

# READY FOR ANYTHING!

Protect yourself and others from harmful infections

An infection prevention resource for workplaces and businesses



COVID-19 has had an enormous impact on workplaces. It won't be the last pandemic to affect us. But we can learn from COVID-19 and make sure that we continue to implement good infection prevention practices so that we continue to protect our staff, to reduce risk and help keep our workplaces free from infection. All the good processes we have put in place apply equally to non-COVID infections and will stand us in good stead.

**This guidance is of a general nature and has been put together to help workplaces implement fundamental infection prevention practices and behaviours that can help workers keep safe and well when at work.**

This guidance DOES NOT replace any other regulatory infection prevention and control measures you are legally obliged to have in place at your workplace.

### **Health Protection Teams in Devon Contact Details**

UK Health Security Agency (UKHSA) South West Health Protection Team (SWHPT): [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk)  
Phone: 0300 303 8162 option 1 then option 1

Nationally the UK Health Security Agency (UKHSA) has a responsibility to deliver a specialist health protection response through regional Health Protection Teams. For the South West, this is referred to as the SWHPT (South West Health Protection Team).

At the local level, local authorities have a mandated responsibility for ensuring that health protection arrangements are robust and meet the needs of the local population. The roles of the UKHSA HPT and the local authority public health teams are complementary to ensure an effective response. During the covid pandemic, local authorities took on a key role in responding to covid cases and outbreaks. The local authority Health Protection leads work very closely with UKHSA and other stakeholders to ensure an effective Health Protection response.

### **Local Authority Public Health Teams**

Public Health Devon County Council: [publichealth-mailbox@devon.gov.uk](mailto:publichealth-mailbox@devon.gov.uk)

Public Health Plymouth City Council: [odph@plymouth.gov.uk](mailto:odph@plymouth.gov.uk)

Public Health Torbay Council: [trackandtrace@torbay.gov.uk](mailto:trackandtrace@torbay.gov.uk)

Version 2.0

Author: Belinda Caslake, Senior Infection Prevention Practitioner, Devon County Council, Plymouth City Council and Torbay Council

Published December 2021: Updated April 2022

<b>Contents</b>	
<a href="#"><u>Glossary of Terms</u></a>	<b>3</b>
<a href="#"><u>Introduction</u></a>	<b>4</b>
<a href="#"><u>Responsibilities</u></a>	<b>4</b>
<a href="#"><u>Key Messages for Preventing Infections in the Workplace</u></a>	<b>4</b>
<a href="#"><u>What is an Infection?</u></a>	<b>5</b>
<a href="#"><u>Hand Hygiene</u></a>	<b>6</b>
<a href="#"><u>Respiratory Hygiene</u></a>	<b>8</b>
<a href="#"><u>Face Coverings at Work</u></a>	<b>9</b>
<a href="#"><u>Cleaning</u></a>	<b>9</b>
<a href="#"><u>Management of blood and body fluid spillages</u></a>	<b>12</b>
<a href="#"><u>Laundry facility</u></a>	<b>13</b>
<a href="#"><u>Dealing with cuts/abrasions and spills of blood</u></a>	<b>13</b>
<a href="#"><u>Personal Protective Equipment</u></a>	<b>14</b>
<a href="#"><u>Ventilation</u></a>	<b>14</b>
<a href="#"><u>Vaccination/immunisation</u></a>	<b>15</b>
<a href="#"><u>Common infections that can trouble workplaces</u></a>	<b>16</b>
<a href="#"><u>IPC Champions in the Workplace</u></a>	<b>19</b>
<a href="#"><u>Antibiotic Guardian</u></a>	<b>19</b>
<a href="#"><u>Sepsis Savvy</u></a>	<b>19</b>
<a href="#"><u>Germ Defence</u></a>	<b>19</b>
<a href="#"><u>Appendix 1 Self-Assessment Checklist for Infection Prevention and Control (IPC) Measures for Workplaces and Businesses</u></a>	<b>20</b>
<a href="#"><u>Appendix 2 Roles and Responsibilities workplace health related policies and procedures – link to H&amp;S and OH and HR</u></a>	<b>24</b>
<a href="#"><u>Appendix 3 Exclusion Table</u></a>	<b>26</b>

## Glossary of Terms

**COSHH** Control of Substances Hazardous to Health

**D&V** is short for diarrhoea and vomiting

**Flu** is short for influenza

**Germs** Harmful microorganisms

**HPT** Local Authority and UK Health Security Agency Health Protection Teams (contact emails above)

**HSE** [Health and Safety Executive](#)

**IPC** Infection Prevention and Control

**Outbreak** An outbreak is defined as two or more linked cases within a 14-day time period.

**PPE** Personal Protective Equipment

## Introduction

Infection prevention in the workplace is a vital aspect of health and safety planning that can get overlooked. The recent coronavirus (COVID-19) outbreak illustrates how easily these serious and sometimes deadly infections can be spread. Therefore, the public health teams in the three Devon local authorities have put this resource together, to support workplaces and businesses to continue the good infection prevention practices that employers and staff can do in everyday life that really do make a difference to everyone's health and wellbeing at work. Coronavirus won't be the last infection to cause a pandemic, and there are many other infections that beset our workplaces. By maintaining good infection prevention practices and behaviours, your workplace will be 'Ready for Anything'.

It is also helpful to remind workers of this guidance ahead of the winter period as we tend to see a surge in viruses and other illnesses during this time such as respiratory infections and diarrhoea and vomiting infections.

This guidance is for everyone to help reduce the risk of catching and passing on infections to others. Even if you try and avoid other people, you cannot guarantee that you will not encounter infections. Following all the actions in this guidance all of the time, even when you feel well, can help prevent the spread of infections at work. This is especially important if you work with someone who is vulnerable to infections.

This guidance also includes background information about the most common infections seen in the workplace and outlines the appropriate action to be taken to limit their spread. Links will be available for more information. The three local authorities also have resources available via their websites. This guidance also includes a useful checklist in appendix 1 that can help to identify if there are any gaps in your workplace that need addressing.

**Did you know?** Minor illness is the main reason for sickness absence. This includes respiratory viruses causing coughs, cold and flu as well as sickness, nausea, and diarrhoea. They account for over a quarter of all occurrences of sick absence [www.ons.gov.uk](http://www.ons.gov.uk)

## Responsibilities

Workplace employers

- **Legal requirement to follow HSE regulations**
- **Promote this IPC resource in the workplace**

Workplace employees

- **Follow IPC guidance and adopt good IPC behaviours when at work**
- **It is important that employees do not come to work when they are sick (see key messages below)**

This guidance does not replace the specific conditions of each individual place of work to comply with all applicable legislation, including the [Health and Safety at Work etc. Act 1974](#) For more information about HSE regulations, see appendix 2.

## Key Messages for Preventing Infections in the Workplace

- **Stay at home if you are too unwell to go to work and especially if you have symptoms of an infection e.g., gastroenteritis (diarrhoea and/or vomiting) or influenza (flu) like illness and not return to work until recovered and 48 hours have passed since last diarrhoea and/or vomiting episode: [Health A to Z - NHS \(www.nhs.uk\)](http://www.nhs.uk)**
- **Clean your hands thoroughly and often**
- **Promote and practice good respiratory hygiene: ['Catch it, bin it, kill it'](#)**
- **Clean frequently touched surfaces often, using standard products such as detergents**
- **Keep occupied spaces well ventilated**
- **Stay up to date with [recommended vaccinations](#)**
- **Be clear about what to do if someone becomes unwell at work**

## What is an Infection?

An infection may be caused by bacteria, fungi, viruses or prions and can result in a wide variety of infections, for example, urinary tract, wound, respiratory, blood, bone and skin infections. They can cause mild to severe diseases and in some cases can be fatal. Some people have no symptoms of infection.

Not all infections are transmissible but some, such as COVID-19, influenza, and norovirus have the potential to spread from one patient to another, causing outbreaks of infection which can seriously impact on the workplace. Understanding how infections spread is crucial to their prevention.

## The Spread of Infection

Anyone can become infected, but some people are more vulnerable than others.

Certain circumstances will increase individual's likelihood of becoming infected and of experiencing more serious effects. Some people may have a period of infectiousness where they can pass on an infection to others before their symptoms start.

Control of infection among workers will depend on:

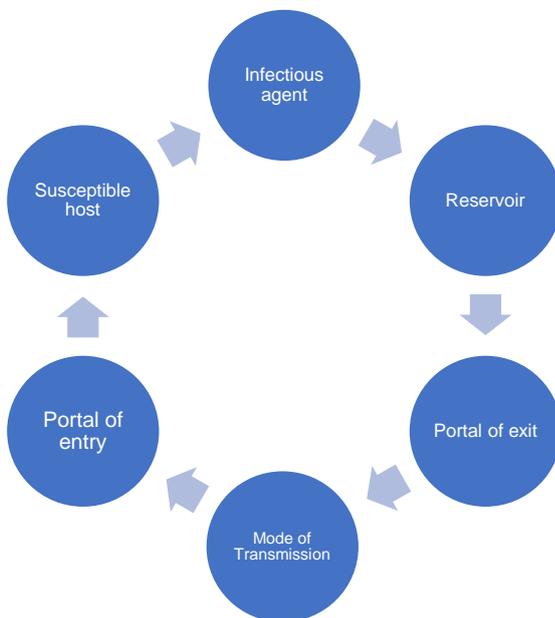
- **Prevention**
- **Early recognition of each case**
- **Prompt action and follow up**

Infections can be:

- **Acquired at home or the community and brought into work**
- **Acquired and spread within the workplace**

## Chain of Infection

For infection to occur several things need to happen. This is often referred to as the Chain of Infection. The six links in the chain are:



**The Infectious Agent** is any organism which has the ability to cause disease.

**The Reservoir** is the or source of infection where the microorganism can live and thrive. This could be a person, an animal, an object, food, or water.

**The Portal of Exit** for example coughing or sneezing spreads flu; faeces or vomit spread gastroenteritis.

**The Mode of Transmission** describes how microorganisms are transmitted from one person or place to another. This could be on someone's hands, on an object, through the air or bodily fluids.

**The Portal of Entry** is how the infection enters another individual. This could be through, being breathed in or entering via a wound for instance.

**The Susceptible Host** is the person who is vulnerable to infection.

**Infection can be prevented by breaking the Chain of Infection.**

The following are ways we can all break the Chain of Infection

## Hand Hygiene

Cleaning your hands is one of the most important things you can do to help prevent and control the spread of many infections. Good hand hygiene will reduce the risk of illnesses like flu, D&V and other infections being passed from person to person. Alcohol hand rub can be used if appropriate but should not replace washing hands if hands are visibly soiled or when you have symptoms of gastroenteritis (diarrhoea and vomiting). NB: Not all alcohol hand rubs are effective against norovirus.

Everyone should wash their hands or, if washing facilities are not available, use hand sanitiser frequently throughout the day. Cover all cuts and abrasions with a waterproof dressing.

Display signs and posters to make people aware:

- **how to wash your hands properly – it's not as easy as you think as people frequently miss areas**
- **wash your hands frequently**
- **avoid touching your face**
- **cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available**

Hand wash basins should be available in all toilet and kitchen areas.

- **They should be clean and in good working order**
- **Soap dispensers should ideally be wall mounted. Do not use bars of soap.**
- **Mixer taps are preferable so that a comfortable temperature can be achieved for hand washing**
- **Paper towels are preferable for drying hands with foot operated bins for disposal of paper towels. If electric air driers are used, then they should be in good working order (it is a good practice to have some paper towels in reserve in case of break down). If fabric hand towels are in use, then there should be a process in place to manage them safely.**

Place alcohol hand rubs in multiple accessible locations around the workplace and at workstations. Ensure dispensers are replenished.

## When to your wash hands

- **On arrival to work and before leaving work**
- **Before and after taking breaks**
- **Before, during and after preparing food**
- **Before and after eating food**
- **After blowing your nose, coughing, or sneezing (or helping someone to blow or wipe their nose)**
- **Before and after treating a cut or wound**
- **After using (or helping someone to use) the toilet**
- **Immediately after hands have been contaminated with respiratory secretions, blood, faeces, urine or other body fluid**
- **After handling animals, pet food/treats or cleaning cages**
- **After emptying bins**
- **Before and after using shared equipment**
- **After visiting a public space, including public transport**
- **Whenever hands are visibly dirty**

## How to clean your hands



### Best Practice: How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.



Adapted from the World Health Organization/Health Protection Scotland  
© Crown copyright 2020

\*Any skin complaints should be referred to local occupational health or GP.



### Best Practice: How to handrub step by step images



Adapted from the World Health Organization/Health Protection Scotland  
© Crown copyright 2020

## Drying your hands

Germs spread more easily from wet skin than from dry skin, so drying your hands completely is an important step. Paper towels are the most effective way to dry hands. If other hand drying methods are used e.g., electric air dryers, then ensure that they are used in accordance with manufacturer's instructions and an alternative method is available if they are out of action for any amount of time.

## Skin Health

Handwashing when done well is a great way to protect you from infection. Frequent hand washing can exacerbate dry skin issues including contact dermatitis, so it is important for people to protect their hands by regularly applying hand moisturiser after handwashing.

Top tips for keeping skin healthy:

- **Wet hands before applying soap.**
- **Adjust the water temperature if you can so it is neither too hot nor cold. We know people tend to wash their hands for longer if the water is warm rather than cold.**
- **Ensure hands are thoroughly dried after washing.**
- **Pat hands dry and pay attention to between the fingers.**
- **Check your skin for any signs of dryness, itching, redness, cracking, blistering, flaky or scaly skin regularly or at least once a day.**
- **The regular use of skin moisturisers containing emollients or conditioning creams should be encouraged after hand washing and at the end of each work period. Moisturisers should be available in clean dispensers.**
- **Report any signs of skin damage caused by hand washing at work to your manager or occupational health provider.**

## Simple steps to prevent skin damage

**Avoid** direct contact between unprotected hands and chemicals and cleaning products where this is sensible and practical and in line with COSHH.

**Protect** the skin by moisturising as often as possible and particularly at the end of the day – this replaces the natural oils that help keep the skin's protective barrier working properly. Avoiding contact will not always be possible so remind workers to wash any contamination from their skin promptly. Provide soft cotton or disposable paper towels for drying the skin. Tell workers about the importance of thorough drying after washing.

**Check** hands regularly for the first signs of itchy, dry, or red skin – when skin problems are spotted early, they can be treated, which can stop them from getting too serious

Regularly check your skin for early signs of dermatitis poster: [Skin checks for dermatitis poster \(hse.gov.uk\)](https://www.hse.gov.uk/dermatitis/poster/)

## Respiratory Hygiene

Respiratory viruses can spread easily from person to person by droplets. When an infected person coughs, sneezes or talks, they may generate droplets containing viruses.

People may get infected by the virus if they touch surfaces or objects that an infected person has touched, or if droplets have settled there.

People may also get infected if droplets remain in the air for an extended time. The risk of airborne transmission becomes higher:

- **in enclosed spaces that do not have good airflow**
- **in crowded places**
- **during loud conversations.**

Disposable tissues are best to catch coughs and sneezes and then throw the tissues away in a bin immediately and wash your hands.

If tissues are not immediately available, then coughing or sneezing into your elbow catches the droplets and stops them from getting on your hands.

Do not touch your eyes, nose or mouth if your hands are not clean.

# CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



# BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



# KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



## Face Coverings at Work

A face covering also helps stop droplets spreading when someone speaks, laughs, coughs or sneezes.

Anyone who shows signs and symptoms of a respiratory infection should be advised to use a face covering while waiting to leave to go home.

Wearing a face covering is an extra protective physical barrier to help keep you and others safe by stopping the spread of respiratory viruses. Face coverings are particularly useful when physical distancing is not possible.

If face coverings are worn at work, then it is essential that they are worn correctly. Hands should be cleaned before putting a face covering on and after removal. The face covering should not be touched while it is being worn.

Single use face coverings should be disposed of immediately after use. Reusable face coverings should be placed in a separate bag from other items and taken home to be laundered. Clean reusable face coverings should be kept separate to other items, so they do not become contaminated before wearing.

Note: A face covering is not personal protective equipment (PPE) as it does not meet the technical specifications for PPE

## Cleaning

All staff should have access to disinfectant products that are tested to the EN 14476 standard for virucidal efficacy. Products of low quality include no expiration date, lot number, and no information on how to handle the product. High quality disinfectants should have detailed labels that include the name and address for the manufacturer as well as a hazard and precautionary statement

Staff who clean, regardless of role, should receive training in how to clean and disinfect surfaces and frequently touched objects and management of body fluid spillages.

### Four steps to clean workplaces

1. **Look Visual assessment:** general impression including temperature, smell, visible debris, clutter, space, lighting, and presence of staff and visitors.
2. **Plan Organise and prepare for cleaning: wash hands;** re-align furniture and equipment for access; remove litter, food, spillages, debris, etc. Replenish supplies if needed
3. **Clean & disinfect**
  - i) Cleaning is the removal of dirt, smears, stains, grease, dust, etc.
  - ii) Disinfection (if required) is the treatment of surfaces/equipment using physical or chemical means such that the amount of microorganisms present is reduced to an acceptable level.
4. **Dry time for physical drying (water and cleaning fluids). Replace items if moved for cleaning. Assess area, remove equipment, and wash hands**

### Cleaning and disinfecting after an infection in the workplace

When a case of suspected/confirmed infection (e.g., respiratory illness or D&V) has been identified at the workplace then one of the following cleaning and disinfection regimes is used:

- **a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)**
- or
- **a household detergent followed by disinfection (1000 ppm av.cl.)**
- or
- **if an alternative disinfectant is used within the organisation ensure that it is effective against the target microorganism suspected/confirmed**

Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.

## The Colour Coded Cleaning System

It is good practice to adopt a colour coded scheme when cleaning workplaces as this helps prevent cleaning equipment being used in different areas (e.g., toilet and then used in a kitchen).

Example of a colour coded system (adapted from NHS colour coded system)

Blue = All general areas that are considered to present a low risk of infection. Offices, receptions, rest areas.
Green = All kitchen/food preparation areas
Red = is for high-risk areas in relation to the spread of infection, such as toilets, washrooms, showers.
Yellow = used in areas that are high risk of infection, for example, use for cleaning any areas where someone with symptoms of infection has been

## Cleaning Technique

- **Begin cleaning at the furthest end, working towards the exit.**
- **Clean from high to low (i.e., do not start with the floor).**
- **Clean from least visually dirty to obviously dirty.**
- **Use an 'S' shaped pattern to prevent going over the same area twice.**



## Examples of cleaning products

**Cleaning and disinfectant (combined) wipes** are ready-to-use products, that consist of a disposable cloth impregnated with detergents and/or disinfectants. They are a convenient and quick means of cleaning or disinfecting surfaces. The mechanical action of wiping a surface can remove organic debris including visible dirt, dust, etc. This mechanical cleaning action may also remove some microorganisms. Wipes that contain disinfectants have bactericidal, viricidal and/or sporicidal activity which means they will kill some microorganisms. Disinfectant activity might be limited based on how long the disinfectant liquid is in contact with the surface (contact time), the type of surface and the level of contamination present. If using on electrical equipment take care not to over wet the areas as this may cause damage to the electrical workings.

**Detergent wipes** are only a cleaning agent and not a disinfectant. Detergents are essential to the cleaning process, releasing dirt from the surface. Following use, dirt and a proportion of the microorganisms will be retained by the wipe and removed on it. Any microorganisms not removed from the surface could subsequently be transferred to other surfaces or locations.

**Disinfectant wipes** contain only a disinfectant. Wipes that do not contain a detergent will have limited cleaning properties. Disinfectants in wipes will only work while wet and once the wiped surface dries, all disinfectant activity stops.

**Fog, mist, steam, vapour or UV (ultraviolet) treatments** are interventions at a single point in time and do not replace any element of more regular infection control precautions and interventions. You will still need to clean and disinfect. These methods do not replace standard routine cleaning.

They may be useful in helping to disinfect items within a larger space or room. Any use of these treatments should form part of a risk assessment. Users must be competent and properly trained. Any equipment used to deliver the disinfectant by these means must comply with the relevant UK law especially as these techniques come with greater safety risks.

**Fogging/Misting** uses disinfectant sprayed from a Fogging/Misting machine to disperse droplets that settle on exposed surfaces. These machines normally use quaternary ammonium compounds which are chlorine dioxide or hydrogen peroxide-based disinfectant products. It is important to use the correct

concentration of the active chemical to achieve disinfection. Dispersed disinfectants may not cover all surfaces evenly. Hidden or 'shadowed' surfaces, or the surface underneath objects, may be missed especially cluttered areas and light switches.

**UV light** disinfects by using high frequency to target organisms such as bacteria, viruses and mould by disrupting their cells. UV systems may cause eye/skin damage if people enter an area undergoing treatment. Compared with disinfectants applied as a fogging/misting, UV treatment of surfaces leaves no chemical residue behind.

**Steam cleaning** uses droplets of hot water delivered under pressure to loosen dirt, grease and sticky oils from surfaces without additional chemicals. The high temperature of this steam can kill microorganisms (thermal disinfection). Some steam cleaning machines incorporate vacuum extraction (and some have integrated microfibre tools) and help remove dirt, water and contaminants. The technology can be used for cleaning both hard surfaces and most textiles. The steam droplets will be no hotter than 100°C (higher is often claimed) but will cool rapidly as they travel from the pressurised reservoir and can be much cooler when they reach the point of discharge. This will lessen the ability to destroy organisms. The nozzle must be held sufficiently close to the target and for enough length of time so that it gets hot. The further away the nozzle from the target the more cooling occurs. The shorter the dwell time of the nozzle over the surface being cleaned, the less efficient is the heat transfer. This is a practical method for cleaning soft furnishings.

### **Contact Times**

The contact time is the time needed for a disinfectant to be in contact with a microorganism to kill it.

If the product states the contact time is five minutes, it means that staff need to make sure the surface being disinfected remains wet for at least five minutes for the disinfectant to do the job effectively.

### **The law on disinfectants**

Where units/machines are used in a workplace, under the Control of Substances Hazardous to Health Regulations (COSHH) employers must ensure substances which may be harmful to people's health from their work activities are identified and assessed, and processes are put in place to eliminate or control risks.

COSHH also requires employers to provide information, instruction, and training for all their employees who use hazardous substances such as disinfectants in their work, including the appropriate precautions and actions employees must take to safeguard both themselves and others in the workplace.

### **Cloths and Mop Heads**

It is best practice to use disposable cloths and mop heads. Non-disposable mop heads should be laundered in hot wash (65°C or above). They should then be dried thoroughly in a tumble drier.

### **Carpets and soft furnishings**

Carpets and soft furnishings should be steam cleaned (or steam vacuumed) using a steam cleaner with a hot drying cycle which reaches a minimum of 70°C, unless the floor covering is heat sensitive and/or fabric is bonded to the backing material with glue. If this is the case then use a suitable, effective carpet shampoo, ideally with virucidal and bactericidal properties.

Carpets should be allowed to dry before anyone is allowed back into the area. Vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate germs that cause infections such as norovirus and are not recommended. If vacuum cleaners are to be used in non-contaminated areas, they should contain high efficiency particulate air (HEPA) filters which are regularly cleaned and disinfected.

Removable covers on soft furnishings and curtains should be machine washed in the hottest wash possible for the fabric.

If furnishings can tolerate, then a minimum 65°C temperature hold for a minimum of 10 minutes within the wash cycle; or 71°C for not less than 3 minutes is recommended if items are contaminated with infectious organisms.

## Shared Equipment

Any equipment that is used by more than one person should be cleaned after it has been used. Follow the manufacturer's instructions for cleaning equipment and used recommended products. Ensure equipment is dry before using again. Ensure staff know where to find cleaning products. People should clean their hands before and after using shared equipment.

**NB: Cleaning electrical equipment.** It is essential that you use a suitable product on electrical items and follow manufacturers cleaning instructions. For instance, over wetting this type of equipment may cause corrosion and faults.

## Management of blood and body fluid spillages

Staff should have easy access to a spillage kit in the event there is a blood or body fluid spill. Spillage kits should be kept in an area that is accessible to all staff, (preferably not in a locked room) in line with your current policy, especially if it contains spillage granules. Spillage kits don't have to be costly, and the kit can be made up at the workplace. Suggestions for the kit:

- **Coloured plastic bucket – clearly labelled “Spillage Kit”**
- **Kitchen roll or similar paper to place on spillage**
- **Plastic bag**
- **Apron and Gloves**
- **Spillage granules – not compulsory, but can speed up the cleaning process**

## Whose responsibility is it to manage body fluid spills?

There should be a plan of action as to who does what after the initial first aid measures. It should clarify whether the staff member continue to clear the spillage or if someone else (state who) should take over (as they may be the most experienced person and know how to deal with cleaning materials and disinfectants). Staff should be aware that it is the responsibility of everyone to try to minimise the risk to others by ensuring appropriate first aid measures are initiated.

## Method for cleaning blood and body fluid spillages

For spillages containing urine/faces/sputum:

1. **Wear PPE – usually gloves and apron but also eye protection if there is a risk of splashing into eyes.**
2. **Cover with paper towels (or granules if available – do not use chlorine releasing agent if urine spill).**
3. **Allow the spillage to be soaked up and then put into plastic bag**
4. **Clean the area with a detergent followed by a disinfection solution of 1,000 parts per million available chlorine (ppm av cl) or use a combined detergent/chlorine releasing solution with a concentration of 1,000 ppm av cl. Ensure that the manufacturers' instructions on contact time are followed regardless separate or combined solutions used.**
5. **Dispose of PPE**
6. **Clean hands**

For spillages containing blood:

5. **Wear PPE – usually gloves and apron but also eye protection if there is a risk of splashing into eyes.**
6. **Apply chlorine releasing granules directly to spill if available. If no granules available, then cover the spill with paper towels to absorb and contain it applying a solution of 10,000 parts per million available chlorine (ppm av cl) to the towels.**
7. **Allow the spillage to be soaked up and then put into plastic bag**
8. **Clean the area with a detergent followed by a disinfection solution of 1,000 parts per million available chlorine (ppm av cl) or use a combined detergent/chlorine releasing solution with a concentration of 1,000 ppm av cl. Ensure that the manufacturers' instructions on contact time are followed regardless separate or combined solutions used.**
9. **Dispose of PPE**
10. **Clean hands**

Spillages on soft furnishings:

- **If furnishings are heavily contaminated, you may need to discard them.**
- **Follow manufacturers' instructions for cleaning.**

## The Safer Disinfectant Network

Launched in November 2020, the network is a collaboration of leading disinfectant manufacturers and infection control experts, committed to promoting best practice to support public health.

[Read more](#) about how you need to know the disinfectant products you use, and the way that you use them, will properly clean and sanitise surfaces, equipment, and skin – protecting us from infection.

## Laundry facility

Any work-related items should be washed in accordance with manufacturer's instructions. Use the warmest water setting and dry items completely. To minimise the possibility of dispersing particles through the air, items are not shaken prior to washing.

Washing machines and tumble dryers are in good working order and used in accordance with manufacturer's instructions. A record of maintenance should be kept.

Anything used for transporting laundry should be easy to clean and is cleaned using usual cleaning products after use.

Foul/soiled/contaminated items should be laundered separately from used linen. A prewash cycle should be used followed by a hot wash, 65°C for not less than 10 minutes or 71°C for not less than 3 minutes or equivalent.

Personal contaminated items should NOT be laundered at work. They should be placed in a plastic bag and taken home.

## Dealing with cuts/abrasions and spills of blood

As we do not always know about every infection that an individual may have, we should take precautions whenever we deal with any cuts/abrasions or body fluid spills. The following practices should be used to prevent transmission of diseases (such as Hepatitis C and HIV) that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes.

- Wear gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron if possible.
- Carefully clean the wound under running water if possible or using a disposable container with water and wipes. Dab carefully dry.
- Cover all exposed cuts and grazes with waterproof plasters.
- If there is a spillage of blood or body fluids, refer to the guidance about cleaning spillages as described above.
- If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or experiences a splash of blood to the eye, area of broken skin or mouth, rinse well with water and seek medical advice.

## Personal Protective Equipment for IPC

**Gloves** are worn when direct contact with bodily fluids or when contact with chemicals as described in COSHH

**Aprons** are worn to protect clothing against splashing from bodily fluids or chemicals such as bleach that could discolour clothing.

**Eye Protection** is worn when there is a risk of chemicals/bodily fluids entering/splashing into the eye/s, for example, from coughing, spitting, or vomiting.

**Fluid Resistant Surgical Facemasks Type TIIR** are worn when looking after someone with symptoms of respiratory infection.

### Use PPE safely:

- **Always clean your hands before putting on and always after removing your PPE.**
- **Do not use PPE that is damaged. Always check it is intact before using.**

- **Do not touch your face mask or eye protection unless it is to put it on or remove it.**
- **Face mask should always cover your mouth and nose**
- **Do not dangle your face mask or eye protection around your neck or place on the top of your head**
- **Do not re-use PPE items unless they are clearly marked as re-usable. Gloves and aprons are always single use and must be disposed each after use. Re-usable items e.g., eye protection must be cleaned according to manufacturer's instructions or according to local infection prevention and control protocol**
- **Dispose of immediately after use.**
- **Ensure PPE meets British standards.**

## **Ventilation**

All workplaces need an adequate supply of fresh air. Good ventilation reduces the concentration of germs in the air, which reduces the risk from people inhaling any germs that other people are breathing out.

It is important to ensure that occupied spaces are well ventilated, and a comfortable environment is maintained. These can be achieved using the following measures.

### **Mechanical ventilation systems**

These should be adjusted to increase the ventilation rate wherever possible and checked to confirm that normal operation meets current guidance and that only fresh outside air is circulated. If possible, systems should be adjusted to full fresh air or, if not, then systems should be operated as normal if they are within a single room and supplemented by an outdoor air supply.

### **Natural ventilation**

Open windows for natural ventilation. In cooler weather, windows should be opened just enough to provide constant background ventilation and opened more fully during breaks to purge the air in the space. Opening internal doors can also assist with creating a throughput of air.

If necessary, external opening doors may also be used (as long as they are not fire doors and where safe to do so).

### **CO2 monitoring**

People exhale carbon dioxide (CO<sub>2</sub>) when they breathe out. If there is a build-up of CO<sub>2</sub> in an area it can indicate that ventilation needs improving.

Although CO<sub>2</sub> levels are not a direct measure of possible exposure to infections, checking levels using a monitor can help you identify poorly ventilated areas.

Find out more about [CO<sub>2</sub> monitoring and identifying poorly ventilated spaces.](#)

### **Balancing the need for increased ventilation while maintaining a comfortable temperature**

You may want to consider:

- **opening high level windows in colder weather in preference to low level to reduce draughts**
- **increasing the ventilation while spaces are unoccupied (for example, between classes, during break and lunch, when a room is unused)**
- **providing flexibility to allow additional, suitable indoor clothing**
- **rearranging furniture where possible to avoid direct draughts**
- **Heating should be used as necessary to ensure comfort levels are maintained, particularly in occupied spaces.**

Further advice on ventilating workplaces can be found on the [HSE Website.](#)

## **Vaccination/immunisation**

Vaccination is a simple, safe, and effective way of protecting people against harmful diseases, before they come into contact with them, contributing significantly to reducing illness and deaths. It uses your

body's natural defences to build resistance to specific infections and makes your immune system stronger.

Vaccines train your immune system to create antibodies, just as it does when it's exposed to a disease. However, because vaccines contain only killed or weakened forms of germs like viruses or bacteria, they do not cause the disease or put you at risk of its complications.

All workers should be vaccinated against infectious diseases they are eligible for in line with government guidelines and occupational health requirements. For example:

- **The COVID-19 vaccination is currently recommended for everyone 5 years and over.**
- **The influenza vaccination is offered every year to help protect people at risk of flu and its complications. The best time to have the flu vaccine is in the autumn before flu starts spreading. But you can get the vaccine later. Employers can offer flu vaccinations to all their staff via an occupational health service.**
- **The pneumococcal vaccine protects against serious and potentially fatal pneumococcal infections. It's also known as the pneumonia vaccine. Pneumococcal infections are caused by the bacterium *Streptococcus pneumoniae* and can lead to pneumonia, blood poisoning (sepsis) and meningitis.**
- **Hepatitis B is recommended for people where there is a high risk of possible contact with blood borne viruses.**

Find out more about [immunity and how vaccines work \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) and the [Complete routine immunisation schedule - GOV.UK \(www.gov.uk\)](https://www.gov.uk).

The [Green Book](#) has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.

## Common infections that can trouble workplaces

### COVID-19

The main way of spreading COVID-19 is through close contact with an infected person. When someone with COVID-19 breathes, speaks, coughs or sneezes, they release particles (droplets and aerosols) containing the virus that causes COVID-19. These particles can be breathed in by another person.

Surfaces and belongings can also be contaminated with COVID-19 when people who are infected cough or sneeze near them or if they touch them.

The risk of catching COVID-19 is highest indoors and in crowded places.

Symptoms of coronavirus (COVID-19) in adults can include:

- **a high temperature or shivering (chills) – a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)**
- **a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours**
- **a loss or change to your sense of smell or taste**
- **shortness of breath**
- **feeling tired or exhausted**
- **an aching body**
- **a headache**
- **a sore throat**
- **a blocked or runny nose**
- **loss of appetite**
- **diarrhoea**
- **feeling sick or being sick**

The symptoms are very similar to symptoms of other illnesses, such as colds and flu. There are things you can do to reduce your risk of catching the virus or spreading it to other people.

- ✓ **Try to stay at home if you have any symptoms and either:**
  - **you have a high temperature**
  - **you do not feel well enough to go to work or do your normal activities**
- ✓ **get vaccinated**

- ✓ **open doors and windows to let in fresh air**
- ✓ **wear a face covering when it's hard to stay away from other people – particularly indoors or in crowded places**
- ✓ **wash your hands with soap and water or use hand sanitiser regularly throughout the day**
  - × **do not touch your eyes, nose, or mouth if your hands are not clean**

More information about COVID-19 can be found on NHS Conditions [Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/coronavirus-covid-19/) or [Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/coronavirus-covid-19-guidance-and-support)

## **Common Cold**

A person with a cold can start spreading it from a few days before their symptoms begin until the symptoms have finished. It can infect your body through touching your eyes or nose after coming into contact with the virus (e.g., from touching contaminated surfaces or being in close contact with an infected person). Symptoms can be confused with COVID-19.

**Cold symptoms** come on gradually and can include:

- **a blocked or runny nose**
- **a sore throat**
- **headaches**
- **muscle aches**
- **coughs**
- **sneezing**
- **a raised temperature**
- **pressure in your ears and face**
- **loss of taste and smell**

## **How to avoid spreading a cold**

Colds are caused by viruses and easily spread to other people. You're infectious until all your symptoms have gone. This usually takes 1 to 2 weeks.

Colds are spread by germs from coughs and sneezes, which can live on hands and surfaces for 24 hours.

To reduce the risk of spreading a cold:

- **wash your hands often with warm water and soap**
- **use tissues to trap germs when you cough or sneeze**
- **bin used tissues as quickly as possible**
- **don't share food or equipment with a symptomatic person**
- **Stay at home when you have symptoms**

More information about the common cold is available at NHS conditions [Common cold - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/common-cold/).

## **Flu (Influenza)**

Flu will often get better on its own, but it can make some people seriously ill. It's important to get the flu vaccine if you're advised to. It can infect your body through touching your eyes or nose after coming into contact with the virus (e.g. from touching contaminated surfaces or being in close contact with an infected person)

**Flu symptoms** come on very quickly and can include:

- **a sudden high temperature of 38C or above**
- **an aching body**
- **feeling tired or exhausted**
- **a dry cough**
- **a sore throat**
- **a headache**
- **difficulty sleeping**

- **loss of appetite**
- **diarrhoea or tummy pain**
- **feeling sick and being sick**

### **How to avoid spreading the flu**

Flu is very infectious and easily spread to other people. You're more likely to give it to others in the first 5 days.

Flu is spread by germs from coughs and sneezes, which can live on hands and surfaces for 24 hours.

To reduce the risk of spreading flu:

- **wash your hands often with warm water and soap**
- **use tissues to trap germs when you cough or sneeze**
- **bin used tissues as quickly as possible**
- **don't share food or equipment with a symptomatic person**
- **stay at home when you have symptoms**

More information about flu is available at NHS conditions [Flu - NHS \(www.nhs.uk\)](http://www.nhs.uk).

### **Diarrhoea and vomiting**

D&V can be caused by viruses or bacteria and should stop in a few days. The advice is the same if you have diarrhoea and vomiting together or separately

- **diarrhoea usually stops within 5 to 7 days**
- **vomiting usually stops in 1 or 2 days**

**Diarrhoea and vomiting can spread easily. Stay at home until you have not been sick or had diarrhoea for at least 2 days.**

To reduce the risk of spreading the infection:

- **wash your hands with soap and water frequently. NB Some alcohol hand rubs are not effective against infectious D&V illnesses**
- **clean toilet seats, flush handles, taps, surfaces and door handles after they have been used by someone with symptoms**
- **do not prepare food for other people**
- **do not share towels, cutlery or utensils**
- **go home as soon as symptoms start**

More information about D&V is available at NHS conditions [Diarrhoea and vomiting - NHS \(www.nhs.uk\)](http://www.nhs.uk).

### **Norovirus**

Norovirus, sometimes called the "winter vomiting bug" or 'Norwalk virus', is an infection that causes vomiting and diarrhoea. It can be very unpleasant, but usually goes away in about 2 days. It can spread very easily. You can catch norovirus from:

- **close contact with someone with norovirus**
- **touching surfaces or objects that have the virus on them, then touching your mouth**
- **eating food that's been prepared or handled by someone with norovirus**

The main symptoms of norovirus are:

- **feeling sick (nausea)**
- **diarrhoea**
- **being sick (vomiting)**

You may also have:

- **a high temperature**
- **a headache**
- **aching arms and legs**

The symptoms start suddenly within 1 to 2 days of being infected.

To stop the spread of norovirus:

- **wash your hands with soap and water frequently. NB Some alcohol hand rubs are not effective against norovirus**
- **clean toilet seats, flush handles, taps, surfaces and door handles after they have been used by someone with symptoms**
- **do not prepare food for other people**
- **do not share towels, cutlery, or utensils**
- **go home as soon as symptoms start**
- **stay at home until you have not been sick or had diarrhoea for at least 2 days.**

More information about the common cold is available at NHS conditions [Norovirus \(vomiting bug\) - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/norovirus/).

See Appendix 3 for an exclusion list of other infections when you should stay away from work.

## IPC Champions in the Workplace

An IPC champion is passionate and enthusiastic about Infection Prevention and Control, constantly striving to promote good IPC behaviours in the workplace. Other titles for this role include IPC Guardian, IPC Monitor, IPC Steward, IPC Marshall.

They are a role model for influencing their knowledge and best practice within their workplace, influencing colleagues' practice and through personal responsibility, integrity, innovation, and trust.

Anyone with an interest in IPC can be a champion for IPC – the main requirement is an enthusiasm and passion for safe IPC practices and promote good IPC behaviours.

To monitor and influence practice IPC Champions need:

- **To be familiar with local policies and practice guidelines related to their workplace/speciality**
- **Demonstrate consistent and appropriate hand hygiene techniques and other techniques relevant to their role**
- **An ability to work collaboratively and communicate in an effective and sensitive manner to support staff in understanding and reducing risks associated with breaches in best practice**
- **Influencing and leadership skills**

## Antibiotic Guardian

Antibiotic resistance remains one of the biggest threats facing us today. By preventing infections then we are reducing the need for antibiotics.

Why it is relevant to you: without effective antibiotics many routine treatments will become increasingly dangerous. Setting broken bones, basic operations, even chemotherapy and animal health all rely on access to antibiotics that work.

What can you do: It is important to remember that antibiotics do not treat or prevent viruses, including the one that causes COVID-19. To slow resistance we need to cut the unnecessary use of antibiotics. You are invited to become Antibiotic Guardian and choose one simple pledge about how you'll make better use of antibiotics and help save these vital medicines from becoming obsolete.

Find out more about the [Antibiotic Guardian Campaign](https://antibioticguardian.org/)

## Sepsis Savvy

Sepsis is a life-threatening condition that can arise from any infection, including COVID-19. It claims 11 million lives every year, including 48,000 in the UK – that's more than bowel, breast and prostate cancer combined. Sepsis can affect anyone of any age, but it's often treatable if caught quickly.

Knowing the signs saves lives, so we're encouraging everyone to become #SepsisSavvy. It's quick, FREE and easy to do. Find out more about [Sepsis](https://sepsiscampaign.org/).

By preventing infections, we can reduce the number of people who get sepsis.

## **Germ Defence**

Germ Defence has been developed by health experts in UK universities aimed at COVID-19. It is a useful resource to promote best practices in infection prevention. People who read the advice in Germ Defence are less likely to catch viruses.

The Germ Defence website helps people to find out how to protect yourself from infections. After a bit of practice, the ideas and advice in Germ Defence will become habits and they will help protect you from coronavirus - and other germs in the future. You can download or print a summary of the information at the end of the advice.

Find out more about [Germ Defence](#).

## Appendix 1

### Self-Assessment Checklist for Infection Prevention and Control (IPC) Measures for Workplaces and Businesses

<b>Name and Address of Workplace (including postcode):</b>		<b>Date completed:</b>		
<b>Assessor's name and contact email:</b>		<b>Assessor's role:</b>		
<p><b>Purpose:</b> This checklist is designed to support workplaces, in Devon, Torbay and Plymouth, with meeting standards to protect staff, guests, contractors, volunteers, and other visitors from common infections such as COVID-19, Influenza (flu) and Norovirus (diarrhoea and vomiting). It supports compliance and adherence with the infection prevention and control measures that are required to meet those standards. It is aligned with, and builds upon, existing Government and NHS guidance and is structured around protective IPC measures and can give assurance that all steps are taken to protect people. Staff should be made aware of any risk assessments and be sure of their own responsibilities as well as knowing how to raise concerns.</p>				
<p><b>Why is this important?</b> Infections can be acquired at home or in the community and brought into work or can be acquired and spread within the workplace environment. Harmful microorganisms that can cause infections such as respiratory infections or diarrhoea and vomiting (D&amp;V) infections are transmitted from one person or place to another for instance via someone's hands, on an object, through the air or bodily fluid contact.</p>				
<b>1.0</b>	<b>Minimise contact with individuals who are unwell</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
1.1	All people are advised to 'stay at home' if they feel unwell and are likely to have an infection that could be transmitted to another person. If someone has a fever and/or diarrhoea and vomiting they should not come to work until 48 hours after this has resolved.			
1.2	The above advice is clearly communicated to staff, visitors, customers, volunteers etc via websites and social media and other means such as letters and key messages. Staff receive training and education on induction as well as regular updates.			
1.3	The environment of your setting and your timetables (such as staggered break times/arrival times) have been arranged to minimise contact and mixing. Maximum room occupancy has been identified for each room that is used by multiple people.			Document any difficulties
1.4	People can wear <a href="#">face covering</a> if they want to and this should be encouraged especially when in crowded enclosed spaces.			
1.5	If someone at your facility presents with symptoms, or you become aware of a case of suspected or confirmed infection on-site, follow the relevant government/NHS advice for that type of infection. A plan is in place outlining the management of any people who may have confirmed or suspected infections. You can contact your local public health team if you need further help and support.			
1.6	All measures you put in place are suitable for your facility and all your workers, contractors and visitors are kept up to date on how you're using and updating safety measures.			
<b>2.0</b>	<b>Hand Hygiene</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
<p>Hands touch many surfaces and can become contaminated with microorganisms. Once contaminated, hands can transfer microorganisms to your eyes, nose, or mouth and also to other surfaces that people touch. Using soap and water is the most effective way to clean your hands, especially if they are visibly dirty. Hand sanitiser can be used when soap and water is not available. Be aware that not all hand sanitisers are effective against norovirus (diarrhoea and vomiting).</p>				
2.1	Hand washing facilities are available. They must be in kitchens and toilets/bathrooms and any laundry facility.			
2.2	Hand washing posters are displayed by all handwashing sinks ( <a href="#">PHE poster</a> )			
2.3	Hand sanitiser is available where there is no sink available at risk assessed sites where hand hygiene should be completed e.g. entrances and exits points. The dispensers are clean.			
2.4	Hand Sanitiser posters are displayed by all hand sanitiser dispensers ( <a href="#">PHE poster</a> )			
2.5	Liquid soap is available at all hand washing sinks. The dispensers are clean.			

2.6	Paper towels are available at all hand washing sinks. Electronic air hand dryers should be in good working order and paper towels available when they are out of use.			
2.7	A foot operated bin is available for disposal of paper towels at hand washing sinks.			
2.8	Bins are in good working order, are clean and are regularly emptied.			
2.9	Moisturisers should be available in dispensers. The dispensers are clean.			
<b>3.0</b>	<b>Respiratory Hygiene</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
Coughing and sneezing increases the number of droplets and aerosols released by a person, the distance they travel and the time they stay in the air. A cough or sneeze of an infected person which is not covered will significantly increase the risk of infecting others around them. Everyone should be encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues.				
3.1	Respiratory hygiene posters are on display in staff and client areas ( <a href="#">Catch it, Bin it, Kill it poster</a> ).			
3.2	Disposable tissues are available to promote good respiratory hygiene.			
3.3	Waste bins are readily available to encourage swift disposal of used tissues – followed by hand hygiene. These are clean and regularly emptied.			
3.4	There is a supply of face coverings available to give to anyone who may have respiratory infection symptoms.			
<b>4.0</b>	<b>Cleaning</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
Regular cleaning plays a vital role in limiting the transmission of any infection. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards should be monitored regularly. Staff should be appropriately trained and have access to personal protective equipment as per COSHH. Reducing clutter and removing difficult to clean items can make cleaning easier.				
4.1	The environment has been decluttered and all non-essential items removed from all rooms, corridors, and other shared spaces.			
4.2	The use of shared resources has been reduced as practicable. Shared equipment, such as phones and computer keyboards should be cleaned between uses by different people. Follow the manufacturers' instructions for cleaning any electrical items.			
4.3	Frequently touched surfaces, such as door handles, handrails, tabletops, should be wiped down at least twice a day, and one of these should be at the beginning or the end of the working day using your usual cleaning materials.			
4.4	Cleaning schedules are kept and monitored to ensure standards are maintained.			
4.5	Clear use and cleaning guidance for toilet and bathroom facilities, including portable toilets and toilet blocks, is in place. The cleaning schedule for these areas is displayed.			
4.6	Clear use and cleaning guidance for kitchen facilities is in place. The cleaning schedule for these areas is displayed.			
4.7	All cleaning products are used in line with the manufacturers' instructions.			
4.8	Staff have been trained in how to use cleaning products safely.			
4.9	PPE is worn for cleaning in line with <a href="#">COSHH</a> for the task being completed and the products being used. Gloves and disposable apron may be needed when using certain cleaning products (check manufacturer data sheets). Face mask and eye protection is required if risk is high i.e., cleaning areas where there are visible bodily fluids.			
4.10	The following cleaning chemicals should be used in areas where there has been an infection risk (follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants): <ul style="list-style-type: none"> <li>a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)</li> </ul> or <ul style="list-style-type: none"> <li>a household detergent followed by disinfection (1000 ppm av.cl.).</li> </ul> or			Document here the product used

	<ul style="list-style-type: none"> <li>if an alternative disinfectant is used within the organisation ensure that it is effective against the target microorganism suspected/confirmed</li> </ul>			
4.11	Disposable cloths and mop heads must be disposed of and not reused. Reusing disposable clothes is a high risk for cross infection.			
4.12	A colour coded system of cleaning equipment is in place.			
4.13	Appropriate waste disposal systems are in place in suitable locations to ensure safe disposal of waste – foot operated bins are preferred to reduce infection risk. Bins are cleaned and not overfilled.			
4.14	Sharps bins are available at the point where sharps are used. And locked away when not in use.			
4.15	Staff know how to manage a sharps/needlestick/inoculation injury, including splashes into eye/s (bleed it, wash it, cover it, report it). All sharps' incidents (including near misses) are reported via the incident management system.			
<b>5.0</b>	<b>Laundry</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
5.1	Items are washed in accordance with manufacturer's instructions. Use the warmest water setting and dry items completely.			
5.2	Washing machines and tumble dryers are in good working order and used in accordance with manufacturer's instructions.			
5.3	To minimise the possibility of dispersing particles through the air, items are not shaken prior to washing.			
5.4	Anything used for transporting laundry should be easy to clean and is cleaned using usual cleaning products after use.			
<b>6.0</b>	<b>Ventilation</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
Ventilation is the process of replacing shared air with fresh air from the outside. Good ventilation can help to reduce the risk of respiratory infections. Further information about ventilation is available <a href="#">here</a> .				
6.1	Ensure any mechanical ventilation equipment is in good working order. Systems are maintained in line with manufacturers' instructions. Set ventilation systems to using a fresh air supply and not recirculating indoor air, where possible. If you are unsure, seek the advice of your heating, ventilation and air conditioning (HVAC) engineer or adviser.			
6.2	Natural ventilation is achieved by opening windows (in cooler weather windows should be opened just enough to provide constant background ventilation, and opened more fully during breaks to purge the air in the space). Opening internal doors can also assist with creating a throughput of air. If necessary external opening doors may also be used (fire doors can only be used if this is documented as part of the settings fire risk assessment and where safe to do so).			
6.3	<b>Identify any poorly ventilated spaces and take actions to improve fresh air flow in these areas. Consider using a CO2 monitor to assess whether there is sufficient ventilation in your venue.</b> If you identify that ventilation is poor, you should take steps to improve fresh air flow. If you cannot increase the supply of fresh air, you should consider whether you can reduce the number of people in your venue. You can find more information on ventilation and CO2 monitors in the <a href="#">section on ventilation</a> .			
<b>7.0</b>	<b>Personal Protective Equipment (PPE)</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
For the purpose of this document, the term 'personal protective equipment' is used to describe products that are either PPE or medical devices that are approved by the Health and Safety Executive (HSE) and the Medicines and Healthcare products Regulatory Agency (MHRA) as protective solutions in managing infectious agents.				
7.1	The following PPE equipment available for staff: <ul style="list-style-type: none"> <li>Disposable single use gloves</li> <li>Disposable single use plastic aprons</li> </ul>			

	<ul style="list-style-type: none"> <li>• Disposable single use Fluid Resistant (TIIR) Surgical Masks</li> <li>• Disposable single use or re-usable eye protection</li> </ul>			
7.2	All staff who may need to use PPE have been trained in how and when to use PPE safely.			
7.3	<a href="#">PPE posters</a> for correct methods for safe use of PPE are displayed in areas where people put on and take off their PPE.			
7.4	All PPE is stored safely and in a clean, dry area to prevent contamination and is within expiry date.			
7.5	All PPE is single use unless specified by the manufacturer or as agreed for extended/sessional use including surgical facemasks and eye protection.			
7.6	Gloves are single use items and should never be re-used. They are disposed of immediately after used and hands are cleaned. They should not be cleaned and reused.			
7.7	All PPE is changed immediately after each after completing a procedure or task and between people being cared for (unless sessional use has been agreed and local risk assessment undertaken) and disposed of immediately.			
7.8	Re-usable eye protection is decontaminated after each use following manufacturers guidance			
8.0	<b>Vaccination</b>	<b>Yes</b>	<b>No</b>	<b>Comments/Actions required</b>
8.1	Information (e.g., posters, leaflets) is available to promote vaccination.			

## Appendix 2

Roles and Responsibilities workplace health related policies and procedures – link to H&S and OH and HR

### Legislation that is related to good Infection Prevention and Control practices

#### Management of Health and Safety at Work Regulations 1999

These regulations give specific responsibilities to employers, managers, and supervisors for carrying out risk assessments and implementing appropriate control measures. The risk assessments must protect employees and anyone who might be affected by work practices.

Control measures should include:

- **Appropriate communication of risks to employees**
- **Emergency procedures**
- **The appointment of a competent person to assist with health and safety**
- **Monitoring of occupational health**

[Read more about these regulations](#)

#### Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

The RIDDOR enable enforcement agencies to monitor workplace accidents and ill health. Among other things they can see which types of workplace experience which types of illness and injury and track the spread of infections.

Employers and managers have a duty to report certain incidents either by telephone (fatalities and major incidents only) or online (<https://www.hse.gov.uk/riddor/>); reportable events include:

- **Accidental death**
- **Accident resulting in more than 7 days absence from work**
- **Certain diseases / illnesses (a full list is accessible from the RIDDOR website)**
- **Injuries to non-employees requiring immediate medical attention**
- **Near misses (i.e., incidents that could have caused serious injury but didn't e.g., a hoist sling tearing while in use)**
- **Events such as fires or collapse of buildings**

#### The Workplace (Health, Safety and Welfare) Regulations 1992

These regulations mean that the employer has to protect the health and welfare of employees by maintaining certain facilities and standards within your place of work, including:

- **Everywhere should be clean**
- **There should be adequate ventilation**
- **The temperature should be reasonable to work in**
- **There should be suitable and sufficient lighting**
- **You must have access to toilets, drinking water and washing facilities**

[Read more about these regulations](#)

#### Control of Substances Hazardous to Health Regulations (COSHH) 2002

Infected bodily fluids are a hazardous substance. Employers must take a risk assessment based approach to protect their employees and others from hazardous substances they may come into contact with at work. They should:

- **Make suitable and sufficient assessments of the risks posed by any hazardous substances in the workplace**
- **Get information on health effects from suppliers**
- **Take into account the level, type and duration of exposure**

- **Be aware of any relevant occupational exposure standard, maximum exposure limit or similar occupational exposure limit**
- **Carry out health surveillance and monitor exposure when necessary**
- **Reassess risks when necessary**

Employees must follow employer's safe policies and procedures for handling and controlling hazardous substances and must report any problems or concerns.

[Read more about these regulations](#)

## Appendix 3

## Exclusion Table

Infection	Exclusion time	Advice	Find out more
<b>Chicken Pox*</b>	Five days from onset of rash and all the lesions have crusted over	Certain groups of people, however, are at greater risk of serious complications from chickenpox. These include: <ul style="list-style-type: none"> <li><b>people who have weakened immune systems through illnesses such as HIV, or treatments like chemotherapy</b></li> <li><b>pregnant women – chickenpox can be very serious for an unborn baby when a pregnant woman catches the infection. It can cause a range of serious birth defects, as well as severe disease in the baby when it is born. Read more about what to do if you catch or are exposed to chickenpox in pregnancy</b></li> </ul> <a href="https://www.nhs.uk">Chickenpox vaccine overview - NHS (www.nhs.uk)</a>	<a href="https://www.nhs.uk">Chickenpox - NHS (www.nhs.uk)</a>
<b>Conjunctivitis</b>	None, unless feeling unwell	If an outbreak/cluster occurs, consult your local HPT (see contact information at bottom of table)	<a href="https://www.nhs.uk">Conjunctivitis - NHS (www.nhs.uk)</a>
<b>COVID-19</b>	Exclude if high temperature and unwell	Report outbreaks to your local HPT	<a href="https://www.nhs.uk">Coronavirus (COVID-19) - NHS (www.nhs.uk)</a>
<b>Diarrhoea and/or Vomiting* (notifiable depending on cause e.g., food poisoning, E Coli, salmonella.</b>	Whilst symptomatic and 48 hours after the last symptoms.	Diarrhoea and vomiting are common in adults, children and babies. They're often caused by a stomach bug and should stop in a few days.  The advice is the same if you have diarrhoea and vomiting together or separately.	<a href="https://www.nhs.uk">Diarrhoea and vomiting - NHS (www.nhs.uk)</a>
<b>Diphtheria *</b>	Exclusion is essential. Always consult with your local HPT	Diphtheria is a highly contagious and potentially fatal infection that can affect the nose and throat, and sometimes the skin. It's rare in the UK because babies and children are vaccinated against it, but there's a small risk of catching it while travelling in some parts of the world.	<a href="https://www.nhs.uk">Diphtheria - NHS (www.nhs.uk)</a>
<b>Flu (influenza)</b>	Until recovered	Report outbreaks to your local HPT	<a href="https://www.nhs.uk">Flu - NHS (www.nhs.uk)</a>
<b>Hand foot and mouth disease</b>	While feeling unwell	Contact your local HPT if a large number of people are affected.	<a href="https://www.nhs.uk">Hand, foot and mouth disease - NHS (www.nhs.uk)</a>
<b>Hepatitis A*</b>	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A your local HPT will advise on control measures	<a href="https://www.nhs.uk">Hepatitis A - NHS (www.nhs.uk)</a>
<b>Hepatitis B*</b>	None	A <a href="https://www.nhs.uk">hepatitis B vaccine</a> is available for people at high risk of the condition.	<a href="https://www.nhs.uk">Hepatitis B - NHS (www.nhs.uk)</a>
<b>Hepatitis C*</b>	None	Seek medical advice if you have persistent symptoms of hepatitis C or there's a risk you're infected, even if you do not have any symptoms.	<a href="https://www.nhs.uk">Hepatitis C - NHS (www.nhs.uk)</a>
<b>Impetigo</b>	Until lesions are crusted/healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.	<a href="https://www.nhs.uk">Impetigo - NHS (www.nhs.uk)</a>
<b>Measles*</b>	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all <a href="https://www.nhs.uk">MMR (measles, mumps and rubella) vaccine - NHS (www.nhs.uk)</a> . Pregnant staff contacts should seek prompt advice from their GP.	<a href="https://www.nhs.uk">Measles - NHS (www.nhs.uk)</a>
<b>Meningococcal meningitis*/</b>	Until recovered  Always consult your local HPT BEFORE	Meningitis ACWY <a href="https://www.nhs.uk">MenACWY vaccine - NHS (www.nhs.uk)</a> and B <a href="https://www.nhs.uk">MenB vaccine overview - NHS</a>	<a href="https://www.nhs.uk">Meningitis - NHS (www.nhs.uk)</a>

<b>septicaemia*</b>	disseminating information to staff	<a href="http://www.nhs.uk">www.nhs.uk</a> are preventable by vaccination Your local HPT will advise on any action needed	
<b>Meningitis* due to other bacteria</b>	Until recovered Always consult your local HPT BEFORE disseminating information to staff	Hib <a href="http://www.nhs.uk">Hib/MenC vaccine - NHS (www.nhs.uk)</a> and pneumococcal meningitis <a href="http://www.nhs.uk">Pneumococcal vaccine overview - NHS (www.nhs.uk)</a> are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed	<a href="http://www.nhs.uk">Meningitis - NHS (www.nhs.uk)</a>
<b>Meningitis viral</b>	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.	<a href="http://www.nhs.uk">Meningitis - NHS (www.nhs.uk)</a>
<b>MRSA</b>	None, although it's also a good idea to put a dressing over any breaks in skin, such as sores or cuts.	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.	<a href="http://www.nhs.uk">MRSA - NHS (www.nhs.uk)</a>
<b>Mumps*</b>	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all. <a href="http://www.nhs.uk">MMR (measles, mumps and rubella) vaccine - NHS (www.nhs.uk)</a>	<a href="http://www.nhs.uk">Mumps - NHS (www.nhs.uk)</a>
<b>Rubella* (German measles)</b>	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR <a href="http://www.nhs.uk">MMR (measles, mumps and rubella) vaccine - NHS (www.nhs.uk)</a> Promote MMR for all. Pregnant staff contacts should seek prompt advice from their GP or midwife.	<a href="http://www.nhs.uk">Rubella (german measles) - NHS (www.nhs.uk)</a>
<b>Scarlet fever*</b>	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT.	<a href="http://www.nhs.uk">Scarlet fever - NHS (www.nhs.uk)</a>
<b>Scabies</b>	Can return after first treatment	Household and close contacts require treatment at the same time.	<a href="http://www.nhs.uk">Scabies - NHS (www.nhs.uk)</a>
<b>Slapped cheek /Fifth disease/Parvo virus B19</b>	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.	<a href="http://www.nhs.uk">Slapped cheek syndrome - NHS (www.nhs.uk)</a>
<b>Tuberculosis* (TB)</b>	Always consult your local HPT BEFORE disseminating information to staff	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.	<a href="http://www.nhs.uk">Tuberculosis (TB) - NHS (www.nhs.uk)</a>
<b>Whooping cough (pertussis)*</b>	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing. <a href="http://www.nhs.uk">Whooping cough vaccination in pregnancy - NHS (www.nhs.uk)</a>	<a href="http://www.nhs.uk">Whooping cough - NHS (www.nhs.uk)</a>

\*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). See: [Notifiable diseases and causative organisms: how to report - GOV.UK](http://www.gov.uk)

Further advice about these infections can be obtained from the South West Health Protection Team (HPT): [swhpt@phe.gov.uk](mailto:swhpt@phe.gov.uk) Phone: 0300 303 8162 option 1 then option 1

