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## **INFECTION CONTROL POLICY AND PROCEDURES**

Community Living-Central Huron is committed to providing employees and volunteers with a safe and healthy workplace. This will be accomplished by focusing attention on the overall wellness, proper hygiene practices and education of employees and volunteers about the risks and best practices related to infection control in the workplace and ways to avoid them. All employees and volunteers are expected to actively support this policy and its procedures; non-compliance with the Infection Control Policy and Procedures is subject to discipline, up to and including dismissal.

### Definitions:

Acute respiratory infection (ARI): any new onset acute respiratory infection that could potentially be spread by the droplet route, which presents with symptoms of a new or worsening cough or shortness of breath and often fever.

Aerosol-generating medical procedure (AGMP): a medical procedure that generates droplets/aerosols which may expose staff to respiratory pathogens and are considered to be potential risk for staff and others in the area. A N95 mask would be required to be worn by Staff or others when the procedure is active and when cleaning aerosol generated medical procedure equipment.

Bodily Fluids: include blood, semen, vaginal secretions, oral/respiratory secretions, sputum, urine, feces, wound drainage and any other moist body discharge.

Cohorting: the assignment of a geographic area, such as a room, to two or more people who are either colonized or infected with the same microorganism, with staffing assignments restricted to the cohorted group of people infected.

Contamination: the presence of an infectious agent on hands or on a surface.

Direct and Indirect Disease Transmission: contact transmission is the most common form of transmitting diseases and infection. Direct contact is when there is physical contact between the infected person and healthy person, via blood, bodily fluids; examples kissing, sexual contact, contact with oral secretions, body lesions. Indirect contact is when the infected person coughs, sending infectious droplets into the air; the healthy person then inhales the infectious droplets or the droplets land directly in their eyes, nose or mouth, or the person touches a surface where the infectious droplets have landed. Droplets generally travel between three and six feet; and when they land on commonly used objects (i.e. tables, doorknobs, telephones), and healthy people touch the contaminated object with their hands, eyes, nose, mouth they can become infected.

Disinfection: the inactivation of disease-producing microorganisms.

Exposure: when encountering a disease causative pathogen. This is necessary for infection or transmission to take place. However, it is not necessarily the case that infection or transmission occur. Contact with broken skin, eyes, nose, mouth, other mucous membranes, a percutaneous (through the skin) injury with a contaminated sharp, or contact with an infectious agent.

Fit Testing: is a mandatory test that is conducted to ensure the seal between the respirator mask and the person's face is a tight seal to provide protection from air borne contaminants.

Health Hazard: any real or potential condition, practice, behaviour, act or thing that can cause injury, illness or death. They can be chemical, physical or biological factors in our environment that can have negative impacts on our short-term or long-term health. Exposure can occur through touch, inhalation and ingestion.

Incubation Period: Represents the time period between the occurrence of infection (or transmission) and the onset of disease symptoms.

Infection: the invasion and multiplication of microorganisms such as bacteria, viruses and parasites that are not normally present within the body. An infection may show no symptoms, or symptoms may be apparent; an infection can remain localized or it may spread throughout the body.

Infection Prevention and Control Practices (IPAC): evidenced-based procedures and practices that, when applied consistently can prevent or reduce the risk of transmission of microorganisms and eliminate sources of potential infections.

IPAC Personal Risk Assessment: is a thought process Staff engage in before each and every interaction with people they are supporting and/or his or her environment. This is necessary to determine which interventions are required to help prevent the transmission of infection. Interventions include hand hygiene, sharps disposal and the use of personal protective equipment (PPE) to help reduce the risk of transmission of microorganisms to and from others.

Mucus Membranes: a membrane lining all body passages that come in contact with air, such as respiratory and digestive tracts and having cells and/or glands that secrete mucus. (i.e. nostrils, lips, mouth, eyes).

Personal Protective Equipment: clothing and equipment designed to protect an individual from infection or injury; for the purposes of this policy, it may be disposable gloves, alcohol-based hand sanitizer with 70-90 % alcohol, masks, eye wear (goggles, glasses), gown or apron to cover clothing, etc.

Physical Distancing: maintaining a distance of 2 meters/6 feet from others.

Public Health Ontario: the operating name for the Ontario Agency for Health Protection and Promotion (OAHPP).

Respiratory Etiquette: personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g covering the mouth when coughing, care when disposing of tissues, sneezing into your elbow).

Respirator Mask: a personal protective device that is worn on the face and covers the nose and mouth to reduce the wearer's risk of inhaling airborne particles.

Risk: a chance of injury or loss.

Routine practices: are a set of infection control strategies and standards designed to protect people from exposure to potential sources of infectious diseases. Routine practices are based on the premise that all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items are potentially infectious. Routine practices are a combination of universal precautions and body substance isolation. Compared to universal precautions, routine practices have a much bigger scope and aim to protect against the transmission of all microorganisms through contact.

Surveillance: the systemic ongoing collection, collation and analysis of data with timely dissemination of information to those who require it in order to take action.

Universal Precautions: refers to a set of strategies developed to prevent the transmission of blood borne pathogens. The focus of universal precautions is on blood and selected body fluids, such as cerebrospinal fluid, pleural fluid and amniotic fluid.

### Modes of Transmission:

1. **Contact**: is the most common route of transmission of infectious agents. There are two types of contact transmission:
  - direct: occurs through touching; and
  - indirect: contact occurs when microorganisms are transferred via contaminated objects.

Contact transmission is controlled by: hand hygiene; Personal Protective Equipment (PPE); environmental cleaning; physical distancing; possible isolation if advised by Health Care Professionals. PPE consideration for direct care (based on possible exposure to infection, contact with mucous membranes, non-intact skin, blood and body fluids) are: face masks, eye protection, gloves, gowns and hand hygiene after removing PPE.

It is important to educate the people you are supporting by explaining the reasons for the additional precautions (e.g IPAC measures), encourage and assist the person supported to clean their hands regularly, encourage and assist the person supported to maintain good hygiene. discourage use of common dining/kitchen area if person supported is experiencing infection symptoms, such as, vomiting or diarrhea and encourage physical distancing.

To help prevent the spread of infection, it is important to designate the care of equipment and personal hygiene products for infected person, disinfect high frequency and shared surfaces at a minimum of two (2x) times daily, clean and disinfect all surfaces when visibly dirty, avoid sharing of towels and wash them after a maximum usage of three (3x) times, clean and disinfect vehicles before and after each use.

2. **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 (usually not more than 2 metres/6 feet) and may enter the membranes of another person, ie. eyes, nose or mouth or fall onto surfaces. 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.

Droplet transmission is controlled by: hand hygiene, respiratory etiquette, maintaining physical distancing, use of appropriate PPE and possible isolation as advised by a Health Care Professional. PPE required for direct care is fluid resistant procedure/surgical mask (if you are within two meters/6 feet of the infected person), protective eye wear (if you are within two meters/6 feet of the infected person), proper hand hygiene after removing PPE.

Note: There may be situations where Staff are required to wear PPE at all times, as per Public Health and/or relevant Ministry requirements.

Droplet transmission is controlled by: proper hand hygiene and respiratory etiquette, maintaining physical distancing, use of appropriate PPE and possible isolation as advised by Health Care Professional. PPE required for direct care is fluid resistant procedure/surgical mask (if you are within two meters/6 feet of the infected person), protective eye wear (if you are within two meters/6 feet of the infected person), proper hand hygiene after removing PPE.

Note: There may be situations where staff, volunteers, student placements are required to wear PPE at all times, as per Public Health and/or relevant Ministry requirements.

It is important to educate the people you are supporting by explaining the reason for additional precautions, encourage and assist the person supported to clean their hands regularly and to put on a mask if they can't maintain 2 metre/ 6 feet separation, encourage and assist the person supported with respiratory etiquette practices, encourage and assist the person supported to maintain 2 metre /6 feet separation from other people supported if cough and symptoms of fever are present.

To prevent the spread of transmission of droplets, it is important to designate the care equipment and personal hygiene products for infected person, if using a common bathroom area, it must be cleaned and disinfected between use, documentation (date/time/initials) of daily routine cleaning and it may be necessary to isolate the infected person in their bedroom or other area as directed by Medical Professional/Health Unit.

3. 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 from the source. Control of airborne transmission requires control of air flow through special ventilation systems and the use of respirators.

Airborne transmission is controlled by: proper hand hygiene, use of PPE, control of air flow, possible isolation if advised by Health Care Professional and sanitizing potentially contaminated equipment, shared surfaces (where droplets may have landed). PPE required for direct care includes: fit-tested N95 respirator for care of persons with airborne infections or ability to spread airborne infections (e.g aerosol generated medical procedures), other PPE as needed, hand hygiene after removing PPE

It is important to educate the people you are supporting and explain the reasons for the additional precautions and to encourage the person supported not to leave their room.

To prevent the spread of airborne infections, the following can occur: immunization, early identification of potential cases, prompt isolation, using fit-tested, seal checked N95

respirator and a daily routine of cleaning and sanitizing of equipment.

4. Additional Modes of Transmission: additional modes of transmission include a common source (e.g. contaminated food), vector (e.g. insects carrying disease) and parenteral (e.g. needle stick injuries)

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

#### Hazard Control Measures:

The following hierarchy of hazard controls is a widely used system to minimize or eliminate exposure to hazards. The hazard controls are listed in the order of decreasing effectiveness.

#### Most Effective to Least Effective:

- ▼ Eliminate the hazard: This removes the task, equipment, chemical, or act that is causing the hazard. For COVID-19, this means eliminating any chance for person to person or surface contact.
- ▼ Substitution: Replace the work process, person, substance, tool or equipment with a less hazardous one.
- ▼ Engineering: Design the work site, equipment, or process to minimize exposure to the hazard.
- ▼ Administration: Use safe work practices to limit exposure to the hazard.
- ▼ Personal Protective Equipment: The last resort to protect people exposure to a hazard.

#### Infection Prevention and Control Practices (IPAC)/Personal Risk Assessment:

An IPAC personal risk assessment shall occur prior to performing personal care and/or coming within 2 metres/ 6 feet to determine the appropriate prevention and control measures from the transmission of microorganisms (e.g from sprays of blood, body fluids, respiratory tract or other secretions or excretions, contamination from needles or other sharps). To prevent the spread of infections, the following practices must be followed:

- evaluate the likelihood of exposure to blood, body fluids or airborne secretions and choose the appropriate actions needed to minimize the risk of exposure to infectious agents (e.g physical distancing, PPE);
- practice frequent hand hygiene by washing hands vigorously with warm, soapy water for a minimum of 20 seconds for occasions, such as: before and after contact when supporting people; after using the washroom; before and after preparing meals; after touching shared surfaces; when donning and doffing PPE;
- ensure respiratory etiquette is followed by coughing, sneezing into your sleeve or elbow;
- use of alcohol based hand sanitizers (70% alcohol) only when hand washing isn't possible;
- remove PPE after each and every exposure when supporting people;
- use of personal protective equipment, as appropriate (e.g masks, gloves, eye protection, gown) when exposure to microorganisms are possible (e.g possible exposure to mucous membranes, non-intact skin, blood, body fluids, contaminated items);
- proper handling and disposal of sharps; obtaining clear instructions and training specific

- to the person supported and disposal of sharps in approved “Sharps Container”;
- regular disinfecting and sanitizing of shared surfaces (e.g doorknobs, handrails, computer keyboards, counters, telephones);
- avoid touching face with hands.

Goals and Objectives:

The goal of this Policy is to increase and maintain awareness and education of infection prevention and control for all employees, volunteers and student placements; prevention and control of infection will be the primary focus. Further objectives are to reduce the number of injuries/illness and to comply with Occupational Health & Safety Act. This will be accomplished through a participatory program by the Board of Directors, Management Staff, all support workers, volunteers, student placements and the Committee of Location Health and Safety Representatives.

Roles and Responsibilities:

As with all matters relating to health and safety, responsibilities are shared among the workplace parties (Internal Responsibility System), more specifically:

Employer (Sections 25 and 26, Occupational Health & Safety Act):

The Employer will:

- abide by the Occupational Health & Safety Act;
- provide awareness and education materials to all workers, volunteers and student placements to aid in the prevention of infection;
- provide as appropriate all necessary personal protective equipment;
- monitor all employees, volunteers and student placements to ensure they are using safe work practices;
- improve its knowledge of measures to reduce incidents of infection in all work locations;
- review statistics quarterly with the Committee of Location Health and Safety Representatives, to identify work areas with incidents of infection; education of such and a means to reduce any potential injuries;
- determine, in consultation with health care professionals, what medical requirements (e.g. medical exam) and testing (e.g. TB testing) may be required for staff to undertake when working with individuals supported;
- develop a training program to include education on IPAC measures to heighten awareness of staff, volunteers and student placements of infectious diseases and their mode of transmission, concepts of Routine Practices, safe management of sharps (if applicable), appropriate use of PPE and other equipment (as appropriate), cleaning and disinfecting, risk assessment;
- provide engineering controls, as required, at Agency locations (e.g. well maintained heating, ventilation and air conditioning systems; barriers);
- develop protocols in the event of staff, volunteers, student placements and people supported are exposed;
- develop and maintain an Outbreak Management Procedure;
- communicate relevant legislation, MCCSS and Public Health Ontario directives to Supervisors and Employees;
- report illness/infection of staff, volunteers, student placements and people supported, as required (e.g. WSIB, MCCSS, Public Health, Ministry of Education, Ministry of Training, Colleges and Universities and any other relevant partners).

Supervisor (Section 27, Occupational Health & Safety Act):

The Supervisor will:

- abide by the Occupational Health & Safety Act;
- ensure all employees, volunteers and student placements perform their tasks in a safe manner through regular audits of use of personal protective equipment, proper hygiene practices and related procedures and making corrections as necessary;
- take every reasonable precaution to protect workers, volunteers and student placements;
- educate employees, volunteers and student placements on the hazards and provide written measures and procedures as required;
- lead by example (e.g. always direct and perform work in a safe manner themselves);
- provide personal protective equipment;
- seek information from approved health care professionals regarding specific infectious control matters and convey such information to other staff, volunteers and student placements (e.g. recommended clean-up for blood spills);
- communicate medical and testing requirements to staff, volunteers and student placements;
- implement training/education programs pertaining to infection prevention and control;
- investigate incidents of exposure to prevent recurrence;
- develop action plans to eliminate, control or reduce incidents of exposure and potential transmission of infection; and
- complete MCCSS Serious Occurrence Reporting, Workplace Safety & Insurance Board documentation and Agency Incident Report Forms as required for illnesses, infections, isolation.

Location Health and Safety Committee Representatives:

Location Health and Safety Committee Representatives will:

- abide by the Occupational Health & Safety Act;
- regularly inspect the workplace, use of personal protective equipment and proper hygiene practices to ensure a safe and healthy environment and involve workers, as needed with inspections;
- be trained on Agency infection control and prevention standards and procedures;
- make recommendations to the Employer on how to eliminate, control or reduce hazards or risks that increase the likelihood for infection of employees, volunteers and student placements;
- contribute to action plans to eliminate, control or reduce incidents of exposure and potential transmission of infection; and
- participate in regularly scheduled meetings of the Committee of Location Health and Safety Representatives.

Workers (Sections 28, Occupational Health & Safety Act):

Workers will:

- abide by the Occupational Health & Safety Act;
- ensure that safe work practices include prevention and protections of infections, proper use of personal protective equipment, proper hygiene practices; ensuring shared spaces are disinfected/sanitized, including properly using all equipment provided by the Employer;
- report in writing in a timely matter to their Supervisor anything that may be a hazard or risk factor that could cause or contribute to infections;
- take part, when requested, in a workplace inspection to advise of any infectious hazards or risks;
- participate in education sessions and comply with safe work procedures;
- abide by medical and testing requirements, as determined by the Employer;
- conduct ongoing risk assessments for tasks performed to determine appropriate course of action (e.g. identify hazard, activate hazard measures hierarchy);

- report to their Supervisor any incidents of exposure that may lead to transmission of infection;
- abide by MCCSS and Public Health Ontario directives, as communicated by the Employer; and
- educate and promote IPAC measures for people supported, volunteers and student placements.

#### Deviance from Policy/Procedure:

Although every effort has been made to create an Infection Control Policy consistent with routine and universal practices for the prevention and control of infection, there may be occasion where deviation from said Policy/Procedure may occur. Specifically, should a governing Public Health Agency or Ministry impose policy/procedures which conflict with the Agency's Infection Control Policy, staff, volunteer and student placements will be required to adhere to the governing Public Health and/or Ministry.

#### Reporting and Investigation:

It is the responsibility of all employees, volunteers and student placements to immediately report all infections or potential risk factors, hazards, injuries to their immediate Supervisor using the Employee Incident Form and /or the Workplace Hazard & Suggestion Report. The Supervisor will investigate the incidents of infections or potential infections, as soon as possible and take appropriate steps to address any continuing risk to the health and well-being of all employees and volunteers. Information will be shared with the Committee of Location Health and Safety Representatives.

#### Evaluation:

Community Living-Central Huron is committed to looking at leading indicators of infection based on documentation of Agency hazards reported, investigation of exposure incidents within the Agency, and current local and world data from health leaders (e.g. World Health Organization, Public Health). Supervisors will regularly audit employee, volunteer and student placement practices related to infection control, as well as review the monthly checklist for any noted hazards and corrections. The Location Health and Safety Representatives will make recommendations to the Employer to identify infectious issues and potential hazards.

#### Policies and Procedures:

- Volunteer Policy (B-007)
- Accessibility Policy (B-009)
- Duty of Care Policy (B-010)
- Code of Conduct (B-011)
- Individual Welfare/Rights Policy (C-001)
- Serious Occurrence Policy (C-006)
- Communication Policy (C-007)
- Pet Ownership, Visiting Pets and Service Animals (C-010)
- Orientation for People Supported (C-011)
- Medical Care for Persons Supported Policy (C-012)
- Bathing and Showering Supervision of Persons Supported Policy (C-014)
- Persons Supported Food and Nutrition Policy (C-015)
- Health and Safety Policy Statement (D-001)
- Emergency Policy (D-003)
- Pandemic Policy (D-008)
- First Aid Policy and Procedures (D-011)
- Hazard/Risk Policy and Procedures (D-014)



- Health and Safety Orientation Policy (D-015)
- Location Health and Safety Representatives Policy (D-016)
- Sharps Policy and Procedures (D-018)
- Mask or Face Covering Policy (D-026)
- Orientation Policy - Employees, Volunteers, Student Placements (E-005)
- Professional Development/Training Policy (E-006)
- Employee Performance Appraisal Policy (E-008)
- Employee Performance Standards Policy (E-011)
- Disciplinary Policy (E-012)

Other Related Documents:

- Medication Policy and Procedures Manual
- Occupational Health and Safety Document
- Outbreak Management Document

**APPENDIX A**

**Infection Exposure Example Table:**

<b>Disease</b>	<b>Incubation Period (Days)</b>	<b>Contagious Period (Days)</b>
<b><i>Skin Infection/Rashes:</i></b>		
Chickenpox	10-21	2 days before rash until all sores have crusts (6-7 days)
Impetigo	2-5	Onset of sores until 24 hours on antibiotic
Lice	7	Onset of itch until 1 treatment
Measles	8-12	4 days before rash until 4 days after rash appears
Scabies	30-45	Onset of rash until 1 treatment
Shingles (contagious for chicken pox)	14-16	Onset of rash until sores have crusts (7 days). No need to isolate if sores can be kept covered
Warts	30-180	Minimally contagious
<b><i>Respiratory Infections:</i></b>		
Colds	2-5	Onset of runny nose until fever gone
Coughs (viral) or croup (viral)	2-5	Onset of cough until fever gone
Influenza	1-2	Onset of symptoms until fever is gone
Sore throat, strep	2-5	Onset of sore throat until at least 12 hours on antibiotic and fever is gone
Sore throat, viral	2-5	Onset of sore throat until fever is gone
Whooping cough	7-10	Onset of runny nose until 5 days on antibiotic
<b><i>Intestinal Infections:</i></b>		
Diarrhea, bacterial	1-5	Contagious until stools are formed. Stay home until fever is gone, diarrhea is mild, blood and mucous are gone.
Diarrhea, giardia (microscopic parasite)	7-28	As above
Diarrhea, traveler's	1-6	As above
Diarrhea, viral	1-3	As above

Hepatitis A	14-50	2 weeks before jaundice begins until jaundice resolved (7 days)
Pinworms	21-28	Minimally contagious, staying home is unnecessary
Vomiting, viral	2-5	Until vomiting stops
<b><i>Other infections:</i></b>		
Infectious mononucleosis	30-50	Onset of fever until fever gone (7 days)
Mumps	12-25	5 days before swelling until swelling gone (7 days)
Pinkeye without pus	1-5	Mild infection, staying home is unnecessary
Pinkeye with pus (bacterial)	2-7	Onset of pus until 1 day on antibiotic eye drops

# IPAC Personal Risk Assessment

A thought process Staff engage in before each and every interaction with people they are supporting and/or his or her own environment. The assessment is necessary to determine which interventions are required to help prevent the transmission of infection by reducing the risk of transmission of microorganisms to and from others.

- **What are the symptoms of the person supported?**
- **What is the degree of contact?**
- **What is the degree of contamination?**
- **What is the level of understanding and cooperation of the person supported?**
- **What is the degree of difficulty/challenge of the task being performed?**
- **What is my risk of exposure to blood, body fluids, excretions, secretions, non-intact skin and mucous membranes?**

The IPAC Personal Risk Assessment allows Staff to determine what personal protective equipment (PPE) to select and wear for that interaction.

Will my hands be exposed to blood, excretions, secretions, tissues, non-intact skin or contaminated items in the environment?

Will my face be exposed to a splash, spray, cough or sneeze? Will I be within 2 metres of a coughing person support?

Will my skin or clothing be exposed to splashes or items contaminated with blood, body fluids excretions, secretions or non-intact skin?

Does the patient have a suspected or confirmed airborne illness (e.g. measles, tuberculosis chicken pox)?

Am I performing an aerosol-generating medical procedure (AGMP) on a person supported with a suspected or confirmed novel or emerging respiratory pathogen?

- If YES, perform hand hygiene and wear gloves

- If YES, wear facial protection (includes mask and protective eyewear)

- If YES, wear a Niosh approved respirator (e.g. N95)

**REMEMBER: Perform Hand Hygiene before and after PPE use so you do not introduce germs to people supported or yourself.**