

INFECTIOUS DISEASES FACTSHEET

Sourced from Victorian Trades Hall Council

Many workers are at risk of contracting an infectious disease through their work. The consequences can be very serious. As for any other hazard, as the health and safety rep you should be involved in the process to identify, assess and control the risk to workers of infectious diseases in the workplace.

ACTION PLAN FOR HEALTH AND SAFETY REPS

Like all hazards in the workplace, the process to follow must be that of identifying whether there is a hazard, assessing the risk, and implementing controls to eliminate or reduce the list.

Because the risk of contracting an infectious disease may be high at small exposures, representatives will need to make sure they are effectively consulted throughout the risk assessment, and the development of procedures to ensure exposure to infectious diseases is prevented or controlled.

Identify the hazard and assess the risks

All work areas and tasks should be regularly assessed. See below for [more information](#) on infectious diseases, including which workers are most at risk, and what the effects are.

- Find out which infectious diseases are a risk in your occupation. Contact your union for advice.
- Determine how many and which workers could be exposed.
- Carry out inspections, observe, evaluate current existing precautions.
- Talk to members of your work group - ask co-workers whether they are experiencing any health problems about which they are concerned.
- Investigate any past illnesses or complaints, analyse first aid, injury and illness and workers compensation records kept by your employer.

Risk Control

If there is a risk of more than one infectious disease hazard, then control strategies, developed according to the hierarchy of control, need to be developed for each one. Following is some general advice, however:

- Reduction of hazardous procedures to a minimum (for example, use invasive procedures on patients only where essential).
- Immunisation of workers at significant risk of infection. (Vaccinations are available for a number of infectious diseases such as Hepatitis A and B, Q Fever, etc).
- Isolation of the source of the infection through engineering controls.
- Good engineering design (ease of access for maintenance, appropriate construction materials).
- Provision of one-use equipment to prevent reuse.
- Provision of equipment to dispose of all used equipment (e.g. sharps containers).
- Introduction of Universal (or Standard and Additional) Precautions (see below)
- The development and implementation of safe work practices and procedures, for example, for:
 - proper use and disposal of needles, syringes and sharps
 - handling of specimens and samples
 - cleaning up and disposal of infectious waste
 - cleaning of other contaminated materials
- Development and implementation of clear policies about attendance at facilities by clients who have infectious diseases. This may mean clients are excluded from the facility while they are infectious, providing immunisation policies, etc.
- Good housekeeping in workplaces to establish and maintain hygienic environments.
- Provision of protective clothing and equipment (e.g. rubber gloves, latex gloves, masks, goggles and tongs) where necessary.
- Ensuring regular cleaning and maintenance of air-conditioning equipment.

Universal Precautions (or "Standard and Additional Precautions")

Universal Precautions are a set of guidelines which have been developed to protect workers who are exposed to blood and other body fluids. Healthcare workers work on the presumption that all blood and body fluids are in fact infectious, and follow the "rules" whenever in contact with them.

The precautions involve hand washing immediately there is contact, the routine wearing of protective clothing and gloves, following such infection control measures that are designed to place a barrier between potentially infectious blood or body fluids and employees, adherence to work practices, and procedures for the transport and handling of infectious materials.

Whether or not a patient/client is known to be infectious, anyone coming into contact with blood and bodily fluids should cover exposed cuts and abrasions, particularly on the hands and fingers, with waterproof dressings, and take care to prevent puncture wounds, cuts and abrasions from 'sharps'. Such accidents should be treated immediately by encouraging bleeding and liberally washing with soap and water.

Uniforms, overalls, gowns and aprons, gloves, masks, protective eyewear, face shields, and overshoes are forms of protective clothing and offer a degree of protection against contamination from blood, body fluids or contaminated articles. Spillages contaminated by blood and body fluids should not be tackled without *suitable protective gear* and the work should be done strictly in accordance with health and safety procedures.

All clinical waste must be properly bagged and identified, and all contaminated sharps must be disposed of in properly constructed sharps containers, not put down where they may end up in plastic rubbish bags and laundry bags.

Alternatively, you may want to **contact your union** to seek their model policy on infectious diseases.

Information and Training

A training strategy for all workers at risk of exposure to infectious disease hazards. Training should include the types of diseases they may be exposed to, the symptoms, instruction in control methods, safe work procedures, how to use protective equipment and clothing, details of immunisation and procedures in case of an accident. The strategy must be developed in consultation with the OHS representatives and workers.

Post - Exposure Procedure

If any of your members is exposed to an infectious disease they should be offered counselling. In counselling they should be informed as to the risk of transmission and the risk of disease development. Such counselling should also inform them about the disease's likely means of action, and steps they can take to either identify or control problems that arise out of disease activity. In most cases it should be possible for a person to continue to work normally, but minor modifications may be appropriate depending on the actual local conditions and the disease in question.

LEGAL STANDARDS

Employers have a duty under the *Victorian Occupational Health and Safety Act (2004)* to provide and maintain for employees, as far as practicable, a working environment that is safe and without risks to health. This includes providing a safe system of work, information, training, supervision, and where appropriate personal protective equipment. The employer also has the duty to monitor conditions at the workplace and to monitor the health and safety of employees.

There is also Victorian legislation introduced specifically to limit the occurrence of Legionnaire's Disease ([more information](#)). Further, under the *Public Health and Wellbeing Act (2008) and Regulations (2009)* there is a requirement for medical practitioners and others to notify the government health authorities of a large number of infectious diseases, including diseases such as hepatitis, Q fever, Tuberculosis, Legionella and others occurring in an occupational environment. This is due to the high risks to public health in general. The purpose is to ensure that the department takes immediate steps to identify the sources of infection and implement necessary action. (**Note:** these regulations *replaced* a number of older regulations including the *Health (Infectious Diseases)* regulations).

MORE INFORMATION ON INFECTIOUS DISEASES

Many infections like the common cold can be caught at work or socially. However, many workers are at risk of infectious diseases either because it is an innate part of job exposure (such as health care and community workers) or due to incidental exposure (such as workers in sewerage, agriculture or cleaning). Infectious diseases in the context of occupational health and safety can include:

- Hepatitis A, B and C, and Human Immunodeficiency Virus (HIV - which can develop into AIDS).
- Other infections from patients in medical care and from people in institutions or schools - for example enteric infections, ringworm, scabies, etc.
- Brucellosis, leptospirosis and Q fever and other animal infections (zoonoses) caught from faecal matter, urine and materials found in animal handling facilities, or handling of animals and birds.
- Legionella infections, in a fine mist spray in the air, in and around the cooling units of air-conditioning plant, and in potting mixtures.
- Cytomegalovirus and rubella-causing antenatal infections, in schools and childcare settings.
- Tuberculosis
- Avian flu - as yet this is not easily transferred from birds to humans, however there is a fear of a world-wide pandemic if this were to occur.

What are the health effects of exposure to infectious diseases?

The health effects of infectious disease can be very serious. Some are life threatening, some are not. Some are treatable, some are not. Some can lead to permanent damage, while others can be treated successfully. Many infectious diseases share symptoms such as fever, diarrhoea, muscular pains, and rashes. Certain infectious diseases can cause serious damage to (for example):

- The liver (eg hepatitis, Q fever)
- The lungs (eg tuberculosis, legionnaires disease)
- The eyes
- The kidneys (eg leptospirosis)
- The foetus (eg rubella, cytomegalovirus CMV)

Who is at risk?

There are many sources of occupationally acquired infections. Exposure may be directly through blood, tissue or fluids from the infected person or animal, or from the isolation/study of pathogens or indirectly through contaminated linen, instruments, clothing, soil and so on. Employees who are most at risk are those exposed to blood, tissue or fluids, either human or non-human.

Examples of occupationally acquired diseases, their sources and workers at risk.

Source	Infection	Occupations at Risk	
		Directly	Incidentally
Isolation/study of pathogens	Various	Lab and health services workers	
Human tissue and body fluids	Hepatitis, tuberculosis, enteric infections, HIV infection, Children's diseases such as rubella, cytomegalovirus (CMV), chicken pox, mumps	Health care workers, accident and emergency service workers, children's services workers, mortuary workers, sex industry workers	teachers, institution staff, cleaners of all types, security staff, first aiders, people involved in accidents
Animals, animal products	Anthrax, avian flu, brucellosis, Q Fever, leptospirosis, chlamydial infections (psittacosis), salmonellosis, rabies, orf, toxoplasmosis, bat lyssavirus	Animal/bird handlers, wildlife officers, vets, abattoir workers, processors of animal products	Agricultural workers
Ticks	Lyme disease	Game keepers, shepherds	Timber workers
Soil	Salmonellosis, shigellosis, hepatitis A, leptospirosis Tetanus and other clostridial infections		Sewerage and water workers Agricultural and construction workers, gardeners
Contaminated aerosols	Legionnaires disease	Air conditioning maintenance workers	Officer workers, other maintenance workers

From *Hazards at Work - TUC Guide to Health and Safety*

REFERENCES

- National Consensus Statement on Aids and the Workplace 1988.
- Aids and the Workplace 1991. Available from Worksafe Australia.
- 'Hazards at Work - TUC Guide to health and safety'
- 'Hazards at Work - A Guide to Health and Safety in Australian Workplaces' Petrusia Butrej & Grahame Douglas