Infection Prevention and Control Risk Assessment

Magic Touch Cleaning Solutions Ltd

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1. Purpose and scope

1.1 This assessment identifies the infection risks that arise when operatives of Magic Touch Cleaning Solutions Ltd ("the company") carry out cleaning work in client premises, and records the measures the company takes to control those risks.

1.2 It covers routine commercial cleaning, periodic deep cleaning, washroom servicing and reactive spill response performed at sites the company does not occupy or control. It applies to all operatives engaged by the company, including agency and casual workers, and it considers risks to client staff, visitors and other people present while cleaning work takes place.

1.3 This is a general assessment. Where a specific contract presents unusual infection risks, a site-specific assessment is prepared before work begins and is read together with this document.

2. Background: infectious disease within the general risk assessment

2.1 From 1 April 2022 the Health and Safety Executive withdrew its expectation that employers explicitly consider COVID-19 in their risk assessments, other than for those who work directly with the virus. Risks from infectious disease are now managed within the employer's general risk assessment under the Management of Health and Safety at Work Regulations 1999.

2.2 The company follows that position. COVID-19 is treated in this assessment as one respiratory infection among others, alongside influenza, norovirus, blood-borne viruses and the other agents an operative may encounter in client premises. This document is the company's current assessment for infection prevention and control and replaces any earlier COVID-19 specific assessment.

3. Legal framework

3.1 This assessment is made under, and the controls in it give effect to, the following legislation as it applies in Great Britain:

- Health and Safety at Work etc. Act 1974, sections 2 and 3: general duties to employees and to persons not in the company's employment who may be affected by its undertaking.
- Management of Health and Safety at Work Regulations 1999, regulation 3: the duty to make a suitable and sufficient assessment of risks. The significant findings must be recorded where five or more people are employed; the company records them in writing regardless of headcount.
- Control of Substances Hazardous to Health Regulations 2002: assessment and control of exposure to biological agents and to hazardous cleaning chemicals.
- Personal Protective Equipment at Work Regulations 1992, as amended by the Personal Protective Equipment at Work (Amendment) Regulations 2022, which extend the duty to provide suitable personal protective equipment free of charge to workers as well as employees.
- Workplace (Health, Safety and Welfare) Regulations 1992: ventilation and welfare provision in enclosed workplaces, duties which in client premises rest primarily with the occupier.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013: reporting of qualifying injuries, occupational diseases and dangerous occurrences.
- Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: applicable where the company works as a contractor to a healthcare employer, to the extent of the company's control of work involving medical sharps.
- Environmental Protection Act 1990, section 34: the duty of care for controlled waste.

- Employers' Liability (Compulsory Insurance) Act 1969: compulsory insurance against liability for injury to employees.

4. Assessment method

4.1 Each hazard is scored for likelihood and severity on a scale of 1 to 5. The risk rating is the product of the two scores.

Score	Likelihood	Severity
1	Very unlikely	Trivial: no lost time
2	Unlikely	Minor: first aid only
3	Possible	Moderate: illness or injury with days off work
4	Likely	Major: serious illness, hospital treatment, long-term effect
5	Almost certain	Severe: life-threatening illness or death

4.2 Ratings are banded as follows. Low, 1 to 4: managed by routine procedures. Medium, 5 to 12: specific documented controls required before work proceeds. High, 15 to 25: work must not start or continue until the risk is reduced.

4.3 The assessment was carried out by the director, who is responsible for keeping it valid. It is reviewed at least annually, and sooner if there is reason to believe it is no longer valid, if work methods change, or if a new class of premises is taken on.

5. People at risk

5.1 Company operatives, including agency and casual workers. Client employees and visitors present during cleaning. Members of the public in publicly accessible premises. People at greater risk from infection, including new and expectant mothers, immunosuppressed people and those with long-term respiratory conditions, are considered individually where the company is made aware of them.

6. How infection can spread during cleaning work

6.1 Contact transmission: touching contaminated surfaces, touch points, cloths or equipment and transferring the agent to the mouth, nose or eyes, or to another surface.

6.2 Droplet and airborne transmission: sharing enclosed air with infectious occupants, and aerosols raised by spraying, flushing or agitation during cleaning tasks.

6.3 Percutaneous transmission: punctures and cuts from discarded needles, blades and broken glass, carrying the risk of hepatitis B, hepatitis C and HIV.

6.4 Faecal-oral transmission: washroom and sanitary cleaning, and contact with vomit or sewage during reactive work.

7. Risk assessment summary

Ref	Hazard	Main route	People at risk	Initial risk	Controls	Residual risk
R1	Respiratory infection acquired from occupants of client premises	Droplet, airborne	Operatives	L3 x S2 = 6 (medium)	Sections 8, 11, 12	L2 x S2 = 4 (low)
R2	Infection picked up from contaminated surfaces and touch points	Contact	Operatives	L3 x S2 = 6 (medium)	Sections 8, 10	L2 x S2 = 4 (low)
R3	Sharps injury from discarded needles, blades or broken glass	Percutaneous	Operatives	L2 x S4 = 8 (medium)	Section 9	L1 x S4 = 4 (low)
R4	Contact with blood or bodily fluids during spill response and washroom work	Contact, percutaneous	Operatives	L2 x S4 = 8 (medium)	Sections 9, 10	L1 x S4 = 4 (low)
R5	Gastrointestinal infection from washroom and sanitary cleaning	Faecal-oral	Operatives	L3 x S3 = 9 (medium)	Sections 8, 10	L1 x S3 = 3 (low)
R6	Cross-contamination carried between areas or between client sites on cloths, mops, equipment or workwear	Contact	Operatives, client staff, public	L3 x S3 = 9 (medium)	Section 8	L1 x S3 = 3 (low)
R7	Exposure during collection, bagging and transfer of waste	Contact, percutaneous	Operatives	L2 x S3 = 6 (medium)	Sections 9, 14	L1 x S3 = 3 (low)
R8	Deep cleaning of premises with a declared infection incident or outbreak	All routes	Operatives	L3 x S3 = 9 (medium)	Sections 8 to 13	L2 x S3 = 6 (medium)

7.1 R8 remains medium after controls because outbreak conditions vary. A task-specific assessment is completed before any outbreak deep clean begins, and the client's information about the agent involved is obtained first.

8. Hygiene controls

8.1 Operatives wash their hands with soap and water before eating, drinking or smoking, after removing gloves, after washroom cleaning and at the end of each shift. Alcohol-based sanitiser is carried for use where soap and water are not available.

8.2 Cuts and abrasions are covered with waterproof dressings before work starts. Eating and drinking are not permitted in areas being cleaned.

8.3 The company operates colour-coded equipment to prevent cross-contamination: red for washrooms and sanitary fittings, blue for general areas, green for kitchens and food areas, yellow for isolation areas and areas subject to an infection incident. Cloths and mop heads are never moved between colour zones.

8.4 Reusable cloths and mop heads are laundered at 60 degrees Celsius or above, or disposed of after use where laundering is impractical. Equipment is cleaned and dried before it leaves a site. Machines and tools used on an outbreak deep clean are disinfected before reuse elsewhere.

8.5 Disinfectants are used at the manufacturer's stated dilution and contact time. Product safety data sheets are held for every chemical in use, and exposure is assessed and controlled in line with the Control of Substances Hazardous to Health Regulations 2002.

9. Sharps and biological hazards

9.1 Operatives never pick up needles, blades or broken glass with their hands, gloved or not. Sharps are lifted with a litter picker or dustpan and placed directly into a puncture-resistant sharps container. Needles are never re-sheathed, bent or broken.

9.2 A found needle in an unexpected location is reported to the supervisor and the client before removal. The area is kept clear until the sharp is contained.

9.3 Blood and bodily fluid spills are treated as infectious. The operative wears disposable nitrile gloves and a disposable apron, applies an appropriate disinfectant to the spill before absorbing it, uses disposable materials for the clean-up, and bags waste securely as described in section 14. Eye protection is worn where there is a splash risk.

9.4 If an operative suffers a sharps injury or a splash of blood or bodily fluid to broken skin, mouth or eyes: encourage the wound to bleed, wash with soap and running water or irrigate the eyes or mouth with water, cover with a waterproof dressing, seek medical advice the same day from an emergency department or general practitioner, and report the incident to management immediately. The incident is recorded, investigated, and reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 where the reporting criteria are met.

9.5 Where the company works as a contractor to a healthcare employer, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 apply to the extent of the company's control of work involving medical sharps, and the company will co-operate and share information with the healthcare employer as those Regulations require.

10. Personal protective equipment

10.1 The company provides personal protective equipment free of charge to every operative who needs it, including workers who are not employees, in line with the Personal Protective Equipment at Work Regulations 1992 as amended in 2022.

10.2 Standard issue for infection control comprises disposable nitrile gloves for biological contamination and washroom work, heavier reusable gloves for general wet work, disposable aprons for spill response and outbreak cleaning, and eye protection where a splash risk exists. Fluid-resistant face masks are issued for outbreak deep cleans and wherever a client's site rules require them.

10.3 Where a task is identified that requires respiratory protective equipment, the equipment is selected for the task and face-fit arrangements are completed before that task begins.

10.4 Personal protective equipment is checked before use, stored clean and dry, and replaced when damaged or contaminated. Single-use items are disposed of after one use and are never shared.

11. Exclusion when symptomatic

11.1 An operative with symptoms of a transmissible infection, including fever, a new continuous cough, vomiting or diarrhoea, must not attend any client site. The operative reports to management by telephone before the shift, and the company arranges cover.

11.2 After vomiting or diarrhoea, an operative does not return to work until 48 hours after symptoms have stopped. This rule is applied without exception on food-area and washroom contracts.

11.3 No operative suffers detriment for reporting symptoms and staying away from site. Management treats early reporting as the correct action.

12. Ventilation

12.1 In client premises the duty to ventilate the workplace rests primarily with the occupier under the Workplace (Health, Safety and Welfare) Regulations 1992. The company applies its own good practice within that setting.

12.2 Where practicable, cleaning is scheduled outside occupied hours or in low-occupancy periods, which reduces shared-air exposure in both directions. Operatives open windows or use available ventilation while cleaning enclosed spaces, particularly when applying disinfectants or working in washrooms, and restore settings on leaving. Where ventilation in a work area appears inadequate for the products in use, the operative stops, and the supervisor raises the matter with the client before work resumes.

13. Client-site rules and co-operation

13.1 Before mobilising a contract, the company exchanges information with the client on site hazards, any known infection risks, waste arrangements, first-aid provision and emergency procedures. This co-operation between employers sharing a workplace is required by the Management of Health and Safety at Work Regulations 1999.

13.2 Operatives follow the client's site rules, sign in and out where required, and comply with any client instruction on access, hygiene or protective equipment that is stricter than the company's own standard.

13.3 Operatives report to the client and to their supervisor any hazard found on site that is outside the cleaning specification, including suspected contamination, pest activity or accumulations of clinical waste, and do not deal with it without instruction.

13.4 If a client declares an infection incident at a site, the company obtains details of the agent and the affected areas before any operative attends, and applies the outbreak controls in this assessment.

14. Waste

14.1 The company complies with the duty of care in section 34 of the Environmental Protection Act 1990. Waste produced by cleaning work is segregated, stored securely, and transferred only to an authorised person, with written transfer documentation retained.

14.2 Waste contaminated with blood or bodily fluids is double-bagged, sealed and kept separate from general waste, then consigned through the client's clinical or offensive waste stream where one exists, or through a licensed carrier arranged by the company where it does not. Filled sharps containers are sealed and disposed of only through a licensed route, never in general waste.

15. Training and competence

15.1 Every operative completes an induction covering this assessment before first deployment. Operatives receive training on the safe use of cleaning chemicals under the Control of Substances Hazardous to Health Regulations 2002 before their first assignment, together with instruction on colour coding, hand hygiene, sharps handling, spill response and the correct use of personal protective equipment.

15.2 Refresher instruction is delivered through periodic toolbox talks and whenever methods, products or this assessment change. Training is recorded, and no operative is assigned to outbreak deep cleaning without task-specific briefing.

16. Immunisation

16.1 Operatives whose duties involve foreseeable contact with sharps or bodily fluids are offered hepatitis B immunisation at company expense. Acceptance is voluntary, and the offer and the response are recorded.

17. Incident reporting

17.1 All infection-related incidents, including sharps injuries, splash exposures and suspected work-acquired infection, are reported to management, recorded and investigated. Incidents that meet the criteria of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 are reported to the Health and Safety Executive. Lessons from investigations feed back into this assessment.

18. Insurance

18.1 The company maintains employers' liability insurance as required by the Employers' Liability (Compulsory Insurance) Act 1969, together with public liability insurance.

19. Monitoring and review

19.1 Supervisors check compliance with these controls during site visits. Findings, incidents and client feedback are considered at review. This assessment is reviewed at least annually and immediately upon a significant change, including entry into healthcare premises, a change in service lines, or new official guidance on an infectious agent.

20. Document Control

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Signed: Fattah

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For and on behalf of Magic Touch Cleaning Solutions Ltd

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