



GARTH HOMER SOCIETY POLICY MANUAL

SECTION:	HEALTH & SAFETY	POLICY #	4.8
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POLICY

In keeping with a commitment to a healthy and safe environment for clients, employees and students/volunteers, Garth Homer Society (GHS) takes steps to prevent the spread of communicable diseases and follows standard (universal) precautions in dealing with bodily fluids.

DEFINITIONS

Universal Precautions are the steps we should take to protect ourselves when we come in contact with the body fluids of other people. Standard (universal) precautions are intended to stop the spread of infection (e.g. germs and/or viruses) from one person to another. The basic assumption is that all body fluids are potentially infectious. Body fluids include blood, semen, breast milk, urine, feces, vaginal secretions and saliva.

Communicable Diseases are conditions that are caused by, acquired and transmitted through infection or infestation, and that require special precautions to minimize the risk of spreading.

PROCEDURE

GENERAL

1. GHS provides employees, students/volunteers and clients with the training needed to safeguard themselves and others from infections while performing job-related duties.
2. The Director, Finance & Administration (DFA), ensures that appropriate supplies are readily available and accessible within the GHS facility and in all GHS vehicles.
3. As part of the admission to GHS and its programs, clients submit personal health information, including the presence of any communicable disease.
4. Employees and students/volunteers who work with clients with communicable diseases are informed about the inherent risk of those diseases and provided with appropriate training on safe care practices.
5. Employees are aware of and follow the attached requirements regarding standard (universal) precautions and several specific communicable diseases.
6. All employees are required to carry personal first aid kits which contain gloves to be worn in the event that they come in contact with body fluids in the course of the work in the community.

7. Where a vaccination is or may become available as a preventative measure, such vaccinations are made available to all employees who may be at risk of contracting the disease, at no cost to the employee.

PROCEDURES/REQUIREMENTS: STANDARD (UNIVERSAL) PRECAUTIONS

1. WEARING GLOVES

Gloves are to be worn by employees :

- if the skin on your hands is not intact (cuts, hangnails, eczema, rashes, blister)
- if contact with blood or body fluids is anticipated
- when you will be touching non-intact skin (wounds)
- when doing any perineal care
- when doing digital exams of mucus membranes (e.g. mouth care)
- when cleaning and disinfecting equipment and items soiled with blood and specific body fluids
- when wiping up excessive body fluids (blood, vomit, stool, urine).

Gloves do not need to be worn:

- when feeding an individual or wiping saliva from skin
- when assisting with washing

Removing disposable gloves

- Remove gloves as soon as possible if they become damaged or contaminated
- Remove gloves before leaving the work area
- Do not wash and reuse gloves. Use new gloves for each new task
- Follow these steps when removing gloves to ensure there is no contact with blood or body fluids left on the used gloves:
 - With both hands gloved, grab outside of one glove at the top of the wrist.
 - Peel off this glove from the wrist to fingertip while turning it inside out as you pull the glove off and away from you.
 - Hold the glove you have just removed in your gloved hand.
 - With the un-gloved hand, peel off the second glove by inserting your fingers on the inside of the glove at the top of your wrist.
 - Turn the glove inside out while pulling it away from you, leaving the first glove inside the second.
- Dispose of gloves in a plastic bag. Deposit in the garbage.

- Wash your hands thoroughly with soap and warm water for at least 15 seconds as soon as possible after removing gloves and before touching non-contaminated objects and surfaces.

2. HAND WASHING

- Hand washing is the single best way to prevent the spread of germs from one person to another. Wash hands thoroughly with soap and water for at least 15–20 seconds. Always wash hands:
 - before preparing food
 - before mealtimes
 - after using the toilet
 - before and after providing first aid
 - after handling body fluids

3. BLOOD SPILLS OR OTHER BODY FLUIDS

- Immediately restrict access to the area
- Request assistance from co-workers to re-direct traffic away from area
- If necessary, request assistance from DFA or Director to restrict access and clean up the area
- Before touching anything, put on disposable, waterproof gloves
- Wipe up visible material with disposable, absorbent material, such as paper towels
- Place soiled materials in a plastic bag before placing in the garbage; if necessary, change gloves before proceeding to next step
- Clean and decontaminate all affected areas (floors and any surfaces) by using a disinfectant with disposable, absorbent material. Refer to the MSDS sheet stored with the disinfectant for product handling procedures.
- Clean and decontaminate all reusable equipment and supplies using a disinfectant with disposable, absorbent material
- Remove and dispose of gloves as per directions above
- When finished, wash hands thoroughly with soap and hot water for 15-20 seconds.

PROCEDURES/REQUIREMENTS: SCABIES

Symptoms of Scabies

- Very itchy - especially at night
- May have a rash – little blisters or red spots
- There may be little red lines in the webs between the fingers, inside of the wrists or elbows, around the waist, or on the breasts in women and the genitals in men

Assumptions

- Scabies is usually spread by direct skin-to-skin contact with an infested person. Less common ways of contracting scabies include exchanging clothes, towels, or sharing a bed.
- Scabies is treated successfully with recommended lotions or creams.
- Even though there are no outward signs of infestation, an individual must receive treatment if they have had skin-to-skin contact with an infested person. (Scabies symptoms are not apparent until 4 - 6 weeks after infection. However the scabies mite is present from the moment of infestation.)
- Except in rare instances, once treatment has occurred, the individual is no longer considered to be infested.
- Following successful treatment, a rash and/or itchiness may persist for 1 -2 weeks.
- Some individuals, particularly those with Down Syndrome, may have an altered immune system. If so, they may not show the outward signs of the allergic response to the scabies mite, making detection of infestation difficult.

If a client attending the Garth Homer Centre is diagnosed with Scabies

- He or she must receive treatment prior to returning to GHS. Upon returning, the individual must provide verification from a physician that the scabies has been treated and the risk of infesting others is negligible.
- Employees determine if any individual has recently had skin-to-skin contact with the infested person. It is expected that those individuals also undergo treatment, even though there are no outward signs of scabies.
- Employees determine which individuals have regular interactions with the infested individual. Those persons and their caregivers are informed of the situation with a telephone call.
- Employees send a memo alerting all clients attending the Centre, families, and caregivers of the diagnosed case. (Sample below)
- Employees send an internal E-mail and/or memo to all GHS employees informing them of the diagnosed case and the name(s) of the individual(s) infested.
- Employees notify the DFA, to ensure that janitorial employees are informed.
- Employees notify HandyDART.

If a client attending Garth Homer lives in a residence where someone has been diagnosed with Scabies

- He or she must receive treatment prior to returning to GHS. Upon returning, the individual must provide verification from a physician that the scabies has been treated and the risk of infesting others is negligible.
- Employees consult with the family and/or caregiver to determine the likelihood of skin-to-skin contact with the individual. If it is likely that there has been skin-to-skin contact, then treatment needs to occur. If it is not likely that skin-to-skin contact has occurred, then treatment will not be recommended but it will be suggested that all those who live in the

home are extra aware and be on the lookout for scabies symptoms over the next several weeks.

Sample Memo re Scabies

Dear Adults Attending the Centre, Families and Caregivers,

We are writing in order to notify you of a health issue. One person attending

Garth Homer Society programs has recently been diagnosed with and treated for scabies. The individual attends one specific program – their peers, families and caregivers of that program area have been notified by telephone.

We bring this to your attention recognizing the likelihood that others have become infected is slim. However, we ask that you be extra aware and on the lookout for scabies symptoms over the next several weeks. If you require any additional information please do not hesitate to call us at 475-2270.

Director, Client Services

Garth Homer Society

PROCEDURES/REQUIREMENTS: HEAD LICE

Symptoms of Head Lice

- Constant itching of the scalp
- Most easily identified by the presence of silvery, oval shaped nits (the dead egg of the lice) in the hair
- Live nits can be difficult to spot as they are tan-coloured and blend in with the hair
- Nits are small, about the third of the size of sesame seed
- Nits are commonly found glued tightly to strands of hair very close to the scalp – commonly located behind the ears and at the back of the neck

Treatment

Early Consultation

- Call the local Public Health Unit if you require any consultation. Early consultation is encouraged. Public health nurses can provide education regarding the life cycle of the head louse and outline proper treatment options.

Shampoo Treatment

- Two shampoo treatments are required, 7 – 10 days apart. The second shampoo ensures the eggs that had not hatched when the first treatment occurred are killed. The second treatment may be waived with verification that it is not required from a health professional. Consult a pharmacist to help you select a shampoo.

Combing

- It is necessary to remove nits following shampoo treatment. A nit comb (available at pharmacies) is a fine-toothed comb used to remove dead head lice and nits attached to individual hairs.

Prevention of Re-Infestation

- As head lice can spread through close personal contact, it is important to inform the friends and family of anyone who is discovered to have head lice
- If any one person living in a given household has head lice, there is an increased chance that others who live in that same household may also be infested
- Head lice have little ability to move off the hair and do not pose a risk of infesting others through casual contact with furniture or carpeting
- The articles which are most likely to enable lice to move from one head to another are hats and other head gear, coat collars, scarves, combs, brushes and hair ornaments
- Items should be washed in hot water and put through the dryer on a hot cycle. Those that cannot go into the dryer can be placed in a plastic bag for 10 days or placed in a freezer for 24 hours
- There is no evidence to indicate that a major clean of the house environment is necessary or effective in getting rid of head lice

If a client attending the Garth Homer Centre is diagnosed with head lice

- Employees contact the family and/or caregiver of the infested individual and request that individual not attend the GHS until treatment has occurred. Verification that proper treatment has occurred must be confirmed in a telephone conversation between the Director, Client Services (DCS), and the person (caregiver, family member) who assisted with the treatment.
- Employees determine if any individuals have recently had close personal contact with the infested person and contact their peers, family members, and/or caregivers. It is expected that those individuals also undergo treatment.
- Employees determine if any other individuals have regular interactions with the infested individual. Those individuals, their families, and/or caregivers will be informed of the infestation with a telephone call and request that they be extra aware and on the lookout for symptoms of head lice over the next several days.
- Employees send a memo alerting all GHS participants, families, and caregivers of the diagnosed case. (Sample below)
- Employees send an internal E-mail and/or memo to all GHS employees informing them of the diagnosed case and the name(s) of the individual(s) infested.

If a client attending Garth Homer lives in a residence where someone has been diagnosed with head lice and there is the likelihood of close personal contact

The client must receive treatment prior to returning to GHS. Upon returning, verification that proper treatment has occurred must be confirmed in a telephone conversation between the DCS and the person (caregiver, family member) who assisted with the treatment.

Sample Memo re Head Lice

Dear Adults Attending the Centre, Families and Caregivers,

We are writing in order to notify you of a health issue. One person attending Garth Homer Society programs has recently been diagnosed with and treated for head lice. The individual attends one specific program – their peers, families and caregivers of that program area have been notified by telephone.

We bring this to your attention recognizing the likelihood that others have become infested is slim. However, we ask that you be extra aware and on the lookout for head lice symptoms over the next several weeks. If you require any additional information please do not hesitate to call us at 475-2270.

Director, Client Services

Garth Homer Society

PRECEDURES/REQUIREMENTS - HEPATITIS B

What is Hepatitis B?

Hepatitis B is a viral disease that affects the liver. The acute form of Hepatitis B may cause severe symptoms – weakness, fatigue, fever, vomiting – as well as yellowing of the skin. Although seldom fatal, victims of this acute form of the disease frequently require hospitalization. The chronic form of Hepatitis B presents a more dangerous situation. With chronic Hepatitis B, the symptoms may go unnoticed for years. The Hepatitis B virus will however be in your body and may slowly be destroying your liver. Chronic Hepatitis B can lead to death through cirrhosis of the liver. There is no stopping the process, neither is there a known cure.

How do you get Hepatitis B?

Transmission can only occur with direct contact. Blood-to-blood is the most common way to pass the virus; saliva and semen are also possible methods of transmission.

The blood can be transmitted by infected blood getting into the body through extremely small breaks in the skin. For example, if someone with Hepatitis B cuts himself and you bandage the wound, some of the infected blood may get into your body through breaks in your own skin and you could become infected. The virus can also be present in feces and/or urine but is not transmitted unless the virus enters the bloodstream.

What should I do to protect myself?

Always follow standard (universal) precautions. Wear gloves whenever you are providing personal care or when following a medical procedure in which you will come in contact with body fluids including blood, vomit, or urine. Have yourself vaccinated against Hepatitis B. Dishes, eating utensils, toilet facilities and water fountains require no special precautions other than the usual standards of good hygiene.

How do vaccines protect against Hepatitis B?

Vaccines cause your body's natural immune system to produce defensive substances called antibodies. They have the ability to neutralize viruses and bacteria that get into the body. You need specific types of antibodies to protect yourself against Hepatitis B, and these antibodies must already be circulating in your body at the time of the virus attack. You must therefore be vaccinated before the virus attacks; otherwise it is too late.

What does vaccination against Hepatitis B require?

Full protection against Hepatitis B requires an initial course of three or four injections. Current research indicates this will provide protection against the virus for at least ten years. However, a person who has received the injections may, after ten years, want to have their antigen levels checked by a physician to determine if a booster is required.

AUDIT

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