



VIRUSOLVE®+

Guidelines for Sports Players & Facilities

INTRODUCTION:

This document has been developed in accordance with current applicable infection control and regulatory guidelines. It is intended for use as a guideline only. At no time should this document replace existing documents established by the facility unless written permission has been obtained from the responsible facility manager.

The overall goal of infection prevention practices is to eliminate the risk of the transmission of pathogens between individuals and between sports facility workers/health workers.

Infection control is similar to health and safety in that it will never stop infectious outbreaks but with policies, procedures and the use of effective disinfectant/cleaners such as VIRUSOLVE+ everything practicable can be done to prevent any infection getting out of hand.

Sports facilities need to protect their businesses from Infection outbreaks as participants and spectators who become infected during their visit can under negligence (doing nothing to prevent or control an outbreak) claim compensation for infections. For prominent sports facilities a good reputation can be destroyed through the media and press in weeks. However, those that used VIRUSOLVE+ as part of a infection control policy and routine cleaning of sports areas would be taking steps to prevent an outbreak, and through a good outbreak planning document, training, risk and COSHH assessments a facility would be able to demonstrate to a court that everything was in place as per best practice to prevent and control any communicable disease

This guideline is intended to provide practical information on the preventive measures of communicable diseases for those who utilise or work in sports facilities.

CLEANING PRODUCTS:

Use dilution: 5% solution of Virusolve+ concentrate in clean water.

Note: A ready-to-use solution at 5% strength is also available from Amity

Dilution of Virusolve+

1. Preparation of working solution: Pre-mix and label from a controlled location Virusolve+ at a dilution of 5% (1 part chemical to 19 parts water), (equivalent to 1:20 or 1part in 20). Use potable tap water at between 18 and 30 °C for this purpose.
2. Place mixed solution in either a labelled, flip-top 1 Litre bottle or a small hand bucket.



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Infection
Controlled

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Also Available:

Virusolve+ RTU 750ml Trigger Spray and 5 Litre RTU are ready-to-use products diluted at 5%.

Application:

Virusolve+ diluted to 5% is suitable for the disinfection and cleaning of heavily soiled surfaces including surface contaminated with body fluids including blood.

Virusolve+ diluted to 5% is also suitable for use in conjunction with ultrasonic machines.

COMMUNICABLE DISEASES

Communicable diseases refer to diseases that can be transmitted and make people ill. They are caused by infective agents (pathogens) e.g. bacteria and viruses, which invade the body and multiply or release toxins to cause damages to normal body cells and their functions.

In severe cases, they may lead to death. These infective agents can spread from a source of infection (e.g. sick person) to a person through various modes of transmission.

For an individual to acquire an infection, a number of factors crucial to the spread of communicable diseases including the infective agents (pathogens), source of infection (reservoir), mode of transmission, and susceptible host must be present. This is called the chain of infection

Pathogens:

The infective agents (pathogens) responsible for infectious disease include bacteria, viruses or parasites. These may be part of our own body flora or can be acquired from external sources. They do however need to achieve an infective dose before becoming a risk to other people.

Reservoir:

This refers to any object or environment where pathogens can survive and multiply to achieve an infectious dose, e.g. humans, inanimate objects, animals, food or water. A human reservoir may be a patient or can be a carrier.

Mode of Transmission:

Transmission modes may be by contact, droplet, inhalation or ingestion.

Interruption of the transmission mode is the easiest way to break the chain of infection and hence control an outbreak.

Contact transmission by direct (person to person) or indirect (food, water, fomites, i.e. inanimate objects) body contact is the most common mode of transmission.

Droplet transmission occurs when minute infectious droplets come into contact with the mucous membrane (eyes, nose or mouth) of a susceptible person. Droplets arise from sneezes, coughs, spitting or just talking but are usually short lived in the air and rarely travel more than a few feet from the source.

Airborne transmission occurs when infectious droplets or contaminated dust particles remain suspended in the air for considerable periods and are inhaled by susceptible hosts.

Common vehicle transmission occurs through contaminated food water or equipment.

Finally,

Insect transmission occurs when the pathogen is transmitted by contact or bite of an insect host.

Susceptible Host:

The natural defence mechanisms of the body may be compromised by aging or immaturity or by trauma or drug taking whether prescribed or otherwise. Such people will be at a higher risk of infection.

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SPORTS PLAYERS AND PARTICIPANTS

Preventing infectious disease in Sports is fundamental to maintaining team effectiveness and helping individual athletes avoid the adverse effects of illness (Howe et al, 2003).

The environment in which these athletes compete, practice, receive therapy for injuries, and travel, both domestically and internationally, provide varied opportunities for the transmission of infectious organisms.

To safeguard the health of participants, sports administrators, facility personnel, spectators and others, attention to the following health guidelines should be given, in particular at times of infection outbreaks.

1. Maintain Good Personal Hygiene

- Disinfect any broken skin such as cuts or abrasions immediately and cover properly with waterproof adhesive
- Do not share personal items such as towels, clothing, razors or water bottles
- Keeping feet areas dry, frequent changes of absorbent socks, and adequate drying of shoes between uses
- Avoid direct contact with bird droppings or faeces of animals without protection
- Hand Hygiene:
 - Keep hands clean at all times
 - Keep fingernails short
 - Wash hands frequently with liquid soap and water, rub all surfaces of hands and fingers for at least 20 seconds and then dry with a disposable towel or a hand dryer
 - Always perform hand hygiene particularly:
 - § Before eating and touching nose, mouth and eyes
 - § After going to toilet, touching public installations or equipments; touching animals or their droppings
 - Clean hands with a alcohol based disinfectant rub (Virusan or Virusan AS) if hands are not visibly soiled and liquid soap and water are not available

Hand hygiene is widely acknowledged to be the single most important activity for reducing the spread of infection.

Common hand hygiene practices recommended include hand washing and the use of alcohol-based hand rub (hand antisepsis) e.g. Virusan or Virusan AS.

Further information may be gathered by reference to CADAN 033-Guidelines for Hand Hygiene.

2. Respiratory Hygiene and Cough Etiquette

- Cover the nose / mouth when coughing or sneezing
- Do not spit or litter. Use tissue paper to hold your spit and respiratory secretions, discard them into a bin with a lid. Always put rubbish in a bin. Spitting and littering in public is an offence.
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects / materials
- Wear a surgical mask to prevent spread of the disease (only for those with respiratory symptoms)
- Please seek medical advice if you have respiratory symptoms such as:
 - Fever
 - Cough
 - Sore throat
 - Runny nose
 - Shortness of breath or breathing difficulties

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3. Prevention of Vector Borne Diseases / Zoonotic Diseases

- Persons walking in high grass or scrub or doing any outdoor activities should wear footwear, loose fitting long-sleeved clothing, and trousers to cover arm, legs and particularly the ankles
- Apply insect repellents according to product instructions, only on clothing and exposed skin. Re-apply within a few hours, as protection wears off from perspiration, particularly on hot nights
- Do not drink untreated water from reservoirs or outdoor water track which may be contaminated
- Minimize exposure to wildlife animals
- Seek medical advice if you feel unwell

4. Prevention of Community-associated Methicillin-resistant Staphylococcus aureus (CA-MRSA)

- Maintain good personal hygiene as indicated in point 1 above
- Pay special attention to wound care, particularly regarding open wound:
 - Train athletes and coaches in first aid for wounds and recognition of wounds that are potentially infected
 - Athletes should report to coaches for any skin lesions
 - Wound should be covered with an occlusive dressing before athletic play
 - Avoid participation in contact sports (sweating can cause a bandage / dressing slippage and lead to contact with equipment and other people)
 - Avoid visiting public gymnasium, bath houses, spa rooms and swimming pools
 - Avoid getting manicures, massages or hair cuts
 - Known CA-MRSA carriers should beware of spreading the germs to people around them especially those with skin condition, such as eczema, or fresh surgical wound
- Avoid close contact with skin lesions of other athletes
- Game uniforms / practice clothing should be laundered after use
- Equipment that directly touches skin, such as headgear, must be sanitized daily after use
- Do not share intimate items, such as towel, razor or toothbrush
- Shower rooms should be frequently sanitized
- Changing rooms should be maintained at reasonable hygienic conditions. All surfaces should be cleaned following usage or daily whichever is the most appropriate.
- Do not use antibiotics obtained from over the counter without a medical professional's advice

Preventative Measures

The following people are advised not to attend mass assembly:

1. People who feel unwell, especially people who have a fever; or
2. People who have been in close contact with suspected or confirmed
 - SARS patients during the last 10 days
 - Avian Flu patients during the last 7 days

(Close contact means having cared for, having lived with, or having had contact with the respiratory secretions or bodily fluids of an infected person.)

On the occurrence of a communicable disease, individuals should in addition to the general hygienic practice, also adopt basic infection control measures.

Principles of Prevention & Control

Control measures should be immediately implemented to try to break down the chain of infection.

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Examples of control measures are presented at Table 1.

TABLE 1

Chain of Infection	Control Measures
Infective agents	Disinfection and killing of all infective agents
Source of Infection	Early detection, Isolation and Treatment of sick. Removal of breeding sites.
Mode of Transmission	Maintain good environmental, personal and food hygiene. Adopt infection control measures appropriate to the different modes of transmission.
Susceptible Host	Build up personal immunity by immunization and healthy lifestyles

Immunity may be increased by having a well balanced diet, adequate rest and sleep and regular exercise. Being a non-smoker also helps improve immunity characteristics.

Standard precautions

These should be implemented when contact with blood, body fluids, secretions, non-intact skin and mucous membranes. They include the following control measures:

- Hand hygiene
- Respiratory hygiene / cough etiquette
- Environmental hygiene and decontamination

FACILITY MANAGEMENT

Environmental hygiene / Decontamination

It is vital to observe environmental hygiene as infective agents can survive in the environment for a period of time. Decontamination measures should be strengthened, particularly during outbreaks

General cleaning includes the following:

- Changing Rooms and Shower facilities maintained at reasonable standard of cleanliness
- Start the cleaning in cleaner areas and work towards the dirtier areas.
- Clean all high risk surfaces daily with detergent and water with disinfectant e.g. Virusolve+ diluted 5% in water.
- Frequently touched areas such as handrails, elevator controls or door knobs should be cleaned more often dependant on frequency of use.
- After cleaning perform hand hygiene
- Ensure regular pest control actions are undertaken
- Ensure waste receptacles/bins are provisioned and widely available for use and that they are emptied regularly
- Ensure that rubbish is not allowed to accumulate.
- Facility Management should monitor regularly to ensure hygiene standards are upheld

Handling of spillages should include the following:

- Disposable gloves should be used if the cleaning may involve contact with body fluids

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- Eye protection should be worn and body protection considered where splashing of body fluids is anticipated
- Highly absorbent materials e.g. Virugel, should be used at first to preliminary clean up the contamination
- Surfaces contaminated with vomit, blood or other body fluids should be disinfected by application of 5% Virusolve+ disinfectant/cleaner and allowed to act for 5 to 10 minutes before rinsing off with clean water.

Floors and floor coverings

- Carpets, rugs, mats, etc may be vacuumed using a cleaner that does not throw dust into the air. If they are soiled with body fluids steam cleaning should be used.
- Do not hang up and swat carpets, etc as this will create aerosol contaminants
- Hard floor surfaces should be cleaned using a wet vacuum system or damp mopped using a 5% solution of Virusolve+.

Furnishings

- Curtains, drapes, screens, lampshades and furniture items should be washed or steam cleaned at regular intervals

Lift cars and Escalators

- Wipe lift cars and escalators, paying particular attention to control panels, call buttons and handrails, using a 5% solution of Virusolve+.
- Clean lift ventilation vans regularly

Toilets & Rest Rooms

- Clean these using 5% solution of Virusolve+
- Ensure all washrooms are equipped with liquid soap and paper towels or hand driers
- Ensure drain pipes have U traps fitted and do not alter without authorisation
- Clean floor drain outlets at least once per week to prevent putrid air and insects from entering the premises. Pour about 500 ml of water into each drain outlet once per week to maintain the water lock.

Environment decontamination is particularly crucial when under an outbreak situation. In these circumstances regular disinfection of the environment using a 5% solution of Virusolve+ is recommended. Allow at least 5 to 10 minutes for the disinfection action to work before rinsing with clean water and mopping dry.

Pay special attention to the disinfection of toilets, kitchens and objects that are frequently touched, e.g. light switches, door knobs, handrails, etc.

Personal Protective Equipment (PPE)

This refers to specialised clothing or equipment to protect against infectious materials.

Disposable Gloves

Natural rubber latex (NRL) is biodegradable, combustible, has good sensitivity, and due to its non-permeability, is an excellent barrier against blood borne viruses.

However, it is also listed under COSHH as being a hazard to health, as it can cause an allergic response ranging from mild dermatitis, to severe anaphylactic shock.

There are many components such as vulcanising agents, accelerators, preservatives, colorants, and a host of other processing aids, used in the manufacture of NRL gloves. When these are exposed to the naturally occurring proteins found in NRL, allergy and sensitisation can occur. Latex allergy is both a serious condition in latex allergic patients and clients, and a significant occupational health problem.

However, if latex gloves are used the following applies:

1. A risk assessment, regularly reviewed and documented, assessing the potential/actual latex sensitivity status and skin condition of the worker, must be carried out.

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2. Similarly, residents should be assessed on admission for potential latex sensitivity (previous history, specific IgE testing, etc).
3. Latex gloves must not be powdered, and must be low protein (less than 50mcg of protein per gram of rubber).
4. There should be a latex allergy policy within each care home, with clear monitoring and reporting systems, information about latex allergy, product lists, and alternative protection.

Neoprene and Nitrile gloves are often used as an alternative to NRL, where there is a high risk of exposure to blood and body fluids (e.g. dentistry, surgery), or as an alternative for latex allergic workers/residents.

Vinyl gloves are generally recommended for low risk areas, where contact with blood and blood stained body fluids is unlikely. However, this may change in the near future, as vinyl production improves, and stronger components are added.

Plastic/co-polymer gloves whilst often of use in the catering and food industries must NOT be used as protective equipment in a healthcare setting. They have welded seams which often split, are porous, and poor fitting, compromising dexterity and safety.

Plastic Aprons

Plastic Aprons:

1. The purpose of wearing a plastic apron is to protect the clothing from contamination by micro-organisms, blood or body fluids.
2. Plastic aprons are recommended for use as a barrier when performing tasks that carry a risk of contaminating the uniform of the healthcare worker, such as handling body fluids, changing dressings, bed bathing, or handling equipment from any contaminated source.
3. Plastic aprons are single use and must be discarded after completion of the intended task. As already stated for gloves, aprons should be easily accessible to staff, and stored in convenient, clean dry areas, but away from sources of contamination.

Masks, visors, eye protection

In most instances, within the sports facility setting, the use of masks, visors, and eye protection, is not necessary.

1. Masks should not be worn for routine procedures.
2. Visors and eye protection are necessary only for procedures where there is a high risk of splashing of blood and body fluids into the mucous membranes.

Legal Requirements

The UK Health and Safety at Work Act states that, "it shall be the duty of every employer to ensure, so far as reasonably practicable, the health, safety and welfare at work of all his/her employees". The employer is required to provide appropriate information and instruction with the appropriate safety equipment, training and supervision to ensure that their employees are protected at work.

Employees must comply with any safety policies or procedures put in place to protect their health. Employees must also protect their own health and safety by using any protective clothing issued to them. Employees also have a duty to make sure that their actions do not harm the health and safety of others.

An incident reporting system must be in place and all staff must be made aware of the procedure.

First Aid

Anyone sustaining an injury should undertake basic first aid measures.

All injuries must be reported immediately to the person in charge and an incident form completed

Action by person in charge - based upon a risk assessment

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Risk Assessment

1. Is the tissue involved high risk?

Blood, amniotic fluid, vaginal secretions, breast milk, body cavity fluid, unfixed tissues and organs, semen, exudates or other tissue fluid –these are all classed as being high risk. Urine, vomit, saliva or faeces are not classed as being high risk unless they are visibly blood stained.

2. Is the type of exposure high risk?

Percutaneous (sharp/needlestick injury), broken skin or mucous membrane are classed as high risk.

If the injury involves both a high risk tissue AND a high risk exposure then:

- Send employee to own GP, A & E Department or Occupational Health Adviser without delay.
 - Assist employee to complete accident/incident form.
 - Identify source if possible.
 - The level of risk will be assessed by the doctor and blood specimens taken from the casualty.
 - If possible, blood may be required from the source for testing (with their permission).
 - Post Exposure Prophylaxis (PEP) may be offered following a thorough risk assessment and advice from microbiologist.
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CLEANING, DISINFECTION & STERILISATION

Introduction

Micro-organisms are always present in the environment and all staff have a responsibility to ensure that inanimate objects (e.g. furniture, wheelchairs, etc.) are decontaminated properly to minimise the risk of infection to staff and visitors.

Decontamination is a general term for the destruction or removal of microbial contamination to render an item safe. This will include methods of:

- Cleaning
- Disinfection
- Sterilisation

Cleaning

Cleaning is a process, using general-purpose detergent and hot water (<35°C) (E.g. A 5% solution of Virusolve+), to physically remove contaminants, including dust, soil, large numbers of micro-organisms (germs) and the organic matter (e.g. faeces, blood) that protects them .

Cleaning remains the single most effective way of reducing the risk of infection from the environment and is usually the first stage before disinfection or sterilisation is attempted. The value of cleaning cannot be overemphasised. Without cleaning an item first, it may not be possible to disinfect or sterilise it properly.

Disinfection

Environmental Disinfection

Disinfection is a process used to reduce the number of micro-organisms, but not usually of bacterial spores. The process does not necessarily kill or remove all micro-organisms, but reduces their number to a level which is not harmful to health.

Heat disinfection methods (e.g. dishwashers, washing machines, bedpan washers disinfectors, steam cleaners etc.) are more reliable than chemical methods and should be chosen whenever practicable.

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Chemical Disinfectants

The recommended primary chemical disinfectant based on a synergistic formula using the latest generation of active substances is Virusolve+. This product has superior performance without the negative side effects of toxicity, skin sensitivity or corrosiveness than historical disinfectants.

Skin Disinfectants

Skin disinfectants are often called antiseptics, which are chemical disinfectants that are gentle enough to be applied to skin and living tissue. They are intended for skin disinfection only, NOT for environmental disinfection. The recommended skin disinfectant, that uses Chlorhexidine and an alcohol based formulation is Virusan or Virusan AS

Sterilisation

Sterilisation is a process that removes or destroys all micro-organisms including spores and viruses.

The use of other chemical agents/disinfectants may be restricted by many factors:

- a. Their variable effects on different organisms
- b. Incompatibility with various materials
- c. Reduced efficacy in the presence of organic matter, soap, some plastics, dirt and hard water
- d. Susceptibility to deterioration with storage
- e. Potential for causing toxic effects

(Note: Virusolve+ has been demonstrated to be effective under clean and dirty conditions and does not suffer from the above effects)

Fresh disinfectants should be used at the correct strength and the recommended minimum contact time achieved.

Satisfactory terminal disinfection of the environment can be achieved using 5% solution of Virusolve+ in warm water (<35°C) water.

Thorough rinsing is necessary after use of chemical disinfectants.

FOOD HYGIENE

Why is food hygiene important?

- All foods may be potentially hazardous if not handled correctly.
- Good food practices are essential to minimise the risk of food poisoning.

To minimise the risks, it is important to follow the guidelines below:

- Dedicated food preparation areas, i.e. kitchen, must only be used for the purpose of food storage and preparation.
- Only designated personnel, properly trained in food hygiene should be employed to work in the kitchen.
- Unauthorised, non-designated personnel should not normally be allowed into the kitchen, however, in certain circumstances other persons may be permitted access but only under the proper supervision of trained personnel.
- Food preparation should be undertaken by staff and separate, clean protective clothing must be worn and personnel must be aware of personal hygiene issues. In particular, thorough hand-washing is essential, see CADAN 033 Hand Hygiene.
- It is advisable that staff handling food which may include serving and feeding should be suitable trained to undertake these tasks safely.
- Staff affected by diarrhoea and vomiting should under no circumstances, be allowed into the kitchen.
- All food preparation must be undertaken in accordance with the principles of Hazard Analysis and Critical Control Points (HACCP), i.e. ensuring food safety at all times. Further specific advice on food safety can be obtained by contacting your local Environmental Health Department.

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Recommendations

1. Cover all cuts/grazes with a blue waterproof plaster when working within a food preparation area.
 2. Use colour coded aprons in food preparation areas, whilst serving food or feeding customers/sportspersons.
 3. Restrict access of pets to food preparation areas.
 4. Strict hand hygiene should be adhered to before food preparation and when serving.
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LAUNDRY

Laundry Facilities

What is needed?

- A designated laundry area, ideally sited so that soiled articles are not carried through areas where food is stored, prepared, cooked or eaten.
- The laundry floor must be of a smooth, impermeable and easily cleaned material. The walls must be in sound condition and easily cleaned.
- A commercial/industrial washing machine with both a rinse and hot water cycle, professionally installed and serviced. A service agreement which supports prompt repair or replacement of the machine is advisable.
- A designated area for soiled laundry, separate from where clean laundry is handled and stored.
- Hand-washing facilities for staff.
- Supply of protective clothing for staff use.
- Washing powders and other substances must be kept in a storage cupboard. Material safety data sheets for hazardous substances must be obtained and be available for reference.
- Domestic staff should have a programme for cleaning the laundry environment.

Laundry Practices

- Staff should always wear gloves and a disposable apron whilst handling laundry.
- Soiled kit, towels, etc. must be removed to the designated laundry area for processing as soon as possible.
- Laundry contaminated with blood or body fluids should be contained in a water soluble or soluble stitched bag* prior to being placed in a normal linen bag - this allows contaminated laundry to be placed straight into the washing machine on a rinse cycle, therefore reducing the risk of contamination.
- After removal of protective clothing, staff should wash and dry their hands thoroughly.

* These bags will only operate in an industrial/commercial type washing machine. If in doubt, contact the washing machine manufacturer.

Laundering of Linen and Clothing

1. Used Linen Temperature maintained at 65°C for no less than 10 minutes or 71°C for no less than 3 minutes
2. Foul/Infected A sluice cycle is necessary for foul linen. Linen should be transferred in its water soluble bag into the washer without opening.
NB: Hand sluicing of foul/infected linen is not advisable but if unavoidable, should be undertaken as below:
 - In an appropriate area e.g., sluice room
 - In a deep sink to avoid splashing
 - Wear personal protective clothing

Remove sluiced linen in a suitable container directly to the laundry room

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Storage of Linen/kit

- There should be separate areas for drying, ironing and storage of linen, well away from used linen to prevent cross contamination.
- Linen should be stored in a dry, raised area not in bathrooms or sluices.

Sending laundry to commercial laundry

- A private laundry company may stipulate a colour coding system. All staff must be aware of this and comply fully.

Staff Uniform

- Staff who contaminate their clothes with blood/body fluids should always change as soon as possible.
 - Clothes for work purposes should be washed as soon as possible on as hot a wash as the fabric will allow.
 - Shoes should be cleaned immediately if contaminated with body fluids using a 5% solution of Virusolve+. Always wear personal protective clothing.
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