appendix 5.
- All gloves must carry a CE marking
- Gloves must be issued free of charge to wearer
- Gloves must fit the wearer properly to provide protection to the skin and wearing them must not create other risks
- Gloves must only be worn for the tasks identified by risk assessment and not worn when travelling between customers or the workplace
- Gloves should only be worn where there is a risk of infection or hands may be harmed
- Gloves must be stored in a suitable dry place where they will not perish or degrade
- Disposable gloves must only be worn once
- Gloves provided for care tasks must only be used for one task
- Gloves must not be shared

- **Eye protection**
  A full-face visor (disposable single use) is needed where a splash risk is anticipated.

- **Masks**
  Fluid repellent Face masks must cover the nose and mouth and not be allowed to dangle around the neck after or between each use. The front of the mask must not be touched once put on and worn only once and changed when they become moist then discarded safely as clinical waste.

  When caring for customers with respiratory/flu like illness a respirator mask FFP3 may be required, however appropriate fit testing of the mask must be undertaken prior to use.

2.3 Removal and Disposal of PPE (see Appendix 2)

- When removing PPE, gloves should be removed first, then the apron and finally a face mask, using the ties.
- Dispose of PPE according to waste regulations.
- Wash and dry hands thoroughly after removal of all PPE.

3. Safe Handling and Disposal of Clinical Waste

Waste must be disposed of appropriately and in line with Department of Health – “Safe Management of Healthcare Waste” (2013) or updated guidelines. Any organisation or individual involved with generating or disposing of clinical waste has a duty of care to ensure that it is rendered safe and no other person coming into contact with it is harmed by that waste.

Clinical waste is defined as any waste that is deemed to be infectious or hazardous and should be consigned for treatment/disposal at suitably licensed permitted facilities.

- Segregate waste.

- Never fill bags more than ¾ full to prevent spillages and ensure that they are tied securely and clearly labelled.
- The interval between collections must be kept as short as is reasonably practicable.
- Decontaminate trolleys or other equipment used to transport clinical waste.
- Wash and dry hands thoroughly after handling any waste.

4. Safe Handling of Soiled or Contaminated Linen

The following method for segregating waste is recommended by the Choice Framework for local Policy and Procedures 01-04 Decontamination of Linen for Health and Social Care Manual (2013). Please refer to this or updated guidelines.

- Used linen and clothing - white Impermeable bag
- Soiled linen/clothes - clear water soluble / alginate bag, in a white impermeable bag
- Heavy soiled clothes/infected - red water soluble / alginate bag, in a white Impermeable bag

4.1 Care Homes/settings:

- Linen and clothes can be placed directly into the appropriate bag where it is removed.
- When heavily soiled ensure solid waste is removed in toilet or sluice first and then place in bag.
- When placed in appropriate water-soluble bag it can then be taken to the laundry.

4.2 Client/Customer Home

- Remove solid waste into the toilet
- Place linen in an identified carrier or bin bag.
- Ensure the customer/client or family understands that it needs a cool prewash before a hot wash
- It should be washed separately from other laundry.

4.3 Washable clothes, bedding, hoist slings and linen that is stained with blood or other body fluids should be:

- Washed in a washing machine in a cool prewash followed by a hot wash at 80 ^{o}C.
- Heat sensitive fabric stained with blood or bodily fluids can be washed on a cooler temperature of 40^{o}C and tumble dried at a minimum of 60 ^{o}C

4.4 Hoist slings ideally should be single use or kept for individual customers. Hoist slings must not be shared between customers.

4.5 Non washable items should be dry cleaned. If outside dry cleaners or laundries are used, the soiled items should be placed in the water-soluble red bags and clearly marked so that precautions can be taken by the laundry staff.

4.6 Mattress covers, curtains and other fabrics should be on a regular cleaning routine. Mattress covers should be discarded if fluids have penetrated the cover. Mattresses/ Propad

cushions should be examined at least weekly. Soiled covers and mattresses and or foam should be replaced if strikethrough is evident.

4.7 Wash and dry hands thoroughly after handling linen.

5. Safe Use and Disposal of Sharps

Sharp instruments can cause injury to staff and customers and have the potential to transmit blood-borne viruses. A sharp is defined as any item that may cause a laceration or puncture wound to the skin.

The handling of sharps should be avoided wherever possible. However, if handling is necessary:

- You are responsible for the safe disposal of any sharp you use.
- Dispose of sharp directly into the sharps bin at point of use
- Never re-sheath, bend or break needles.
- Discard syringes and needles as one unit
- The sharps disposal bin should never be more than 3/4 full or exceed the fill line
- Sharps bins should be dated and signed on assembly and closure
- The sharps disposal bin must not be shaken unnecessarily
- Store sharps bin securely,
- If temporary closure mechanism is fitted to sharps container It should be activated when the sharps box is not in use
- Keep sharps containers out of reach from children or vulnerable people.
- If sharps are found inappropriately discarded, use a dustpan and brush to safely handle the sharps and discard into available sharps container

5.1 In the event of a sharp's injury or body fluid splash exposure:

Following a sharps injury, obtain first aid immediately:

- Bleed injury
- Wash injury under running waster
- Cover the injury
- Report the injury to line manager
- Attend Accident and Emergency (A&E) at the local hospital

For splashes to eyes nose or mouth:

- Wash areas with copious amounts of cold water
- Report/attend A&E as above.

On triage at A&E the recipient of the injury should indicate the nature of the injury to receive prompt treatment - treatment is most effective within the first two hours of the injury. A&E staff will undertake a risk assessment of the injury. Following this risk assessment further treatment may be offered.

All accidents, incidents, near misses and infectious diseases must be reported using the County Council's accident/incident reporting system. For further details/advice please contact the Workforce Health & Safety Team.

6. Management of Blood Spillages and other Bodily Fluids

It is very important that spills are cleaned up properly to prevent the risk of cross-infection throughout the environment and to reduce the risk of slips

- Wearing PPE, spillages of blood and vomit should be cleaned up as quickly as possible with disposable cloths or paper towels.
- Ensure that the hazard data sheets (material safety data sheets required for all chemicals under COSHH regulations) are understood and dilution follows manufacturer's instructions.
- A suitable solution e.g. chlorine-based granules or powder can be used with blood spillages followed by a neutral detergent. Dispose of paper towels in clinical waste or by double bagging, knotting and disposal in the dustbin.
- For soft fabric and furnishings wash area with detergent and water. Clean thoroughly, rinse, and if possible dry as quickly as possible. Do not use bleach on upholstery or carpets. Steam cleaning may then be advisable.
- Remove PPE
- Wash and dry hands thoroughly after dealing with any body fluid spillages.

7. Cleaning

It is very important to keep any working environment and equipment clean, as they can been implicated in infection outbreaks. High standards of housekeeping, safe storage and removal of clutter will assist with a thorough cleaning regime.

- When purchasing new equipment consider how easy it is to clean.
- Most equipment can be cleaned by washing with detergent and hot water and then dried properly.
- All equipment should be included on a regular cleaning regime in line with manufacturer's instructions.
- Ensure separate and colour coded in line with the "National Specification for Cleanliness: Guidance on setting and measuring cleanliness outcomes in care homes". Please see Appendix 3.
- Disposable cloths and mops are preferable. This also applies to domestic environments, if sufficient cloths are available, where colour coding must be in agreement with the customer.

Customer equipment:

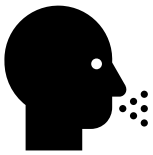
- Service users' combs, towels, face flannels, razors, toothbrushes, wash bowls or other implements which could become contaminated with blood must not be shared.
- Toiletries must be own use and not shared with others
- Any equipment shared (e.g. bed pans / commode pots, physio equipment, activity items) must be cleaned thoroughly between each use, even if not contaminated.
- Use a hot water and a suitable detergent, rinse and dry.

- For bedpans/urinals use a washer-disinfector (e.g. 80ºC for one minute) if available, store dry.
- This disinfector should be subject to regular checks and a maintenance programme put in place to ensure the effectiveness of the decontamination cycle.
- No special disinfectants are necessary for baths, washbasins, wash bowls or sinks, which can be washed with a suitable detergent daily or after each use whichever is more appropriate.
- Hoist frames and wheelchairs should be checked daily for damage and wiped clean with detergent and dried, on a regular basis.
- Crockery and cutlery can be shared and washed in hot soapy water with standard washing up liquid or cleaned in a dishwasher.
- Wash and dry hands thoroughly after cleaning.

8. Personal Health and Hygiene

- Managers must ensure staff participate in health surveillance checks to protect their health, where identified by job profile.
- All staff who provide personal care must attend infection control training and attend refresher training annually including practical hand hygiene years. As part of their induction, guidance/training should cover local procedures, use/disposal/storage of PPE, how to handle waste, soiled linen, location of relevant risk assessments.
- Anyone who suffers with a skin condition (which may be a reaction to gloves or substances used at work) must report this as soon as possible to their manager. The employee must also contact Occupational Health and/or their GP for a diagnosis or medical advice. If a recognised occupational skin condition e.g. dermatitis or allergy to latex is diagnosed an accident report must be completed as the Workforce Health & Safety Team will need to report it to the Health and Safety Executive (HSE) under RIDDOR. Human Resources may make a referral to Occupational Health for further guidance.
- Staff should notify their manager and not come to work if they are suffering from diarrhoea and/or vomiting or flu-like illness. Staff must not return to work until 48 hours after their last episode of diarrhoea and or vomiting, or in the case of flu-like illness, when they are recovered.
- To minimise the risk of cross-infection, any cuts or abrasions must be covered with a clean waterproof dressing to protect both the employee and the customer.

Cough etiquette



Good respiratory and hand hygiene can reduce the transmission of all viruses, including flu. This includes:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible
- Disposing of tissues promptly and carefully into a bin and wash your hands
- Do not reuse tissues as this could result in the virus being left in your pocket and then getting onto your hands when reaching into your pocket
- Wash hands frequently with soap and water to reduce the spread of the virus from your hands to face or to other people

- Avoid touching your mouth, eyes and/or nose unless you have recently cleaned your hands
- Clean hard surfaces frequently touched by hands using a normal cleaning product

9. Staff vaccinations

All health and social care staff who are considered to be frontline should receive relevant immunisations i.e. seasonal flu vaccinations every year, Hepatitis B (full course plus documented immunity through blood test) and MMR (documented history of two vaccinations or blood tests showing measles and Rubella antibody. Varicella zoster exposure status, i.e. chicken pox/shingles status (either is sufficient) should also be known (in those with uncertain history, blood test to look for immunity should be performed, and staff vaccinated if not immune).

Please see Immunisation of Healthcare and Laboratory Staff Chapter in Department of Health Green Book.

10. Health Surveillance

A health surveillance programme must be introduced to ensure existing skin conditions are managed effectively; any new occupational skin conditions are identified; and action is taken at the earliest opportunity. The level of surveillance will be proportionate to risks identified by a risk assessment.

Health surveillance is implementing regular and appropriate procedures to detect early signs of work-related ill health and taking appropriate action to protect staff. It is not a substitute for preventing or controlling harmful exposure to hazards.

The benefits are:

- *To keep staff healthy in the workplace*
- *To manage existing skin conditions effectively*
- *Providing information, so that any ill health conditions are identified at the earliest stage to protect health*
- *Check control measures are working and whether risk assessments are still valid*
- *Provide data to detect health risks with specific tasks*
- *Train staff in safe and healthy working practices; and give staff an opportunity to raise any ill health concerns*

The process for managing skin health surveillance is:

- *If a skin condition is identified on the pre-employment questionnaire a referral to Occupational Health will automatically take place*
- *Self-checks – if staff notice a change in skin condition e.g. rashes, blisters, redness or itching or have any concerns, the manager/supervisor must be notified immediately, and staff must seek advice from a G.P. for a diagnosis*
- Introduce regular checks by a manager/supervisor who has been trained to identify straightforward signs or symptoms to ensure early intervention

- A record will be kept with supervision notes on any findings which is signed by staff member and supervisor – see Appendix 4
- Only a qualified medical person can diagnose symptoms of an ill health condition and make recommendations for treatment
- Human Resources will arrange a referral to Occupational Health when G.P. diagnoses a recognised work-related skin condition e.g. dermatitis, or allergy to latex
- Where a work-related skin condition is diagnosed this must be reported on the WCC Accident/Incident reporting system as it may fall within the remit of RIDDOR and the Workforce Health and Safety team will report this to the Health and Safety Executive (HSE), as required.

What is leptospirosis?

Two types of leptospirosis infection can affect workers in the UK:

- ***Weil's disease***
  This is a serious and sometimes fatal infection that is transmitted to humans by contact with urine from infected rats.

- ***The Hardjo form of leptospirosis***
  This is transmitted from cattle to humans.

What are the symptoms?

Both diseases start with a flu-like illness with a persistent and severe headache, which can lead to vomiting and muscle pains and ultimately to jaundice, meningitis and kidney failure. In rare cases the diseases can be fatal.

Who is at risk?

Anyone who may be exposed to rats, rat or cattle urine or to fetal fluids from cattle may be at risk. E.g. Staff who work in Waste Management or Archaeology.

How might I catch it?

The bacteria can get into your body through cuts and scratches and through the lining of the mouth, throat and eyes after contact with infected urine or contaminated water, such as in sewers, ditches, ponds and slow-flowing rivers.

How can I prevent it?

- Do not touch rats, or, where possible anything that you think may have been contaminated.
- Avoid handling bags and other receptacles accessible to rats without hand and forearm protection.
- Wash cuts and grazes immediately with soap and running water and cover all cuts and broken skin with waterproof plasters before and during work.
- Wear suitable personal protective clothing. Your line manager will advise you on what you need.

- Wash your hands after handling any contaminated clothing or other materials and always before eating, drinking or smoking.

What else should I do?

If you work in an area where there is a risk of exposure to Leptospirosis, your line manager should have issued you with an information card (see Appendix 6) and advised you on appropriate personal protective clothing. You must report any illness to your doctor. Tell the doctor about your work and show them your Leptospirosis information card.

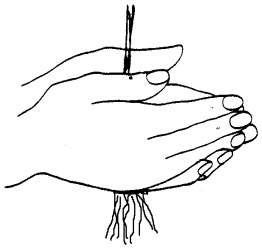
Leptospirosis is much less severe if it is treated promptly. If your doctor decides you have leptospirosis you should inform your line manager as soon as possible, who must then report it to the Workforce Health & Safety Team by emailing healthandsafety@warwickshire.gov.uk.

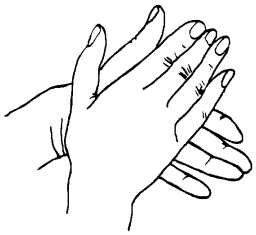
Handwashing Technique

Wash hands using the following 8 steps.

Each step consists of five strokes rubbing backwards and forwards.

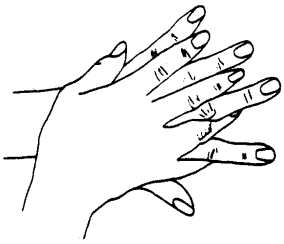
1. **Wet hands under running water. Take a measure of soap.**





2. **Work into hands, palm to palm.**

3. **Right hand over back of left and vice versa.**

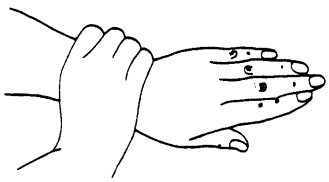


4. **Rub palm to palm, fingers interlaced.**

5. **Back of left fingers to right palms, fingers interlocked and vice versa.**

6. **Rotational rubbing of right thumb clasped in left hand and vice versa.**

7. **Rub left palm with clasped fingers of right hand and vice versa.**



8. **Left wrist with right hand and vice versa.**

Rinse hands under running water and dry thoroughly

Appendix 2

Personal Protective Equipment (PPE) Removal Procedure

(Gloves, Apron, Face Mask)

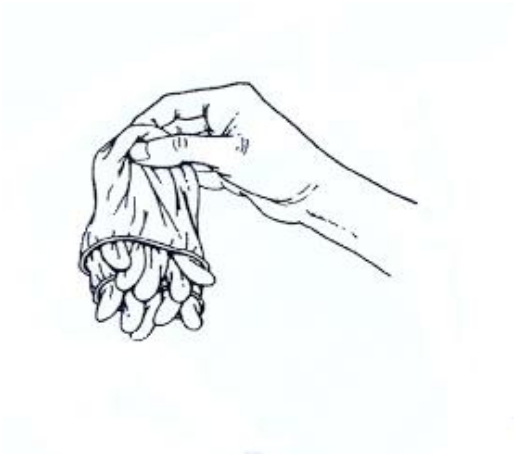
Risk of exposure to potential contaminants is at its greatest when PPE are being removed.

It is therefore important that they are removed using the correct method

1) Firstly, whilst still wearing gloves remove the apron by pulling at the apron from the front at chest height until the apron ties break at waist and neck. Scrunch up the apron into a small ball and place in one hand.

2) Remove the glove from the hand, which is holding the apron, pinch the material at the wrist and pull glove inside out towards fingers, without touching skin. At the end of this stage, you should be holding the inside out glove (with the apron encased inside) in the gloved hand.

3) Holding the glove / apron in the gloved hand, remove the final glove. This time slide two fingers into the top of the glove on the inside, and then bend fingers and pull glove inside out and downwards, again this will encase the glove and apron inside.



4) You should finish with both gloves and apron all enclosed safely in one glove. Thereby avoiding contact with any potential infectious substances on the apron or outside of the gloves.

5) The face mask should be removed last, once there is no likelihood of close contact with an ill customer. Assume that the front of the mask is contaminated; therefore, avoid touching this part of the mask. Untie or break bottom ties, followed by top ties or elastic and remove mask by handling the ties only.

6) Dispose of PPE safely in clinical waste or by double bagging, knotting and disposing of in a dustbin.

7) Wash and dry hands thoroughly after disposing of PPE.

Appendix 3

National colour coding for cleaning materials and equipment

National Colour Coding Scheme

Appendix 4

Work Based Skin Health Surveillance Record

Employee Name: ……..

Employee Job Title:……

Team:……

Known existing skin conditions / allergens: ……..

Date employee seen → & what to look for ↓	**Date seen:**	**Date seen:**	**Date seen:**	**Date seen:**
For any of the following identify area of hands / arms (L or right): • **Dry patches** • **Open sores** • **Rashes** • **Spots** • **Lumps** • **Swelling**				
Employee seen GP / Occ Health? **Date seen?**				
Treatment / advice given by GP / Occ Health:				

Actions agreed with employee **With time scales**				
Manager/Supervisor signature:				
Employee's signature:				

Appendix 5

What is latex? - *Natural latex is produced by the Hevea brasiliensis tree. The cloudy liquid latex is collected by tapping the tree and then going through a complex manufacturing process, involving the addition of sulphur and other chemicals.*

The final product is a durable, flexible material which gives a high degree of protection from many micro-organisms and is often used in the manufacture of gloves. It currently provides the best protection against infection and gives the sensitivity and control needed in health/social care.

As well as being used in gloves it can be found in catheters, breathing apparatus, dressings and bandages, contraceptives, balloons, rubber bands, water bottles.

People at risk

Reactions to latex can vary greatly depending on product quality but can occur through wearing gloves or coming into contact where heavily powdered gloves are in constant use. This means that staff and service users can be affected and therefore powder free gloves only must be worn by staff. Wearing gloves for extended periods could cause an unnecessary sensitisation.

Reactions can vary from:

Irritation - redness, soreness, cracking of the skin in areas exposed to latex. If latex is identified as the irritant agent, once contact with it ceases, the symptoms will disappear and not recur.

Type 1 allergic reaction - mild localised irritations or rashes (urticaria or hives), inflammation of the mucous membranes in the nose (rhinitis), red or swollen eyes with discharge (conjunctivitis) or asthma-like symptoms. This is an allergic response to the latex proteins and occurs almost immediately on contact. In rare cases it may result in anaphylactic shock.

Type IV allergic reactions - dermatitis and itching with oozing blisters which are normally localised to the hands and arms. These occur between 10-24 hours after exposure and can get worse over the next 72 hours. This is an allergic response to the chemical additives used in the manufacturing process. The amount of latex exposure to produce sensitisation is unknown. Once sensitisation has taken place further exposure to the substance even a tiny amount will cause symptoms to recur. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms. Occupational dermatitis is caused by the skin coming into contact with substances at work and is not infectious, so it cannot be passed from one person to another.

Research suggests that if someone is allergic to banana, avocado, kiwi, peach, papaya, potatoes or nuts or suffers from asthma then they will be at increased potential risk of developing allergies including latex protein allergy.

Powdered gloves pose an additional risk as during the manufacturing process, corn starch powder is added to latex to make gloves easier to take on and off. Although the powder is not an allergen, the latex protein and chemical residues can cause irritations and allergies at the point of contact.

Latex proteins can leach into the powder and then be absorbed through the skin, especially as gloved hands can become sweaty and increasingly absorbent. Inhaling the powder if it becomes airborne when gloves are removed may lead to respiratory sensitisation.

Appendix 6

Example of a Leptospirosis Information Card

Weil's Disease/Leptospirosis

To the WASTE MANAGEMENT EMPLOYEE:

It is caught through cuts, grazes, and the mucus membranes (eyes, mouth etc). Symptoms are flu-like, plus intolerance to light. It can be **FATAL** unless treated early.

REMEMBER

- Cover all cuts and grazes with waterproof plasters.
- Wash hands thoroughly before eating/drinking.
- Avoid rubbing/touching your eyes, nose or mouth.
- Always wear appropriate PPE / gloves.
- Consult your doctor **immediately** if you feel unwell or have symptoms of influenza and tell them your occupation.

Weil's Disease/Leptospirosis

To the DOCTOR:

This person works at a waste management site where there is a risk of exposure to Weil's Disease (Leptospirosis). You are reminded of the flu-like symptoms for Weil's Disease, and the incubation period of up to 3 weeks. An urgent blood test can be provided by your local laboratory in 2-3 hours through an ELISA test.

Further information:
Leptospirosis Reference Unit,
Public Health Laboratory,
County Hospital, Hereford HR1 2ER

Warwickshire County Council

Working for Warwickshire

If you work in an area where there is a risk of exposure to Leptospirosis and have not been issued with the above card, please ask your line manager to email healthandsafety@warwickshire.gov.uk to request one.

Appendix 7

Definitions

Clinical waste is defined as any waste that is deemed to be infectious or hazardous and should be consigned for treatment/disposal at suitably licensed permitted facilities.
A sharp is defined as any item that may cause a laceration or puncture wound to the skin.

Vaccine is defined as a preparation containing usually killed or weakened microorganisms (as bacteria or viruses) that is given usually by injection to increase protection against a particular disease.

Pandemic Flu - a pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine initially.

Infection/Infectious Diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the *diseases* can be spread, directly or indirectly, from one person to another.

Risk Assessment - WCC has adopted the HSE definition, risk assessment 'is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm'

PPE (Personal Protective Equipment) is defined as equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets and hard hats, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses.