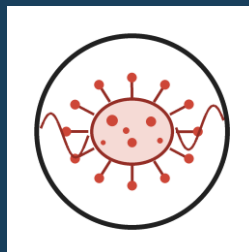


JUNE 17TH 2026

Dr Sancho Rodriguez-Villar, LMS, MSc, PhD, EDIC
Senior Clinical Advisor for the WJA

Consultant in Critical Care Medicine
King's College Hospital NHS Foundation Trust
Denmark Hill, London SE5 9RS, United Kingdom

Honorary Senior Clinical Lecturer in the "GKT School of Medical Education, Faculty of Life Sciences & Medicine at King's College London". London, United Kingdom.



LEVEL OF ALERT: ROUTINE

SALMONELLA ENTERITIDIS (National outbreak)

Foodborne illness awareness for water jetting,
drainage and sewer teams
Mainly foodborne. Good hygiene protects the team.

1. What is Salmonella?

- **A group of bacteria.** It can cause food poisoning or gastroenteritis.
- **Main route:** swallowing the germ from contaminated food, water, hands or surfaces.
- **Other routes:** contact with someone with diarrhoea or with unwell animals; sewage can contain germs from infected people.
- **Usual illness:** diarrhoea, stomach cramps, nausea, vomiting and fever.
- **Timing:** UKHSA notes symptoms usually develop 12-72 hours after infection, and illness usually lasts 4-7 days.

Current outbreak alert: the attached UKHSA briefing reports S. Enteritidis t5.9411 in England and Scotland, with 27 confirmed cases as of 8 June 2026, 8 hospital admissions and one death. It points to a food-business link and raw/lightly cooked egg dishes in several cases; it does not identify sewer or drainage work as the source.

2. Why WJA members should know



- Drain, sewer and water jetting work may involve sewage, dirty water, contaminated spray, dirty tools and confined/welfare areas.
- The practical route for WJA workers is usually hand-to-mouth: eating, drinking, smoking/vaping or touching face, phone or cab controls with contaminated hands or gloves.
- Splashes or mist to the eyes, mouth or nose also matter during jetting, blockage clearing and decontamination.
- This is awareness and prevention, not a reason to stop routine work where controls are in place.

SEPARATE

clean/dirty

WASH

soap and water

REPORT

symptoms/exposure



Before starting: does the job involve any of these?

- | | |
|--|---|
| <ul style="list-style-type: none"> ☐ Sewage, sludge, flood water, standing water or dirty debris may splash or aerosolise. ☐ Handwashing, warm water, soap, drying facilities or welfare separation are inadequate. ☐ Uncontrolled splash to eyes/mouth, broken skin, or contamination of cab/tools. | <ul style="list-style-type: none"> ☐ Food, drink, cigarettes/vapes, phones, lunch boxes or clean PPE could enter the dirty area. ☐ A worker has diarrhoea/vomiting now or had it in the last 48 hours. ☐ Shared food/welfare area, raw/lightly cooked egg dishes, or linked gastrointestinal illness. |
|--|---|

If yes: pause, make a simple hygiene/splash-control plan before work. Separate clean/dirty, wash hands with soap and water, and report illness. Do not create unnecessary spray/aerosol.

Current context (June 2026): the attached UKHSA briefing is a public-health foodborne Salmonella alert. For WJA members, the immediate work control remains hygiene, splash control, clean/dirty separation, and staying away from work while ill.

Routine

No illness, no splash/contamination issue, welfare/hygiene in place: continue normal RAMS, PPE and hand hygiene.

Controlled task

Dirty water/splash risk or imperfect welfare: pause, contain spray, set clean/dirty zones, improve handwashing and PPE.

Stop/escalate

Vomiting/diarrhoea at work, sewage splash to mouth/eyes, injection wound, blood in stool, or several linked cases: stop and get advice.

On-site control plan for Salmonella-aware drainage and sewer work

Use this as a simple add-on to the job risk assessment. Local WJA, company, client, confined-space and public-health rules take precedence.

1. STOP / PLAN • Confirm clean/dirty zones and handwashing before work starts. • Keep food and clean items out. No eating, drinking, tobacco, vapes, phones or lunch boxes in dirty areas. • Cover cuts. Use waterproof dressings before putting on PPE. • Food premises/public areas? Agree isolation and cleaning with the client; use EHO/public-health advice if under investigation.	2. CONTROL SPLASH / AEROSOL • Contain spray. Use barriers, screens, remote methods and the lowest practical splash/aerosol. • Keep people out. Only essential workers in the splash zone. • Flush splashes. If sewage reaches eyes or mouth, rinse/flush with safe water and report. • Injection injury? Treat high-pressure injection or penetrating wounds as a surgical emergency.
3. PPE / RPE AND HYGIENE • Protect skin and eyes. Wear waterproof gloves, boots, coveralls/apron and eye/face protection selected for the task. • Wash hands with soap and water after removing PPE and before breaks, smoking/vaping or leaving site. • Gel is a backup. Do not rely on alcohol gel when hands are visibly dirty. • Doff carefully. Avoid touching face, phones, cab controls and clean items with dirty gloves.	4. AFTER THE JOB • Clean/decontaminate tools, boots, hoses, screens and reusable PPE according to site rules. • Bag contaminated clothing for workplace laundering or disposal; do not take heavily soiled items home. • Protect the cab. Clean vehicle touch-points if contaminated. • Log and review illness, splash, contaminated wounds, shared food or breaks in control.
Do • Treat sewage/dirty water as potentially contaminated. • Keep clean and dirty areas separate. • Wash hands with soap and water before breaks and after PPE. • Stay off work until 48 hours after diarrhoea/vomiting stops. • Tell medical staff about sewage exposure if unwell.	Do not • Do not eat, drink, smoke or vape in dirty work areas. • Do not touch face, phone, lunch box or cab controls with dirty gloves. • Do not ignore vomiting, diarrhoea, blood in stool or dehydration. • Do not treat high-pressure injection as a wait-and-see infection issue.
Credible exposure for reporting: swallowing sewage or dirty water; splash to mouth/eyes; hand-to-mouth contamination after dirty gloves/hands; contaminated cut/wound; high-pressure injection/penetrating injury; or linked diarrhoea/vomiting in workers sharing site, food or welfare. Routine drain/sewer work with controls and no illness is not, by itself, a Salmonella alert.	

Symptoms, medical action and key conclusions

Most diarrhoea and vomiting is not Salmonella - but hygiene and early reporting protect the worker and the team.

Exposure	Watch period	Early illness	Urgent signs
swallowed sewage/dirty water, hand-to-mouth or raw-egg-linked food	usually 12-72 h; CDC notes 6 h-6 d possible	diarrhoea, cramps, fever, vomiting	blood, dehydration, high fever, severe pain

Early symptoms to report • Diarrhoea - watery, bloody or with mucus. • Stomach cramps, nausea, vomiting or loss of appetite. • Fever, headache, muscle aches or feeling generally unwell. • Signs of dehydration: very dark urine, dizziness, dry mouth, extreme thirst or passing little urine. • Symptoms after swallowing dirty water, hand-to-mouth contamination, shared food/welfare illness, sewage splash to mouth/eyes or contaminated wound.	Seek urgent help now • Call 111/medical advice now if: unable to keep fluids down, signs of dehydration, bloody diarrhoea, vomiting for more than 2 days, or diarrhoea for more than 7 days. • Call local emergency number (999/112/911) or go to ED/A&E if: collapse, confusion, severe sudden abdominal pain, vomiting blood, or any high-pressure injection/penetrating injury. • Seek same-day advice for pregnancy, infants/children, older adults, weakened immunity, significant health problems, or severe/prolonged symptoms. Do not drive yourself if faint, confused or very dehydrated. Do not self-prescribe antibiotics.
---	--

Medical information to say or show:

"I work in high-pressure water jetting/drainage/sewer environments. On [date] at [site], I may have swallowed or had splashes of sewage/contaminated water or had hand-to-mouth exposure. Symptoms started on [date]. Please consider Salmonella and other sewage-related gastrointestinal infections, and stool testing/public-health advice if clinically indicated. If there was any high-pressure injection or penetrating wound, please treat it as a contaminated surgical emergency."

Supervisor actions after a credible exposure

- **Do not allow a worker with vomiting or diarrhoea** to continue on site; help them get home safely.
- **Record** date, site, task, exposure route, PPE used, welfare/handwashing conditions and any shared food.
- **Review controls:** clean/dirty separation, splash control, decontamination and handwashing.
- **Follow company reporting, occupational-health and public-health/EHO advice** if several linked cases or a food-premises investigation occurs.

Key conclusions for WJA members

- **The attached UKHSA alert is foodborne;** it does not identify sewer jetting as the source.
- **For WJA work, control is practical:** keep food/faces away from dirty hands, control splashes, wash with soap and water, and separate clean/dirty areas.
- **Stay away from work until at least 48 hours** after diarrhoea or vomiting has stopped; food-handling/care settings may need extra local advice.
- **Seek medical advice** for severe or prolonged symptoms, blood in stool, dehydration, high fever, higher-risk health status, or credible sewage ingestion/splash.
- **Any high-pressure injection injury is a trauma/surgical emergency** - do not wait to see if infection develops.

Sources used: UKHSA Briefing Note 2026/020, National outbreak of Salmonella Enteritidis (t5.9411), 17 June 2026; UKHSA Salmonella in humans guidance, data and analysis; NHS diarrhoea and vomiting; NHS food poisoning; CDC Food Poisoning Symptoms; CDC Protecting Workers Handling Human Waste; Food Standards Agency Salmonella risk profile of UK-produced hen shell eggs; Rodriguez-Villar et al., Management of industrial high-pressure fluid injection injuries: the WJA experience, 2019.