

Madawaska Valley

Association For

Community Living

**POLICY: UNIVERSAL PRECAUTIONS & INFECTION CONTROL**

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Policy:

Madawaska Valley Association for Community Living (MVACL) is committed to prevention, health promotion and the recognition, evaluation and control of health hazards in the organization. Infection control is both a public health and occupational health and safety issue.

**Infection Control Principles**

Infection control is the process for identifying and controlling risk factors that are related to the spread of infectious diseases. Various germs, such as bacteria, viruses, parasites and fungi cause infectious diseases.

Infection Control is a pro-active strategy which has the following components:

1. **Risk Assessment**
2. **Risk Control**
3. **Training and Education**
4. **Reporting**
5. **Evaluation of the Infection Control Program.**
6. **Risk Assessment**
7. Staff members shall routinely assess the general health of supported persons entrusted to their care while on shift.
8. Should a supported person exhibit signs of a new cough, fever, or intestinal symptoms (vomiting, diarrhea), the staff member shall ensure this is brought to the attention of colleagues and the manager and that the supported person’s condition continues to be monitored closely.
9. Should the supported person require immediate assistance, the staff member shall ensure that appropriate medical attention is sought on their behalf.
10. Supported persons shall be encouraged to wear masks if they are coughing or sneezing and the staff member is within one meter of them. If the supported person is uncomfortable with this, the staff member is encouraged to wear a mask. Ideally, both the supported person and staff member should wear a mask under this circumstance.
11. Staff members who are unsure whether to use precautions with a supported person exhibiting respiratory symptoms should contact their Manager for guidance.
12. **Risk Control**

**Universal Precautions**

Universal precautions are the basic level of infection control that should be used in the care of all patients all of the time. Use universal precautions in the care of all patients to reduce the risk of transmission of microorganisms from both recognized and non-recognized sources of infection.

MVACL will work in partnership with the Joint Occupational Health and Safety Committee to respond to recommendations and advocate for a safe workplace.

**Work Place Space Controls:**

1. Adequate numbers of sinks, soap dispensers and/or waterless antiseptic hand rinses.
	* MVACL shall ensure that sinks are kept in good working order.
	* Soap dispensers shall be provided in all common bathrooms.
	* MVACL shall maintain an inventory of supplies and ensure that supplies are ordered as required.
2. Appropriately maintained refrigerators/freezers
	* MVACL shall ensure that refrigerators are checked periodically and maintained with a temperature of 5 degrees Celsius or less (check degrees).
3. Waste management systems
	* All locations shall be equipped with appropriate storage containers/locations for garbage/refuse/recycling.
	* Garbage and recycling shall be put out for pick-up according to the township requirements.
	* Recycling shall be organized according to Township requirements.
4. Appropriate cleaning and disinfection of bathrooms and kitchens
	* Staff members shall ensure that bathrooms and kitchens are maintained and products are stocked for use.
5. Sufficient amount of disinfectant solutions for the homes
* Residences shall have cleaning solutions supplied by the organization for the cleaning of common areas.

**Administrative Controls**

* + 1. MVACL shall ensure the following procedures are observed:
* Staff members who have symptoms of respiratory illness are encouraged to see their personal physician. Staff members should seek advice from their physician as to how the nature of their illness would affect colleagues and supported persons. Staff members with contagious respiratory ailments should not come to work.
* Staff members shall counsel supported persons about respiratory illness and on ways to avoid passing the illness to others (having an annual flu shot, staying home when ill, covering their mouths when they cough, washing hands with soap and warm water frequently) and ensuring they see their physician if their symptoms do not improve after 72 hours.
	+ 1. Pre-employment staff member screening regarding fitness for work and vaccines.
* All information collected shall be used for the purpose of protecting the staff member and supported persons and stored according to the privacy policy.
* New staff members shall sign a medical affirmation indicating that they are free of any communicable disease that can be transmitted in the workplace.
* New staff members shall sign an affirmation confirming that they have either been immunized against Hepatitis B or choose not to be.
	+ 1. Management of staff members with specific health conditions that carry an increased risk of exposure.
* Staff members with open areas on their skin shall ensure that the area is properly covered prior to initiating client contact.
* Staff members who have an impaired immune system are encouraged to refrain from face to face contact with supported persons exhibiting any signs of infection (i.e., cough, sneeze, fever, vomiting, diarrhea)
* Staff members shall be trained in the use of routine practices and participation in such training shall be documented on the organization’s orientation checklist.

* + 1. Safe Universal Practices are observed

Routine Practices is the Health Canada term used to describe the system of infection prevention recommended to prevent transmission of infection in health care and related settings. These practices describe prevention strategies to be used with all supported persons during care and include:

* Hand washing or cleansing with an alcohol-based sanitizer before and after any direct contact with a supported person.
* The use of additional barrier precautions to prevent staff member contact with a supported person’s blood and bodily fluids, non-intact skin or mucous membranes.
* The wearing of surgical masks and eye protection or face shields where appropriate to protect the mucous membranes of the eyes, nose and mouth during procedures and supported person care activities likely to generate splashes or sprays of blood, bodily fluids, secretions or excretions

Proper Technique for Washing your Hands

Washing your hands involves the vigorous, brief rubbing together of all surfaces of the altered hand, followed by rinsing under a stream of water. Wearing gloves of any kind does not remove the need to wash your hands.

You should wash your hands in the following workplace situations:

1. When your hands are visibly soiled
2. Before and after contact with a person
3. Before you begin and when you finish your shift
4. After sneezing or coughing
5. After contact with mucous membranes, non-intact skin or a body fluid such as blood
6. After handling objects that might be contaminated
7. After removing gloves
8. After using the washroom

Hand washing has been cited as the “single most effective” way of reducing the spread of infection. Keeping your hands clean and dry decreases the chance of spreading germs.

The proper technique for washing your hands is to:

1. Use soap and warm running water
2. Wet your hands and add soap
3. Rub your hands vigorously for 20-30 seconds
4. Wash all surfaces, including the back of the hands and between fingers
5. Rinse your hands well under running water for 5-10 seconds
6. Dry your hands well with a disposable paper towel
7. Turn off taps with the paper towel
8. Dispose of the paper towel
9. Apply hand lotion

**Cleaning up Body Fluids**

Body fluids include blood, feces, nasal and eye discharges, saliva, urine and vomit. In every case, they should be cleaned up immediately. It is essential to keep body fluids of any kind away from an open sore on your body and away from other people. You should always wear gloves and thoroughly clean, disinfect with Genbact, rinse and dry all surfaces that are contacted by a body fluid. Mops and other materials that are used to clean up body fluids must also be thoroughly cleaned, disinfected, rinsed and dried because they can trap bacteria and become a source of infection. After the clean-up be sure to wash your hands thoroughly before moving on to the next task.

**Additional Universal Precautions and Routine Practices**

* Clean all potentially contaminated surfaces, such as floors, walls, beds and large equipment with **Genbact**. Use disposable paper towels to wipe solution and dry these areas.
* Always disinfect the bathtub between each persons’ use.
* Regularly disinfect toilet.
* Use hot water in dishwasher cycles.
* Have antibacterial hand soap available.
* Disinfect the phone mouthpiece regularly and frequently.
* Ensure supported persons wash their hands after bathroom use.
* Keep toothbrushes, soaps, towels, razors and all other personal hygiene products separate from one another.

**Proper Technique for Soiled Laundry**

* Use a spray bottle of peroxide. Cover soiled linen, bedsheets, underwear, pants etc)
* Always wash supported person’s clothing and linens separately from others they may live with.
* Always wash soiled sheets in hot water and do not mix with clothing.
1. Management of Staff Members Exposed to Infectious Disease
* MVACL shall contact the Health Unit for the purpose of securing consultation services along with appropriate reference material.
* Counseling shall be provided to staff members as needed with assurance of confidentiality.
* See reporting guidelines.
1. Outbreak Management of Exposures for Staff Members and Supported Persons
* In situations where there is an outbreak of infectious disease, which is typically defined as a higher than expected incident rate of disease, or outside the norm, MVACL shall follow the directives provided by the Health Unit, shall inform all managers of precautions to implement and shall ensure that there is compliance.
* Staff members working in an infected environment will be notified.
* Incidences of non-compliance with Health Unit directives will be followed up by the appropriate manager.
* Health Unit directives during an infectious disease outbreak will supersede the provisions of this policy.
1. Adequate Supervision of Staff Members
* Managers shall provide support as needed for staff members who require guidance regarding infection control.
* The employer shall respond within 24 hours when infection control recommendations are brought to their attention by the Joint Occupational Health and Safety Committee.
* Managers shall promote an environment of support, open communication and collaboration to help prevent infectious diseases.

The following immunizations shall be recommended:

1. Flu shots are recommended annually in the fall.
2. Staff members will be encouraged to receive their Hepatitis B immunization and will be reimbursed for the cost upon submission of a receipt. Staff members who choose not to be vaccinated against Hepatitis B will sign an affirmation to that effect.
3. Diphtheria, Pertussis, Tetanus, Poliomyelitis (DPTP), Measles, Mumps and Rubella (MMR) [childhood immunizations] immunizations should be encouraged at the beginning of a person's employment with the organization.

**Personal Protective Equipment**

* Personal Protective Equipment (vinyl/nitrile gloves, masks, gowns, antiseptic hand wash, etc.) shall be made available to all staff members as per policy.
* Gloves are to be worn when there is a risk of body fluid contact with hands. Gloves should be used as an additional measure and not as a substitute for hand washing.
	+ Do not wash or re-use disposable gloves.
	+ Make sure to wear the correct size of gloves.
	+ The same pair of gloves must ***not*** be used for the care of more than one service user.
	+ Use disposable vinyl gloves when handling articles soiled with feces, urine, semen, vaginal secretions, saliva and blood.
	+ When washing dishes by hand, use hot water with soap.
	+ Always wash hands after using disposable vinyl gloves
* Gowns are to be worn during any procedure and supported person care activity likely to generate splashes of blood, bodily fluids, secretions or excretions that could contaminate regular clothing.
	+ Remove gowns immediately after task completion in a manner that prevents contamination of clothing or skin.
1. **Training and Education of Staff Members**
	* 1. Training in infection control shall be mandatory for all front line and supervisory staff members as part of the orientation process.
		2. Universal precaution training shall be offered as part of orientation process prior to beginning work.
		3. Staff members will be trained in appropriate cleaning and disinfecting of surfaces.
		4. Training might include information provided by JHSC.
		5. All relevant training received by staff members will be documented.

**4) Reporting**

a) Staff members shall complete an Incident Report for any situations of exposure to communicable diseases. These shall be submitted through regular channels and will be forwarded by staff members to the Health and Safety Committee for review and recommendations.

b) Fitness to return to work shall be submitted to the manager on return to work after an outbreak. The manager shall forward to the Human Resources Manager

c) MVACL shall notify the Health Unit in the event of an infectious disease outbreak and will cooperate with the Health Unit to prevent/contain/ manage community spread.

d) If a staff member has a probable or confirmed occupational infection, the Ministry of Labour will be notified in accordance with the existing occupational health and safety legislation.

**5) Evaluation of the Infection Control Program**

a) The Joint Occupational Health and Safety Committee will periodically review the organization’s Infection Control program and make recommendations to the employer as necessary.

**Influenza**

Influenza (more commonly known as the flu) is a serious disease with the main incubation period between November and April. Influenza A or Influenza B are the usual causes of the flu. The main symptoms include: fever, headache, a runny nose, a cough, muscle aches and a sore throat.

Influenza is spread by contact with nasal and throat secretions from an infected person. Sneezing, coughing and talking in close proximity to another person can result in transmission. The duration of the flu is 18-72 hours. The flu can result in serious complications such as pneumonia that may lead to death if you are elderly or suffer from a chronic illness.

The Canadian National Advisory Committee on Immunization recommends that all healthcare workers should be vaccinated. The vaccine is safe for pregnant women, but not for those with an allergy to eggs. The vaccine contains non-infectious viruses and it cannot cause the flu. Receiving the flu shot on an annual basis will decrease the chances of contracting the flu.

**Hepatitis A**

Hepatitis A affects the liver and it can cause isolated or widespread infection. Transmission occurs by contact with other people, or contaminated food or water. Hepatitis A is rarely fatal. Proper personal hygiene and sanitation in the workplace are the most effective ways to prevent the spread of this disease.

Vaccines are available for long-term prevention of Hepatitis A and they are highly recommended for staff.

**Hepatitis B and C – General Information**

Hepatitis is a disease that causes inflammation of the liver and can be caused by both the Hepatitis B and Hepatitis C viruses. The majority of people who become infected never show symptoms. They recover completely and develop immunity to the disease. However, approximately 10% of those infected can develop a chronic form of the disease that can lead to cirrhosis and cancer of the liver in later years. The people also become carriers of the disease.

Both Hepatitis B and Hepatitis C are spread by blood and some body fluids

Prevention is achievable through an active immunization program. The Hepatitis B vaccine is given in three doses over a six-month period. All staff should be immunized for Hepatitis B. There is currently no vaccine for the Hepatitis C virus.

**Hepatitis E**

Hepatitis E is transmitted through fecal-oral contact or fecal contaminated water. The disease is not chronic, but the fatality rate increases from 1-3% to 15-25% during pregnancy. Young to middle age people are susceptible and there is no vaccine available for Hepatitis E. Proper sanitation and food handling skills help to prevent transmission of this disease.

The symptoms of Hepatitis E include: dark urine, abdominal pain, jaundice, malaise, nausea, and vomiting.