

Agenda Item No: 6 **Report No:** 106/15
Report Title: Immunisations
Report To: Employment Committee **Date:** 14 September 2015
Cabinet Member: Councillor Paul Franklin
Ward(s) Affected: All
Report By: Helen Knight
Contact Officer(s)- Helen Knight
Name(s): Helen Knight
Post Title(s): HR Manager, Shared Service
E-mail(s): Helen.knight@lewes.gov.uk
Tel No(s): 01273 661365

Purpose of Report:

- 1 At the Employment Committee held on 1 June 2015 the Employees' side asked why immunisations were not offered across the Council rather than exclusively to the Waste and Recycling Teams. The Chair asked for a report to be produced for the next meeting looking into this.

Officers Recommendation(s):

- 2 To note the content of the report, this has been written following professional specialist advice from the Council's Health and Safety Officer and appointed Occupational Health Advisor.

Reasons for Recommendations

- 3 The professional medical advice from Occupational Health regarding Sharps Injuries is as follows:

“The three Blood Borne Viruses (BBV) are Hepatitis B, Hepatitis C and HIV.

Only Hepatitis B can be prevented by vaccination, however post exposure prophylaxis can be given for HIV.

For Hepatitis C in the unlikely event of an individual seroconverting then they can be treated with antiviral drugs. Given the fact that a risk, although small, has been identified then it will be important for the Council to make sure that

they have robust policy and procedure in place for dealing with needlestick injuries.

The Hepatitis B vaccine can be given as post exposure prophylaxis however primary prevention is better as the risk of seroconversion following a Hepatitis B needlestick exposure is 30%. The risk for HIV is 0.1% and the risk for Hepatitis C is 1.8%. Staff should be wearing protective latex gloves although this will not eliminate the risk.

WEIL'S DISEASE - The carrying of a Weil's Disease card is not a legal requirement however carrying a card with some basic information about potential contact is wise and helpful in the case of any accidental contact or emergency. Staff can then be diagnosed quickly and treated early to limit the severity of the illness. Employers also have a duty of care to inform/educate employees about potential risks.

The employees should make sure that they are up-to date with tetanus. You also need to have a needlestick injury policy as you have clearly identified a risk."

Information

- 4 Lewes District Council has a Procedure for Recovering Discarded Sharps which is attached as Appendix 1.
- 4.1 The Council provides latex gloves to staff in all departments where considered necessary or appropriate, for staff in the Mobile and Parks Teams these are in the Grange Store and all staff have access to this.
- 4.2 Currently Lewes District Council offers Hep B, Tetanus and Weil's disease vaccinations to all staff in Waste and Recycling. For these staff the risk has been identified as high so this precaution is taken alongside personal protective equipment, procedures and training.
- 4.3 With regard to staff in the rest of the organisation including the Mobile Team and Parks staff this depends on the risk that has been identified in the Safe Systems of work and Risk Assessment. For example, for the Mobile and Parks Team there is an up to date Risk Assessment (carried out in July 2014) and Safe System of work (dated August 2014) which are attached as Appendix 2 and 3. These state that "*There are vaccinations available for many of the common diseases carried on sharps, although not for HIV. Some vaccinations such as tetanus and for some forms of hepatitis can be given after the incident. Although there is no legal requirement any employees who are at risk and feel they would like to receive vaccinations should contact their manager who make the arrangements.*"
- 4.4 The Risk Assessment has identified the hazards related to the work of the Mobile and Parks Team and these have been addressed with controls in

place. Risk Assessments for other Service Areas within the Council are also up to date and none have been deemed as high risk in relation to these Blood Bourne Viruses.

- 4.5** The Council's Health and Safety Officer and the Manger of the Mobile and Parks Team are confident that the measures in place address the risks identified and follow the advice given by the Occupational Health Advisor. The documents referred to in this report are published on the Council's intranet and are made available to staff by their manager.
- 4.6** In conclusion, the offer of immunisations has always been open to other staff in the Council including those in the Mobile and Parks Team where a risk has been identified, for the Mobile and Parks Team this was confirmed most recently in the risk assessment conducted last year. It has been concluded that the risk to staff other than those in Waste and Recycling is lower but the same precautions are in place such as the Safe Systems of Work, the provision of PPE, Risk Assessments, appropriate policies (for example the Recovering Discarded Sharps Policy) and the offer of immunisations if required.

Financial Appraisal

- 5** There are no financial implications to this report

Legal Implications

- 6** The Legal Services Department have not been consulted for comments on this report.

Risk Management Implications

- 7** There is no need to complete a risk assessment on this report.

Equality Screening

- 8** There is no need for an Equality Analysis on this report.

Background Papers

- 9** There are no background papers other than the appendices

Appendices

Appendix 1 – Corporate Procedure for Recovering Discarded Sharps

Appendix 2 – Risk Assessment for Parks and Cemeteries dated July 2014 including Risk Assessment for the Burleys staff who were TUPE transferred into the Council this year.

Appendix 3 – Safe System of work 46 – Hypodermic Needles and Syringes

CORPORATE PROCEDURE FOR RECOVERING DISCARDED SHARPS:

Departments Procedure Applicable to:	Waste and Recycling Services Environment and Health Services Community Services Housing Services
Definition of Discarded Sharps:	Needles refer to syringes used for illegal drugs or for medical reasons, which are incorrectly disposed of.
Reported by:	By members of the public and or staff
Report format:	Mayrise
Service:	DISCARDED SHARPS
Record Type:	INVESTIGATION
STD Description Code:	SELECT AS APPROPRIATE BASED ON LOCATION AND TYPE
Issue Report Type:	TYPE 50 REPORT "DISCARDED SHARPS"
Responsible Officers	
Public Places:	Steve Pook
Playing Fields and Parks:	Andy Frost
Public Toilet:	Clive Ridley
AVs:	Ian Stratton and Mel Linscer
Council Housing	Sue Horne
Authorised Collectors of Discarded Sharps	Those appointed and trained by the above appropriate officers
PPE Requirements:	Picks Sharps boxes Protective gloves Anti-bacterial disposable hand wipes

ProcedureHandling of Sharps

The vehicle that is used for collecting discarded sharps must have the above PPE requirements available at all times.

The sharps boxes that contain sharps must not be left in the vehicle or stored anywhere at the end of the trading day due to the stringent Waste Management Licensing Regulations 1994 (as amended).

The sharps boxes must be disposed of at the Roseland HWRS in Eastbourne on the same day.

You must make NO physical contact with the discarded sharps – use the picks and wear protective gloves as a safety precaution.

Needle Stick Injuries

If you do receive an injury from such a needle, report immediately to your Manager immediately and retain the needle if it is safe to do so. The Management will then arrange for appropriate tests with local medical facilities. This must be reported in accordance with the Council's accident report procedure.

Reporting of Incident

The report issued from Mayrise must be handed to the responsible staff who will be recovering the discarded sharps. The responsible staff must add to the report on completion:

Date work completed and where disposed of to (Roseland HWRS). The label on the sharps box must have the following information (labels available from Robinson Road):

Important Notice

The Management at the Roseland HWRS will not accept the sharps box with the label incomplete.

Originator's Name: **Lewes District Council**

Address: **Sharps found discarded in**

Signature: **Joe Bloggs**

Date: **XX/XX/XX**

The Mayrise Administrator receiving the completed report will be required to add to Mayrise the above hand written report and sign off as completed.

APPENDIX 2

LEWES DISTRICT COUNCIL - RISK ASSESSMENT FORM – Hazard identification, risk evaluation, risk evaluation, action plan

SERVICE: Parks and Cemeteries	ACTIVITY / TASK / LOCATION: Dealing with sharps and bodily fluids
ASSESSED BY: Corporate and Public Safety	DATE: July 2014
	REVIEW DATE: November 2015

See the guidance on Infolink on how to complete this form. The following risk 'heat map' will help you to score your risks:

Severity → Likelihood ↓	1 Trivial/ None	2 Minor	3 Lost time (<7 days)	4 Lost time (>7 days)	5 Major/Fatal
1 Remote	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Certain/ Almost Certain	5	10	15	20	25

Green = Low Risk

Yellow = Medium Risk

Red = High Risk

For some examples, see
<http://www.hse.gov.uk/risk/casestudies>

List significant hazard and harm	List persons at risk	Controls currently in place	Risk Rating after controls (L,M,H)	Action – what, by whom, By when	Date completed and initials
Cuts or needle-stick (puncture) injuries Injection of (unknown) toxic or otherwise harmful material into the body from hypodermic needles or other contaminated sharps Psychological trauma due to fear of poisoning or infection.	This procedure applies to all the employees carrying out work on behalf of the Council	Protective gloves can offer some protection but care still needs to be taken or tongs should be used. The sharp must be placed in the specifically designed sealed box provided.		Hypodermic needles carry particular emotional connotations which must not be underestimated PPE Hands Whenever sharps are dealt with details should be provided and if any injury is received this should be entered in the accident book	

July 2014

LEWES DISTRICT COUNCIL - RISK ASSESSMENT FORM – Hazard identification, risk evaluation, action plan

<p>Needle stick injuries Vaccinations</p>	<p>This procedure applies to all the employees carrying out work on behalf of the Council</p>	<p>There are vaccinations available for many of the common diseases carried on sharps, although not for HIV. Some vaccinations such as tetanus and for some forms of hepatitis can be given after the incident. Although there is no legal requirement any employees who are at risk and feel they would like to receive vaccinations should contact their manager who will make the arrangements.</p>	<p>Employees should also remember that booster vaccinations may be required.</p>	
<p>Dealing with bodily fluids Hepatitis B virus (HBV), human immunodeficiency virus (HIV), and cytomegalovirus (CMV)</p>		<p>Blood, urine, and saliva should be treated with caution. They can harbour important viruses. Hepatitis B virus (HBV), human immunodeficiency virus (HIV), and cytomegalovirus (CMV) can live in blood, urine, and/or saliva. All of them can be transmitted by blood—blood from an infected individual entering the bloodstream of another. HBV and HIV would be extremely difficult to pass in saliva or urine (because the amount of virus there is so small), but CMV is known to spread both ways</p>	<p>Blood should be cleaned up using disposable towels that are then placed in a plastic bag. Gloves are preferable. Avoid any contact with blood to breaks in the skin or to mucous membranes (mouth, nose, or eyes). Hands should be cleaned thoroughly after handling blood, and surfaces should be disinfected.</p> <p>PPE Hands</p>	

I confirm that I have reviewed and agreed the above risk assessment and action plan. Signed (Manager):..... Date:.....

EVALUATION

IDENTIFICATION OF HAZARD	HAZARDOUS EVENT	EXISTING CONTROLS TO REDUCE RISK (MINIMUM CONTROLS ALWAYS IN PLACE)	EXISTING RISK RATING			ADDITIONAL CONTROLS TO FURTHER REDUCE RISK TO AN ACCEPTABLE LEVEL			RESIDUAL RISK RATING		
			Probability	Severity	Rating	Probability	Severity	Rating	Probability	Severity	Rating
Sharps	Cuts or needle stick (puncture) injuries	Work gloves Observation Use of litter pickers and hand tools	2	2	4	Do not compress refuse sacks with hands Hold refuse sacks away from the body Use a brush and dustpan for broken glass Securely wrap or place sharps in appropriate container	1	2	3		
Toxic or harmful substances on sharps	Substance enters body through injection or cuts	Work gloves Observation Use of litter pickers and hand tools	2	3	6	Do not compress refuse sacks with hands Hold refuse sacks away from the body Use a brush and dustpan for broken glass Securely wrap or place sharps in appropriate container	1	3	3		
Fear of poisoning or infection	Psychological trauma due to fear of poisoning or infection	Work gloves Observation Use of litter pickers and hand tools	2	3	6	Training and information about the likelihood of poisoning or infection Option to receive vaccinations Wash hands before eating	1	3	3		
Body fluids	Becoming contaminated or infected following contact	Work gloves Observation Use of litter pickers and hand tools Cleaning materials bagged	2	3	6	Training and information about the likelihood of poisoning or infection Option to receive vaccinations Wash hands before eating	1	3	3		

SHARPS & BODILY FLUIDS

IHRA 62 03/13.4

In all cases the hierarchy of control is applied to eliminate the hazard, substitute the hazard with a lesser risk and implement the safest working practice. The Contract Manager or Supervisor will identify the best possible choices of equipment and implement safe working methods for each particular scope of work.

SITE: ALL SITES WITHIN LDC072 **REVIEWED BY:** MARK TAVENER **DATE:** 31.03.2015 **REVIEW DATE:** MARCH 2016

DESCRIPTION OF ACTIVITY	<ul style="list-style-type: none"> Staff encountering sharps (hypodermic needles, syringes with needles, scalpels, razor blades and broken glass) and bodily fluids in the course of their work.
--------------------------------	---

WHO IS AT RISK?	The employee
AREAS IN WHICH ACTIVITY TAKES PLACE	Public open spaces and amenity areas Highway verges Grounds and Gardens Sports facilities Cemeteries Airfields
MINIMUM LEVEL OF TRAINING OR QUALIFICATION REQUIRED	Company induction

		EXPLANATION OF RISK RATING: Risk Rating = Probability X Severity		
		Unlikely 1	Likely 2	Certain 3
SEVERITY	1	Minor injury or damage		
	2	Major injury or damage		
	3	Severe injury or serious illness or death. Severe damage		

ACTIONS RESULTING FROM RISK RATING:

RATING	ACTIONS
1-3	Low Risk: Carry on with activity, ensuring controls are in place. No further controls required.
4-6	MEDIUM Risk: Implement further controls if practical to reduce risk to an acceptable level. Monitor risk level to ensure no increase.
9	High Risk: Stop activity immediately. Implement further controls to reduce risk if possible. Find alternative method.

PERSONAL PROTECTIVE EQUIPMENT REQUIRED

Item	Symbol	Required (Y/N)	Notes
SAFETY BOOTS			
HI-VISIBILITY CLOTHING			
EYE PROTECTION		√	Where splash risk present
EAR PROTECTION			
GLOVES		√	Avoid handling if possible
HARD HAT			
FACE MASK		√	Where splash risk present

RELATED RISK ASSESSMENTS

<ul style="list-style-type: none"> Litter collection & bin rounds

REFERENCE & GUIDANCE

<ul style="list-style-type: none"> Health & Safety at Works Act Management of Health & Safety at Work Regulations Personal Protective Equipment at Work Regulations Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Notes:

- Burleys Health & Safety Advisor will monitor and review the controls to reduce risk in accordance with the company's Health & Safety Policy.
- Risk Assessments will be reviewed annually or more often if required.
- The information contained within this Risk Assessment should be taken as the minimum requirement and is not to be considered exhaustive.

<p>Risk Assessment Completed By: </p>	<p>Mark Tavener, Contract Manager</p>
<p>Last Review Date:</p>	<p>March 2015</p>
<p>Next Review Date:</p>	<p>March 2016</p>

LEWES DISTRICT COUNCIL

SAFE SYSTEM OF WORK 46

RISK ASSESSMENT (LOW)	Hypodermic Needles and Syringes
RISKS IDENTIFIED	Transmission Risk, Infection
DATE OF ASSESSMENTS	24 th August 2014 – Link to RA 34
ASSESSOR	Corporate & Public Safety
LEGISLATION	Health and Safety at Work Act 1974 Manual Handling Operations Regulations 1992 Control of Substances Hazardous to Health Regulations 2002

The Council recognises the risks associated with the handling of hypodermic syringes and needles in all work areas.

1. It is necessary for all employees to understand the dangers associated with needles and syringes and to recognise and protect against the transmission risks associated with normal work conditions.
2. **Employees must appreciate:**
 - 2.1 The importance of covering open wounds and cuts.
 - 2.2 How to deal with syringes and needles.
 - 2.3 Precautions to take when administering First Aid.
 - 2.4 How to dispose of needles and syringes in a safe manner.

Needle Disposal Bins

Disposal bins are provided on all Waste Disposal vehicles and at Leisure Centres for use by Council employees.

Extreme care must be exercised when handling needles and syringes.

Always wear gloves

Always use tweezers or pliers to pick up needles

Never overfill the disposal bin

Never put your hand inside the bin