

CVS POLICY & PROCEDURE MANUAL

Policy Area: Service Delivery

Policy # & Name: 5.15 Communicable Disease

Group: All Staff, Volunteers, Practicum Students, Clients, Families

Purpose:

The purpose of this section of the policy is to ensure the appropriate management of employees and/or clients exposed to, or infected with, any communicable diseases. Special consideration is given to this policy to ensure it meets all known standards to prevent the spread of Hepatitis B, Acquired Immune Deficiency Syndrome and Human Immune-deficiency Virus.

Policy Statement:

CVS employees are well informed with respect to communicable disease and comply with all regulatory requirements and internal policies and procedures.

Practice Standards:

- ? Supervisors will ensure all employees have read and understand CVS's policies and procedures with respect to communicable disease.
 - ? All staff will ensure they follow procedures as attached to minimize the risk of infection.
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Policy Audit: March Annually

Date Issued: March 2004

Date Revised: March 2005

Position

Responsible: Executive Director, Health & Safety Committee

References: *☞* Definitions, Information and Procedures on Communicable Disease (attached)

Definitions, Information & Procedures on Communicable Disease

Definitions & Information

AIDS: Acquired Immune Deficiency Syndrome

This is the most severe manifestation of the HIV infection. When an individual is diagnosed as having AIDS, she / he are not only infected with HIV, but the immune system is damaged to the extent that otherwise rare diseases (called 'opportunistic') may develop.

ARC: AIDS-Related Complex

This condition reflects a moderate degree of immune damage from HIV infection.

HIV: Human Immune-deficiency Virus

This is the AIDS virus; it is also referred to as HTLV-III, ARV, LAV.

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Sero-Positive Tested

The blood test has indicated that the individual is infected with the AIDS virus. There may be no signs of illness.

HEP B: Hepatitis B

Hepatitis B is one of several viruses which can cause hepatitis. Infection with Hepatitis B virus may produce no symptoms at all or may result in an acute illness.

Mode of transmission is by sexual contact or exposure to blood, saliva contaminated by blood or blood products. An exposure is defined as a fresh penetration through the skin; e.g., by a needle prick or a bite injury or thorough broken skin.

Medical research indicates that the AIDS virus is transmitted through intimate sexual contact, through infected blood entering the blood stream, and through transmission from an infected mother to a fetus or newborn. Hep B is transmitted in a similar manner. There is no evidence to date indicting the spread of either of these diseases through casual contact. The following policies, therefore, support practices which do not arbitrarily or unnecessarily restrict infected individuals either from receiving service or from employment. The policies also direct practices designed to protect employees and clients from transmission of these viruses.

Management Of Exposure Through Contamination Or Skin Penetration

Definition

An exposure is defined as a fresh penetration through the skin or contamination of mucous membrane (e.g., eyes) but most commonly a bite injury, a needle prick or a splash of blood. The exposure must involve a Hepatitis B carrier or transmission of blood, and/or serous fluid from skin lesion exudates of a Hepatitis B carrier.

Procedure

- 1) Apply first aid treatment to the area.
- 2) Call the staff or client's physician. Accompany the exposed person to the laboratory at the Royal Columbian Hospital. Request that a blood sample be drawn and sent immediately via courier to Red Cross Vancouver to determine if the exposed person is susceptible to the antigen. Normally, if he/she has received the vaccine, he/she should be protected.
- 3) The Red Cross will contact the physician involved if the exposed person is susceptible and will give permission for the release of the Hepatitis B immune globulin (HBIG). The HBIG will be couriered to your staff or client's physician immediately. In this community, a stock is maintained by the Health Unit and the Royal Columbian Hospital.
- 4) The physician will administer the HBIG and determine the need for further Hepatitis B vaccine.

NOTE: *The HBIG should be given within 72 hours of the incident to be most effective. A further injection of HBIG should be given four weeks later if the Hepatitis B vaccine is not given.*

This protocol will also apply to any exposed visitors.

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Procedure For Immunization: Hepatitis B

- 1) Your doctor should determine whether you have the antibody protecting you from Hepatitis B prior to requesting vaccination. If you wish to be screened for Hepatitis C, you must ask specifically for this to be done, as it is not a routine test.
- 2) Vaccine is available at no cost to all staff who considers themselves at risk of infection of Hepatitis B. Those wishing to begin the course of vaccination should contact their Program Manager, who will order the vaccine from the Ministry of Health in Victoria. It will be sent directly to staff's family doctor for inoculation. The vaccine has to be packaged on wet ice in insulated cartons, and therefore may take several days for delivery from the date the form is received by Product Distribution Centre.
- 3) The staff who will require immunization should ideally be selected one month before starting work with an individual known to carry Hepatitis B. The first two doses will be administered one month apart, one at the time of selection, the other at the time of starting work. This will ensure that a significant measure of protection is available prior to exposure to individuals who may be carriers.
- 4) Relief staff will be advised of the availability of the immunization program prior to orientation. They will receive some preliminary information regarding Hepatitis B and C, and receive copies of the protocol.
- 5) All new staff will be informed of known risks at the time of hire.
- 6) Immunization consists of three injections, the first two one month apart, and the third after six months. Full protection is not achieved until after the third shot, but reasonable protection exists after two. It is essential that staff continue to follow the safety procedures laid out above regardless of whether or not they have received the full course of inoculation.

Employees Infected With The Aids Or Hepatitis B Virus

Medical Procedures

Infection with the AIDS or Hepatitis B virus will be treated as any medical problem with its related absences and disability. The employee's physician is responsible for evaluating the employee's health and for making recommendations to management regarding the employee's capacity to perform the duties of the position adequately and without endangering the health of himself / herself or others.

Right To Work

An employee known to be infected with the AIDS or Hepatitis B virus must not be restricted from work based solely on the diagnosis. Nor should the employee be restricted from using telephones, office equipment, toilets, showers, eating facilities, water fountains, etc.

The employee may be restricted from his / her work where the employer deems that:

- ? the employee does not have the capacity to efficiently and reliably perform the duties of his / her position.
- ? the employee in undertaking the work would endanger the health of himself / herself or others.

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- ? alternative work the employee may be able to adequately and safely perform is not available.

These circumstances will be handled as in other illness and disability cases.

Employees infected with the AIDS virus, and who have defective immune systems, are at increased risk of acquiring or experiencing serious complications of other infectious diseases. In those work environments offering exposure to infectious diseases, appropriate counseling and precautions to minimize exposure will be implemented by management to minimize exposure will be implemented by management under the direction of the treating physician. Should changes in work assignment be required, they should be handled as in any other disability case.

Right To Privacy

The Association will not require employees to report a diagnosis of virus defined in this policy to management.

Should the employee choose to impart this information to the employer, the information will be treated confidentially. As in all illness and disability cases, any consultation between the employer and the employee's personal physician will be with the employee's agreement.

Refusal To Work

Employees who, without reasonable and valid grounds refuse to work with clients or co-workers carrying viruses defined in this policy may be subject to disciplinary action.

An employee's refusal will be deemed to be based on reasonable and valid grounds in situations such as:

- ? the employee's own state of health may render him / her more susceptible to acquiring other illnesses. For example, individuals undertaking chemotherapy treatment have weakened immune systems. They may therefore be at increased risk of contracting one of the ancillary illnesses with which an infected employee or client is more readily afflicted. It is reasonable for the employer to request medical confirmation of this circumstance. Upon confirmation the employer should attempt to reassign duties so as to eliminate contact with the infected person.
- ? the employer has failed to implement appropriate precautionary measures including the provision of protective garments and equipment.

Where the refusal is not deemed to be reasonable under circumstances described above, the employer must ensure that the employee understands the current medical knowledge guidelines regarding communicable diseases and AIDS virus infection.

Where the employee continues to refuse to return to work, efforts will be made to implement a reassignment of duties.

Client Exposure To Employees Infected With A Communicable Disease

Employees infected with AIDS and/or Hepatitis virus who have contact with clients or the general public should not be restricted from their work on the basis of such contact unless they have other infections or illnesses which would restrict any worker within the specific work environment or unless specific

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clients or members of the public are at heightened risk due to their own illness or condition.

a. Infection Control:

All staff, participants and volunteers will report any incidences of communicable disease to the program supervisor or Executive Director.

Any Staff with open and/or draining rashes, lesions, burns, recent and/or open suture lines, or with other skin conditions may require medical approval prior to work. All such conditions are to be reported to the immediate supervisor. Staff members who have open lesions or weeping dermatitis must refrain from all direct care contact and from handling care equipment until the conditions resolves.

b. Immunizations:

It is recommended that all staff members be immunized against Diphtheria, Tetanus, Poliomyelitis, Measles, and Rubella. Staff assigned to designated "high risk" areas will be offered Hepatitis B Vaccine. It is recommended that individuals get boosters every 5 to 10 years.

c. Tuberculosis:

High risk staff members, participants and volunteers (those showing signs of symptoms or those who have been in contact with someone with TB) will undergo testing for tuberculosis (TB) prior to employment and as required during employment, as prescribed by Provincial Regulation and Employer Policy.

Communicable Diseases – Standard Precautions

- ? A clean environment and careful personal hygiene for all residents / program participants and staff is essential, with special attention to any identified carriers.
- ? All clients should practice or be supported to practice good hygiene. TOILET ITEMS, ESPECIALLY RAZORS AND TOOTHBRUSHES, MUST NEVER BE SHARED. Toothbrushes should be sterilized with solution before use if they are normally accessible to others besides the user. Items such as tweezers, pins used to remove slivers, etc., should be sterilized with solution after each use.
- ? All open lesions on staff and clients should be covered.
- ? Items soiled by blood, semen, saliva or urine should be cleaned up with a 10% bleach solution or other approved disinfectant (i.e., Tub Cleanser IV).
- ? Staff should wear gloves when caring for skin wounds, doing personal care, brushing teeth, cleaning up any body fluid or handling materials which have been used to clean up blood, semen, saliva or urine.
- ? Toilet facilities should be cleaned with 10% bleach solution or other approved disinfectant (Tub Cleaner IV).
- ? Precautions should be taken in food preparation to ensure that contamination of food does not occur. Dishes should be washed in the

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dishwasher with hot water (Sani-Wash Cycle), or if washed by hand, should be rinsed in 10% bleach.

- ? Laundry should be sorted and placed in individual hampers. Add bleach to clothes washer, allow it to mix thoroughly with water and only then add clothing. Items contaminated with body fluids should be handled with gloves and washed separately. Clothing belonging to known carriers should be washed separately.
- ? Staff supporting known carriers out in the community should carry fanny packs containing rubber gloves, a spray bottle of 10% bleach solution, and an Airway with one-way valve. These will provide necessary items for protection in an inconspicuous manner.
- ? Vehicles should be outfitted with rubber gloves, paper towels, a spray bottle of 10% bleach solution, an Airway with a one-way valve, materials for clean-up, and either bags or containers for disposal at all times.
- ? Cleaning up behind clients in the community is required. If this is not possible, staff should tactfully advise someone in the facility of the spill, and suggest the use of rubber gloves and bleach solution for cleanup. It is not necessary to identify the carrier or discuss the situation any further. Keep in mind that there are many others who have communicable diseases in our community who are not identified to members of the public. The practices we suggest are good precautions for the general public as well.
- ? Materials used for cleanup should be put into plastic bags and immediately into the garbage disposal. Materials used to clean up blood spills should be double bagged, sealed, labeled and brought to the Hospital for immediate disposal.