

## **Controlled Document – refer to Intranet for latest version**

Category: Health and Safety	Date Created: April 2004
Responsibility: Health and Safety Manager	Date Last Reviewed: January 2016
Approval: Executive Manager Corporate	Version: 16.1

## **Introduction**

UCOL accepts its duty to provide a safe environment for its students, staff and visitors, and to ensure that the risk of infection is kept to a minimum. In addition, it will do all that is practicable to ensure that those experiencing infectious diseases are not discriminated against and are appropriately supported.

The Ministry of Health publication Communicable Disease Control Manual 2012 provides the most current publication for the control of communicable diseases. The electronic version provides individual chapters for each communicable disease for health professionals and others and reflects new evidence and best practice for the control of each disease.

This document:

- a) Sets out UCOL procedures for the control of diseases caused by infectious agents which may be transmitted in a variety of ways including through contact with:
  - Human and animal body fluids, secretions and products;
  - Water;
  - Food;
  - Soil; and
  - Bacterial cultures.
- b) Is designed to provide staff and students with accessible information on selected infections and their management.
- c) Should be read in conjunction with and does not replace faculty and course level infection control policy, procedures and requirements.

## **Principles**

**In line with internationally recognised recommendations UCOL's infection control approach is based on the [Standard Precautions Policy](#) issued by the Central Districts Health Board. In this Policy all individuals are regarded as potentially infectious and infection control procedures are applied accordingly. This approach is necessary as, in the majority of circumstances, an individual's actual infection status is unknown.**

Standard precautions assume that the blood and body substances of all people and animals are potential sources of infection. The Standard Precautions Model involves the

use of protective barriers and practices to protect individuals from exposure to infectious agents through breaks in the skin or contact with mucous membranes.

### **Practical Applications of Standard Precautions**

The practical applications listed below apply to all contacts with human or animal blood/body fluids and substances.

## **Guidelines**

### **Keeping Yourself Safe Practices**

**Hand hygiene – Single most important activity.** Hands must be washed after contact with blood or body fluids and before eating or drinking. Routine hand washing is paramount when there is any routine physical contact with people and animals (this includes after removal of gloves). Regular and thorough hand washing is critical during periods of seasonal or pandemic influenza. Please refer to UCOL's Pandemic Plan for further information on Pandemic Planning.

There are 5 moments for hand hygiene:

- Before patient contact
- Before procedure
- After procedure
- After patient contact
- After contact with patient's surroundings

### **Personal Protective Equipment (PPE), including:**

**Gloves** – Gloves should be readily available to all individuals handling humans and animal blood and body fluids. The wearing of gloves substantially reduces the risk of hands being contaminated with blood and body fluids.

**Waterproof aprons and gowns** - Waterproof aprons/gowns should be worn when clothing is likely to be soiled with blood or body fluid.

**Face masks** - Masks and/or protective eye wear should be worn in situations when eye and/or mucous membrane contact needs to be made, or when exposure to splashed or sprayed blood or body fluid is likely. Face masks may be distributed to staff and students during a pandemic to reduce the likelihood of infection transmission prior to closure of the institution or during the start-up phase.

**Eye Protection** – goggles or face shield to protect the eyes/nose/mouth from exposure to splashes of blood or body fluids that may be generated during certain procedures or patient care activities.

### **Environmental Management – including:**

**Respiratory Hygiene/Cough Etiquette** – includes covering mouth and/or nose with a tissue when coughing or sneezing or if not available using the upper sleeve (not the hand). Used tissues to be put in the rubbish bin immediately, wash hands immediately. Place signage up for patients and visitor to do the same.

**Patient Placement** – Isolate those who are most infectious, i.e. those with uncontained secretions, excretions or wound drainage.

**Used needles, disposable sharp instruments and broken used glass flasks, test tubes etc.** - Used needles, disposable sharp instruments and broken used glass flasks

and test tubes etc must be discarded directly into a recognised "Sharps Disposal Container".

**Care of Environment** – such as keeping the area clean, keeping equipment clean, and regular laundry exchanges.

**Other considerations, including:**

**Cuts and abrasions** - Staff or students with cuts or abrasions on exposed parts of the body must cover these with a waterproof dressing when in the workplace.

**Care of the skin** - Care of the skin to maintain a healthy intact barrier is an important aspect of Standard Precautions. Appropriate arrangements need to be implemented for persons with dermatitis or other skin conditions (if necessary the Occupational Health Nurse or UCOL's Student Health Nurse should be consulted for guidance).

**Education**

Programme Leaders and Section Heads will assess the risk to various categories of staff and students and will ensure they receive education on:

- Infection transmission;
- Individual responsibilities as they relate to the transmission of infection;
- Situations that pose increased risk of exposure; and
- The actions to be taken should accidental exposure occur;
- The need to not unlawfully discriminate against individuals who are, or may be infected and awareness of the importance of confidentiality and privacy.

**General Management**

The risk of exposure and strategies for control vary in different settings and control will be determined by the nature of contact with infectious agents.

Those who have physical contact with human blood and body fluids, other body substances, animals and soil maybe at risk of:

- Hepatitis A, Hepatitis B, Hepatitis C;
- HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome);
- TB (Tuberculosis);
- Measles, Mumps, Rubella, Chicken pox;
- Meningitis;
- Gastro-intestinal infections – eg Campylobacter, Salmonella;
- Zoonoses - eg Leptospirosis, Ringworm, Cryptosporidiosis;
- Tetanus
- Legionellosis
- MRSA

UCOL takes the view that staff/students should be aware of the infections they may be exposed to and be vaccinated as appropriate. For certain programmes students will be requested to establish and disclose their infective status as part of their enrolment procedure.

UCOL has provisions in place to support staff to be vaccinated against specific diseases (refer to UCOL Staff Immunisation Policy).

Education on infection control and ethico-legal issues such as professional duty of care and the "need to know" will be an early component of nursing, vet nursing, early child care, health science, exercise science, human performance and catering courses.

Staff will be responsible for maintaining their knowledge of recognised professional association(s)/industry specific infection control and related policy, standards, guidelines and requirements, and for ensuring:

- a) They practice within these; and
- b) Provide this information to their students within an appropriate timeframe; ie prospective catering students need to be provided with information on specific aspects of the Food Act (1981) and its amendments and of their need to comply with this legislation prior to enrolling.

UCOL requires that students/staff comply with the infection control policy and requirements of the institution or agency in which clinical practice is undertaken.

### **Prevention of Transmission** *(also refer to each disease section for specific details)*

To ensure that the risk of infection is minimised UCOL will ensure that appropriate education programmes are in place and that appropriate infection control procedures are implemented.

UCOL expects all staff and students to become familiar with the Standard Precautions Model and to exercise a 'duty of care' towards students, staff and members of the public with whom they interact during their work/study.

Immunisation is available to protect against infection from Hepatitis A and Hepatitis B, tuberculosis, measles, mumps, rubella, chicken pox, and tetanus. It is strongly recommended that students/staff at risk be vaccinated and their immunity maintained by regular booster doses as required.

For infected staff and students this duty of care includes being fully informed about the risk they may pose to others, the situations where that risk may occur and of the strategies to minimise this risk. This information may be confidentially obtained from UCOL Student Health Centre or Nurse, UCOL Occupational Health Nurses, the Public Health Unit and the staff/student's own Medical Practitioner.

During a pandemic onset, staff and students who feel ill with flu like symptoms must stay home and contact their doctor. Social distancing is highly desirable during a pandemic onset, and changes to the way people work and learn will need to be considered. Please refer to UCOL's Pandemic Plan for further information.

### **Discrimination**

UCOL will treat all staff/students fairly and impartially and with respect and dignity in accordance with the Human Rights Act 1993 and will endeavour to provide an environment free from unlawful discrimination (as defined in the Human Rights Act 1993), harassment and vilification of any student or staff member who has an infectious disease.

Where a staff member is unable to continue performing some or all of their duties as a result of an infectious disease then the terms of their employment agreement relating to incapacity may apply.

## **Confidentiality**

Individuals who have tested positive for Hepatitis B, Hepatitis C or HIV infection are currently under no legal obligation to disclose this to another person.

Should a student wish to disclose their infection status to UCOL they should contact their Student Health Service.

Should a staff member wish to disclose their infection status to UCOL they should advise their immediate manager, senior manager or UCOL's Occupational Health Service.

UCOL recognises its obligations under the Health Privacy Code (1994) and will not disclose a person's infection status to a third party without first informing the person of the reason and gaining the person's **written consent**.

## **Testing**

UCOL does not require mandatory testing to establish a student or staff member's infectious status nor is there a legal requirement to do so. The only exception to this is when such testing is required to comply with specific legislation ie the Food Act (1981).

Notwithstanding the above staff and students in high risk areas are strongly encouraged to be aware of their infective status and to consider being tested if their circumstances mean they are subjected to a higher than normal risk of infection.

## **Information and Guidelines on some more Common Infections**

(If additional information is required contact your Medical Practitioner, Occupational Health Nurse or Student Health Service).

## **INFECTIONS TRANSMITTED BY BODY FLUIDS**

### **Hepatitis B**

Is a viral infection that affects the liver. The virus has been found in virtually all body secretions and excretions but only blood, saliva, semen and vaginal fluids have been found to be infectious. Hepatitis B is spread by close contact with the blood or body fluids of an infected person. Infection usually results in immunity to Hepatitis B. If the virus persists in the blood the person remains infectious and is known as a "carrier". Carriers may suffer serious long term consequences in the form of chronic liver disease and liver cancer. The virus can be spread by:

- Infected blood getting into cuts, scratches and other wounds;
- Sharing personal items such as toothbrushes, face cloths or razors;
- Sharing needles and injecting equipment;
- Tattooing, ear piercing and acupuncture if the equipment is not sterilised;
- Intimate body contact, including sexual intercourse.
- An acute case of Hepatitis B is notifiable however it is not necessary to notify of a carrier of the disease

### **Prevention**

- Practising Standard Precautions;
- Complying with recognised occupational group clinical standards and procedures and operating policies;

- Vaccination against Hepatitis B;
- Observing UCOL and clinical agency hazard management protocols;
- Using Blood Service certified blood or the student's own blood when undertaking blood related learning exercises.

### **Treatment/Follow-up**

*If exposure to infection occurs in a patient or veterinary clinical area:*

- Follow the protocols for that area. These may include reporting to the person in charge, discussion of level of exposure, checking of status of source of the infection, prophylaxis measures;
- Complete UCOL Accident, Incident/Hazard Report;
- As soon as practical report incident to supervising clinical lecturer.

*If exposure occurs in a non-clinical area:*

#### Staff

- Contact supervising manager, Health and Safety Manager or Occupational Health Nurse immediately. Appropriate follow up should be initiated within 24 hours of exposure;
- Complete UCOL Accident, Incident/Hazard Report.

#### Students

- Contact Student Health Centre or Nurse for advice and as soon as practical report incident to supervising lecturer. Appropriate follow up should be initiated within 24 hours of exposure;
- Complete UCOL Accident, Incident/Hazard Report or ask a staff member to complete and incident report on your behalf.

### **Hepatitis C**

Is also caused by a virus that affects the liver. Hepatitis C is spread by close contact with the blood or plasma derivatives of an infected person. Infection usually results in immunity to Hepatitis C. If the virus persists in the blood the person remains infectious and is known as a "Hep C carrier". Carriers may suffer serious long term consequences in the form of chronic liver disease and liver cancer.

The virus can be spread by:

- Sharing personal items such as toothbrushes, face cloths or razors;
- Sharing needles and injecting equipment;
- Tattooing, ear piercing and acupuncture if the equipment is not sterilised;
- Intimate body contact – rare;
- Historically, prior to the event of national screening introduced in 1992 through the multiple administrations of infected blood and products manufactured from blood.
- Only acute cases of Hepatitis C are notifiable.

### **Prevention**

- Practising Standard Precautions
- Complying with recognised occupational group clinical standards and procedures and operating policies;
- Observing UCOL and clinical agency hazard management protocols.

### ***Treatment/Follow-up***

As for treatment of Hepatitis C see Hepatitis B above. The exception being - there is no vaccination to protect against Hepatitis C.

### **HIV**

Is a virus that impairs the immune system of an infected person. Following infection the immune system produces antibodies in response to the virus. These antibodies do not give rise to immunity as is usually the case with other infections. The virus proceeds to damage the immune system to the extent that it is no longer able to provide a defence against serious infections and cancers. Whilst infected individuals may be symptom free for several years, the consequences of HIV infection are serious, with about 80% of individuals developing life threatening conditions within 10 years of infection.

The late stage HIV is known as AIDS, Acquired Immunodeficiency Syndrome which is a notifiable disease, whereas HIV is not.

The virus can be spread by:

- Infected blood getting into cuts, scratches and other wounds;
- Sharing personal items such as toothbrushes, face cloths or razors;
- Sharing needles and injecting equipment;
- Tattooing, ear piercing and acupuncture if the equipment is not sterilised;
- Intimate body contact, including sexual intercourse;
- Historically (prior to national screening) through administration of infected blood and products manufactured from blood.

### ***Prevention***

- Practising Standard Precautions;
- Complying with recognised occupational group clinical standards and procedures and operating policies;
- Observing UCOL and clinical agency hazard management protocols.

### ***Treatment/Follow-up***

As for treatment for Hepatitis B (see above). The exception being - there is no vaccination to protect against HIV

### **Note**

HIV is much less infectious than either Hepatitis B or Hepatitis C and precautions taken to protect against these will provide good protection against HIV infection.

### **Meningococcal Disease**

The symptoms of meningococcal disease include, nausea, vomiting, fever and headache and in two thirds of cases a rash. The disease is spread from person to person through infected saliva. The onset of the disease is variable but in many cases can be rapid with a speedy life threatening deterioration in the person's condition.

Meningococcal disease is a notifiable communicative disease.

### ***Prevention***

- Practising Standard Precautions;

- Not sharing cups, sipper bottles, soft drink and beer cans, drinking straws or other drinking and eating utensils;
- Not sharing food that may be contaminated with another person's saliva;
- Not putting items in your mouth that may be contaminated with another person's saliva e.g. musical instruments, thermometers, mouth guards, whistles, balloons – and washing your hands immediately after handling such items.

### ***Treatment/follow-up***

- Seek medical attention (this disease responds well to high dose antibiotic treatment);
- If the disease is confirmed the medical practitioner will notify the Public Health Unit who will arrange for screening and prophylactic treatment of those who have been in close contact with the infected person;
- If the event is work related fill in a UCOL Accident/Incident/Hazard Report

### ***Resuscitation – body fluid infection risk***

The risk of infection from mouth-to-mouth resuscitation is negligible unless local bleeding is obvious. Transmission of Hepatitis B has been documented, but incidences are rare. Transmission of Hepatitis C and HIV has not been reported. If blood is present or there are signs of needle usage, you will need to use an appropriate protective face mask. If one is not available it is an individual's decision on whether to proceed with resuscitation.

## **INFECTIONS TRANSMITTED BY AIR**

### **Legionellosis**

A respiratory infection caused by a bacterium that occurs naturally in the environment. Legionellosis may result when dust or water vapour containing the bacterium are inhaled. Those working with soils have an increased risk of infection.

Legionellosis is notifiable on suspicion, health professionals must not wait for confirmation of the disease.

### ***Prevention***

- Practicing Standard Precautions;
- Opening bags of composted potting mix slowly with opening directed away from your face;
- Working with wet rather than dry potting mix to reduce dust;
- Working in well ventilated area when handling potting mix, soils etc;
- Using disposable respirator if the above precautions cannot be observed.

### ***Treatment/Follow-up following exposure***

- Seek medical attention. This disease responds well to antibiotic treatment.
- If the exposure is work related fill in a UCOL Accident/Incident/Hazard Report

### **Tuberculosis (TB)**

TB most commonly causes disease in the lungs but may affect other parts of the body. Initial infection may go unnoticed.



There is no legal requirement to notify TB infections however it is useful for surveillance purposes.

### **Prevention**

- Practising Standard Precautions;
- Complying with recognised occupational group clinical standards and procedures and operating policies;
- Considering undergoing BCG vaccination if an at risk health care worker. This vaccination is not required in the event of a previous history of BCG or a Mantoux test result that is greater than 5mm;
- Observing UCOL and clinical agency hazard management protocols.

### **Treatment/Follow up**

- Any staff or student with health concerns should see their general practitioner;
- Control measures for an identified case will be undertaken under instruction from the local Medical Officer of Health;
- If the exposure is work related fill in a UCOL Accident/Incident/Hazard Report

### **Measles, Mumps, Rubella, Chicken pox**

Acute viral infections that can cause a wide range of debilitating complications.

### **Prevention**

- Practising Standard Precautions;
- Complying with recognised occupational group clinical standards and procedures and operating policies;
- Observing UCOL and clinical agency hazard management protocols;
- Vaccination with MMR (measles, mumps and rubella vaccine) and chicken pox vaccine. It is recommended by the MOH Immunisation Handbook (2002) that all health care workers with patient contact should be immune to measles, mumps, rubella and chickenpox especially if working with the immune compromised or pregnant women;
- Observing UCOL and clinical agency hazard management protocols.

### **Treatment/Follow-up**

- Un-immunised students and staff who work in health area or with children who have reason to believe they have been exposed to one of these infections should discuss their situation with their Medical Practitioner or Student Health Centre/Nurse and their Programme Leader and follow their advice;
- If the exposure is work related complete a UCOL Accident/Incident/Hazard Report.

## **INFECTIONS TRANSMITTED BY DIRECT OR INDIRECT CONTACT**

### **Methicillin Resistant Staphylococcus Aureus MRSA**

*Staphylococcus aureus*, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Occasionally, staph can cause an infection. In the past, most serious staph bacteria infections were treated with a certain type of antibiotic. Over the past 50 years, treatment of these infections has become

more difficult because staph bacteria have become resistance to various antibiotics. These resistant bacteria are called methicillin-resistant staphylococcus aureus, or MRSA.

MRSA occurs more commonly among persons in hospitals and healthcare facilities and is almost always spread by direct physical contact, rather than through the air. Spread may also occur through indirect contact by touching objects (i.e., towels, sheets, wound dressings, clothes, workout areas, sports equipment) contaminated by the infected skin of a person with MRSA.

### **Prevention**

- Practising Standard Precautions;
- Complying with recognised occupational group clinical standards and procedures and operating policies;
- Observing UCOL and clinical agency hazard management protocols.

### **Treatment/Follow-up**

#### *If exposure to infection occurs in a clinical area:*

- Follow the protocols for that area. These may include reporting to the person in charge, discussion of level of exposure, checking of status of source of the infection, antibiotic treatment or prophylaxis;
- Complete UCOL Accident, Incident/Hazard Report;
- As soon as practical report incident to supervising clinical lecturer.

#### *If exposure occurs in a non-clinical area:*

- Seek advice from own medical health provider, UCOL's Student Health Nurse or Occupational Health Nurse;
- If work related exposure complete UCOL Accident, Incident/Hazard Report.

## **INFECTIONS TRANSMITTED BY SOIL**

### **Tetanus**

Tetanus spores exist widely in the environment and are particularly common in the soil and the alimentary tract of animals. They can be introduced into a wound at the time of injury -even when the injury is trivial.

Suspected cases of tetanus must be notified to the local medical officer.

### **Prevention**

- Primary immunisation course with 3 doses of tetanus vaccine. Followed by boosters at 11years, 45 years and 65 years;
- Practising Standard Precautions;
- Complying with recognised occupational group clinical standards and procedures and operating policies;
- Observing UCOL and clinical agency hazard management protocols.

### **Treatment following exposure**

- Thoroughly clean the wound if practical;
- Seek medical attention. The need for a tetanus booster will be based on immunisation history and type of wound;

- Complete UCOL Accident/Incident/Hazard Report.

## **TRANSMISSION OF INFECTIOUS AGENTS BY ORAL-FAECAL ROUTE**

### **Hepatitis A**

Severe infection is rare and chronic carrier status does not occur. Permanent liver damage is extremely unlikely. The virus is usually transmitted by the faecal-oral route ie through:

- Contaminated food;
- Contaminated water or milk;
- Close personal contact and poor personal hygiene;
- Contact with things handled by an infected person;
- Flies.

Suspected cases of hepatitis A must be reported to the local medical officer of health.

### **Prevention**

- Practising Standard Precautions;
- Immunisation – should be considered for occupational groups who are exposed to faeces including:
  - Employees of early childhood services particularly where there are children too young to be toilet trained;
  - Those involved in the care and education of the intellectually disabled;
  - Health care workers exposed to faeces;
  - Sewerage workers exposed to faeces;
- Practising in accordance with required food handling protocols - Immunisation of food handlers is not considered necessary as food handling procedures and practices should be in place to protect food from contamination by food handlers

### **Treatment/Follow-up**

- Staff or students who have been infected or suspected of being infected with Hepatitis A must seek advice from their general practitioner and not return to work until informed otherwise;
- Hepatitis A is notifiable to the local Medical Officer of Health who will determine the control measures;
- Food handlers must be excluded from food handling for at least 7 days after the onset of symptoms. A food handler who is a close contact of a person who has Hepatitis A must inform their manager and should not handle 'open food' until advice has been sought from the Medical Officer of Health;
- If the exposure is work related complete a UCOL Accident/incident/Hazard Report.

### **Campylobacter, Cryptosporidium, Giardia, Shigella, Salmonella, Typhoid, Paratyphoid, Cholera, E Coli**

Diarrhoea, nausea, vomiting, muscular cramps are cardinal symptoms of these diseases.

Probable or confirmed cases of campylobacter must be reported to the local medical officer of health.

### **Prevention**

- Standard precautions;
- Follow food handlers guidelines.

### **Treatment/Follow-up**

#### Suspected cases

- Staff or students who suspected they have been infected with these illnesses should seek advice from their general practitioner and not return to work until they are cleared to do so.

#### Confirmed cases

- Will be managed by their Medical Practitioner in collaboration with the Medical Officer of Health and not return to work until they have been cleared to do so;
- If the infection is work related a UCOL Accident/Incident /Hazard Report should be completed.

## **TRANSMISSION OF INFECTIOUS AGENTS FROM ANIMALS**

### **Zoonoses**

Are communicable diseases and parasitic infestations which are transmitted between vertebrate host animals and humans. These diseases are transmitted through contact with animals or animal products, or through contact with contaminated materials. Parasitic infestations generally pass through a cycle involving more than one vertebrate host and an invertebrate carrier. Often the animal "carrier" is not obviously ill. There are about 30 recognised zoonoses in New Zealand.

Zoonoses may be contracted via inhalation, ingestion, contamination of a wound or eye, or by the bite of a vector (mosquito, mite or tick). Staff and students who handle animals should be aware of the risk of these diseases and of precautions to take to manage the risk of infection.

The most common Zoonoses associated with the handling of animals are:

- Cryptosporidiosis
- Leptospirosis
- Salmonellosis
- Ringworm
- Orf (scabby mouth)
- Tuberculosis (mycobacterium bovis infection)
- Yersiniosis
- Tetanus (not a zoonosis but clostridium tetani is found in the gastrointestinal tract of many species of animals)
- Cryptosporidiosis, Leptospirosis, Salmonellosis, Tuberculosis and Yersiniosis are notifiable diseases on suspicion and confirmation.

### **Prevention**

- Practising Standard Precautions;

- Awareness of the disease status of any animals being worked with. ie TB status of herd, vaccination status re orf, leptospirosis and yersiniosis;
- Maintenance of tetanus immunity. It is the individual responsibility of all personnel who handle animals to have a primary vaccination course against tetanus with boosters at 11 yrs, 45 yrs and 65 years of age;
- Observing UCOL and clinical agency hazard management protocols.

### **Treatment/Follow-up**

- Students and staff who feel unwell and suspect that they may have contracted a zoonotic disease should immediately see their general practitioner and provide him/her with an accurate history of animal contact or exposure to potential zoonotic infections;
- Inform their Manager or Occupational Health Nurse if a zoonotic disease is confirmed;
- If the exposure is work-related and confirmed complete a UCOL Accident/Incident/Hazard Report.

## **Definitions**

### ***Communicable Notifiable Diseases***

Those diseases above which are notifiable are considered to be communicable diseases and by law all medical officers of health must be advised of these cases. Whilst most people at UCOL will not need to be involved, there needs to be an awareness of the implications of UCOL persons who have been diagnosed with such diseases as others who have been in close contact with these people may need to be monitored for some time and those people may also be at UCOL.

### ***Duty of Care***

An expectation that a member of a professional group will act in a manner that is in line with the standards of his/her profession ie do what a reasonable and competent member of that profession would do in the given circumstance.

### ***Mucous Membrane***

The lining of the mouth, nose and respiratory tract, the conjunctival membrane covering the eye, the gastrointestinal tract, and the urinogenital tract.

### ***Prophylactic***

Treatment used to prevent a disease

### ***Standard Precautions Model***

The standard precautions model is based on the principle that all individuals are considered to be infectious, and that all excretions and secretions are potentially infectious.

Standard Precautions should be implemented when the following are present:

- Blood
- All other body fluids, secretions and excretions regardless of whether they contain visible blood
- Non- intact skin
- Mucous membranes

- Dried blood and other body substances, including saliva

## **Related Documents and Websites**

### Organisational Level

- [Infection Control Policy](#)
- [Staff Immunisation Policy](#)
- [Managing Long Term Incapacity Procedure for Managers](#)
- [UCOL's Pandemic Plan](#)

### Faculty and Course Level

- Infection Control and related documents listed in staff work books and student course outlines and identified by Programme Leader and Course Coordinators

## **References**

- Control of Communicable Diseases Manual – Ed. A. Benenson 1995
- Immunisation handbook – Ministry of Health – 2002
- UCOL's Pandemic Plan