

FALKIRK COUNCIL

POLICY FOR THE PREVENTION & MANAGEMENT OF INFECTIOUS DISEASES

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1. INTRODUCTION

- 1.1** Falkirk Council has a legal responsibility under the general duties of the Health and Safety at Work etc, Act 1974, to as far as is reasonably practicable, safeguard employees against risks to their health, including those risks posed by infectious diseases.
- 1.2** In addition, there are specific regulations relevant to the control of infection including the Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations 2002 (as amended). These regulations require employers to carry out risk assessments, record any significant findings and provide employees with adequate information, instruction and training on any risks to their health which they may face at work.

2. POLICY STATEMENT

- 2.1** Falkirk Council recognises that due to the nature of some of the services provided e.g. caring for service users, uplift and disposal of household waste, road/sewage operations, the provision of first aid etc., it is possible that employees may, on occasion be exposed to infectious diseases or blood borne viruses (BBVs). These also occur naturally in domestic and social situations out-with work. Falkirk Council will fulfil its duty as an employer to protect employees and will ensure employees are provided with information and training as appropriate on the potential risks posed by infectious diseases and blood borne viruses in the workplace to minimise and control these risks.

Services will undertake risk assessments to identify employees who may be exposed to risk and will develop management procedures to control this risk. Where appropriate, Service Managers will discuss the requirement for a Hepatitis B vaccination programme with the Occupational Health provider in liaison with the Corporate Health, Safety & Care Team.

3.0 SCOPE

- 3.1** This Policy and guidance applies to all Falkirk Council employees and Contractors working on behalf of the Council. This policy complements the Health, Safety & Care Policy, Risk Management by Risk Assessment policy, the Accident /Incident Reporting policy and the Needle-Stick Policy. Although the prevention and management of infectious diseases is particularly relevant to Social Work Services Home Care, the term 'service user' can apply to school pupils, nursery schoolchildren, users of residential homes/hostels and homeless transit accommodation, etc. This guidance complements current guidance which is held in these Services
- 3.2** All trained First Aiders or Appointed Persons are required to adhere to guidance received during training when administering first aid treatment.

4. INFECTIOUS DISEASES

4.1 Infections are caused by a person being exposed to either bacteria or viruses.

Bacteria

Bacteria exist everywhere and many are harmless or even useful. Some bacteria though can cause disease, either by invading the body, or by ending up in an area of the body where they should not be. Bacteria are made up of only one cell, too tiny to be seen. They are able to divide themselves and can spread very quickly.

Viruses

Viruses are also too small to be seen. They are not able to multiply on their own and rely on latching onto cells or getting inside them. They can then take over the cells 'machinery' and make more virus particles. The cells making up our respiratory system are particularly open to viruses, as they are not covered by protective skin.

4.2 Employees can be exposed to infection in the workplace from four main sources:

- Blood and other body fluids e.g. saliva and sources of blood/body fluids such as human bodies, animal carcasses and raw meat;
- Human or animal waste products such as faeces, urine and vomit;
- Respiratory discharges such as coughs and sneezes;
- Skin - as a result of direct contact.

Out-with work, employees can become infected if they eat or drink contaminated food or water, or through sexual intercourse. This policy does not cover those areas and information on these can be obtained from agencies such as Environmental Health and the National Health Service.

A "Guide to Infectious Diseases" is attached as Appendix 1. This guide provides general advice on the most common infectious diseases including symptoms, incubation period and treatment.

4.3 **Infection Transmission**

To become infected, a micro-organism has to get from its source into a host by some means. Most micro-organisms usually have a particular route of entry, but in some cases infection can occur via more than one route.

Infection at work can occur as a result of:

- Putting contaminated hands, fingers or pens etc. into the mouth, nose or eyes;

- Breathing in infectious airborne contaminants from the air e.g. respiratory discharges such as coughs and sneezes, contaminated dust or spray from a cooling tower;
- Splashes of blood or other body fluids into the eye or other mucous membranes such as the nose and mouth;
- Broken skin if it comes into direct contact with the micro-organism, or something contaminated by micro-organisms;
- A skin-penetrating injury e.g. via a contaminated needle or other sharp object or through a bite by an infected person, animal or insect.

5. MANAGING THE RISK

5.1 The process for assessing the risk of work place infection is the same as any other risk assessment. Managers should, in liaison with employees:

- **Identify the hazards** - where infection/BBVs may be present;
- **Decide who may be harmed and how** - which employees and others may be exposed to infections/BBVs and how this might happen, for example through dealing with accidents or handling contaminated items for cleaning or disposal;
- **Assess the risk** - how likely it is that infection/BBV's could cause ill-health and decide if existing risk control measures are adequate or whether more should be done;
- **Action** - Ensure that procedures and safe systems of work are developed and implemented following the undertaking of risk assessments.

Factors to consider when undertaking a risk assessment include:

- The frequency and scale of contact with blood or other body fluids;
- The volume and variety of different persons' blood/body fluids with which contact is made;
- Any existing information on injuries/infections/conditions reported in the workplace;
- The quality of control measures used;
- Recording of findings/incidents;
- Regular monitoring and review of risk assessment (at least annually) and re-assessment where necessary, e.g. an increase in incidents or a change in working practices/circumstances.

5.2 Where a risk assessment indicates that an employee is likely to be exposed to blood or body fluids and control measures may not provide sufficient reduction of potential risk, vaccinations e.g. for Hepatitis B, should be offered to employees. Line Managers should liaise with the Corporate Health, Safety & Care Team to discuss arrangements for the Occupational Health provider to arrange this. There may be a charge for this service. Examples of this may include employees exposed to biting incidents from pupils or service users, or where there is a high risk of accidental injury from discarded needle-

sticks or sharps. To assist managers to undertake risk assessments and implement adequate control measures, an example generic risk assessment is attached as Appendix 2.

- 5.3** To ensure that control measures are effective, managers must ensure employees are advised of the risks that have been identified relating to their job and of the measures that are in place to control exposure to risk. Employees need to know and understand when and how to apply the control measures, which may include the use of personal protective equipment (PPE), and what to do in an emergency. Further guidance for employees who are carers is contained at Appendix 3 – “Avoiding Infection – Guidance for Employees who are Carers”. Rules/further guidance for catering staff is contained at Appendix 4.

5.4 General Advice

Where employees are provided with a uniform, e.g. boiler suit, or overall, this is classed as personal protective equipment and it is important that it is cleaned regularly by the employee. This should be done by washing it at the highest temperature possible and separately from other uncontaminated clothing.

Most micro-organisms will be physically removed and/or killed if work surfaces/areas are cleaned with hot water and detergent. If a disinfectant is used, it is necessary to make sure that it kills the micro-organism and that it doesn't damage your work/surface areas – or cause any health problems for employees. It is also important to ensure that the process of cleaning doesn't create any risk, e.g. use low pressure hosing for cleaning large areas to avoid creating infectious aerosols/spores.

Where employees don't have access to soap and hot running water to wash their hands, e.g. because they aren't based at any one location, it may be possible to provide hand washing facilities on board a vehicle they are using. Alternatively, suitable alternatives such as antiseptic wipes, hygienic hand rub, or anti-bacterial gels can be useful for peripatetic employees e.g. home care employees.

5.5 Blood Spillage

Spillages of blood and other body fluids/substances, (e.g. faeces, vomit, urine, pus), could contain pathogenic micro-organisms and may present a risk to any individual coming into contact with them. Managers in higher risk environments such as residential homes, hostels and the Joint Loan Equipment Service should consider having spillage kits available as these can help ensure the correct action in the event of a spillage. Spillage kits may contain, for example:

- disposable gloves (NOT latex);
- a disposable apron;
- a clinical waste sack;
- paper towels;
- disposable cloths;
- disinfectant;
- tongs and sharps box for disposing of discarded needle-sticks or sharps.

5.6 Contact with Blood or Body Fluids

The following precautions must be taken when there is any contact with blood or body fluids:

- Disposable vinyl or nitrile gloves should be worn when dealing with any blood or body spillages. A disposable apron should also be worn where appropriate.
- Any cuts or abrasions to the hands should be kept covered by a waterproof dressing (not fabric dressing).
- Splashes of blood or body fluids to the skin should be washed off immediately using soapy water.
- Splashes of blood or body fluids to the eyes or mouth should be rinsed immediately with copious amounts of water.
- Where there is the need for mouth-to-mouth resuscitation, a resuscitation aid or mask should be used.
- Spillages should be cleaned up immediately according to local procedures if applicable, using an appropriate disinfectant e.g. Milton, Presept or Vircon, and disposable cloths or paper towels.
- Contaminated gloves, dressings, wipes etc should be disposed of carefully in a plastic bag and disposed of according to local procedures if appropriate.
- First aid box contents should be replenished as soon as possible.
- Larger spillages can be contracted to agencies such as Rentokil. Using contracted cleaning providers will, however, incur a charge by the Service.

5.7 Waste Disposal

Clinical waste by definition, means, any waste which consists wholly or partly of:

- Human or animal tissue;
- Blood or other body fluids;
- Excretions;
- Drugs or other pharmaceutical products;
- Swabs or dressings;
- Syringes, needles or other sharp instruments; which unless rendered safe may prove hazardous to any person coming into contact with it.

In practice, arrangements for managing clinical waste are based on categorisation of the waste into groups which present different hazards.

Some waste from human hygiene may carry micro-organisms. Examples include:

- Sanitary towels/tampons;

- nappies;
- stoma bags;
- incontinence pads; and
- other similar wastes, provided that they do not contain sharps.

When such wastes are generated in the home, they are generally healthy, and the waste is not considered to be either infectious or clinical waste. The house-holder may put it into the domestic waste, provided it is adequately wrapped and free of excess liquid. In the working environment, if there is no specific risk associated with a service user, then such wastes are not clinical waste, since they do not present a significant risk, either to employees or others. Nursery schools, day centres, residential homes etc should develop their own waste management policy to manage and control waste products. Risk assessment will identify that waste falls into two groups:

- those items or categories of items, that represent a significant risk of infection; and
- those that do not.

Those in the first group are clinical waste and should be treated as such, while those in the second group may be treated as domestic waste. However, the offensiveness of substantial quantities of non-infectious waste needs to be taken into account when deciding on how to package the waste. If the risk assessment shows that waste cannot be disposed of through a purpose-built disposal unit then a system of colour coding can assist the process of waste segregation. The following system is widely used for waste containers:

- Yellow – Group A clinical waste which will be incinerated in a clinical waste incinerator, or otherwise disposed of;
- Yellow with black stripes – non-infectious waste, e.g. Group E which is suitable for landfill or other means of disposal;
- Light blue or transparent with blue lettering – waste for autoclaving (pressurised heat treatment) or equivalent to eliminate contamination before disposal; and
- Black – treated clinical waste, non-clinical waste or household waste

In addition to colour-coding, the containers need to be of the correct standard for the waste they are to store. Service specific waste management policies should identify arrangements for the uplift, transport and disposal of clinical waste in line with the Council's waste management strategies.

6. UNIVERSAL CONTROL PRECAUTIONS

- 6.1** Universal Control Precautions were developed and agreed by the World Health Organisation (WHO). The precautions were introduced to encourage global participation in reducing the risk of infection involved in health care and the caring professions and consist of basic procedures to ensure that carers have clean hands. A copy of the (WHO) Leaflet on “Hand Hygiene When and How” is attached for reference purposes as Appendix 5 and provides details of how to wash hands thoroughly.

- 6.2** It is not always possible to readily identify who could spread infection or to be aware of an infection being present when engaging with clients. Consequently, employees who are carers or who are involved in other areas of work that could present a risk of infection e.g. waste disposal, must assume that they are exposed to risk of infection and exercise the Universal Control Precautions on Hand Hygiene at all times.
- 6.3** All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them. This involves avoiding injury by sharp objects and needles and avoiding contact with body fluids by use of Personal Protective Equipment (PPE).
- 6.4** Every employee is responsible for his/her actions and must ensure that they follow procedures, safe working practices as per risk assessments developed by their Service.

7. ROLES & RESPONSIBILITIES

7.1 Service Directors

Service Directors are responsible for ensuring the effective operation of the Policy for the Prevention and Management of Infectious Diseases within their Service. They are also responsible for ensuring that adequate resources are made available to implement appropriate protective measures where risk assessments have indicated that these will be required.

7.2 Heads of Service and Head Teachers

Heads of Service and Head Teachers are responsible, so far as is reasonably practicable, for ensuring the health, safety & care at work of all employees and others in their respective services. Heads of Service and Head Teachers must ensure that in accordance with this policy:

- They implement management arrangements, within their Service through which the Policy on Prevention and Management of Infectious Diseases and Service based Risk Assessments, procedures and safe systems of work are communicated and implemented;
- Risk Assessments for the prevention and management of infectious diseases specific to their Service are developed, implemented and regularly reviewed. This includes the identification of groups of employees who work in higher risk areas and the implementation of a vaccination programme for those employees where a risk assessment indicates that this would be an effective control measure;
- Written procedures and safe systems of work based on these risk assessments are developed and implemented and that employees receive training on these procedures, safe systems of work and supporting risk assessments, as appropriate;

- All employees are made aware of the Policy for Prevention and Management of Infectious Diseases and Service based procedures safe systems of work and risk assessments.

7.3 Service Unit Managers

All managers who have operational responsibility for employees and for implementing systems and procedures of work will be specifically responsible for ensuring that:

- The Policy on Prevention and Management of Infectious Diseases is effectively implemented, monitored and reviewed in the area/activities under their supervision;
- All employees are made aware of and understand the content of the Policy on Prevention and Management of Infectious Diseases;
- Procedures, safe systems of work and risk assessments are developed and implemented relevant to the varying working environments and that all working procedures and practices are properly documented and adhered to;
- Appropriate safety equipment, including personal protective equipment (PPE), is supplied, properly maintained and used at all times by employees;
- Relevant health, safety & care training is provided to all employees to enable them to carry out their duties in a competent manner;
- All necessary arrangements are made and maintained in respect of accident/incident reporting, first aid provision, access to vaccination programmes and counselling if appropriate.

7.4 First Line Managers, Team Leaders, Supervisors & Charge- Hands

These employees have responsibility for implementing, monitoring and reviewing systems of work and risk assessments to achieve the aims of the corporate Policy on Prevention and Management of Infectious Diseases and Service based Health & Safety Policies. They are responsible for ensuring that:

- Employees within their area of control are made aware of the Policy on Prevention and Management of Infectious Diseases, Service based Health, Safety & Care Policies, Service vaccination procedure for employees working in higher risk areas, other relevant health, safety & care policies, risk assessments, procedures and safe systems of work;
- Employees adhere to procedures, safe systems of work, risk assessments and prescribed standards, including using specified equipment and wearing protective personal equipment (PPE);

- The Council's Accident/Incident Procedure is adhered to, including the reporting and investigation of accident/incidents, and that remedial action is taken, where appropriate;
- All new employees undergo appropriate induction training which includes advice on the prevention and management of infectious diseases where applicable;
- Employees working in higher risk areas receive a copy of the Needle-stick information leaflet.

7.5 Employees

All employees of Falkirk Council must contribute positively to ensure the successful management of health, safety & care. To ensure the effective implementation of this policy, employees must:

- Safeguard their health and safety, and that of others, by following procedures and operating safe systems of work in accordance with the Policy on Prevention and Management of Infectious Diseases and other Falkirk Council corporate and Service based Health & Safety Policies, procedures and risk assessments;
- Wear/use P.P.E. as instructed by their manager;
- Alert line managers to unsafe practices, conditions or areas of concern;
- Attend relevant training as instructed by their manager;

7.6 Head of Human Resources

The Head of Human Resources, in conjunction with Service Directors and Trade Unions, will monitor and review this policy as required.

A GUIDE TO INFECTIOUS DISEASES

1	HIV/AIDS
2	Chicken Pox
3	Crabs
4	Glandular Fever
5	Head lice
6	Hepatitis A
7	Hepatitis B
8	Hepatitis C
9	Meningitis
10	Fleas
11	M.R.S.A.
12	Scabies
13	Tuberculosis
14	Tetanus
15	Toxoplasmosis
16	Shingles
17	Clostridium Difficile
18	Measles
19	Impetigo

HIV/AIDS

HIV is a virus which attacks the immune system, leaving the body vulnerable to a variety of life-threatening diseases. The virus which can result in AIDS has been found in the blood, sexual fluids and breast milk of infected people.

What are the Symptoms?

- Unexplained fatigue, weight loss and headaches
- Swollen glands, sore throats and coughs
- Fever (over 10 days)
- Excessive sweating (especially night sweats)
- Mouth sores.

How is it Spread?

- Through sexual intercourse (including Oral, Vaginal and Anal Sex)
- Sharing needles
- Blood transfusion (all blood is now tested so this is very rare)
- Mother to child-before or during birth or by breast milk
- Sharing toothbrushes and razors with infected people.

What is the Incubation Period?

- HIV is detectable in the blood 12 weeks after exposure to infection. This is known as the “window period”
- HIV results in AIDS which can take up to 10 years before any symptoms are noted.

How to Prevent Infection at Work

- Practice Universal Precautions
- Avoid exposure to blood of HIV sufferers
- Ensure all cuts or damaged areas of skin are covered (plasters)
- Wear gloves where contact with blood and body fluids is inevitable.

Treatment

- There is no cure for AIDS at this time, however, treatments are available to improve the quality of life for those suffering from the infection.

(2)

CHICKEN POX

Chicken Pox is a contagious illness, common in children. Someone who has had chicken pox gains immunity for life. However, the virus can return as Shingles in later life. Usually the condition runs its course without complication.

What are the Symptoms?

- Prior to rash, person may feel unwell and have a temperature
- Rash beginning on body and face which spreads to limbs
- Itchy red spots which develop into blisters within hours
- Blisters turn into scabs after couple of days with new blisters appearing after 3-6 days
- Illness lasts 7-10 days in children and longer in adults, who can feel very unwell.

How is it Spread?

- By direct contact with broken blisters when rash is present
- By airborne droplets. A person is infectious for about 3 days before the rash appears.

What is the Incubation Period?

- The incubation period is 10-20 days

How to Prevent Infection

- This is difficult as condition is infectious before any signs are obvious
- Particular care should be taken to prevent contact with blisters when rash is present.

Treatment

- Normally the condition runs its course without treatment, although lotions or tablets may be given to control the itch.

(3)

CRABS

Crabs or Pubic Lice are one of three lice found to attack the body. Crabs are mainly found in pubic hair, but can sometimes be found in the underarm, eyebrows and eyelashes. Adult lice are approximately 1.2mm in diameter and can be seen on close inspection.

What are the Symptoms?

- Intense itching mainly around the genital area.

How is it Spread?

- Being sexually active with an infected person
- Sharing bedding or clothing with an infected person
- Physical contact of items, including toilet seat (this isn't common but can happen).

What is the Incubation Period?

- 1 week from infection until eggs hatch
- Lice live up to 30 days but need a constant supply of blood.

How to Prevent Infection

- Avoid sexual intercourse with contaminated persons
- Good personal hygiene at all times.

Treatment

- Crabs are treated with a prescribed drug (in form of shampoo)
- One treatment usually kills all of the bugs
- All clothing and bedding should be washed in hot water.

(4)

GLANDULAR FEVER

Glandular Fever is a viral infection, generally attacking the lymph nodes.

What are the Symptoms?

- Swelling and tenderness of lymph nodes
- Fever
- Headache
- Sore throat
- Loss of appetite.

How is it Spread?

- Through close contact with an infected person, i.e.: kissing
- It can also be spread through contact with nasal/throat discharge.

What is the Incubation Period?

- The incubation period is variable – may be several weeks.

How to Prevent Infection

- Practise Universal Precautions
- Avoid contact (saliva) with anyone who is known to be infected by this virus.

Treatment

- Rest is the only advice given for the treatment of this infection.

(5)

HEAD LICE

Head lice are small parasites which live on the scalp. They bite through the skin and suck out blood to survive. The louse lays eggs called “nits”, which appear similar to dandruff, that stick to the hair shaft. They can be seen further down the hair shaft the longer they have been present.

What are the Symptoms?

- Intense itching of the scalp
- Lice on scalp or on clothes
- Eggs on the hair shaft.

How is it Spread?

- Through close contact with an infected person. They are only spread by head to head contact.

What is the Incubation Period?

- Week to hatch
- Adults can live for 30 days, however, they die without constant blood supply.

How to Prevent Infection

- Good personal hygiene
- Avoid head to head contact

Treatment

- Prescribed shampoo and bone combing hair
- Wash bedding, clothing, etc. Separate from other laundry
- Sterilise all brushes and combs.

(6)

HEPATITIS A

Hepatitis A is a virus, which can cause inflammation of the liver. It is carried in the bowel movements of an infected person and spreads through contact with faeces.

What are the Symptoms?

- Some people may feel flu-like, others may have no symptoms
- Tiredness and a general feeling of unwell
- Jaundice (yellowing of skin and eyes)
- Fever and abdominal pain
- Loss of appetite and diarrhoea
- Diagnosis is confirmed by blood test.

How is it Spread?

- Through poor personal hygiene touching an infected person's stool (e.g.: during personal care) then eating or drinking
- Drinking water or eating uncooked meat contaminated by infected stool
- Eating food prepared by someone who has touched infected stool
- Through anal sex with an infected person

What is the Incubation Period?

- The period from being infected / developing symptoms is usually 4 weeks.

How to Prevent Infection

- Wash hands thoroughly after using the toilet and before preparing or eating food
- Always wear gloves where contact with faeces is possible
- Drink bottled water and take care with food when in another country
- Immunisation is available.

Treatment

- Most people get well on their own after a few weeks
- Bed rest for several days and refraining from alcohol until well may be required
- Medication may be prescribed by the GP.

(7)

HEPATITIS B

Hepatitis B is a virus, which can cause inflammation of the liver. It is spread by contact with an infected person's blood, semen or other body fluid.

What are the Symptoms?

- Some people may feel flu-like, others may have no symptoms
- Tiredness and a general feeling of unwell
- Jaundice (yellowing of skin and eyes)
- Fever and abdominal pain
- Loss of appetite and diarrhoea
- Diagnosis is confirmed by blood test.

How is it Spread?

- Through sharing needles, etc, or being pricked by a needle from an infected person
- Through unprotected sexual intercourse with an infected person
- From infected mother to baby in the womb or at delivery
- Through sharing razors, toothbrushes, etc with an infected person
- Through tattoos or body piercing with dirty equipment.

What is the Incubation Period?

- From the time of exposure to the onset of the disease is 2 to 6 months.

How to Prevent Infection?

- Practice Universal Precautions at work
- Avoid unprotected sexual intercourse with high risk or numerous partners
- Avoid sharing any personal items such as razors, toothbrushes, etc, with an infected person
- Ensure all open wounds are covered
- Immunisation is available from the GP.

Treatment

- There is no specific treatment for acute Hepatitis B, but GPs will sometimes use anti-viral drugs
- In rare cases damage to the liver will result in surgery being required
- Most people with acute Hepatitis B recover in a few weeks
- People with the chronic form of the disease are more at risk from complications and present an infection risk to others.

(8)

HEPATITIS C

Hepatitis C is a virus, which can cause inflammation of the liver. It is a blood borne infection, which means it spreads through blood to blood contact.

What are the Symptoms?

- Some people may feel flu-like, others may have no symptoms
- Tiredness and a general feeling of unwell
- Jaundice (yellowing of skin and eyes)
- Fever and abdominal pain
- Loss of appetite and diarrhoea
- Diagnosis is confirmed by blood test.

How is it Spread?

- Through sharing needles, etc, or being pricked by a needle from an infected person
- Through unprotected sexual intercourse
- From infected mother to baby in the womb
- Through sharing razors, toothbrushes, etc with an infected person
- Through tattoos or body piercing with dirty equipment
- People receiving blood transfusions prior to 1991 may have been at risk.

What is the Incubation Period?

- This appears to be variable.

How to Prevent Infection

- Practice Universal Precautions at work
- Avoid unprotected sexual intercourse with high risk or numerous partners
- Avoid sharing any personal items such as razors, toothbrushes, etc, with an infected person
- Ensure all open wounds are covered.

Treatment

- Regular check-ups are required as not everyone shall require urgent treatment
- Treatment where required is provided by hospital or GPs.

(9)

MENINGITIS

Meningitis can be Bacterial or Viral in nature. There is no link between the two diseases although the symptoms can be similar at the outset. The viral form of Meningitis is not life threatening, but the bacterial form is more dangerous and can be fatal.

What are the Symptoms?

- Severe headache with vomiting
- Feeling feverish
- Stiff neck, back and joint pains

If any of the following develop get immediate emergency medical help:

- Rash of tiny red bruises which don't fade under pressure (the glass test)
- Severe dislike of light
- Disorientation and coma.

How is it Spread?

- Through prolonged, close contact with an infected person.

What is the Incubation Period?

- The important thing to stress is that the disease can develop rapidly, sometimes within a matter of hours.

How to Prevent Infection?

- Most cases are isolated, however, children and young adults are more at risk
- Immunisation is available for certain strains of the disease.

Treatment

- Treatment will be dependent on the type of Meningitis, but early intervention is essential.

(10)

FLEAS

Fleas are a small parasite which usually attack animals, e.g. cats or dogs, however, when an animal has not been present for an extended period, fleas will then bite humans. Bites are normally noticed around the waist, ankle, armpits, knees or elbows.

What are the Symptoms?

- Rash
- Itch
- Hives

How is it Spread?

- They only bite humans when animals are not available
- They jump.

What is the Incubation Period?

- Instant, spots appear as soon as bitten.

How to Prevent Infection

- Use of insecticides
- Professional extermination may be necessary in some cases.

Treatment

- Insecticides
- Flea collar sprays
- Calamine lotion may help relieve the itching.

MRSA

Methicillin Resistant Staphylococcus Aureus (MRSA), is a bacteria carried in the nose, mouth or skin by up to 50% of the population. In normal healthy people the bacteria causes no harm. However, if it enters the body of an already weak or ill person it can be very harmful. MRSA is resistant to most antibiotics.

What are the Symptoms?

- MRSA affects people in two different ways; colonisation or infection.
- **Colonisation:** When no signs or symptoms are displayed, however, the person is a carrier of the bacteria. Many health care workers carry MRSA.
- **Infection:** Where MRSA is causing an infection, e.g., an abscess or wound infection that is red, hot and inflamed with discharge. It can also cause a urinary tract infection.

How is MRSA Spread?

- Through direct person to person contact, especially where there is skin damage, catheters and drips
- Certain skin conditions which shed particles, or inefficient cleaning of dust particles can also spread MRSA.

What is the Incubation Period?

- It is difficult to specify exact time scales, however, it would appear that contamination, within hospital settings is very quick, and signs are evident within hours (MMWR Weekly, August 1999).

How to Prevent Infection

- The practising of “Universal Precautions” is essential for the prevention and spread of MRSA
- Masks and gowns should also be used when working within 3 feet of clients with MRSA pneumonia
- Disposable masks, gowns, gloves should be disposed of immediately after use
- Laundry should be washed as normal in a hot (65 degrees) wash.

Treatment

- MRSA will often be treated by a specific antibiotic such as Vancomycin.

(12)

SCABIES

Scabies is an infectious itchy skin condition caused by a tiny mite burrowing under the skin.

What are the Symptoms?

- Itching (worse at night), especially of the hands, feet and male genitalia
- Thin pencil lines on the skin, often between fingers or toes
- Rash
- Abrasions of the skin (from scratching and digging).

How is it Spread?

- Through prolonged, direct skin to skin contact with an infected person
- Sharing bedding and clothing with an infected person.

What is the Incubation Period?

- Eggs mature after around 21 days, resulting in an intense itch
- Mites die around 30 days but if untreated the eggs laid within this time will hatch.

How to Prevent Infection

- Avoid sharing bedding or clothes of infected people
- Ensure use of gloves when handling infected people/items.

Treatment

- Treatment of infected person with prescribed creams/lotion
- Treatment of all family members/those in intimate contact at same time
- Change and launder all bedding and clothing. Leave for 24 hours then launder as normal.

TUBERCULOSIS

Tuberculosis (TB) is an infectious disease that commonly affects the lungs, although it can spread in the blood to other areas of the body. TB was thought to have died out as a result of immunisation, but there has been a recent increase in cases in the UK. People most at risk include people living in poor conditions or institutional care, immigrants, alcoholics and certain health care workers.

What are the Symptoms?

- Chronic or persistent cough lasting over 3 weeks, accompanied by sputum (which may be bloodstained)
- Fever or sweating (especially at night)
- Fatigue, general discomfort in the chest or ill feeling
- Loss of appetite and loss of weight.

How is it Spread?

- Through contact with droplets of bacteria present when an infected person coughs or sneezes. In underdeveloped countries through drinking untreated milk.
- Health and Safety should be informed of any staff coming into contact with TB at work. A Health and Safety Officer will then liaise with a Health Board TB co-ordinator to obtain advice on any appropriate action.

What is the Incubation Period?

- Primary infection can be confirmed around 6 weeks from exposure although there may be no symptoms at this stage
- Symptoms may develop thereafter or the disease can remain dormant indefinitely.

How to Prevent Infection

- Regular screening of infants and BCG immunisation of teenagers
- Skin testing for individuals exposed to TB.

Treatment

- Daily doses of antibiotics for several months, in conjunction with rest and vitamins
- In severe cases, hospitalisation is required in order to establish treatment and prevent spread to others
- Rest and high vitamin C diet are also recommended.

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TETANUS

Tetanus (or “lockjaw”) is a bacterial disease that affects the nervous system.

What are the Symptoms?

- Muscular stiffness in the jaw and then the neck, with difficulty in swallowing
- Rigidity of abdominal muscles
- Spasms, sweating and fever.

How is it Spread?

- The organism, which is commonly found in soil, enters the body through a wound
- It is **not** transmitted from person to person.

What is the Incubation Period?

- This is normally around 8 days, but may range from 3 days to 3 weeks.

How to Prevent Infection

- Keep Tetanus vaccinations up to date
- Take extra precautions when working with or in proximity to soil, wearing covered shoes and gloves.

Treatment

- Wounds are thoroughly cleaned and dead tissue removed
- Depending on the previous immunisation record of person, a further booster, antitoxin or antibiotics may be given.

TOXOPLASMOSIS

Toxoplasmosis is a common, tiny parasite that can live in the cells of most mammals and birds. Cats are the main host of this parasite that can be transmitted to humans.

What are the Symptoms?

- Many infected people display no symptoms with diagnosis only being made by blood test
- Some people will develop swollen lymph nodes in the neck or under arms, accompanied by exhaustion and a slight fever
- Occasionally, eye complaints can occur
- New-born children, infected in the womb, however, can develop serious illnesses.

How is it Spread?

- By eating undercooked meats from an infected animal
- Failing to wash hands between emptying cat litter and eating
- Children eating objects contaminated by infected soil.

What is the Incubation Period?

- This is currently unknown.

How to Prevent Infection

- Wash hands after handling raw meat or vegetables
- Take extra precautions when working with or in proximity to soil, wearing covered shoes and gloves
- Make sure that all meat is well cooked
- At work, pregnant women should not empty or clean cat litter trays
- Any worker engaged in the above must wear gloves and wash hands thoroughly.

Treatment

- Often treatment is not required as infected people may carry Toxoplasmosis, without harm or symptoms
- Specialists using drugs deal with cases, which do require treatment.

(16)

SHINGLES (HERPES ZOSTER)

It is a painful condition affecting only a limited area of skin. It is caused by the Chickenpox virus.

What are the Symptoms?

- A very painful, blistering rash affecting one area or side of the body
- Localised pain or tenderness prior to the rash appearing
- General debility and exhaustion with aches, pains and sometimes mild fever
- Depression is often a feature of Shingles
- Residual pain may continue indefinitely after the initial illness.

How is it Spread?

- You cannot catch Shingles from someone with the condition or chickenpox
- Shingles is a reactivation of a previous chickenpox infection
- The risk is that someone, who has not had chickenpox, could catch that from contact with weeping Shingles sores.

What is the Incubation Period?

- Shingles cannot be spread, therefore there is no incubation period.

How to Prevent Infection

- Not much can be done to avoid Shingles, as the virus lies dormant within the body
- Universal Precautions must be practised in personal care, to avoid contact with blister fluid
- NHS Green Guide recommends that staff who are immuno-suppressed, are pregnant or planning to be pregnant, or who have not had chickenpox should not work with clients with Shingles.

Treatment

- A doctor should see all Shingles cases especially when the face or eye is affected. Analgesia and rest are the primary treatments
- Occasionally, specialist opinion may be sought
- Further attacks of Shingles are possible, especially when the sufferer's system is run down.

CLOSTRIDIUM DIFFICILE

Clostridium difficile is a bacteria which can live in the bowel without causing any harm. If the normal bacteria in the bowel alter, Clostridium Difficile can multiply and cause diarrhoea. This commonly occurs as a result of antibiotics or other medication and can affect elderly people while in hospital.

What are the Symptoms?

- Unexplained diarrhoea, especially if client on antibiotic treatment.

How is it Spread?

- It is not a risk to healthy people, including children
- It can spread in vulnerable people by airborne infection or hand to mouth contamination.

What is the Incubation Period?

- Uncertain. Infectious only while diarrhoea persists.

How to Prevent Infection

- Encourage good personal hygiene on part of sufferer
- Universal Precaution should be practised by staff at all times.

Treatment

- Certain antibiotics may be stopped
- In severe diarrhoea, another antibiotic may be prescribed for 7-10 days
- Relapses may occur and should be notified to the GP.

MEASLES

Measles is a very contagious illness usually more common in children. Someone who has had this infection generally gains immunity for life. Usually the condition runs its course without any complications, however in more serious cases, side effects such as diarrhoea, pneumonia, encephalitis and corneal ulceration which can lead to scarring of the cornea can occur.

What are the Symptoms?

- Prior to a rash, person may feel unwell and have a very high temperature
- Cough, runny nose & itchy eyes
- Rash starts usually on the head and spreads to face and body, it can change colour from red to dark brown before disappearing
- Illness lasts 7-10 days in children and longer in adults, who can feel very unwell.

How is it Spread?

- By airborne droplets. A person is infectious for about 3 days before the rash appears and for around 4 days after the onset of the rash.

What is the Incubation Period?

- The incubation period is 4 - 12 days

How to Prevent Infection

- This may be difficult as condition is infectious before any signs are obvious
- Ideally it is recommended that the MMR vaccination should be administered to children to prevent future infection

Treatment

- Normally the condition runs its course without treatment, although lotions or tablets may be given to control the itch and paracetamol can be taken to control high temperature

IMPETIGO

Impetigo is an infection of the skin caused by a bacterium (staphylococcus aureus) that normally lives on the skin surface without any ill-effect

What are the Symptoms?

- Itchy blisters or sores appear, expand and burst producing a discharge within the first 24 hours of infection
- The blisters break down over 4-6 days forming thick crusts
- Impetigo tends to affect the hands and face, though it can spread to other parts of the body.

How is it Spread?

- Although impetigo often appears suddenly without an apparent cause, it is usually spread through direct contact with an infected person
- It can also be caught by the sharing of towels with an infected person
- It is more common in the summer when the skin tends to get broken by cuts or insect bites
- It is most common in crowded settings, such as schools and nurseries.

What is the Incubation Period?

- Impetigo is highly infectious while the sores are still discharging pus
- Children should not attend school until all the sores have crusted over
- Without treatment a person remains infectious with discharging sores for several weeks, but infectivity stops 2 days after the start of treatment.

How to Prevent Infection

- Good personal hygiene is the best way to prevent infection
- Keeping fingernails short, frequent hand washing, and using personal or disposable towels may prevent the spread of infection
- Infectious persons should avoid contact with others.

Treatment

- Applying antibiotic ointment to the sores 3-4 times a day for one week. The skin should completely heal within 10 days.
- Oral antibiotics are used for severe cases and can clear infection in 4-5 days.



GENERAL RISK ASSESSMENT

(ROUTINE TASKS)

Corporate & Commercial Services
Human Resources,
Municipal Buildings
Falkirk, FK1 5RS

HR16B

Section 1 - TASK/S	Example: Caring for Service users in their homes, residential homes, hostel accommodation or in schools			Ref No:
Service	Social Work:	Neighbourhood Services:	Education Services:	
Employee/s Job Title	Care Workers	Hostel Staff and Accommodation Officers	Teaching & Support Staff	

Section 2 – HAZARDS IDENTIFIED: (if the hazard is present in the task / activity tick the relevant topic)

1	Aggression	✓	16	Lone Working	✓	31	Temperature	
2	Animal Attack		17	Machinery		32	Vehicles / Traffic	
3	Asbestos		18	Manual handling / Lifting	✓	33	Vibration	
4	Fabric of Building		19	Shift Work	✓	34	Violence / Assault	✓
5	Contact with body fluids	✓	20	Noise		35	Ventilation	
6	Contamination / Disease	✓	21	Falling Objects		36	Water Systems	
7	Display Screen Equipment		22	Plant Rooms		37	Weather	
8	Dust / Fumes	✓	23	Pressure Systems		38	Welding Flash	
9	Electricity		24	Radiation		39	Work equip/Tools	✓
10	Fire & Explosion		25	Repetitive Strain Injury		40	Working at Height	
11	Flammable material		26	Scaffolding / Ladders		41	Workplace Lighting	
12	Furniture		27	Sharps	✓	42	Working Practices	
13	Gas		28	Slip / Trip / Fall	✓	43	Other	✓
14	Hazardous substance		29	Stress	✓		Discarded Needlesticks	
15	Infestation	✓	30	Substance Misuse				

Section 3 – PERSONS AT RISK (Enter relevant numbers affected)

Employee	1 or 2	Non-Employee		Person / Child		Expectant / New Mother		Shift Worker	
Home Worker		Disabled/ Special Needs	1	Contractor		Lone Worker		Client	

Section 4 – CONTROLS

Indicate below the reference no. of the hazard identified in Section 2, the present control method(s) and if it is considered these are adequate.

Hazard No.	Method of Controls (Include Council & Service procedures, relevant records held including training courses employees have/are required to attend).	Adequate ? Yes or No
1 & 34	Employees have been trained in dealing with aggression/violence to staff either via a training course or by briefing sessions. There is a Violence at Work Policy and risk assessments are undertaken on clients as part of their care package or where there is a known risk of violence to ensure risk is controlled.	Yes
5, 6 & 15	Employees are to apply "Universal Control Precautions" as referred to in the Policy for the Prevention and Management of Infectious Diseases and in accordance with the WHO leaflet <i>Hand Hygiene When and How</i> , to ensure risk of infection, contamination & disease is controlled effectively.	Yes

16	Employees have been made aware of relevant risk assessments, safe systems of work, policies and procedures e.g. the Lone Working Policy, Manual Handling Polic, Needle-Stick Policy and Accident/Incident Reporting Policy.	Yes
18 & 39	Employees have been trained in manual handling where they are required to use hoists when caring for clients.	Yes
19	Employees who work shift patterns are entitled to shift breaks.	Yes
27	Employees are familiar with the Needle-Stick Policy and relevant Service based risk assessments	Yes
28	Employees have been advised of the corporate and Service based Health, Safety & Care policy and Service based procedures and local procedures for good practice.	Yes
29	Employees have been made aware of the Stress Policy and support available regarding Council initiatives to assist with coping strategies.	Yes
30 & 44	Substance Misuse, Employees have been trained to avoid risk from discarded needle-sticks and are aware of the Needle-stick Policy, procedures and risk assessments. Employees who are regularly exposed to injury from discarded needle-sticks, sharps or bites from clients should be offered the vaccination for Hepatitis B via the Occupational Health Provider, there may be a charge for this Service. To determine if this is necessary managers should evaluate the potential risks against the employee's specific duties and assess number of previous incidents if relevant via risk assessment..	No
**	All Hazards - Line Managers must ensure that their employees are fully aware of relevant policies, procedures, risk assessments & guidance available and organise regular training/briefing sessions to ensure that employees are working safely and actively implementing same, including "Universal Control" precautions as per the content of the Policy for the Control and Management of Infectious Diseases and World Health Organisation leaflet, <i>Hand Hygiene – When and How</i> .	Yes

Section 5 – COMMENTS

Identify hazards which have no means of control, or are not adequately controlled. List any recommendations which you feel may resolve the hazards

Hazard No.	Recommendations
30 & 44	Managers should consider a vaccination programme for employees who provide direct care to service users or who work in waste management.

Section 6 – OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN (Probable Frequency X Severity)

Frequency, scale : Low 1 - High 5	1 Improbable, 2 Possible but unlikely, 3 Happens infrequently 4 Happens quite frequently, 5 Happens, very frequently
Severity, scale : Low 1 - High 5	1 Trivial injury, 2 <u>Minor injury</u> , 3 Hospital stay/Industrial illness 4 Major injury, 5 Fatality
Reasons:	
If all of the above control measures and recommendations are followed then the potential risks to employees should be effectively controlled.	

Section 7 – IDENTIFY OTHER RISK ASSESSMENTS REQUIRED / RELEVANT (Circle)

COSHH / Manual Handling / Personal Protective Equipment / Noise / Vibration / Asbestos / Lead/ Display Screen Equipment / Fire/Other (*please state)
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Assessors Name:	Signature:	Date:
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Section 8 – ACTION PLAN (where appropriate)				
Hazard No.	<i>Action Required</i>	<i>Person nominated</i>	<i>Date Assigned</i>	<i>Date Completed</i>
a)	Identify all employees who may still be exposed to risk from exposure to hepatitis infections even although risk assessments are in place and consider arranging a vaccination programme via Occupational Health if required.			
b)	Ensure all new employees are trained accordingly and are included in any vaccination programme.			

Managers Name: Signature: Date:
Date of Next Assessment Review: (N.B. at least annually)

Note: A copy of this Risk Assessment must be kept at the place of work to which it refers and the risk factors and control measures brought to the attention of all employees carrying out and/or supervising or managing the work

**AVOIDING INFECTION
GUIDANCE FOR EMPLOYEES WHO ARE CARERS**

Service users being provided with care pose significant risk relating to the development of health care associated infection, e.g. invasive devices and wounds. In addition, facilities within a client's home can sometimes make infection control measures problematic as there may be a lack of suitable hand-washing facilities, a lack of hygiene supplies, and difficulties in cleaning and decontaminating equipment. Despite this, the risks presented by providing care in a client's home are likely to be less than those presented in hospital.

Hand Washing

Washing hands thoroughly and regularly is the single most effective way of avoiding infection. Artificial nails and nail polish should not be worn, as research has shown that they harbour bacteria and discourage people from washing hands properly. Hands must be thoroughly washed before and after:

- Attending the physical care of a client;
- Handling items of clothing, bedding or laundry;
- Dealing with pets/animal waste;
- The use of disposable gloves and apron;
- Using toilet facilities;
- Eating and drinking;
- Food preparation.

Refer to the World Health Organisation leaflet “Hand Washing – When and How”.

Body Fluids

When handling body fluids, disposable gloves and apron must be worn. Immediately after use, all disposable items should be placed in a plastic bag, and then into the bin liner for normal waste uplift. Employees have a responsibility to ensure the effective cleaning of each piece of equipment that is kept and used in a service user's home. This will reduce the risk of infection to anyone coming into contact with the piece of equipment:

Cleaning of Utensils, Equipment & Clothing

All cleaning must be conducted thoroughly:

- Toilet facilities, commodes, etc: hot water and detergent should be used. Gloves should be worn;
- Clothing and Bedding should be washed in hot water (over 65 degrees) and with a suitable detergent;
- Moving and Handling Aids and Equipment should be washed with hot water and soap/detergent;
- Cutlery and Crockery should be washed with hot water and suitable detergent.

Given that it is not always possible to be aware if a client has, or is carrying any infectious condition, the precautions above must be practised with all service users at all times. However, where the responsibility lies with the service user or the service user's carers, it is important that they receive clear advice with regard to the correct procedure involving the control risk of infection relevant to the service user's condition. The use of household detergent and hot water is normally sufficient for cleaning purposes in a house. However, the manufacturers' instruction must always be consulted. The frequency of cleaning will depend on the nature of the equipment, e.g. commode pots should be cleaned each time they are emptied; mattresses on the other hand can be cleaned at greater intervals, depending on the degree of soiling. Cleaning regimes should be incorporated within the service user's care package.

Cuts and Wounds

Carers and Service users who have minor cuts or wounds should use waterproof dressings/plasters to ensure that infection is controlled and the cut or wound is kept dry.

FALKIRK COUNCIL

SCHEDULE 19

**RULES ON HYGIENE ISSUED TO ALL FOOD HANDLERS AND KITCHEN STAFF
AND AS DISPLAYED IN ALL CATERING ESTABLISHMENTS**

All catering staff must complete a medical questionnaire and possess a certificate of medical fitness prior to appointment. It is obviously important that in catering high standards of health and hygiene are maintained. When you have taken up your post, you must comply with these standards which are:

1. When you go to see your own Doctor for any reason you should make sure that he knows that you are a food handler.
2. From time to time you may suffer from diarrhoea and/or vomiting. If you do you should not be at work. If you are already at work you must see your Supervisor immediately.
You will normally be sent home for examination by your Doctor who may ask you to produce a faecal specimen before returning to work.
If any members of your immediate family have had an attack of vomiting and/or diarrhoea you should let your Supervisor know.
In certain circumstances you may be asked to go off duty until checks have been made. If this happens you should not be alarmed. It is a safeguard to protect your own health and that of the people who eat the food you handle.
3. If you sustain a cut or injury while at work, you must see the Supervisor and/or the First Aider immediately who will arrange whatever treatment is necessary. In your own interest make sure that an entry is made in the Accident Book and an Accident Report is completed.

NEVER THINK THAT AN ACCIDENT IS TOO TRIVIAL TO REPORT.

4. Hands should be frequently washed in hot water with soap. Rinse and dry well. Nails should be kept short and scrubbed with care to avoid damaging the skin. Nail biting and finger licking should be avoided. Nail varnish should not be used. If you notice an infection of your skin, report immediately to your Supervisor.

Always wash your hands:

- a) Immediately before starting work
 - b) After handling raw fish, poultry or meat
 - c) After cleansing, handling swill or refuse
 - d) After visiting the toilet, or using your handkerchief
5. Personal protective clothing must always be worn on duty. It should be changed regularly and frequently. Hair should be covered as much as possible and you must avoid touching it while on duty. Your protective clothing should only be worn whilst on duty.
 6. Food handlers must not wear bracelets and necklaces or other such jewellery and, where possible, rings should be removed.
 7. Footwear is very important. Shoes must be comfortable and well fitting. In your own interest, you should always wear strong shoes that are as slip-proof as possible. The following are examples of shoes unsuitable for the situation found in kitchens; sandals, "health" shoes, high heel shoes, plimsols, trainers, and those without adequate means of fastening.

8. Smoking is prohibited in all working areas. This includes cooking and preparation rooms, storage areas including vegetable stores areas, trolley loading/storage bays, washing up areas and rooms without adequate ventilation which lead into or onto a food preparation area.
9. General Rules for Personal Cleanliness.

As further emphasis to the points listed above you are reminded of the following extracts which are taken from the Hygiene Regulations and can be regarded as five basic rules to be observed in order to prevent germs entering food.

- a) There is a constant need for cleanliness of hands, face and other parts of the body likely to come into contact with food (e.g the hair and scalp and the forearms, particularly if short sleeves are worn): the need to avoid touching the nose and lips while handling food and to wash the hands frequently.
- b) The need to maintain in a clean condition personal and protective clothing.
- c) The need to completely cover open cuts and grazes with a detectable waterproof dressing.
- d) The avoidance of spitting.
- e) The avoidance of smoking, chewing tobacco, using snuff or chewing gum while handling food or while being in a room where food is present.

You must appreciate that these Regulations place a legal obligation on all employees handling food to comply with such rules on personal cleanliness.



How to handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS ONLY WHEN VISIBLY SOILED!

⌚ Duration of the entire procedure: 30-30 sec.

1. Apply a palmful of the product in a cupped hand, covering all surfaces.
2. Rub hands palm to palm.
3. Rub hands palm to palm, right palm over left dorsum with interlocked fingers and vice versa.
4. Rub hands palm to palm, palm to palm with fingers interlocked.
5. Rub backs of fingers to opposing palms with fingers interlocked.
6. Rub between fingers and thumb.
7. Rub between fingers and thumb, back of fingers to palm and vice versa.
8. Rub back of hand with fingers of other hand, vice versa.
9. Once dry, your hands are safe.

How to handwash?

WASH HANDS ONLY WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB!

⌚ Duration of the entire procedure: 40-60 sec.

1. Wet hands with water.
2. Rub hands palm to palm.
3. Rub hands palm to palm, right palm over left dorsum with interlocked fingers and vice versa.
4. Rub hands palm to palm, palm to palm with fingers interlocked.
5. Rub backs of fingers to opposing palms with fingers interlocked.
6. Rub between fingers and thumb.
7. Rub between fingers and thumb, back of fingers to palm and vice versa.
8. Rub back of hand with fingers of other hand, vice versa.
9. Rise hands with water.
10. Dry hands thoroughly with a single use towel.
11. Use towel to turn off faucet.
12. Your hands are now safe.

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