

CVS POLICY & PROCEDURE MANUAL

Policy Area: Health & Safety

Policy # & Name: 4.5 Prevention

Group: All Staff, Volunteers, Practicum Students

Purpose:

To provide staff with guidelines and procedures ensuring that every possible step is taken to prevent unnecessary harm to themselves and other individuals associated with CVS services as well as CVS assets.

Policy Statement:

Staff members are required to follow safe working procedures and to reduce the risk of exposure to blood/body fluids by properly disposing of sharps and wearing adequate protective equipment when required.

Staff members must follow Standard (Universal) Precautions – see attached guidelines.

Standard Precautions must be reviewed at Orientation and All Staff Meetings at least once a year.

Practice Standards:

- ? All CVS employees will take "**standard precautions**" to protect themselves and others when they come into contact with the blood or body fluids of other people. In addition, the House Supervisor / Program Coordinator or designate will ensure that program staff are orientated and understand the Standard Precaution Procedures and where they are located.
 - ? In the event of an **emerging medical condition**, either illness or injury, all CVS employees who are not medical professionals will not diagnose or wait until the situation is an emergency before they seek the advice of a medical professional. If uncertain of how to respond staff should immediately call their House Supervisor/Program Coordinator, Program Manager or the Executive Director.
 - ? CVS will ensure that **inspections** of all CVS facilities are carried out According to CVS Policy Asset Protection 8.1 by the appropriate authorities ensuring compliance with all statutory regulations.
 - ? All staff must conduct an informal, **visual check** of their work environment at the beginning of the shift. All employees are required to immediately correct or report any unsafe conditions to their immediate supervisor.
 - ? Staff will ensure all **clients are orientated** to the health and safety procedures of the program site they are attending.
 - ? In order to prevent/minimize **violence in the workplace** all staff will ensure Risk Assessments are documented and followed as per the procedures attached.
 - ? Any employees **working alone or in isolation** where there is a real or perceived threat will follow the Working Alone or in Isolation procedures attached.
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CVS POLICY & PROCEDURE MANUAL

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- ? CVS employees must inform clients and those individuals who live with clients and families that our employees “work environment” – which often can be the family home – must be completely **smoke-free** at least an hour before our employees’ arrival. If clients fail to comply, employees are not to enter the site. Employees may not deliver a CVS service in any environment that is not free of tobacco smoke for at least one hour, even if the CVS employee is a smoker.
 - ? Employees must review and be mindful of the **ergonomic** factors outlined in their job description. Site specific policies have been developed to minimize risk of injury, such as appropriate dress; use of mechanical lifts, vehicle check procedures, etc. Staff are to become conversant and comply with these policies at all times.
 - ? All staff must complete the Health and Safety Sign-Off Sheet (H&S 4.4.13) at the beginning of every calendar year. The sign-off sheet must be completed and submitted to the Accounting Department prior to March 31st of each year. The House Supervisor / Program Manager will ensure that staff are given the opportunity to review CVS practices and procedures and will initiate group opportunities to review materials to ensure the most efficient and effective process for all concerned. Our database system will track the completion of the process by all staff members.
 - ? All staff meetings shall have a standing item, “**Health & Safety Issues**” on the agenda. Program Managers receive copies of all meeting minutes and will follow up on these issues as they arise.
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Policy Audit: Annually as per Health & Safety Committee Work Plan

Date Issued: March 2004

Date Revised: May 2006

Position

Responsible: Executive Director, Health & Safety Committee

References:

- ☞ Standard Precaution Procedures (attached)
 - ☞ Hand Washing Guidelines(attached)
 - ☞ Wearing and Removal of Disposable Gloves - Guidelines(attached)
 - ☞ Food Safe Guide(attached)
 - ☞ Ten Easy Steps to Make Safe Food(attached)
 - ☞ Emerging Medical Condition Procedures (attached)
 - ☞ Risk Assessment Procedures (attached)
 - ☞ Working Alone or in Isolation Procedures (attached)
 - ☞ Policy 8.1 – Asset Protection
 - ☞ H&S XXX – Risk Assessment (Assessment of Risk to Staff)
 - ☞ H&S 4.4.13 – Health & Safety Sign-Off Sheet
 - ☞ Employee Job Description
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CVS POLICY & PROCEDURE MANUAL

PREVENTION PROCEDURES

Standard Precaution Procedures

Information

Standard precautions are intended to stop the spread of germs to others.

Most of the time, you can't tell if a person is infected with HIV, Hepatitis B, or any number of other diseases. The best thing to do is treat the blood and body fluids of EVERY PERSON as POTENTIALLY infectious. These potentially infectious body fluids include blood, semen, phlegm, urine, feces and vaginal secretions.

It is important that this information be given to both program staff and participants.

Procedure

Standard precautions have been developed specifically to protect both employees and program participants from becoming infected with organisms, which may be carried in the blood.

All staff must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any individual is anticipated. Gloves must be worn for touching blood and body fluids, mucous membranes or non-intact skin of all individuals, for handling items or surfaces soiled with blood or body fluids. (See attached policy on the wearing of gloves). Gloves do not need to be worn when feeding individuals and/or wiping saliva or tears from the skin.

Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or body fluids. Hands must be washed immediately after gloves are removed. Hands must be washed for general infection control including after the use of the bathroom and prior to contact – see attached guidelines on hand washing.

When wearing gloves for personal care:

- a) Change gloves between contacts.*
- b) Do not wash or disinfect gloves for reuse. Disinfecting agents may cause deterioration.*
- c) Remove and dispose of gloves immediately after contact, and ensure gloves are used only for personal care to safeguard against soiled gloves contaminating the environment.*

1. **Gloves:** Wear latex, vinyl or rubber disposable gloves when handling blood, body fluids, or when cleaning cuts, scrapes or wounds. Wash hands after removing gloves, and dispose of the gloves in a plastic bag. Add gloves to your first aid kit so they are always ready. Gloves are not expensive, and should be on hand at each program site.
2. **Blood and body fluids:** ALWAYS treat as potentially infectious.

CVS POLICY & PROCEDURE MANUAL

3. Clean up spills promptly using absorbent material first, then clean more thoroughly with a disinfectant.
4. **Needle stick injuries:** Go to the Health Unit or hospital emergency department immediately.
5. **Sharp objects:** Place needles and syringes in a sealed puncture-proof container, (preferably one intended for such purposes, however, any plastic or metal container with a lid, such as a coffee can, will also do.) and then place in the garbage. NEVER re-cap, bend or break off used needles.
6. **Personal articles:** Never share toothbrushes or razors, they can transmit small amounts of blood from one user to the next. Dispose of razors carefully. Wrap sanitary napkins before disposing. Handle soiled bedding or clothing cautiously, and wash in hot soapy water with disinfectant.
7. Hand washing is the best single way to prevent the spread of germs from one person to another. Wash hands thoroughly with soap and water.
8. Teach children and adult program participants to NEVER touch discarded needles, syringes or condoms, and to tell an adult or program staff person about them immediately.
9. Use a pair of tongs or pliers, or a pair of work gloves (sturdy cloth, canvas or leather) to pick up these items.
10. Discard condoms in a plastic bag.
11. When you have finished, wash your hands thoroughly with soap and water. While the risk of infection from used condoms and syringes is very low, it is best to limit this risk as much as possible. It is important to help children understand how important these necessary precautions are.

What Should You Do If You Accidentally Prick Yourself With a Dirty Needle?

1. If possible, put the pricked area low to the ground to promote bleeding.
2. Rinse with a disinfectant and then wash the area well with soap and water.
3. Call the local Health Unit or hospital emergency department immediately.

REMEMBER-ALL BLOOD AND BODY FLUIDS ARE POTENTIALLY INFECTIOUS.

Additionally – Always wash hands:

- ? before preparing food
- ? before mealtimes
- ? before breast feeding
- ? after toileting or diapering
- ? before and after providing first aid
- ? after handling blood or body fluids

Cover your mouth when you cough or sneeze, then wash your hands. Don't pass your germs on to others.

Teach others, particularly children, about healthy behaviour and potential risks and how to deal with them safely.

CVS POLICY & PROCEDURE MANUAL

FOOD PREPARATION:

Staff, participants and volunteers who are regularly involved in the preparation and/or handling of food are to report all incidence of illness, particularly those involving digestive upsets (e.g. Diarrhoea, vomiting, nausea, or infections), to their immediate supervisor. See attached Food Safe Guidelines.

Two staff members must complete a "Food Safe" program – one member representing Residential Program and one member representing Day Program. These two individuals are responsible for keeping the policy up to date and acting as liaison with all staff who is involved in food preparation. Food Safe Guidelines must be reviewed during Orientation and at All Staff Meetings at least once a year.

PERSONAL HYGIENE:

All staff, participants and volunteers must observe general rules of hygiene and maintain a high level of personal cleanliness.

See Policy __ "Personal Appearance".

HOUSEKEEPING:

All solutions used for cleaning must be stored in containers that are properly labelled with the name of the product and the concentration. The label must also include any directions for dilution, what the product is used for and how to use it. If dilution is required than a measuring device must be included with the product.

Emerging Medical Condition

Policy

Any illness or injury must be attended by a medical professional. CVS staff, who are not medical professionals, will not diagnose or wait until the situation is an emergency before seeking the advice of a medical professional. If uncertain how to respond staff should immediately call their immediate supervisor, Program Manager or the Executive Director.

Procedure

- 1) At the earliest indication of an emerging medical condition for a client in a CVS day program, contact the residential caregiver or family. If no response, continue following this policy until family or caregivers assume responsibility. Residential Services staff are responsible to respond immediately and follow through, contacting family as per 2) d or 3) d) below.

Seek professional advice as follows:

- a) Call the person's doctor, or

CVS POLICY & PROCEDURE MANUAL

- b) Call the hospital for the "on-call doctor", or Weekdays, call the HSCL Nurse at 604 777 7321 (Coquitlam).
- 2) Once the situation is under control (i.e., the person is in no immediate danger and a follow-through plan has been established) call and advise:
 - a) House Supervisor / Program Coordinator; or
 - b) Program Manager, or
 - c) Executive Director, and
 - d) Family / Caregiver.
- 3) If the medical emergency escalates and hospital admittance is required, call an ambulance or transport individual to hospital. When the situation is stable and you are able, call:
 - a) House Supervisor / Program Coordinator; or
 - b) Program Manager, or
 - c) Executive Director, and Family / Caregiver
 - d) The individual's social worker/facilitator at 604 933 2000 Coquitlam or 604 501 3139 Surrey.

Help line for children Dial 0 ask for ZENITH 1234

- 4) If the House Supervisor / Program Coordinator, or Program Manager or Executive Director are not available, working staff assumes full responsibility to monitor the situation and follow through appropriately (Please refer to "CVS Staff Role in Supporting Individuals with Health Care Consent"). This responsibility is transferred at shift change.

Preventing Violence In The Workplace

Risk Assessments

The Worker's Compensation Board regulations require that CVS conduct a "risk assessment" to determine if there is "a risk of injury to workers from violence arising out of their employment". "Violence" is defined as "the physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that the worker is at risk of injury".

All risk assessments will be documented on the "Risk Assessment - Assessment of Risk to Staff" (H&S 4.5.A) and will be completed by the Coordinator or House Supervisor, or designate. Employee input is essential. Staff meetings are the ideal time to gather input and complete this assessment.

The primary purpose of the risk assessment is to identify risks or potential risks to staff associated with individual clients (see Risk Assessment binder) so that appropriate training and planning can take place. In addition, the document will contain strategies which will help to minimize or eliminate the risk whenever possible.

After completion of the risk assessment form, steps must be taken to reduce or eliminate the risk to employees, or where this is not possible, to reduce the inherent risks that exist in this field of work.

CVS POLICY & PROCEDURE MANUAL

The Risk Assessment – Assessment of Risk to Staff is meant to be a supportive document that will provide an overview or summary of risks or potential risks that exist in the program. It is essential that behaviour plans, assessments, progress notes and other documents also be read to provide detailed information for employees.

A copy of the Risk Assessment – Assessment of Risk to Staff will be maintained in the program. If the client attends more than one CVS service, each service shall develop a risk assessment if necessary. All regular and relief employees at that site must read and sign the assessment annually.

The risk assessment document shall be reviewed annually to ensure the information is current and/or relevant by the keyworker and/or Program Coordinator/House Supervisor.

Intervention

Immediate Action

If a critical incident occurs the employee should secure the safety of themselves and other program participants. She / he should act in accordance with the appropriate behavioural guidelines and emergency procedure.

Immediate Assistance

Each program will keep a list of telephone numbers for immediate assistance available for quick reference. Such lists will vary as appropriate assistance will be specific to that program.

Immediate Reporting

All critical incidents must be reported to the appropriate people as soon as possible. Please refer to Critical/Internal Incident Reporting Policy, Section 5.11.

Follow-Up

Defusing and Debriefing

Please refer to Behaviour Management Techniques and guidelines (RES 9.14) for defusing.

Co-workers, House Supervisors/Program Coordinators and Program Managers should check in with employees who have been involved in violence to give them support as required.

Accident Investigation

All incidents involving violence in which an employee or participant / resident is physically injured must be investigated by the Joint Health & Safety Committee Incident Investigation team.

Review Behaviour Plan and Risk Assessment

Following an incident of violence, the staff team should review the incident in order to determine if alterations to the Behaviour Plan and Risk Assessment are necessary and/or if additional support is needed; i.e., training, additional staffing, etc.

CVS POLICY & PROCEDURE MANUAL

Working Alone Or In Isolation

CVS's analysis of employees working alone or in isolation under conditions which present risk of a disabling injury (if the employee might not be able to secure assistance) resulted in identifying risk in the following areas:

- ? There are employees who work with a potentially aggressive client or family member. In these circumstances:
 - o When an employee who normally works alone is assigned work which includes contact with a client or family member, which in the employee's assessment has the potential to act in a threatening or aggressive manner, the employee will contact his / her supervisor or coordinator and make arrangements for a second worker to accompany him / her.
 - o When an employee who works alone in a residential setting is confronted with circumstances that in his/her opinion could result in escalating behaviour of a client, the employee will immediately call another member of the staff team using the staff list or emergency list if no line staff can be reached, and alert the staff that back-up may be required.
 - o The employee will follow behaviour management policy protocols explicitly.
 - o The employee will phone the back-up at fifteen minute intervals until the escalation is under control.
 - o If, in the staff's opinion, the escalation is mounting, he/she is authorized to ask the back-up staff to attend the site. Authorization to be called in when the situation is under control.
 - o If the employee fails to call the back-up in fifteen minute intervals until the situation is under control, the back-up will call the residence to ensure the safety of the employee and the residents.
 - o If required, the back-up will implement emergency procedures.
- ? Employees who are accompanying a client or clients on a recreational activity such as hiking, boating, camping, etc. In these circumstances:
 - o The employee will submit to the supervisor, coordinator or program manager the activity, destination and estimated time of arrival at the end of the activity.

CVS POLICY & PROCEDURE MANUAL

APPENDIX

Ministry of Health Planning
Health File #59, July 2001

Ten Easy Steps to Make Safe Food

Why worry?

It is estimated that hundreds of British Columbians get sick from food poisoning every day. The symptoms of food poisoning (stomach cramps, nausea, vomiting, diarrhea...) are very unpleasant, but usually go away after one to three days.

However, serious cases of food poisoning can result in prolonged sickness and even death. All of these illnesses and deaths can be prevented by following ten simple safety rules...

Cook it!

Many foods may contain harmful bacteria, viruses and parasites. Meats, poultry, fish and eggs are the worst offenders. Casseroles, pies, stews etc. made with these foods are also potentially dangerous. You should make sure these types of food are properly cooked before you eat them.

Steaks, fish fillets and eggs are cooked when they reach a minimum of 63° C (145° F); pork and ground fish/meat are cooked when they reach 68° C (155° F); poultry, field dressed wild game, and stuffed meats are cooked when they reach 74° C (165° F).

Some oven thermostats are inaccurate, so you should use a meat thermometer (stuck into the deepest part of the food, but not touching a bone) to make sure the proper cooking temperature has been reached.

Cool it!

Improper cooling is one of the leading causes of food poisoning.

Don't leave food to cool on the counter for longer than 2 hours. If you're going to save cooked foods, separate large items, such as roasts or soups, into portions no more than 3 inches thick and place in the refrigerator or freezer within 2 hours.

Reheating food

Not all harmful bacteria are killed by cooking. After cooking, these remaining bacteria can grow rapidly both when the food is cooling and when it is being re-heated. Further, the food may be re-contaminated after cooking. Therefore, food should reach at least 74° C (165° F) when you re-heat it. Again, make sure this temperature is reached by using a meat thermometer.

Do not reheat your leftovers more than once!

CVS POLICY & PROCEDURE MANUAL

Microwave cooking

Microwave cooking is fast but the heat distribution is uneven. Therefore, microwaved foods need to be heated at least 14° C (25° F) higher than that recommended for conventional heating. Further, microwaved foods need to be covered, stirred or rotated at least once midway through cooking to improve heat distribution. Food reheated in microwave ovens should reach 88° C (190° F) and be allowed to stand covered for two minutes after heating.

Avoid the danger zone!

Harmful bacteria can grow rapidly between 4° C (40° F) and 60° C (140° F). Therefore, potentially hazardous foods (e.g. meat, poultry, dairy products, eggs) must be kept hotter than 60° C (140° F) or colder than 4° C (40° F).

Don't leave food to thaw on the counter. Always defrost foods in the refrigerator, under cold running water, or in the microwave.

Protect your foods

Whether shopping for fresh food, preparing a meal, or storing leftovers in the refrigerator or freezer, you should make sure that ready-to-eat foods are protected from contamination. Wrap raw meats at the store so they don't drip on your other foods. Transport and refrigerate your perishable food as quickly as possible to limit the growth time for harmful bacteria. Cover or wrap ready-to-eat foods and store them in the fridge **above** uncooked foods and remember, **always** read the label for storage directions (i.e. keep refrigerated, keep frozen or best before dates).

Wash your hands

Harmful bacteria can be found everywhere! They can be picked up, for example, by petting the dog, handling the pet turtle, changing diapers or preparing raw foods, especially meats and poultry. Even healthy people can carry harmful bacteria and viruses. Proper hand washing practices are essential after using the washroom, before putting anything in your mouth, and before handling food, particularly ready-to-eat food.

Hand washing includes vigorous rubbing of soaped hands for at least 20 seconds with particular attention to the areas under the finger nails and between the fingers.

Wash and sanitize food contact surfaces

Many cases of food poisoning are caused when ready-to-eat foods are accidentally contaminated by using the same utensil to prepare raw meat and ready-to-eat foods or when ready-to-eat foods are placed on a cutting board or plate that has been used for cutting or carrying raw meat. Cutting boards, plates and utensils must always be washed and sanitized immediately before ready-to-eat foods are placed on them.

And don't forget those dishcloths! Because they are warm and damp they are ideal breeding grounds for bacteria. They are often used to wipe contaminated surfaces, and then used to wipe other surfaces. This spreads harmful bacteria to areas where ready-to-eat foods are placed. Dishcloths must be well washed and sanitized between uses.

CVS POLICY & PROCEDURE MANUAL

You can make a sanitizing solution by mixing 1/2 ounce (1 tablespoon) of 6% household bleach into one gallon of water, or a teaspoon of 6% bleach into a litre of water.

Always wash fresh fruit and vegetables

Fresh fruits and vegetables, such as melons and lettuce, have also caused food borne illness outbreaks. They can become contaminated by irrigation waters, soil, and unsanitary processing methods.

Always wash fresh fruits and vegetables thoroughly. Pay particular attention to fruits and vegetables that will be served raw, and fruits that do not have their peel removed before eating. Contamination on the outside of rind fruits (like watermelon, cantaloupe, and honeydew melon) can be transferred to the inside of cut fruit by the cutting knife. Refrigeration of melons after cutting is highly recommended.

Exclude sick people

Harmful bacteria and viruses can be spread from food handlers to the food they are preparing. Some of these (e.g. Salmonella, Hepatitis A, E. coli) are then passed on to people who eat the food and get sick. Therefore, any person who has symptoms of diarrhea or vomiting, or has infected cuts or sores, should not be allowed to handle food in any way.

If in doubt, Throw it out!

Finally, don't take chances with your food. Remember foods that are contaminated may not look or smell bad so **If In Doubt, Throw It Out!**

If you have any questions about proper food handling, please contact the Environmental Health Officer at your local public health office.

CVS POLICY & PROCEDURE MANUAL

Ministry of Health Planning,
Health File #29, Summer 2000

Standard Precautions

What are "Standard Precautions"?

"Standard precautions" are steps we should take to protect ourselves when we come into contact with the blood or body fluids of other people. Standard precautions are intended to stop the spread of germs to others.

Most of the time, you can't tell if a person is infected with AIDS, hepatitis B, hepatitis C, or any number of other diseases. The best thing to do is treat the blood and body fluids of **EVERY PERSON** as **POTENTIALLY** infectious. These potentially infectious body fluids include blood, semen, and vaginal secretions.

The basics of standard precautions

Blood and body fluids - ALWAYS treat as potentially infectious. Clean up spills promptly using absorbent material first, and then clean more thoroughly with a disinfectant like household bleach.

Gloves - wear latex, vinyl or rubber disposable gloves when handling blood, body fluids, or when cleaning cuts, scrapes or wounds. Wash hands after removing gloves, and dispose of the gloves in a plastic bag. Add gloves to your first aid kit so they are always ready. They are not expensive, and can be bought at any drugstore.

Needle stick Injuries - go to the nearest Health Unit or hospital emergency department immediately for treatment assessment.

Sharp Objects - place needles and syringes in a safe container. **Never re-cap, bend or break off used needles!** Place them in a sealed puncture-proof metal or plastic container with a lid, such as an empty coffee tin and then place in the garbage.

Personal Articles - never share toothbrushes or razors. They can transmit small amounts of blood from one user to the next. Dispose of razors carefully. Wrap sanitary napkins before disposing. Handle bloody bedding or clothing cautiously, and wash in hot soapy water.

Hand washing is the best single way to prevent the spread of germs from one person to another. Wash hands thoroughly with soap and water for at least 15 to 20 seconds.

Always Wash Hands:

- ? before preparing food
- ? before mealtimes
- ? before breastfeeding, and
- ? after toileting or diapering
- ? before and after providing first aid
- ? after handling blood or body fluids

CVS POLICY & PROCEDURE MANUAL

Cover your mouth when you cough or sneeze, then wash your hands. Don't pass *your* germs on to others.

Teach others - particularly children about healthy behaviour and potential risks and how to deal with them safely.

How can you keep yourself safe?

Blood splashed on your skin may cause infection by getting into cuts, nicks, or raw chapped areas. Protect yourself by wearing gloves if you are exposed to blood or certain other body fluids. For example, if you help someone who has a bleeding nose you should wear vinyl or latex disposable gloves to protect your skin. If this is not possible, continue to help the person and then wash immediately afterwards.

Gloves are not necessarily required if you come into contact with urine, feces, nasal secretions, saliva, or vomit, **UNLESS** you can see blood in it. However, in some situations you may prefer to wear gloves.

Remember, it is always important to wash your hands carefully after touching any body fluids, even if you have worn gloves.

How can you safely clean up spills of blood or other body fluids?

1. Protect yourself by wearing disposable vinyl or latex or rubber gloves. If there is a risk of splashing use protective eye wear.
2. Use disposable absorbent material such as paper towels to remove most of the spill. Place these in a plastic bag and deposit in the garbage.
3. Wipe the floor, or any contaminated surfaces with a disinfectant solution. This can be easily made by mixing one part household bleach to ten parts of water. This type of bleach solution should be freshly made up or it may lose its strength. For carpets or upholstery that may be damaged by bleach, other household germicides or disinfectant agents can be used. Soak mops or brushes that have been used for cleaning in a disinfectant for 20 minutes.
4. When you are finished wash your hands thoroughly with soap and water.

What should you do if you find a used syringe or condom?

A needle that someone else has used contains a small amount of their blood which may carry the AIDS or hepatitis B virus. Used condoms can also contain infectious body fluids.

Teach children **NEVER** to touch needles, syringes or condoms, and to tell an adult about them immediately.

If you find a used syringe or condom -- especially in a park, school or play ground -- it is important to dispose of them promptly and carefully.

1. Use a pair of tongs or pliers, or a pair of sturdy gloves to pick up these items.
2. Discard condoms in a plastic bag.
3. Discard syringes or needles in a puncture-proof container, preferably one intended for such purposes. Any plastic or metal container with a lid, such as a coffee can, will also do.
4. When you have finished wash your hands carefully with soap and water.

While the risk of infection from used condoms and syringes is very low, it is best to limit this risk as much as possible. It is important to help children understand how important these necessary precautions are.

CVS POLICY & PROCEDURE MANUAL

What should you do if you accidentally prick yourself with dirty needle?

- ? If possible, put the pricked area low to the ground to promote bleeding.
- ? Wash the area well with soap and water.
- ? Call the nearest local health unit or hospital Emergency Department immediately for treatment assessment.

REMEMBER - ALL BLOOD AND BODY FLUIDS ARE POTENTIALLY INFECTIOUS.

For further information contact your local public health office or your family doctor.

CVS POLICY & PROCEDURE MANUAL

HAND WASHING GUIDELINES

How do I properly wash my hands?

For effective hand washing, follow these steps:

- ? remove any rings or other jewelry,
- ? use hot water and wet your hands thoroughly,
- ? use soap (1-3 mL) and lather very well,
- ? scrub your hands, between your fingers, wrists, and forearms with soap for 10 seconds,
- ? scrub under your nails,
- ? rinse thoroughly,
- ? turn off the taps/faucets with a paper towel,
- ? dry your hands with a single use towel or hot air dryer,
- ? Protect your hands from touching dirty surfaces as you leave the bathroom.

What about antibacterial soaps and waterless hand scrubs?

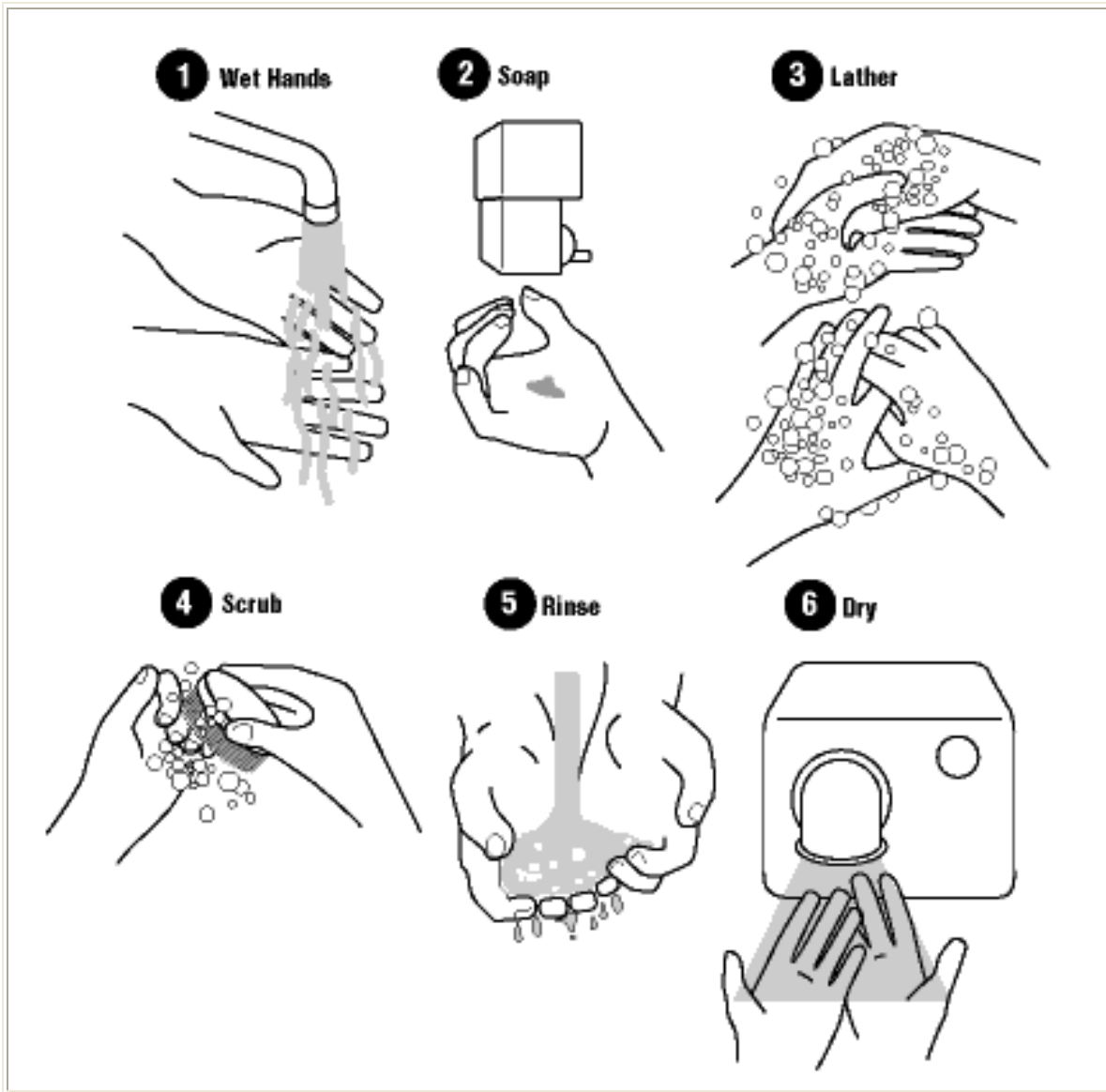
While it is true that regular soap and water does not actually kill microorganisms (they create a slippery surface that allows the organisms to "slide off"), antibacterial soaps are typically considered to be "overkill" for most purposes. The exception may be in a hospital where special situations are present (e.g., before invasive procedures, when caring for severely immuno-compromised patients, critical care areas, intensive care nurseries, etc.). Antibacterial agents should be chosen carefully based on their active ingredients and characteristics, and when persistent antimicrobial activity on the hands is desired.

When there is no soap or water available, one alternative is to use waterless hand scrubs. These products are made of ethyl alcohol mixed with emollients (skin softeners) and other agents. They are often available as a rinse, or on wipes or towelettes. They can be used by paramedics, home care attendants, or other mobile workers where hand washing facilities are not available. However, these agents are not effective when the hands are heavily contaminated with dirt, blood, or other organic materials. In addition, waterless hand scrubs may have a drying effect on the skin and may have odours which may be irritating to some users.

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CVS POLICY & PROCEDURE MANUAL

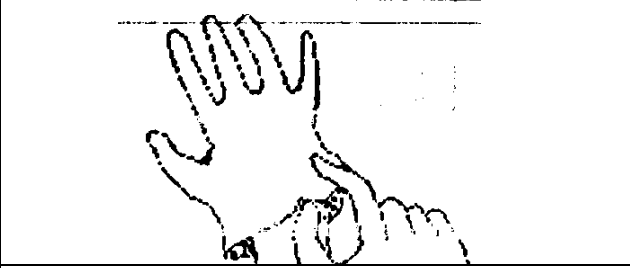

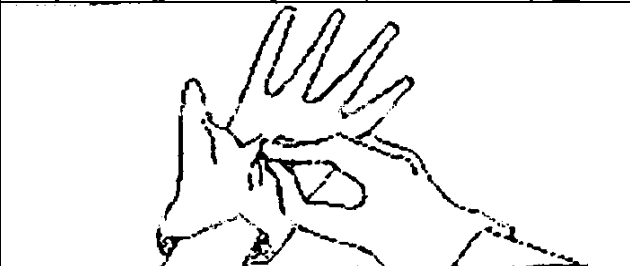
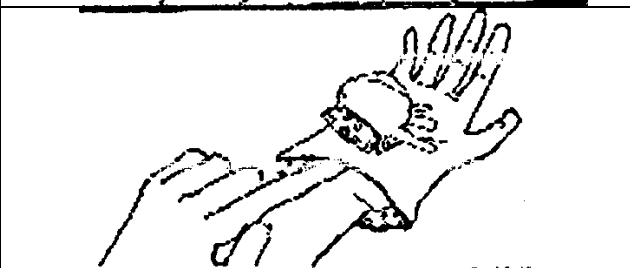
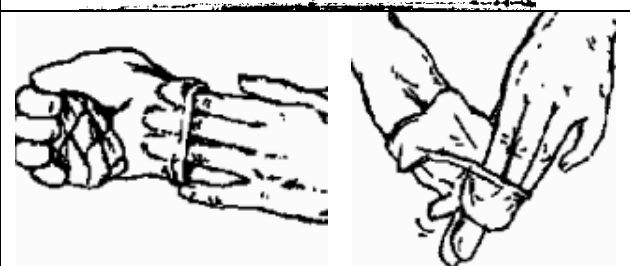



Other tips include:

- ? Cover cuts with bandages and wear gloves for added protection (cuts are very vulnerable to infections).
- ? Artificial nails and chipped nail polish have been associated with an increase in the number of bacteria on the fingernails. Be sure to clean the nails properly.
- ? Keep your hands away from your eyes, nose or mouth.
- ? Assume that contact with any human body fluids is infectious.
- ? Liquid soap in disposable containers is best. If using reusable containers, they should be washed and dried before refilling. If using a bar of soap, be sure to set it on a rack that allows water to drain or use small bars that can be changed frequently.

CVS POLICY & PROCEDURE MANUAL

WEARING AND REMOVAL OF DISPOSABLE GLOVES – GUIDELINES

| | |
|---|--|
|  | Put on a clean pair of gloves. |
|  | Provide the appropriate care. |
|  | Remove each glove carefully. Grab the first glove at the palm and strip the glove off. <i>Touch dirty surfaces only to dirty surfaces.</i> |
|  | Ball up the dirty glove in the palm of the other gloved hand. |
|  | With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. <i>Touch clean surfaces only to clean surfaces.</i> |
|  | Discard the dirty gloves immediately in a step can. Wash your hands. |