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## 1. Background

This procedure applies to all workers performing work in instances where there is the risk of exposure to skin penetrating injury or infection (eg. general cleansing, waste management, recycling, water treatment and similar areas), and includes contractors and volunteers.

## 2. Purpose

The objective of this procedure is to provide guidelines to ensure the prevention of communicable diseases and to ensure that work is conducted safely and without risk to Ipswich City Council personnel.

## 3. Regulatory Authority

- First Aid Code of Practice 2014
- How to Manage Work Health and Safety Risks Code of Practice
- Joseph LaDou (1997) '*Occupational and Environmental Medicine*', McGraw-Hill/Appleton and Lange, Norwalk.
- National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (blood-borne) Viruses [NOHSC: 2010 (2003) 2nd Edition]
- National Occupational Health and Safety Commission (November 1993) '*Worksafe Australia Code*

## 4. Human Rights Commitment

Council has considered the human rights protected under the *Human Rights Act 2019 (Qld)* (the Act) when approving and/or amending this procedure. When applying this procedure, Council will act and make decisions in a way that is compatible with human rights and give proper consideration to a human right relevant to the decision in accordance with the Act.

## 5. Roles and Responsibilities

The **Chief Executive Officer** is responsible for any outcomes from risks associated with infection control within the organisation.

**Department Heads and Managers** are responsible for ensuring the development and implementation of the infection control procedures.

**Supervisors** are responsible to ensure staff and contractors under their control comply with infection control procedures. Supervisors are also responsible for ensuring that ongoing training and educational sessions are conducted on infection control.

**Employees** are responsible for reporting infectious hazards/risks to their Supervisor and complying with infection control procedure.

## 6. Key Stakeholders

The key stakeholders within this procedure includes management, workers, and contractors within OR working on behalf of ICC. All stakeholders have clear responsibilities and accountabilities for WHS, this is outlined in the ICC Safety Management Framework. These responsibilities and accountabilities are non-transferable and critical to achieving ICC objectives and targets related to risk and hazard management, and general safe operation.

## 7. Education and Training Requirements

Infection control training is covered in workplace health and safety induction training. Regular refresher training is to be conducted through toolbox talks. Where the risk assessment identifies training as a control measure, detailed training is to be provided in line with the risks.

## 8. Procedure

### 8.1 Infection Control Risk Calculator

To identify the potential infection sources and the appropriate controls, risk assessments can be completed using the Infection Control Risk Assessment Process (refer Appendix A). This will help determine the appropriate controls that need to be implemented. For further details on conducting risk assessments refer to the Risk Management and Risk Assessment Procedure.

### 8.2 How Diseases are Transmitted - Routes of Entry

For transmission of infection to occur, there needs to be an identified source of infection, and a defined route of entry into the body. Most infectious diseases enter the body by a single route, which can differ depending on the characteristics of the pathogen involved. By applying simple safe handling procedures, the risk of exposure to pathogens in the work environment can be minimised.

<b>Respiratory Route (airborne - droplet spread)</b>	The most common route of entry of airborne or droplet spread is through inhalation into the lungs. Common colds, flu, measles and tuberculosis can be transmitted, through inhalation of air particles containing the infected droplets. This can occur when infected persons cough, sneeze or talk in the vicinity of others (uninfected persons).
<b>Gastrointestinal Route (oral faecal route)</b>	The spread of infection occurs when infectious particles are shed from the gut of an infected person through the faeces. These particles are then transmitted to an uninfected person through direct hand to mouth transmission, or through contaminated water or food. Hepatitis A and dysentery are diseases that may be transmitted in this fashion. Good personal hygiene reduces the risk of acquiring diseases that are transmitted this way.
<b>Direct Spread</b>	Direct spread generally occurs when micro-organisms of infected tissue, or tissue fluid from one person is passed directly into the body of another person through small breaks in the skin surfaces, lining membranes of body cavities or orifices. Hepatitis B, hepatitis C, Herpes Simplex and HIV are examples of diseases that can be transmitted in this way.

### 8.4 Infection Control Methods

#### 8.4.1 Personal Hygiene (control of faecal/oral spread)

##### Hand washing and hand care:

Hand washing is generally considered be the most important measure in preventing the spread of infection. Activities that can cause contamination include handling materials soiled with blood or other body substances, direct contact with body secretions or excretions, or going to the toilet.

For routine hand washing, wet hands thoroughly and lather with neutral pH soap, vigorously rubbing hands together under warm running water for at least 10-15 seconds.

Dry hands with disposable paper towel. Alcohol wipes for field situations where hand washing facilities are not readily available.

If wearing gloves whilst undertaking work, remove gloves and wash hands prior to eating, drinking or smoking to prevent possible infection transmission. If using disposable gloves, replace gloves with a new pair, do not reuse soiled gloves once removed. Wash hands after removing gloves.

#### **Care of wounds, cuts and abrasions:**

Skin that is intact (no cuts or abrasions) is a natural defence against infection. Cuts and abrasions should be covered by water-resistant dressings which should be changed as necessary or when the dressing becomes soiled.

Dermatitis as a result of repeated hand washing and wearing of gloves can be minimised by the use of suitable hand creams and drying hands after washing. Consideration should be made when selecting gloves, eg. Powder-free latex gloves with a reduced protein content.

#### **Personal protective equipment (P.P.E)**

Protective clothing and equipment should be readily available and accessible to use in each workplace or work site. Examples of the types of clothing and equipment that may be available include:

<b>Gloves</b>	<p>Various types of gloves are available depending on the type of work being undertaken. Gloves should be worn wherever there is risk of exposure to blood or body substances.</p> <p>Disposable/single-use gloves should be changed and discarded:</p> <ul style="list-style-type: none"> <li>• as soon as they are damaged;</li> <li>• before stopping for a break to eat, drink or smoke after having contact with soiled materials; and</li> <li>• before answering telephones.</li> </ul>
<b>Eye and/or facial protection (glasses, goggles or face shields);</b>	<p>Protective eye wear or face shields should be worn during procedures where splashing, splattering or spraying of blood or other body substances may occur. Protective eyewear should comply with AS1337:1992, and should be optically clear, anti-fog and distortion free, close fitting, and shielded at the side. Eyewear should be either re-useable after cleaning and disinfection, or single-use.</p>
<b>Respirators (to prevent inhalation of micro-organisms);</b>	<p>A P2 respirator should be worn where workers are exposed to bio-aerosols.</p>
<b>Overalls</b>	<p>Disposable overalls can be used.</p>
<b>Safety footwear</b>	<p>Footwear should be enclosed and capable of protecting employees from injury or contact with sharp objects. To determine the type of footwear that should be worn in an area, the risks associated with the work environment should be assessed, performing a risk assessment. Types of footwear that may be provided include safety footwear/boots, and waders.</p>

**Tongs**

Approved, tested and issued.

## Immunisation

Where there is an identified risk of infection for a particular disease, a vaccination program is to be made available. It is to be remembered however, that vaccination is not the only control method available for transmission of infection diseases, and that there are several infectious diseases for which a vaccination program is not available. Employees exposed to potential risks of infection should therefore ensure that they maintain a high standard of personal hygiene and use appropriate personal protective equipment and safe handling procedures where possible.

### 8.5 Management of Blood or Body Substances Spills

These processes only come into effect after first aid/medical assistance, and if the Council does not outsource to professionals. Standard precautions are to apply where there is any risk of contact with blood or body substances.

#### 8.5.1 Spot Cleaning

Using disposable gloves wipe up spot with a damp cloth, tissue or paper towel. An alcohol wipe may also be used. Discard contaminated materials into a yellow bag or container bearing the international black biohazard symbol, and marked 'Infectious Waste', and wash hands.

#### 8.5.2 Small spills (up to 10cm diameter)

1. Wearing disposable cleaning gloves, wipe up spill with absorbent material such as paper towelling. If there is risk of splashing to occur, eyewear and a plastic apron should also be worn. Place contaminated absorbent material into impervious container or plastic bag for disposal.
2. Clean the area with warm water and detergent, using disposable cleaning cloth or sponge. Where contact with bare skin is likely, disinfect area by wiping with 1:10 diluted household bleach and allow to dry.
3. Discard contaminated materials used (absorbent towelling, cleaning cloths, disposable gloves, plastic apron) into a yellow bag or container bearing the international black biohazard symbol, marked 'Infectious Waste' for disposal. Wash hands.

Re-useable eyewear should be cleaned and disinfected thoroughly before re-use. Wash in warm water and detergent after use.

#### 8.5.3 Large Spills

1. Wear disposable cleaning gloves, eyewear, respirator and a plastic apron/overalls.
2. Cover area of the spill with granular chlorine releasing agent or other equivalent acting granular disinfectant and leave for 3-10 minutes, depending on the formulation and labelling instructions.
3. Use a disposable (eg. cardboard) scraper and pan to scoop up granular disinfectant and any other unabsorbed blood or body substances. Place all contaminated items into impervious container or plastic bag for disposal.
4. Wipe area with absorbent paper towelling, to remove any remaining blood and place in container for disposal.

5. Discard contaminated materials (scraper and pan, absorbent towelling, disposable gloves and plastic apron) into a yellow bag or container bearing the international black biohazard symbol, marked 'Infectious Waste' for disposal. Wash hands.
6. Area should then be mopped with warm water and detergent.
7. Where contact with bare skin is likely, disinfect area by wiping with a sodium 1:10 dilution of 5% household bleach (sodium hypochlorite) solution (or other suitable disinfectant solution) and allow to dry.
8. Disinfect bucket and mop, dry and store appropriately.
9. Re-useable eyewear should be cleaned (in warm water and detergent) before re-use.

#### 8.5.4 Suggested Cleaning Equipment Kits

Suggested Cleaning Equipment Kits for management of large spills should include a mop and bucket plus cleaning agents. In areas where cleaning materials may not be readily available, a disposable 'spills kit' should be assembled as follows:

- One (1) large (10 litre) reusable plastic container or bucket fitted with a lid, containing:
- 1 5 litre impervious container (treated cardboard or plastic) with fitted lid for waste material.
- Two (2) large (10 litre) zip seal plastic bags for waste material.
- A disposable, sturdy cardboard scraper and pan (similar to a 'pooper scooper').
- Five (5) granular disinfectant sachets containing 10 000ppm available chlorine or equivalent (each sachet should contain sufficient granules to cover a 10 cm diameter spill).
- Disposable rubber gloves suitable for cleaning.
- Eye protection (disposable or re-useable).
- A plastic apron.
- A mask (for protection against inhalation of powder from the disinfectant granules, or aerosols from high-risk spills which may be generated during the cleaning process).
- Infectious waste bag – bearing the international black biohazard symbol.

For safe disposal of infectious waste bags, arrangements can be made with Ipswich Waste.

#### 8.6 Handling and Disposal of Sharps

Sharps represent the major cause of accidents involving potential exposure to blood borne diseases. For safe removal of hypodermic needles, or syringes, a sharps removal kit should be assembled containing a sharps container (complying with AS 4031:1997), disposable gloves, infectious waste bag, and long handle tongs.

A record of all sharps collected should be retained to identify high risk areas which may require other actions to be taken eg. consider installing sharps disposal units. All sharps found in locations must be lodged and reporting on the following website :

<https://opa.myipswich.com/web-determinations/startsession/customurl-needles>, with frequent feedback given to Queensland Police.

For safe removal of hypodermic needles/syringes the following applies:

1. wear disposable gloves;
2. place container besides the sharp that requires collection;
3. do not recap, break or bend needles;
4. pick up the syringe using the tongs;
5. place the syringe in the sharps container, sharp end first;
6. dispose of gloves and disposable tongs into the infectious waste bag;
7. if reusable tongs are used, disinfect as per instructions.

Special care should be taken if spilt blood contains material such as broken glass. All spilt blood should be treated with hypochlorite solution as mentioned in 3.4, or Milton bleach and left for 30 minutes. The sharp material should then be picked up with tongs.

### 8.7 Needle Stick and Blood Accidents

Immediate action to be taken if a person suffers a needle stick or related blood injury:

- If the skin is penetrated wash the area well with soap and water (alcohol based hand rinses or foams 60-90 per cent alcohol by weight should be used when water is not available);
- If blood gets onto the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water;
- If the eyes are contaminated, rinse the area gently but thoroughly with water or normal saline solution, while the eyes are still open; and
- If blood gets into the mouth, spit it out and then rinse the mouth with water several times.

Following disinfecting the exposed area, report immediately to the Workplace Health and Safety Section. An immediate appointment will be made with Council's medical practitioner.

### 8.8 Supervisors, Managers, and Workplace Health and Safety Advisors

If an employee has suffered a possible parenteral, definite parenteral or massive exposure it is important that you make sure that steps are taken to reduce the risk to the employee of contracting a serious illness.

1. Ensure that the exposed area has been washed thoroughly.
2. Arrange for the affected person is to be immediately evaluated by Council's appointed doctor. The prevention of disease or control of its possible spread is to be offered on the basis of the risk of infection associated with the injury/exposure.
3. Find out whether a known source is involved in the incident and document.
4. Ensure that a *Worker's Authorisation for release of certain information form* is completed in order to be able to contact the treating medical practitioner.
5. Reassure the employee and arrange for support and counselling through the Employee Assistance Program.

Investigate the circumstances of the incident – refer to Council's Incident and Accident Reporting Procedure. Take measures to prevent recurrence. This may include changes to work practices, changes to equipment, and/or training.



*Note: It is important that confidentiality of the employee and the source of exposure be maintained.*

## 8.9 Zoonosis

Some Animals have the potential to spread disease to human either through direct contact, bites and scratching, bodily fluids contacting open wounds or through Faecal matter.

1 – Lyssavirus: Australian Bat Lyssavirus (ABL) is closely related to the rabies virus. Only vaccinated people who have been trained in the care of bats should handle them. If you are required to come into contact with Bats alive or recently deceased appropriate PPE should be worn including heavy Gloves to elbow length to reduce the risk of scratching or biting. High level hygiene practices should be used after handling these animals.

2 – Hendra Virus: Hendra virus is a sporadic disease of horses and humans that can cause very serious illness. The natural hosts of Hendra virus are flying foxes which can pass the virus onto horses. Human infection results from close contact with infected horses and their blood, body fluids and tissues. See Appendix C for Workplace Health and Safety Queensland Fact sheet on specific information on dumping Horse carcasses.

3 - Q-Fever: Q fever is an infectious disease that is spread from animals to people. It is caused by bacteria called *Coxiella burnetii*. Cattle, sheep and goats are the most common source of human infection, but other animals such as kangaroos, bandicoots, camels, dogs and cats can also cause infection. Exposure to faecal matter and dust generated from Cattle Yards can also assist in spreading of the disease. Workers exposed to Cattle, Sheep and Goats will be immunised against Q-Fever.

## 9. Monitoring and review

Site inspections will be undertaken at regular intervals to identify hazards and verify implementation of risk controls in accordance with WSW-PRO-016 – Workplace Observations and Inspections procedure.

Hazards and risks must be regularly monitored to ensure that management processes are operating as intended, specifically by:

- reviewing and validating or updating the risk context;
- determining whether the assessed risks are over- or under-estimated;
- ensuring controls are in place;
- ensuring the effectiveness of those controls;
- identifying new hazards, contributing factors, consequences and controls; and
- reviewing any outstanding actions.

## 10. Related documents

Workplace Safety and Wellbeing Framework – Safety Standard No. 8.

## 11. Definitions

***Acquired Immune Deficiency Syndrome (AIDS)*** is a condition in which the body's immune system loses its ability to fight off infection and thus becomes vulnerable to infections and

certain cancers. This condition is caused by infection with Human Immunodeficiency Virus (HIV).

**Affected Person** is the person exposed to blood or body fluid.

**Blood** means human blood, human blood components and products made from human blood.

**Body Fluids** means any bodily secretions or substances other than blood.

**Cleaning** is the removal of visible foreign material from objects, most commonly using water, mechanical action and detergents. Cleaning must be conducted prior to disinfection and sterilisation.

**Hazard** is a source of potential harm or a situation with the potential to cause loss.

**Contaminated** means the presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

**Disinfection** is a process that eliminates many or all infectious micro-organisms, except bacterial and fungal spores.

**Exposure** means contact with blood or body fluids, which may lead to the transmission of blood-borne diseases such as hepatitis B, hepatitis C and HIV.

**Hepatitis** is inflammation of the liver, which can be caused by viruses, bacteria, chemicals, alcohol and some medications. There are a number of types of the Hepatitis virus, which currently range from Hepatitis A through to Hepatitis F.

**Hepatitis A** is caused by hepatitis A virus, which is transmitted by the faecal-oral route. Person to person spread is the usual method of transmission, but outbreaks can occur from contaminated food or drink. Hepatitis A can also be transmitted through sexual contact. Immunisation is available for hepatitis A.

**Hepatitis B** is caused by the hepatitis B virus and is transmitted by blood and some body fluids.

**Hepatitis B Immunoglobulin (HBIG)** is a vaccine containing antibody from human blood made to provide temporary protection against hepatitis B in a non-immune person following an exposure.

**Hepatitis C** caused by hepatitis C virus and is transmitted through blood can result in chronic infection. Chronic hepatitis, and cirrhosis of the liver may be the end result of infection. There is no vaccine available for hepatitis C.

**Human Immunodeficiency Virus (HIV)** is the name of the virus that causes AIDS. This virus attacks a certain type of white blood cell that is a vital part of the body's immune system, which makes the body more acceptable to infection.

**Immunisation (inoculation)** is the process of concerning immunity through administration of a vaccine.

**Infection** is the invasion and multiplication of micro-organisms in body tissues. It may or may not lead to disease.

**Massive Exposure** can result from either the transfusion of blood or injection of large volume of blood/body fluids (greater than (>) 1ml).

**Mucous Membrane** is the membrane lining body cavities and passages usually moistened with mucous. Includes the mouth, eye and nose.

**Parenteral** means a route of entry into the body (by which a drug is administered) other than through the digestive tract eg. Injection.

**Definite parenteral exposure** can fall into any of the following categories:

- Skin penetrating injury with a needle contaminated with blood or body fluid.
- Laceration or similar wound, which causes bleeding and is produced by an instrument that is visibly contaminated with blood or body fluid.
- In laboratory settings, any direct inoculation with Human Immunodeficiency Virus (HIV) tissue or material likely to contain HIV, hepatitis B virus (HBV) or hepatitis C virus (HCV) not included above.
- Injection of blood/body fluid not included under 'massive exposure'.

**Doubtful parenteral exposure** can fall into any of the following categories:

- When a superficial injury with a needle is not considered to be contaminated with blood or body fluid;
- A superficial wound not associated with visible bleeding produced by an instrument considered not to be contaminated with blood or body fluid;
- Prior wound or skin lesion contaminated with a body fluid other than blood and with no trace of blood eg. urine.

**Possible parenteral exposure** can fall into any one of the following categories:

- A superficial injury with a needle is contaminated with blood or body fluid.
- A wound not associated with visible bleeding is produced by an instrument contaminated with blood or body fluid.
- Prior (not fresh) wound or skin lesion contaminated with blood or body fluid.
- Mucous membrane or conjunctival contact with blood.

**Non-parenteral exposure** is intact skin visibly contaminated with blood or body fluid.

**Pathogen** is any infectious agent that can cause disease.

**Sharps** means needles, cannulas, scalpels or blades, ends of dental wires, edged instruments, broken glassware, bone fragments or any other item that might penetrate the skin or mucous membranes.

**Sharps injury** is an injury, which occurs when a sharp penetrates the skin or mucous membranes. The most common form of sharps injury is a needle stick injury. Sharps injuries may lead to transmission of HIV or hepatitis B or C only if the sharp is contaminated with infected blood, or body fluids are the source of exposure to HIV or hepatitis B.

**Source** is blood or body fluid that has been inoculated or splashed onto the affected person.

**Superficial** means of, near, or forming the surface (eg. superficial bruising).

**Standard Precautions** are work practices required for the basic level of infection control. They include:

- good hygiene practices, particularly washing and drying of hands;
- the use of personal protective equipment which include gloves, masks and goggles;
- appropriate handling and disposal of sharps and other contaminated or potentially contaminated or infectious waste.

**Transmission** means the spread of an infectious disease from an infected person to another person.

**Vaccine** is a biological substance administered into the body to induce immunity and thereby prevent infectious disease.

**Window period** is a term used to describe the period of time between infection with HIV and seroconversion. It is called the window period because the person may be negative when tested, but may be infectious. The window period after HIV infection is usually 6-12 weeks.

**Risk** is the chance that an event will occur in a workplace that will result in personal injury or loss.

**Supervisor** is a person in control of a workplace (eg. supervisor, superintendent, ganger, leading hand or team leader).

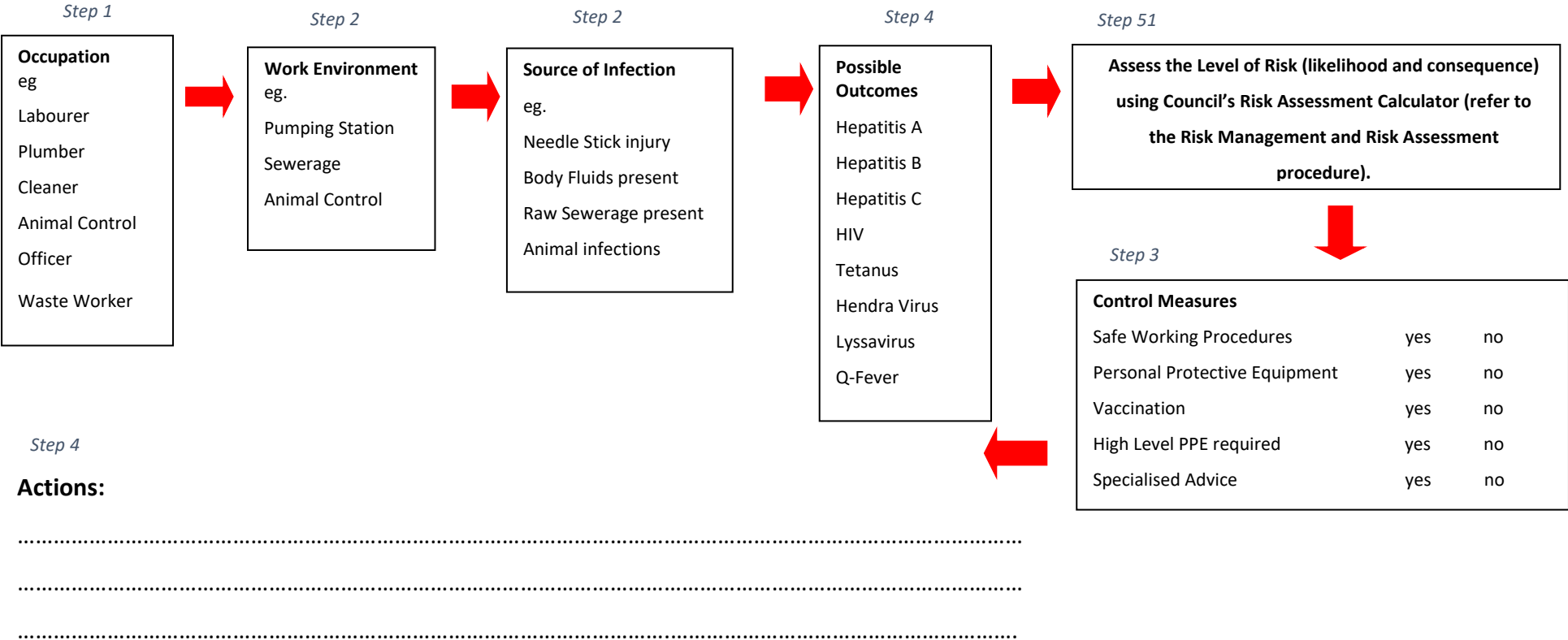
## 12. Process Model

N/A

## 13. Procedure Owner

The General Manager (Corporate Services) is the procedure owner and the Workplace Safety and Wellbeing Manager is responsible for authoring and reviewing this procedure.

Appendix A - Infection Control Risk Calculator



## Appendix B – How to use the Infection Control Risk Calculator

Step 1 (Occupation)	Step 2 (Work Environment)	Step 3 (Sources of Infection)	Step 4 (Possible Outcomes)	Step 5 (Risk Assessment Calculator)	Step 6 (Control Measures)	Step 7 (Action)
Record the type of work that the employee is anticipated to undertake whilst at a work placement, prior to commencement of the work. Information is to be recorded in the appropriate box provided.	Identify the specific environmental conditions, which the employee will be exposed to whilst working at the workplace. Information is to be recorded in the appropriate box provided.	Record in the box provided, identified sources of infection that are present within the work environment (eg. unknown fluid spill, hypodermic needles, human faeces, dog/cat faeces, broken glass, possible dog bite).	Record identified possible outcomes that may result from exposure to identified sources of infection. Specific diseases are identified further in this document and on the back of the 'infection control risk calculator.'	<b>Identify</b> the likelihood of exposure to any of the previously identified conditions which may lead to infection. <b>Assess</b> the likelihood and consequences from the infectious hazards or risk. Consider the type of work performed, work environment and the source of infection (steps 1-4). <b>Control</b> the infectious hazards or risks using control options of Eliminate, Substitute, Isolate, Engineer, Administrate, PPE.	Using the Infection Control Risk Calculator, indicate the preferred Control Strategies. In instances of risk, a number of control strategies can be utilised – safe working procedures, the use of personal protective equipment, and possibly vaccination.	Document the steps or initiatives that need to be undertaken in order to prevent the risk of an employee being exposed to an infectious disease.

## Appendix C – Information for Businesses that Dispose of Horse Carcasses

### Hendra virus – information for businesses that dispose of horse carcasses

#### Background

Hendra virus is a sporadic disease of horses caused by spillover of virus from flying foxes. Hendra virus infection in humans is rare, but it is a serious disease, and has occurred following close contact with the blood, tissues and body fluids (e.g. respiratory secretions) of an infected horse. There is no evidence that Hendra virus can spread directly from flying foxes to humans.

The transport and disposal of a horse carcass where Hendra virus is suspected or confirmed falls under the *Environmental Protection Act 1994*. The Department of Environment and Heritage Protection should be consulted on such matters.

#### Risk

The potential seriousness of Hendra virus requires that health and safety measures are implemented to prevent human infection at workplaces where a horse carcass is moved, transported and disposed of. Sound hygiene measures should be adopted as a routine work practice for contact with any horse carcass.

#### Prevention

A Hendra virus vaccine for horses is available. The vaccine is the single most effective way of reducing the risk of Hendra virus infection in horses and provides a work health and safety and public health benefit. Vaccination of horses is strongly encouraged and horse owners should discuss this with their veterinarian. It is important to adopt good personal hygiene and biosecurity

(animal disease control) measures as a standard work practice for all contact with horses and their blood, tissues and body fluids, regardless of their vaccination status.

Disposal of horse carcasses where Hendra virus infection is suspected or confirmed requires careful planning using a risk based approach. The plan should include how Hendra virus risks will be minimised for workers and others. Workers should be trained in the implementation of the plan.

The following measures should be considered:

- Ensure safe systems of work for contact with any horse carcass and associated blood, tissues and body fluids.
- Perform hand hygiene using running water and soap followed by hand drying, or use alcohol-based hand rub if no visible soiling:
  - before eating and drinking
  - after contact with a horse carcass and its blood, tissues and body fluids
  - after cleaning equipment or machinery used to move a horse carcass
  - after removing personal protective equipment (PPE).
- Cover cuts and abrasions with a water-resistant dressing.
- Minimise contact with the horse carcass and its blood, tissues and body fluids.
- If contact is unavoidable (e.g. to place chains) wear PPE appropriate for the level of contact with the carcass and its blood, tissues and body fluids. This may include disposable gloves, overalls,



safety goggles or a face shield, rubber boots and a disposable P2 respirator. Train workers in the correct use of PPE.

- Keep PPE and alcohol-based hand rub or wipes readily available at places where the horse carcass is disposed of (e.g. in the work vehicle), to provide protection for any unavoidable contact with a horse's blood, tissues and body fluids.
- Do not dismember (cut up) the horse carcass for transport and disposal.
- If the horse has been euthanased or undergone a post mortem, be aware of sharp objects like needles or bone.
- If the horse carcass is leaking body fluids, ensure this is contained where practicable prior to movement and transport (e.g. 'double bag' the carcass and add absorbent materials).
- Dispose of contaminated soil and items that cannot be decontaminated with the carcass.
- Make sure to transport the horse carcass, contaminated soil and items in a container made of, or lined with, materials that can be easily cleaned and disinfected.
- Clean any part of equipment or machinery that comes into contact with the horse carcass and its blood, tissues or body fluids. Avoid splashes when cleaning (e.g. do not use a high pressure hose).
- Keep a first aid kit readily available (e.g. in the work vehicle) so that any cuts can be covered before touching a horse carcass and its blood, tissues or body fluids.
- Manage accidental contamination with horse blood and body fluids:
  - if a person's unprotected skin becomes contaminated with blood, body fluids or excreta, wash off the contamination with running water and soap as soon as possible. Where water is not available, wipe the area clean and apply a waterless cleanser such as alcohol based hand rub
  - if the exposure involves a cut or puncture wound, gently encourage bleeding and then wash the area with soap and water.
  - if eyes are contaminated, gently but thoroughly rinse open eyes with water or normal saline for at least 30 seconds
  - if body fluids get in the mouth, spit the fluid out and then rinse the mouth with water several times
- Seek medical advice or ring Queensland Health 13 HEALTH (1300 43 25 84) if a worker has had unprotected contact with a horse carcass that is suspected or confirmed to be infected with Hendra virus.
- Ensure Biosecurity Queensland and Environment and Heritage Protection requirements are met for moving, transporting and disposing of a horse carcass where Hendra virus is suspected or confirmed.

#### Further information

For more information visit

[www.worksafe.qld.gov.au](http://www.worksafe.qld.gov.au) or contact the Workplace Health and Safety Infoline on 1300 369 915.

For more information on Hendra virus and animal health and biosecurity, contact Biosecurity Queensland on 13 25 23 or visit [www.biosecurity.qld.gov.au](http://www.biosecurity.qld.gov.au), or talk to your veterinarian.

For more information on Hendra virus and human health, contact Queensland Health on 13HEALTH (13 43 25 84) or visit [www.health.qld.gov.au](http://www.health.qld.gov.au).

For more information on flying foxes, and horse carcass transport and disposal, contact Environment and Heritage Protection on 1300 130 372 or visit [www.ehp.qld.gov.au](http://www.ehp.qld.gov.au)

Watch the Australian Veterinary Association PPE training video [\*Suit up! Personal protective equipment for veterinarians\*](#).