POLICY STATEMENT

Community Living Windsor is committed to providing a safe and healthy work environment that protects individuals from all occupational injuries and illnesses. To achieve this, all employees must work together to identify any potential risk of exposure to biological hazards and communicable diseases arising from the workplace. The organization will undertake any reasonable and practical measures to eliminate or minimize risks in a proactive and timely manner.

Community Living Windsor recognizes our dual responsibility to develop, implement, monitor and continually enhance infection prevention and control (IPAC) measures and procedures that prevent transmission to employees, people supported and visitors of the organization. We will ensure that infection control procedures meet requirements under the Ontario Occupational Health and Safety Act, relevant IPAC related legislation, regulations and current best practices guidelines.

Approved by:_____________________
Executive Director
Date: February 13, 2014

PROCEDURES

Additional Precautions

Additional Precautions (i.e. Contact Precautions, Droplet Precautions, Airborne Precautions) are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g. contact, droplet, airborne).

A. Modes Of Transmission

1. Contact

   a) Contact transmission is the most common route of transmission of infectious agents. There are two types of contact transmission:

      • Direct - occurs through touching (i.e. an individual may transmit microorganisms to others by touching them);
      • Indirect - contact occurs when microorganisms are transferred via contaminated objects (i.e. C. difficile might be transferred between people if a commode used by a person with C. difficile is used by another person without cleaning and disinfecting the commode in between uses).
Examples include: MRSA, VRE, ESBL, CPE, Clostridium difficile, multidrug-resistant Acinetobacter baumannii, agents of infectious diarrheas.

b) Contact transmission is controlled by:
- Hand hygiene;
- Personal Protective Equipment;
- Environmental cleaning;
- Possible isolation if advised by Health Care Professional.

c) PPE required for direct care:
- Gloves;
- Gown if soiling of clothing is likely;
- Hand hygiene after removing PPE.

d) Educating The Person you Are Supporting:
- Explain the reason for the additional precautions;
- Encourage and assist person supported to clean his or her hands regularly;
- Encourage and assist person supported to maintain good personal hygiene;
- Discourage use of common dining/kitchen area if person supported is experiencing vomiting or diarrhea.

e) Prevention of Spread
- Designated care equipment and personal hygiene products for infected person;
- Use of common bathroom area must be cleaned and disinfected between use with Virex;
- Daily routine cleaning with Virex.

2. Droplet

Droplet transmission occurs when droplets carrying an infectious agent exit the respiratory tract of a person. Droplets can be generated when a person talks, coughs or sneezes. The droplets are propelled a short distance and may enter the host’s eyes, nose or mouth or fall onto surfaces. Droplets do not remain suspended in the air and usually travel less than two metres. Microorganisms contained in these droplets are then deposited on surfaces in environment and some microorganisms remain viable for extended periods of time. Contact transmission can then occur by touching surfaces and objects contaminated with respiratory droplets. Microorganisms transmitted by this route are of special concern in certain populations, e.g. frail elderly, persons with cardiopulmonary disease.

Examples include: Adenovirus, Influenza, Parainfluenza viruses, Rhinovirus, Human metapneumovirus, Respiratory syncytial virus-RSV, Rubella, Mumps, Bordetella pertussis

a) Droplet transmission is controlled by:
- Hand hygiene;
- Respiratory etiquette;
- Spatial separation (i.e. when sleeping);
- PPE;
- Possible isolation advised by Health Care Professional.

b) PPE required for direct care:
- Fluid resistant procedure/surgical mask if you are within two metres of the person;
- Protective eye wear if you are within two metres of the person;
• Hand hygiene after removing PPE.

c) Educating The Person you Are Supporting:
• Explain the reason for additional precautions;
• Encourage and assist person supported to clean hands regularly and put on mask if they cannot maintain 2 metre separation (if they are able to);
• Encourage and assist person supported with respiratory etiquette practices;
• Encourage and assist person supported to maintain 2-metre separation from other people supported if cough and symptoms of fever are present.

d) Prevention of Spread
• Designated care equipment and personal hygiene products for infected person;
• Common bathroom area must be cleaned and disinfected between use with Virex;
• Daily routine cleaning with Virex.

3. Airborne

Airborne transmission occurs when airborne particles remain suspended in the air, travel on air currents and are then inhaled by others who are nearby or who may be some distance away from the source. Control of airborne transmission requires control of air flow through special ventilation systems and the use of respirators.

Examples include: Mycobacterium tuberculosis (TB), Varicella virus (chickenpox virus), Measles virus.

a) Airborne transmission is controlled by:
• Hand hygiene;
• Use of PPE;
• Air flow control;
• Possible isolation advised by Health Care Professional.

b) PPE required for direct care:
• Fit-tested N95 respirator for care of person with infectious pulmonary tuberculosis. An N95 respirator is not needed if the employee is immune to a suspected airborne infection such as chickenpox or measles. If employee is not immune to a suspected airborne infection they will be placed at another location until airborne infection has cleared;
• Hand hygiene after removing PPE.

c) Educating The Person you Are Supporting:
• Explain the reasons for the additional precautions;
• Encourage person supported not leave his/her room.

d) Prevention of Spread:
• Immunity/Immunization against measles and varicella;
• Early identification of potential cases;
• Prompt isolation;
• The use of fit-tested, seal-checked N95 respirator;
• Daily routine cleaning with Virex.
4. **Additional Modes of Transmission**

a) Common source (i.e. contaminated food);
b) Vector (i.e. insects carrying disease);
c) Parenteral (i.e. needlestick injuries)

**Note:** Where more than one mode of transmission exists for a particular microorganism, the precautions used must take into consideration both modes.

B. **Family and Visitors**

Family and visitors must be informed of infectious diseases and that they may be required to wear appropriate personal protective equipment. Family and visitors should not assist infected person with their personal care as this may cause the germs to spread.

C. **Reporting Diagnosis Of Infectious Disease**

When a person supported is diagnosed with an infectious disease by a Health Care Professional, employees must report it to their Manager immediately. For after-hours, employees must contact Manager on-call. The Manager will contact the Manager, Health and Wellness. The Manager, Health and Wellness will evaluate and provide employees with information and additional precautions to put in place if required to protect the employees.

D. **Post Exposure to Blood and Body Fluids**

When employees are exposed to blood or body fluids from a known or unknown source they will:

- If there is a wound allow wound to bleed freely, and then wash it gently but thoroughly with soap and water.
- If contact is with mucous membranes (eyes, nose, or mouth), flush well with water.
- Incident must be reported to their Manager immediately. For after-hours, employees must contact Manager on-call. An Employee Accident/Injury report must be completed.
- Employees are to seek medical treatment for assessment and possible treatment.
- For exposures to blood-borne diseases including hepatitis B virus (HBV), Hepatitis C virus (HCV) and/or human immunodeficiency virus (HIV) employees are to be assessed by a physician within 2 hrs to determine the need for treatment.
- WSIB claim will be completed by the Manager, Health and Wellness.
- If the source is unknown and the exposed employee has not been immunized, a series of hepatitis B vaccine is recommended. Baseline blood tests are usually completed for Hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). Test results are confidential.

E. **Human Bites**

A bite that causes a break in the skin can increase the risk of transmission of blood borne diseases.

- The skin of the person bitten has been broken (possible exposure for the bitten person)
- The skin has been broken and the bitten person’s blood is found in the biting person’s mouth (possible exposure for person biting)
- For bites that do not break the skin, there is no risk of transmission of blood borne diseases.
- If the skin is broken because of a bite employees are to seek medical treatment for assessment and possible treatment within 2hrs of bite. Incident must be reported to their manager immediately. For after-hours, employees must contact Manager on-call.

F. **Controlled Acts**

No Community Living Windsor employees are to perform any of the controlled acts listed below unless trained under the Health and Promotion Procedure located in the Policy and Procedure Manual. All infection control instructions given by an authorized professional should be followed at all times. These controlled acts include:

- Inhalation of oxygen;
- Inhalation of medicated substances;
- Subcutaneous injection;
- Tracheotomy suctioning;
- Urinary catheterization;
- Insertion of an evacuation suppository;
- Administration of an evacuation enema;
- Disimpaction/digital stimulation;
- Colostomy care;
- G-Tube feeding/care.

G. **Biological Hazards**

Biological hazards are infectious agents or substances produced by infectious agents that can cause illness or disease in humans. Routes of entry for biological agents are inhalation, ingestion, absorption and injection.

H. **Infectious Hazards Associated with Community Living Windsor**

Community Living Windsor will provide employees with information for the management and control of infections once an infection has been suspected or confirmed by a Health Care Professional. These infections include but are not limited to:

1. **Antibiotic Resistant Organisms**

A microorganism that has developed resistance to the action of several antimicrobial agents and that is of special clinical or epidemiological significance.

a) **MRSA** - Methicillin-resistant Staphylococcus aureus (MRSA). MRSA are strains of S. aureus that are resistant to all of the beta-lactam classes of antibiotics such as penicillins and cephalosporins.

   i) **What is MRSA?**
Staphylococcus aureus is a germ that lives on the skin and mucous membranes of healthy people. Occasionally S. aureus can cause an infection. When S. aureus develops resistance to certain antibiotics, it is called MRSA.

ii) How is MRSA Spread?

MRSA is spread from one person to another by contact, usually on the hands of caregivers. MRSA can be present on the caregiver’s hands either from touching contaminated material excreted by the infected person or from touching articles contaminated by the skin of a person with MRSA such as towels, sheets and wound dressing. MRSA can live on hands and objects in the environment.

iii) Who can get MRSA?

MRSA is not harmful to healthy people. A person may get MRSA if they are frequently on antibiotics, frequently hospitalized, elderly, have poor nutrition, have open wounds or have poor personal hygiene.

iv) Precautions for MRSA

All Community Living Windsor employees will use contact precaution and any instructions given by a Health Care Professional.

b) VRE - Vancomycin-resistant Enterococcus (VRE). VRE are strains of Enterococcus faecium or Enterococcus faecalis that are resistant to the antibiotic vancomycin.

i) What is VRE?

Enterococci are germs that live in the bowels of most individuals and generally do not cause harm. Vancomycin-resistant enterococci (VRE) are strains of enterococci that are resistant to the antibiotic vancomycin. If a person has an infection caused by VRE, such as a urinary tract infection or blood infection, it may be more difficult to treat.

ii) How is VRE Spread?

VRE is spread from one person to another by contact, usually on the hands of caregivers. VRE can be present on the caregiver’s hands either from touching contaminated material excreted by an infected person or from touching articles soiled by stool. VRE can live on hands and can survive for weeks on inanimate objects such as toilet seats, taps, bedrails and bedpans. VRE is easy to kill with disinfectants and good hand cleaning.

iii) Who Can Get VRE?

VRE is not harmful to healthy people. A person may get VRE if they are frequently on antibiotics, frequently hospitalized, elderly, have poor nutrition or have poor hygiene.

iv) Precautions for VRE
All Community Living Windsor employees will use contact precaution and any instructions given by a Health Care Professional.

c) **Closstridium difficile** - (C. difficile). C. difficile is one of the many types of bacteria that can be found in stool (bowel movements)

   i) **How is C. difficile Spread?**

   When a person has C. difficile disease, the bacteria in the stool can contaminate surfaces such as toilets, handles, bedpans, or commode chairs. When touching these items, hands can become contaminated. If we then touch our mouth without washing our hands, we can become infected. Our soiled hands can spread the bacteria to other surfaces.

   ii) **Who Can Get C. difficile?**

   C. difficile disease usually occurs during or after the use of antibiotics. Old age, presence of other serious illnesses and poor overall health may increase the risk of severe disease.

   iii) **Precautions for C. difficile**

   All Community Living Windsor employees will use contact precaution and any instructions given by a Health Care Professional.

2. **Seasonal Influenza**

   All Community Living Windsor employees will use droplet and contact precautions and any instructions given by a Health Care Professional. These precautions will be continued for 5 days after onset of illness.

3. **Hepatitis B or C**

   All Community Living Windsor employees will use Routine Practices and any instructions given by a Health Care Professional.

   Please refer to Hepatitis & Immunization Procedures in the Health and Safety Manual.

I. **Responsibilities**

   a) **Employer:**

   In Ontario, employers have an obligation to take every precaution reasonable in the circumstance for the protection of a worker and hence limit disease transmission. For the purpose of this policy, responsibilities of the employer shall include:

   - Designating an individual with the appropriate knowledge and experience to oversee the implementation and maintenance of the IPAC policy.
   - Advising workers of the existence of actual or potential biological hazards in the workplace.
• Establishing written measures and procedures for the early recognition and control of infectious agents, in consultation with the joint health and safety committee/representative.
• Providing and maintaining in good order equipment, materials, devices.
• Considering occupational health requirements, infection prevention and control and environmental safety issues when purchasing cleaning agents, equipment and supplies.
• Providing information, instructions, training and competent supervision with respect to IPAC policy.
• Keeping and maintaining records of worker exposure to infectious diseases, immunization, and training related to IPAC policy.
• Reporting all occupational illnesses to the Ministry of Labour and health and safety representative.
• Reviewing measures and procedures, in consultation with the JHSC/representative, at least annually or as changes to legislation, best practices, or work conditions occur.

b) Supervisors:

Supervisors play an important role in the implementation of the health and safety program. Responsibilities of the supervisor include:

• Identifying biological hazards through workplace inspections and/or investigations.
• Informing workers about biological hazards in the workplace.
• Ensuring staff work in a manner and with the protective equipment, devices and/or clothing that is required to be worn or used.
• Monitoring work practices to ensure that IPAC policy is adhered to by all workers.
• Ensuring staff are trained in safe work practices defined by the employer.

c) Employees:

Under the Occupational Health and Safety Act, workers have personal responsibilities to work in compliance with the Act and its regulations, and use or wear any equipment, protective devices or clothing required by the employer. Additional responsibilities under this policy include:

• Following Routine Practices and IPAC policy and safe work policies and procedures.
• Reporting biological hazards, exposures, missing or defective equipment, and needle stick injuries promptly to manager.
• Participating in training.
• Maintaining proper hygiene practices and respiratory etiquette.

d) Joint Health & Safety Committee/Representative:

For the purpose of this policy, the joint health & safety committee/representative will have primary responsibility for:

• Providing feedback with respect to the IPAC policy and training during annual program review or as need arises.
• Ensuring IPAC practices are considered during monthly workplace inspections.
• Reviewing reported infections and incidents, and assist in determining appropriate corrective actions.
• Providing written IPAC recommendations to the employer where necessary.
J. **COMMUNICATION**

This standard will be communicated to all staff upon hire and made available for further reference online in the Health and Safety Manual. Community Living Windsor shall ensure timely notice of changes to the existing policy as they arise.

K. **EDUCATION**

Community Living Windsor, in consultation with the joint health & safety committee/representative, shall provide training in infection prevention and control practices to all new and existing employees at orientation, when new procedures or supplies are introduced and on a regular basis thereafter. The organization will keep documentation of the workers trained, the dates training was conducted, and the materials covered during the training.

L. **EVALUATION**

A review of this policy and related procedures will be completed at least annually, in consultation with the JHSC/representative, to ensure the contents are relevant, current, and to identify strengths and areas in need of improvement.

M. **Clinical Microorganisms/Disease With Level Of Precaution Required**

One of the *Routine Practices* risk reduction strategies is to initiate additional precautions as soon as symptoms appear and not only when a diagnosis is confirmed. This table lists the infectious microorganism or disease, the type of additional precautions needed, duration and additional comments.

This table is a quick reference guide that provides summarized information for employees and should be used in conjunction with other resources.

**NOTE:** *Routine Practices are used in caring for all persons and will interrupt transmission of most infectious agents.*

<table>
<thead>
<tr>
<th>Organism/Disease</th>
<th>Type of Precaution</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Abscess (drainage not contained by dressing)</td>
<td>Contact</td>
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<tr>
<td>Acute Respiratory Illness</td>
<td>Droplet/contact</td>
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<tr>
<td>Adenovirus – conjunctivitis pneumonia</td>
<td>Contact, Droplet/contact</td>
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<tr>
<td>Cellulitis – with drainage</td>
<td>Contact</td>
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<tr>
<td>Chickenpox (<em>Varicella</em>)</td>
<td>Airborne</td>
<td>Closed door; Only immune staff should enter room.</td>
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<tr>
<td><em>Clostridium difficile</em></td>
<td>Contact</td>
<td>Outbreaks are reportable</td>
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<tr>
<td>Common Cold</td>
<td>Droplet/contact</td>
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<tr>
<td>Conjunctivitis</td>
<td>Contact</td>
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<tr>
<td>Croup (Whooping cough/Pertussis)</td>
<td>Droplet/contact</td>
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<tr>
<td>Cytomegalovirus (CMV)</td>
<td>Routine practices</td>
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<tr>
<td>Dermatitis</td>
<td>Routine practices</td>
<td>Rule out scabies</td>
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<td>Condition</td>
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<tr>
<td>Encephalitis (adult)</td>
<td>Routine practices</td>
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<td>Enteroviral Infections - (adult) (Coxsackie &amp; Echo viruses)</td>
<td>Routine practices</td>
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<td>Epiglottitis (due to <em>H.influenzae</em> type B) (adult)</td>
<td>Routine practices</td>
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<tr>
<td>Extended Spectrum Beta-Lactamase producers (ESBL)</td>
<td>Contact</td>
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<tr>
<td>Gastroenteritis (diarrhea, bacterial or unknown cause)</td>
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<tr>
<td>German Measles (Rubella)</td>
<td>Droplet</td>
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<td>Hepatitis A (faecal incontinence or non-compliant persons only)</td>
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<tr>
<td>Hepatitis B or C</td>
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<tr>
<td>Herpes simplex (disseminated or severe)</td>
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<tr>
<td>HIV</td>
<td>Routine practices</td>
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<td>Impetigo (draining, uncontained)</td>
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<td>Influenza (seasonal)</td>
<td>Droplet/contact</td>
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<tr>
<td>Influenza (pandemic)</td>
<td>Droplet/contact + n95 respirator for aerosol-generating procedures.</td>
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<tr>
<td>Invasive Group A Streptococcal Disease</td>
<td>Droplet/contact</td>
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<tr>
<td>Lice</td>
<td>Routine practices and gloves for direct contact.</td>
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<td>Measles (Rubeola)</td>
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<tr>
<td>Measles (Rubeola)</td>
<td>Closed door Only immune staff should enter room</td>
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<tr>
<td>Meningitis (bacterial/unknown etiology and meningococcal)</td>
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<td>MRSA (Methicillin-resistant <em>Staphylococcus aureus</em>)</td>
<td>Contact (and droplet if in sputum and coughing)</td>
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<td>Mumps</td>
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<td>Mycobacteria (non-tuberculosis)</td>
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<td><em>Mycobacterium tuberculosis</em> (pulmonary and extra-pulmonary draining lesions)</td>
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<td>Parainfluenza virus</td>
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<td>Parvovirus B19 - aplastic crisis</td>
<td>Droplet</td>
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<tr>
<td>Salmonella and <em>e. Coli</em> o157:h7 are reportable diseases. Outbreaks are reportable.</td>
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<tr>
<td><em>Closed door</em> Only immune staff should provide care.</td>
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<tr>
<td>Disease</td>
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<td>Fifth disease</td>
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<td>No longer infectious by the time rash appears.</td>
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<td>Pharyngitis</td>
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<td>Respiratory Syncytial Virus (RSV)</td>
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<td>Rotavirus</td>
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<td>Scabies</td>
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<tr>
<td>Shingles - disseminated</td>
<td>Contact/ airborne</td>
<td>Only immune staff should enter room.</td>
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<tr>
<td>Staphylococcal Disease -</td>
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<td>Streptococcal Disease -</td>
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<td>Toxic shock-like syndrome</td>
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<td>VRE (Vancomycin-resistant enterococcus)</td>
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