

### Introduction

The World Health Organisation (WHO) identifies infectious diseases as being “caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another” ([WHO EMRO | Infectious diseases | Health topics](#))

### How can infectious disease be transmitted in the workplace?

In general, there are several ways in which these diseases can be transmitted (spread), with the type of environment, workplace and work activity playing a significant role in the risks associated with them. Means of transmission can include:

- Direct or indirect contact with the pathogen from an already infected person or contaminated surface, etc. respectively;
- Airborne diseases, where the pathogen is inhaled from contaminated air;
- Zoonoses – diseases spread from animals to humans; and
- Blood, faeces and other body fluids – contact with infected material contaminated food and water.

For most workplaces a range of transmission routes can naturally present themselves.

### How do different pathogens infect people?

Different pathogens infect people in different ways and their ability to cause disease also varies.

Colds, flu and COVID-19 for example can be very infectious and easily spread, although the severity of symptoms range from mild to extreme. Similarly, tummy bugs as caused by norovirus (winter vomiting bug) and rotavirus infections are very contagious and again easily spread through a population.

Other diseases like Salmonella food poisoning and Legionnaires’ disease have specific routes of infection through contaminated, food and water, and airborne droplets respectively. The extent of illness and can also largely depend on the individual and any particular susceptibility they have, i.e. with Salmonella infections, some people can have no symptoms and others seriously ill and with Legionellosis, infections can manifest in different types of illness.

Some diseases can have multiple transmission routes and others are very specific, so where for example Hepatitis B and C are typically contracted through very close personal contact, they can also cause infection from contaminated blood or other material, through for example, blood contact and “needlestick injuries”.

Legionella on the other hand is primarily a non-communicable airborne disease, whereas COVID-19 has been characterised as causing infection from airborne, direct and indirect routes.

Direct skin or mucosal membrane contact can lead to the spread of head lice and ringworm

Other considerations include process and hygiene, where contaminated food and water can be vectors for disease (Salmonella, Listeria, etc.) or faecal-oral spread where poor hygiene and sanitation results in the spread of the disease from one person to another (norovirus, Hepatitis A and Campylobacter being examples).

### What are the other considerations for infectious diseases in the workplace?

Your workplace environment is a key determining factor in considering and managing infectious diseases.

As we have seen in recent times, very few, if any, environments are immune to highly contagious, easily spread diseases. However, certain sectors and activities do pose obvious increased hazards, for example, healthcare and laboratory settings, although vets and other working regularly with animals, food processing, tattooing/piercing, refuse, sewage, pest control workers and schools, to identify just a few, also have an exposure to infectious disease risk.



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# Independent Guide

## Infectious diseases and the workplace



Independent workplace compliance

In looking to control your risks with infectious diseases therefore, as well as your building and the people in it, you need to consider your activities too. From a workplace management perspective this should include:

- Air quality management;
- Water quality management;
- Cleaning and hygiene;
- Building services;
- Catering;
- Contractors;
- BCM - pandemic planning;
- Any specific additional requirements, when working where there are readily identifiable/increased risks (as previously highlighted in healthcare and relevant laboratory settings);
- Individuals with particular needs or susceptibilities; and
- Staff who travel to foreign countries.

You also need to factor into these, as required, any overarching requirements/guidance from government, such as we saw with social distancing and the other specific COVID-19 related controls.

### In summary

For most workplaces the risks with infectious diseases - subject to epidemic/pandemic episodes, which are also more public health than workplace focussed – are relatively low if effectively managed. Proactive management of air, water, hygiene and catering is an ongoing principle and has benefits beyond infection control. Being aware of other emerging risks or short-term episodes (i.e. an outbreak of “tummy upsets” in a department) and plan accordingly.

**This guide is of a general nature; specific advice can be obtained from Assurity Consulting. Assurity Consulting is the UK's leading independent compliance consultancy specialising in workplace health, safety and environmental solutions. We have over 35 years' experience of helping customers of all sizes, from across all sectors, manage their compliance responsibilities, making sure that their organisation is compliant, their employees are safe, their processes are cost effective and their management team is in control.**



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