

## STANDARD PROCEDURE INSTRUCTION

Title		SPI
Infection Control Policy for Blood Bone Pathogens		# 36-2
Department	Supersedes SPI Dated	Effective Date
Occupational Medicine	NEW	Sept. 1993

### 1.0 PURPOSE

- 1.1 This code of practice details the services to be provided to/for employees regarding infection control practices, special precautions, professional education, reporting and record-keeping standards.

### 2.0 DEFINITIONS

- 2.1 AIDS: Acquired Immune Deficiency Syndrome.
- 2.2 AIDS Virus: Human T Lymphotropic Virus type III (HTLV-III)  
Lymphadenopathy Associated Virus (LAV)  
AIDS-Related Virus (ARV)  
Human Immunodeficiency Virus (HIV-1) (most common).
- 2.3 ARC: AIDS Related complex.
- 2.4 HBV Hepatitis B Virus

### 3.0 SCOPE

- 3.1 This code of practice applies to all personnel providing health care services on behalf of Vale, including health services staff and personnel contracted by Vale to provide these services.

### 4.0 HEALTH SERVICES

- 4.1 All employees known to have AIDS Related Complex or AIDS should be made aware of the services available through Occupational Medicine.

#### 4.2 Health Counselling:

- 4.2.1 Employees considered at higher risks are to be provided with indepth information to protect themselves.
- 4.2.2 Any employee known to be seropositive and wishing further information should be referred to Manager, Occupational Medicine or designate.
- 4.2.3 Any employee requesting detailed health information should be provided this in a timely factual manner by Occupational Medicine staff.
- 4.2.4 Occupational Medicine staff will be knowledgeable and able to provide information in order that employees may be best served.

#### 4.3 Employee Education:

- 4.3.1 Pamphlets, fact sheets will be prepared/reviewed by the Medical Director and distributed to employees whenever significant new information becomes known.
- 4.3.2 Group education sessions (based on models approved by Medical Director) will be provided to employees as needs arise.
- 4.3.3 The Public Health Department will serve as the resource centre for current information, audiovisual materials for use by employees and their families.

#### 4.4 Crisis Management:

- 4.4.1 Should there be disruption of the workplace due to employee reaction to the general issue of AIDS or a specific case, this constitutes a crisis for immediate resolution through a group comprising Labour/Management and Occupational Medicine.

#### 4.5 Consultation with Management/Employee Relations:

- 4.5.1 The Medical Director or designate is responsible for providing expert health advice to line management and employee relations personnel pertaining to a specific case or workplace situation.
- 4.5.2 The Medical Director or designate is responsible for providing generalized advice to Managers and Employee Relations Advisors pertaining to Blood Borne Pathogens as defined in 2.

## 5.0 INFECTION CONTROL

#### 5.1 Handling sharps:

- 5.1.1 Sharp items (needles, scalpels, blades, lancets and other sharp instruments) contaminated with blood are considered potentially infectious and must be handled with extraordinary care to prevent accidental

puncture.

5.1.2 Sharps (including syringes) should be placed in rigid-walled, puncture-resistant containers placed as close as practical to the area in which sharps are used.

5.1.3 Needles must not be resheathed, bent, broken, removed from syringes or otherwise manipulated by hand as such activities increase the risk of skin punctures.

5.1.4 Any accidental injuries or breaks in hygiene techniques by Health Services staff should be reported immediately for appropriate treatment or monitoring.

## 5.2 Exposure to blood and other body fluids:

5.2.1 Health services staff must use protection appropriate to the exposure anticipated.

5.2.2 Gloves must be worn during procedures when hands could become soaked with blood or other bodily fluids as in wound management and venipuncture.

5.2.3 Gowns should be worn when clothing may become soiled with blood or bodily fluids such as in massive trauma.

5.2.4 Contaminated surfaces (floors, walls, etc.) must be decontaminated with Javex 1:10 solution (1 part Javex, 9 parts water) and left for 20 minutes until initially well moistened surfaces are dry.

## 5.3 Personal Hygiene Practices:

5.3.1 Hands must be washed prior to any procedure and immediately after removing gloves and gowns and after contact with blood or body fluids. Abrasive soaps and use of brushes which may cause breaks in skin should be avoided.

5.3.2 Splashes of blood to face should be rinsed gently with water to minimize risk of infection through mucous membrane of eye or mouth.

## 5.4 Potentially Infectious Materials:

5.4.1 Disposable items and contaminated linen should be bagged and labelled infectious waste with appropriate biohazard symbols requiring blood and body fluid precaution.

5.4.2 Specific protocols for disposing of materials will be developed by Occupational Medicine with local community resources.

## 6.0 SPECIAL PRECAUTIONS FOR HEALTH SERVICE STAFF

- 6.1 Routine screening for Blood Borne Pathogen infection is not recommended.
- 6.2 Disposable mouth pieces may be used when giving Cardio-pulmonary resuscitation. However, there have been no reported cases of AIDS virus infection transmitted via CPR and it is expected that health services staff will give emergency resuscitation without a mouthpiece without hesitation.
- 6.3 Hepatitis B immunization will be made available to health service providers through Occupational Medicine.

## 7.0 OCCUPATIONAL HEALTH PROFESSIONAL EDUCATION

- 7.1 All professionals will be provided with baseline information on infection control procedures, values clarification and specific health counselling for risk behaviours.
- 7.2 Refresher information and new information will be provided through specific education sessions or other modalities arranged by Medical Director or designate.
- 7.3 Professionals have a responsibility to maintain their knowledge and skill levels and understand their own belief and value system to provide the highest level of service of Vale employees.

## 8.0 RECORD KEEPING

- 8.1 Information relating to an employee concerned about or having AIDS virus will be recorded and maintained according to the Confidentiality of Health Information code of practice.
- 8.2 Health records will be annotated on the inside cover of the medical file when an employee is seropositive.

## 9.0 RESPONSIBILITY FOR ADMINISTRATION

- 9.1 The Medical Director or designate is responsible for updating this code of practice at least annually.
- 9.2 Occupational Medicine staff are responsible for implementing this code of practice.
- 9.3 Primary responsibility for administration rests with the Medical Director.

APPROVED \_\_\_\_\_ General Manager – Manitoba Operations

DATE \_\_\_\_\_