

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and Control	POLICY NO.: 2.31 PAGE 1 of 9
FILE UNDER SECTION: 2	REVISION DATE: December 2013 APPROVAL DATE: December 2013

**PURPOSE**

Community Living Brant is committed to providing a safe and healthy working environment for all employees and people receiving services. Community Living Brant recognizes that employees or people receiving services may be at risk of exposure to infectious diseases or medications because of contact with people who have infections. Community Living Brant will demonstrate its commitment to preventing the spread of infectious diseases by providing financial, physical, and human resources, and education on infectious agents, modes of transmission and preventative measures. Community Living Brant is committed to reviewing, evaluating, and improving the policy and procedures as required in consultation with the Joint Health and Safety Committee.

**POLICY**

Community Living Brant is committed to the prevention of occupational illness and injury in the provision of human service. To achieve such compliance relevant legislation includes the Occupational Health and Safety Act, The Health Care and Residential Facilities Regulations Section 9, Reportable Communicable Diseases, Ontario Regs 559/91 and amendments under the Health Protection and Promotion Act., Freedom of Information and Protection of Privacy Act, Human Rights Code and Workers' Compensation Act

**SCOPE:**

The Infection Prevention and Control Policy applies to all management and employees, people supported, visitors and volunteers of Community Living Brant.

**DEFINITIONS**

**Infection Agent –The Germ:**

- Germs can be bacteria causing such diseases as MRSA, C difficile, salmonella; a virus causing such diseases as influenza, hepatitis B , HIV; parasites causing such diseases as malaria; or fungi causing such diseases as aspergillus

**Transmission of Germs:**

- The transmission of germs can be through:
  - direct contact - hand to hand contact or exchange of body fluids;
  - indirect contact – through a shared object such as a common towel
  - droplet contact –droplets of saliva may come in contact with another person when someone sneezes or coughs;
  - airborne contact is when the droplets are expelled into the air and evaporate and remain as very small particles in the air. An example of this type of transmission would be Tuberculosis

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and Control	POLICY NO.: 2.31 PAGE 2 of 9
---	---------------------------------

- animal or insect (vector) a vector can be an animal or insect that carries the germs to humans. Examples of diseases transmitted by a vector include Lyme disease, Malaria and West Nile virus
- reptiles including turtles, lizards, snakes carry germs (salmonellosis) that may make people sick

**Routine Practices:**

- Routine Practices also known as universal precautions are a set of infection control strategies and standards designed to protect everyone from exposure to potential sources of infectious diseases. Routine practices are based on the premise that all blood, body fluids, secretions, excretions, mucus membranes, non-intact skin or soiled items are potentially infectious.

**Additional Precautions:**

- Additional Precautions (Contact Precautions, Droplet Precautions, Airborne Precautions) are necessary in addition to routine practices for suspected or diagnosed infections where additional measures are needed to interrupt transmission. The implementation of specific precautions, in addition to routine practices is based on the mode of transmission of an infectious organism.

**Vaccinations:**

- The injection of substance in order to give immunity to a disease.

**RESPONSIBILITIES**

1.0 The responsibility for ensuring a safe workplace rests with all employees of Community Living Brant as well as the Agency itself. Through this joint responsibility, the workplace will be made safe and healthy for all.

1.1 Employer

- Provide equipment, materials and devices to prevent and control the spread of disease/infection and maintain them in good order
- Provide information, instruction, training as required, and competent supervision with respect to prevention and control of infections in the workplace
- Approve the policy and procedures as required in consultation with the Joint Health and Safety Committee
- Enforce the policy, procedures and program
- Keep and maintain accurate records of worker exposure to reportable infectious diseases, immunizations and training (mask test fitting and training) related to infection prevention and control
- Shall maintain the confidential nature of the identity of any personnel infected with an infectious disease
- Report occurrences of infection to the local health unit as required. (see

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and Control	POLICY NO.: 2.31 PAGE 3 of 9
---	---------------------------------

Appendix A for List of Reportable diseases to the Medical Officer of Health), an outbreak or cluster of people receiving service or staff with respiratory or enteric illness(diarrhea nausea, vomiting)

## 1.2 Managers/Supervisors

- Ensure the Hazard Risk identification process is completed and documented on the RACE Tool and updated as required
- Ensure the development and implementation of control methods and written procedures are completed as required
- Ensure education and training on site specific workplace specific infectious diseases and medication risks(MRSA, A.I.D.S., Hepatitis B, Tuberculosis, and antineoplastic and cytoxic drugs) and that exposure control plans are reviewed periodically or as required
- Work in a manner consistent with standards established within infection prevention and control policy and procedures
- Ensure that workers receive information, instruction and training regarding measures and procedures to protect themselves against the risk of infection in the workplace –mask fit testing and training, personal protective equipment
- Monitor work practices to ensure that infection prevention and control policies and programs are adhered to effectively by all workers.
- Ensure that equipment, materials and devices for the prevention and control of infectious disease are available, in good repair and utilized as prescribed.
- Ensure that incidents of exposure are reported and accident investigations are completed as required
- Take every reasonable precaution for the protection of the employee

## 1.3 Employees

- Follow safe work procedures to prevent or minimize the potential for exposure to infectious disease
- Utilize routine practices in all situations where the risk of exposure to blood and or body fluids may be present
- Work in compliance with Infection Prevention and Control Policy and procedures at all times
- Use equipment, materials and devices provided to prevent and control infection
- Participate in infection recognition, assessment, control and evaluation processes through utilizing the Hazard Risk Registry
- Participate in regular training as established by the Community Living Brant

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and Control	POLICY NO.: 2.31 PAGE 4 of 9
---	---------------------------------

- Use and care for equipment provided by the employer correctly and safely
- Report any incidents of exposure to infectious diseases to the supervisor or delegate immediately
- Co-operate with accident and incident investigations as required
- Staff will encourage volunteers, visitors and people supported to use safe practices

#### 1.4 Joint Health and Safety Committee

- At every meeting and annually review incident/accident data related to infectious diseases. Incident reports must be respectful of the confidentiality requirements and protect the privacy of the employee(s) involved and people receiving services
- Discussions should relate to the incident, recommendations and follow-up actions taken to prevent recurrence
- Monitor the workplace to ensure that effective safe work procedures are developed and implemented
- Provide recommendations regarding tools, equipment and personal protective equipment as required
- Participate in accident/incident investigations of exposures to infectious diseases as required
- Review safe work practices and make recommendations for improvement in writing to appropriate people

## PROCEDURES

### **Risk Identification and Assessment and Controls**

- The purpose of a risk assessment is to determine the likelihood of an employee being exposed to a hazard and the potential consequence of that exposure.
- Through the Risk Registry review process, infectious diseases will be identified
- All parties will be encourage to identify the root cause of the hazard and the controls to be implemented
- Some of the factors to be considered in conducting a risk assessment is the type of hazard - blood and body fluid, respiratory, the tasks that need to be completed –direct care support, and handling contaminated materials ie. linens
- Site specific procedures are to be developed for site specific infections and infectious diseases or medication risks (ie. MSRA, Hepatitis B, antineoplastic and cytotoxic drugs) including identifying personal protective equipment that is required and the order for putting on and removing the personal protective equipment. The site specific procedures will identify what additional precautions are required beyond the routine practices

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and  
Control

POLICY NO.: 2.31  
PAGE 5 of 9

### **Routine Practices**

- Routine practices are based on the premise that all blood, body fluids, secretions, excretions, mucus membranes, non-intact skin or soiled items are potentially infectious.
- Hand hygiene is the most important consideration in routine practices
- Routine practices involves hand washing, wearing gloves and use of protective barriers and environmental controls

### **Hand Washing**

- Hand washing is the best way to prevent the spread of germs and illness. Hand washing is the single most important procedure for preventing infections.
- Correct hand-washing technique should included
  - Wet hands thoroughly before applying cleanser
  - Wash hands with warm water and lots of friction(areas that are often missed and where germs can hide easily are under the nails, around cuticle area and between fingers)
  - Lather and scrub for approximately 10 to 15 seconds, covering all surfaces
  - Rinse well under running water
  - Dry hands with clean paper towel and use the paper towel to turn off the faucets. Discard paper towel in the garbage

#### **When to Wash hands**

- Between direct contact with people
- Before performing invasive procedures
- Before preparing, handling, serving food or assisting a person with eating
- Before and after personal protective equipment has been worn
- Before eating
- After personal bodily functions such as using the toilet

#### **Waterless hand washing – alcohol gel**

- There are three alcohols most appropriate for use on the skin: ethyl(ethanol) normal-propyl (n-propyl) and isopropyl
- The concentration of alcohol is of much more importance than the type of alcohol contained in the product
- The recommended amount of alcohol is 70% alcohol content
- The waterless hand washing can occur whenever random contact is made, indoors or outdoors, with the public, picnics, office equipment

### **Gloves**

- Protective gloves should be used as an additional measure and not as a substitute to hand washing
- Gloves should be changed as soon as they become torn or soiled; with different

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and Control	POLICY NO.: 2.31 PAGE 6 of 9
--	---------------------------------

- areas on the same individual and between the supporting of a different individual
- Gloves should be worn when there is exposure to blood, body fluids and or broken skin
- Before performing any task you should ask yourself if there is a chance that I will be exposed to blood, body fluids or broken skin while I am performing this task if so gloves should be worn
- Hands must always be washed before gloves are put on and after they are removed.

### **Protective Barriers**

- Mask eye protection shall be worn to protect the mucous membranes of the eyes, nose and mouth during procedures likely to generate splashes or sprays of blood, body fluids, excretions or secretions or when providing care for a coughing person.
- Gowns shall be used to protect the skin and to prevent soiling on the clothes during patient contact or procedures likely to generate splashes or sprays of blood, body fluids excretions or secretions

### **Environmental Controls**

- Maintain regular cleaning and disinfection of environmental surfaces –counters, equipment –phones and furniture
- All support equipment (ie commode chair, bath chair) must be cleaned between uses
- When cleaning blood or body fluids from floors or other surfaces, employees should wear disposable gloves and wipe up the fluid using disposable towels.
- The area should then be decontaminated with an appropriate germicide or 1:10 solution of bleach and water
- Employees should wash their hands after removing the gloves
- Linen soiled with blood, body fluids, secretions, and excretions must be handled, transported and washed in a manner that prevents skin, mucous membrane and or clothing from being exposed and contaminated
- All linen soiled with blood, body fluids, secretions, and excretions must be washed immediately in a separate load from other linens. Substance such as feces, vomit must be removed from the linen before putting it in the washing machine
- Detergent containing bleach should be added in the proper proportion according to directions

### **Health Protection**

- In spite of the best control procedures, accidental exposure to infectious disease can and does occur

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and Control	POLICY NO.: 2.31 PAGE 7 of 9
---	---------------------------------

- Health protection includes vaccinations, and post exposure health management

### **Vaccinations**

- Vaccines are used to stimulate the body's defense systems against the infectious disease without the risk of illness
- There are many vaccines available, ie. diphtheria, tetanus
- One of the factors for health protection against infectious diseases in the workplaces is vaccination against Hepatitis B
- Vaccinations against Hepatitis B virus are available at no cost to all Agency staff and people receiving services. This is a voluntary program offered through Community Living Brant (information on the vaccine is available from Human Resources)
- Pre- employment physical (Appendix B ) and the self- declaration report (Appendix C ),require screening for Hepatitis B and Tuberculosis. If the employer is aware that the employee has an infectious disease, this information must not be shared with anyone without the written permission of the employee. Privacy and confidentiality includes pre-hire information, information during employment as well as medical information related to rehabilitation return to work plans. There is also an acknowledgement of release form if a staff does not want the vaccination (appendix D)
- Hepatitis B vaccination is also available for health protection when accidental exposure occurs through harmful contact for non-vaccinated people. Once the exposure incident has been medically assessed, the physician will determine an appropriate course of treatment

### **Confidentiality**

- The identity of any person infected with an infectious disease shall be protected
- Where the local Medical Officer of Health decides that, in the interest of the health of the public it is necessary to inform the Executive Director of a person's infection, the person must be made aware of the intention to inform and be invited to participate during the exchange of information, to ensure that everyone involved understands the situation and the implications of any action which may be taken
- All personnel infected with an infectious disease shall have right to continue their employment as long as they are able to carry out the duties of the position

### **Reporting and Investigating Hazards, Accident and Incidents**

- In the event of an accidental harmful exposure to blood or body fluids employees need to take immediate steps to reduce the risk of infection.
- A harmful contact might include a skin penetration with a sharp, a human bite resulting in a punctured skin wound ,blood or body fluid or potentially infectious material contact with non-intact skin or mucous membranes (eyes, nose or

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and  
Control

POLICY NO.: 2.31  
PAGE 8 of 9

mouth)

- If such accidental exposure to blood and body fluids occurs at work the following steps are to be followed where applicable
  - Stop what you are doing
  - Cleanse eyes and mucous membranes
    - Flush eyes for 15 minutes with water or normal saline
    - Skin: wash well with soap and water
  - Needle Stick
    - Wash puncture site with soap and water
    - Promote bleeding of wound by lowering extremity below level of the heart if possible
    - Do not promote bleeding by cutting, crosshatch scratching or puncturing skin
    - Dispose of the sharp or needle in a puncture proof sharps container
  - After First Aid go the Hospital Emergency room, family doctor for medical assessment
  - Obtain medical assessment, treatment and advise
  - As soon as able report incident to supervisor or designate and complete accident /incident report
  - Provide follow up information to your supervisor to assist in accident investigation and reporting
- All employees are required to report exposure hazards, accidents and incidents promptly to their supervisor for follow-up investigation to determine the root cause of the event and implementation of appropriate corrective actions as per the Accident/Injury/Incident/ Investigation (section 2.27)
- The RISK Registry will be used to document identified infectious disease hazards and controls

### **Evaluation and Continuous Improvement**

- The Infection Prevention and Control Policy will be evaluated as required in consultation with the Joint Health and Safety Committee
- The evaluation will include the review of workplace inspections, incident reports, investigation reports, and any formal assessments.
- Recommendations for program enhancements will be provided to Senior Management for consideration
- Senior Management will ensure implementation of approved program revisions
- Any changes to the program will be documented and communicated to workplace parties in a timely manner.

COMMUNITY LIVING BRANT  
POLICY AND PROCEDURE MANUAL

SUBJECT: Infection Prevention and Control	POLICY NO.: 2.31 PAGE 9 of 9
--	---------------------------------

**Supporting Policy and Procedures**

- Health and Safety –Workplace Section 2.1
- Sharps Safety Program Section 2.20
- Employee Use of Personal Protective Equipment Section 2.23
- Hazard Recognition, Risk Assessment and Control Activities Policy Section 2.19
- Accident/Injury/Incident/ Investigation Section 2.27