



POLICY

The goal of The Children's Aid Society of the District of Thunder Bay's Infestation and Infection Control policy is to prevent the acquisition of infectious diseases and/or infestations while carrying out work-related activities.

This policy will provide an overview of the various routes of infection/infestation transmission, general precautions, and what to do in the event of exposure.

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Please note: this list is not exhaustive; personal care or treatment recommendations offered within this policy are intended for basic information only. This policy must not take the place of medical advice, diagnosis and/or treatment. Always seek professional medical advice about health concerns.

SCOPE

This policy applies to all employees, interns and students on placement; the term “employee” is used to refer to both employees, interns and students.

DEFINITIONS

Respiratory or Airborne: A mode of infection transmission in which droplet nuclei (residue from evaporated droplets) or dust particles containing microorganisms can remain suspended in the air for long periods of time, and are spread through the nose, mouth, sinuses, throat, lungs or contaminated tissues or fabric. These organisms can survive for long periods of time outside the body. Airborne transmission allows organisms to enter the upper and lower respiratory tracts.

Direct Contact: A mode of infection transmission that requires physical contact between an infected person and a susceptible person, and the physical transfer of microorganisms. Direct contact includes touching an infected individual, kissing, sexual contact, contact with oral secretions, or contact with body lesions. This type of transmission requires close contact with an infected individual, as direct contact germs are spread through directly touching an infected area or body fluid such as saliva, mucus, eye discharge, pus or weeping.

Fecal/Oral: A mode of infection transmission that is usually associated with organisms that infect the digestive system. Microorganisms enter the body through ingestion of contaminated food and water, or from stool to host via hands, mouthed toys and diapers. Inside the digestive system (usually within the intestines), these microorganisms multiply and are shed from the body in feces. If proper hygienic and sanitation practices are not in place, the microorganisms in the feces may contaminate the water supply through inadequate sewage treatment and water filtration. Fish and shellfish that swim in contaminated water may be used as food sources. If the infected individual is a waiter, cook or food handler, then inadequate handwashing may result in food being contaminated with microorganisms.

Blood Contact and Blood Borne: A mode of infection transmission that can occur when an individual encounters infected blood or infected body fluids.

Personal Protective Equipment (PPE): Equipment that creates a physical barrier that protects an employee's own tissue from exposure to infectious materials and from transmission resulting from contact with others. The appropriateness of PPE is dependent on the nature of the interaction with the person. PPE shall be determined and prescribed by the Thunder Bay District Health Unit in line with applicable communicable disease. Common PPE includes gloves and facial protection. Please note: these are generally only used in situations where it is already known that the service user is suffering from a transmissible disease.

PROCEDURES AND MEASURES FOR THE CONTROL OF RESPIRATORY OR AIRBORNE INFECTIONS

General Precautions:

- Employees are encouraged to ensure immunizations are complete and up to date.
- Do not come into work if you have a fever.
- Cover mouth and nose with a tissue when coughing or sneezing, and discard the tissue in a waste receptacle (if you do not have a tissue, cough or sneeze into your sleeve).
- Avoid touching eyes, nose and mouth.
- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.
- Prior to a home visit or other planned contact, ask if any individual present is unwell. If an illness is reported, consider re-scheduling the appointment (if possible).
- If entering an environment where individuals are coughing and sneezing, it is recommended to utilize a surgical mask and/or remain at least two metres away from the ill person. Offer the ill individual a surgical mask to wear if appropriate. Surgical masks will be provided as requested.

Respiratory or Airborne Infections – Specific Protocols

- 1. Seasonal Influenza:** A highly contagious, common respiratory illness that spreads through droplets that have been sneezed, coughed or talked into the air by someone with influenza. These droplets do not stay suspended in the air and usually travel less than two metres (six feet). The influenza virus can be found on surfaces and hands of contaminated individuals, therefore contact transmission can occur by touching contaminated objects or surfaces and then touching the face or eyes. Symptoms include sudden onset of fever,

cough, headache, muscle ache, extreme fatigue, sore throat and shortness of breath.

Precautions:

- See “General Precautions” for the control of airborne or respiratory infections.
- Employees may seek medical consultation for treatment if necessary.
- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.

Exposure:

- If influenza is suspected or diagnosed in an employee, they should limit their contact with others and remain off work until the period of peak symptoms and the period of communicability (five days from onset) have passed.
- Workers with acute respiratory infections other than influenza should remain off work for at least twenty-four (24) hours after the fever is gone.
- Upon return to work, the worker shall practice proper hand hygiene.
- In the event of an influenza pandemic, refer to the TBCAS Pandemic Policy and TBCAS Pandemic Preparedness Plan.

2. Rubella (German Measles): An infection caused by the rubella virus, usually a mild rash illness of childhood. Symptoms include low-grade fever, headache and fatigue. It is contagious and is transmitted by large respiratory droplets. Serious complications are rare, however the major concern of rubella infection is Congenital Rubella Syndrome. When a woman acquires this infection during pregnancy, it can lead to severe consequences to the fetus, including death.

Precautions:

- If your job position requires you to be in direct contact with children, know whether you have immunity to rubella (discuss with your health care provider).
- Only employees known to be immune to rubella should be assigned to work with service users with rubella. Pregnant women should not be assigned to work with clients with rubella, regardless of immune status.

Exposure:

- Any susceptible employee (not immune, or does not know their immune status) who has significant exposure to a person with rubella will consult with a physician regarding testing for the presence of

rubella antibodies and any significant contagion risk to co-workers and/or service users.

- Any susceptible employee who has had significant exposure to a person with rubella through the course of their work must complete an Employee Incident and Investigation Report.
- If the employee develops clinical rubella, they must remain off work until seven (7) days after the appearance of a rash. Suspected cases must be reported immediately by phone to the Thunder Bay District Health Unit at 807-625-8318 or toll-free 1-888-294-6630, ext. 8318 (Monday-Friday, 8:30AM to 4:30pm). After hours and on weekends/holidays call Thunder Bay Answering Service at 807-624-1280.
- Infected employees and their health care provider are responsible for follow-up care and therapy.

3. Mumps: An acute viral illness, caused by mumps virus. Common symptoms include fever, headache, muscle aches and pains, fatigue, as well as pain and swelling in one or more salivary glands. It is spread by large respiratory droplet and direct contact with saliva of an infected person.

Exposure:

- Any employee, who has an exposure (such as direct contact within two metres, or droplet contact with an infected person from two days before and up to five days after onset of gland swelling) will self-monitor for symptoms and seek medical attention for diagnosis if measles appear to be developing.
- Any employee, who has an exposure (such as direct contact within two metres, or droplet contact with an infected person from two days before and up to five days after onset of gland swelling) during the course of their work duties, must complete an Employee Incident and Investigation Report.
- If clinical mumps develops, the employee must remain off work for nine days after the onset of gland swelling. Individuals with suspect or confirmed cases must be reported to the Thunder Bay District Health Unit by the next working day by fax, phone or mail:
 - Fax: 807-625-4822
 - Phone: 807-625-8318 or toll-free at 1-888-294-6630, ext. 8318
 - Mail: 999 Balmoral Street, Thunder Bay, ON P7B 6E7
- Infected employees and their personal health care providers are responsible for follow-up care and therapy.

4. Measles: A highly contagious viral infection that can lead to serious consequences, including encephalitis, middle ear infection, severe diarrhea, pneumonia and death. It is spread through the air when an infected person breathes, coughs or sneezes. The virus can still be on surfaces and in the air for up to two hours after that person has left the room. Symptoms of measles includes fever, cough, runny nose, drowsiness, red eyes and irritability. White small spots can appear on the inside of the mouth and throat. A red blotchy rash can appear on the face, and then progress down the body.

Precautions:

- Only immune employees should be assigned to work with service users with known or suspected measles.

Exposure:

- Employees without known immunity should seek medical attention within seventy-two (72) hours of exposure to ascertain if post-exposure vaccination should occur; or if contraindicated for medical reasons, if immune globulin should be administered.
- Any employee, who has had a significant exposure to a person with measles through the course of their work duties, must complete an Employee Incident and Investigation Report.
- If an employee develops clinical measles, they must remain off work until four (4) complete days have passed after the onset of the rash. Suspected cases must be reported immediately by phone to the Thunder Bay District Health Unit at 807-625-8318 or toll-free 1-888-294-6630, ext. 8318 (Monday-Friday, 8:30AM to 4:30pm). After hours and on weekends/holidays call Thunder Bay Answering Service at 807-624-1280.
- Infected employees and their personal health care providers are responsible for follow-up care and therapy.

5. Tuberculosis: An infectious disease caused by various strains of mycobacterium. Tuberculosis usually attacks the lungs but can also affect other parts of the body. It is spread through the air when people who have an active TB infection cough, sneeze, or otherwise transmit their saliva through the air. Most infections in humans result in an asymptomatic, latent infection, and about one in ten latent infections eventually progress to active disease, which, if left untreated, kills more than 50% of those infected.

There are approximately 780 new TB cases diagnosed in Ontario every year, mostly in the greater Toronto area (Peel and York), also the Ottawa-Carlton area.

Employees of the Children's Aid Society of the District of Thunder Bay are at extremely low risk of exposure and acquiring TB; however the following information is presented as a reference, in the event that a TB infected person requires the services of the Society.

Risk of transmission from one person to another depends on:

- The extent of the disease, and the presence of coughing or sneezing.
- The environment in which there has been contact, such as the size and ventilation of the room, and the length of time in the room.
- Susceptibility of the exposed person.

Symptoms of an active TB infection are:

- A cough persisting for more than two weeks with phlegm and blood.
- Fever.
- Night sweats.
- Weight loss.
- Fatigue.
- Chest pain/shortness of breath.

Precautions:

- Any employee who will have direct contact with an individual with suspected or confirmed infectious TB must wear appropriate PPE. PPE shall be determined and prescribed by the Thunder Bay District Health Unit as per applicable communicable disease.

Exposure:

- Any employee who has had exposure to a person with, or suspected to have infectious TB will seek medical attention to ensure required follow-up (testing, treatment, etc.) occurs. Individuals with suspect or confirmed cases must be reported to the Thunder Bay District Health Unit by the next working day:
 - Fax: 807-625-4822
 - Phone: 807-625-8318 or toll-free at 1-888-294-6630, ext. 8318
- Any employee, who has had exposure to a person with infectious TB through the course of their work duties, must complete an Employee Incident and Investigation Report.

PROCEDURES AND MEASURES FOR THE CONTROL OF DIRECT CONTACT INFESTATIONS/INFECTIONS

General Precautions:

- Wear disposable gloves when necessary.
- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.

- Ensure any Society car seats that have been in direct skin contact with an infected child are cleaned prior to re-use (please see the Property Clerk for assistance).

Direct Contact Infestations/Infections – Specific Protocols:

- 1. Conjunctivitis (Pink Eye):** An infection of the membrane that covers the eyeball; may be viral or bacterial. Viral conjunctivitis is most common and comes on suddenly with watery discharge and may cause blurred vision, pain, light sensitivity, low grade fevers and general malaise. Bacterial conjunctivitis is usually present with infected discharge and crusting may appear. Viral conjunctivitis may last for several weeks; the virus may live on surfaces for up to two weeks. The infection is spread from person to person by contact with the discharge from the eyes or respiratory tract of an infected person. It can be spread on unwashed hands, contaminated clothing and towels, make up applicators, etc.

Precautions:

- Employees with bacterial conjunctivitis caused by other microorganisms may be at work after twenty-four (24) hours of appropriate antibiotic treatment, but must practice proper hand hygiene.
- If providing service to an individual with suspected pink eye, wear appropriate personal protective equipment and perform hand hygiene using soap and water for fifteen (15) seconds and/or utilize hand sanitizer if soap and water are unavoidable.
- Avoid touching face and eye area.

Exposure:

- Any employee who has had direct exposure to a person with conjunctivitis through the course of their work duties, must complete an Employee Incident and Investigation Report.
- 2. Bed Bugs:** Small insects with oval-shaped bodies and no wings. Bed bugs cannot jump and do not fly; therefore, transfer must occur through contact. Bed bugs are not known to transmit or spread disease. They feed on blood, causing itchy bites. They are generally irritating to their human hosts and they can cause other public health issues, therefore it is important to pay close attention to preventing and controlling bed bugs. Bed bugs typically bite at night and will bite all over the body, especially around the neck, face, arms, upper body and hands. Some individuals have no reaction to bites, while others have welts. Most bed bug bites eventually disappear, and treatment is not required. Seek medical consultation for concerns. There is

no chemical quick-fix to eliminate bed bugs once they have infested an environment; extermination services would be required.

Signs of Bed Bugs:

- Although bed bugs may be difficult to find because they hide well, bed bugs are big enough to be seen with the naked eye. They look similar to an apple seed in size and appearance.
- Tiny bloodstains on sheets or clothing.
- Shed skins, clusters of eggs and/or fecal spots or trails on mattresses or other soft furnishings.
- A sweet, coriander-like odour where bed bugs are found in large numbers.
- Small dark spots where bed bugs crawl into, such as mattress covers, furniture, walls and floors.
- Live or dead bed bugs.

Hiding Places of Bed Bugs:

- Mattress and box spring seams, creases, grommets, tufts and folds.
- Along the seams of mattresses, behind pictures and headboards.
- Cracks in bed frames and headboards.
- Under chairs, couches, beds and dust covers.
- In cracks in plaster, or under loose wallpaper.
- In laundry and items stored on the floor.
- Behind socket plates, paintings and posters.
- In telephones, radios and televisions.

Precautions for Employees Working in Direct Services:

When visiting a family home with a suspected or confirmed case of bed bugs, employees must take the following precautions:

- Visits should be scheduled at the end of the day, if possible.
- Personal Protective Equipment (PPE) will be provided upon request. For example, PPE may include: gowns, shoe covers, gloves, lint rollers, garbage bags or plastic sealable totes to store personal items, and to protect equipment or belongings.
- Tie hair back.
- Do not place items on beds, couches or carpeted floor.
- Use a hard kitchen chair when sitting, if possible.
- The kitchen is a recommended area for interviewing or meeting, as it is usually the least likely to be infested with bed bugs. The floor may be tile or linoleum, the furniture is usually metal/plastic and it is also usually distant from the bedroom.

- Keep a change of clothes in a sealed bag or a clear tote in personal vehicle.
- Leave unnecessary items in vehicle.
- Take as few belongings as possible into the home.
- If you carry a bag into the home, it is best brought into the kitchen and placed on the tile/linoleum floor; do not take it into bedrooms or other sleeping areas.
- Wear washable clothes, including your coat, whenever possible. Avoid wearing pants with cuffs.
- Always be aware of your surroundings.
- If necessary, hang items on doorknobs or metal/plastic hooks.
- Do not place coat or belongings on beds, or upholstered (and preferably not wood) furniture.
- Avoid sitting on beds/upholstered furniture. Use plastic or metal chairs, such as a kitchen chair.
- If wearing a coat, hang it on a hanger or hook, preferably not touching other clothing, or wear during visit; when sitting, try not to let hems rest on the floor.
- Inspect clothing, shoes and other items prior to leaving.
- Shake, or brush off clothing when outside (use lint brush provided).
- If utilized, remove gloves, gown and shoe covers. Put these items in a sealed bag and dispose of them.
- Keep a change of shoes and clothes in personal vehicle, once the visit is complete, change into the new clothes and place the worn clothes in a plastic bag and seal.
- Launder the worn clothing as soon as possible in hot water and dry on the hottest cycle.
- Be aware of how bed bug bites may appear and regularly inspect skin for bites.

Reporting Responsibilities:

If an infestation of bed bugs has been suspected or confirmed, consultation with the Manager must occur before going into the family home. The employee is to report all suspected exposures to bed bugs through work activities to their Manager, and develop a response plan using the Bed Bug Reporting and Response Plan, in partnership with the Manager.

Notification or awareness of a family's bed bug infestation may be detected in many ways, including:

- Employee identifies infestation during a home visit.
- Confirmation is provided by the family.
- Confirmation is provided by a service provider or community partner.

- Notification from a colleague.

If bedbugs are suspected at an agency owned or leased facility, contact the Manager of Human Resources or designate to arrange an inspection of the workplace to determine if bed bugs are present [Note: A vehicle may be a workplace]. If bugs are found, but you are unsure if they are bedbugs, the Thunder Bay District Health Unit can be contacted to assist with the identification process.

An employee may make a request for financial reimbursement for costs associated with treating an infestation of bed bugs in their home, if they believe the bedbug infestation resulted through the performance of work duties. These requests will be considered on a case by case basis, as per Article XXVII – Health and Safety, Section 27.02 of the Collective Agreement.

Transporting a service user who has a suspected/disclosed case of bed bugs in a personal vehicle:

If an employee uses their personal vehicle to transport a service user who has disclosed a case of bed bugs, the employee must apply the following precautions:

- Employees will be provided with PPE upon request while transporting the service user.
- Do not wear clothing with cuffs, tie hair back and launder clothing as soon as possible, using hot water and hottest drying cycle.
- After transporting the service user, use gloves to complete an inspection of the vehicle seat, including crevices. Look for eggs (eggs appear as small white capsules) and live bugs.
- Double check clothing for any signs of bugs.
- Complete documentation as required and report all findings immediately to the Manager.

Role of Public Health:

- The Thunder Bay District Health Unit can provide expert advice to families on resolving bed bug issues. Involve Public Health as early as possible if there is a risk to the families or to you.
- The Thunder Bay District Health Unit's website contains information with respect to addressing bed bug-related issues.
- The Thunder Bay District Health Unit, through their Environmental Health program, also provides insect identification and risk assessment:
 - Place the insect (living or dead) in a clean glass or plastic container with a lid.
 - Write your contact information on the container.

- Bring it into the Main Office at 999 Balmoral Street (in Thunder Bay) on Monday through Friday from 8:30 a.m. to 4:30 p.m.
- If you live in a community outside Thunder Bay, please call toll-free 1-888-294-6630, ext. 5930 to speak with a public health inspector.
- Encourage the family to contact the Public Health Inspector at 807-625-5930 or toll free at 1-888-294-6630, ext. 5930.

3. Head Lice (*pediculus humanus capitis*): A parasitic insect that can be found on human scalps. Head lice have short, stumpy legs and they cannot fly but do crawl and walk. Adult head lice are tan or brown in colour and are the size of a sesame seed. Nits are head lice eggs that are small, grey/white in colour and are the size of a grain of sand. Nymphs are baby head lice that are grey/tan in colour; they resemble adult lice but are much smaller. Although head lice are a nuisance, they do not carry disease and therefore are not considered a health hazard.

Symptoms of head lice may include:

- Itching and scratching caused by an allergic reaction to the bites.
- A sensation of something moving in the hair.
- Irritability or difficulty sleeping (head lice are most active at night).
- Sores on the scalp caused by scratching.

Precautions:

- Head lice spread through direct contact where people are near to each other.
- Head lice spread directly through hair-to-hair contact or indirectly through sharing of headphones, hats, combs and brushes.
- Head lice is more common in young children; use extra caution when supporting this age group to avoid direct contact with the child's head.
- Report an infestation to the child's parent or guardian as soon as possible to begin treatment.
- Treatment is available for head lice infestation using over the counter medication.
- If providing service to a participant with suspected head lice, wear appropriate personal protective equipment, such as gloves.
- Wash hands frequently, and launder worn clothing in a hot water and dryer cycle to kill any lice.

4. Shingles (*Herpes Zoster*): A viral infection of the central nervous system. The virus may cause a painful rash with blisters. The varicella-zoster virus is the same virus that causes chickenpox and causes shingles. Once an individual has had chickenpox, the virus lays dormant in the nerves and is

never fully removed from the body. The virus may become active at a later time in an individual's life, causing shingles. Anyone who has had chickenpox may develop shingles at some point in their life. Individuals over the age of fifty (50) are at higher risk. Symptoms of the shingles virus include a tingling or burning sensation limited to a specific body part, sensitivity to touch and fluid-filled blisters that break open and crust over. Red rashes may appear in crops within a period of one to three days. These rashes are moist, but begin to dry and form scabs within a couple of days. The rash typically lasts for a period of two to four weeks. Additional symptoms include fever and fatigue.

Precautions:

- Wear disposable gloves when providing service to a participant with a suspected or confirmed case of shingles.
- A person with shingles can pass the virus to anyone who is not immune to chickenpox.
- Until the shingles blisters scab over, the infection is contagious and the individual should avoid physical contact with anyone who has not yet had chickenpox or the chickenpox vaccine, especially people with weakened immune systems, pregnant women and newborns.
- The virus is spread to individuals by direct contact with fluid from the blisters, or by touching objects contaminated with this fluid.
- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.
- Once all blisters are crusted over, the virus can no longer spread.
- Contact your doctor promptly if shingles are suspected.

5. Scabies: A highly contagious skin infection caused by small insects called mites. The mites are extremely small and burrow into the skin causing an irritated, itchy rash. Scabies spread through direct contact by person to person with infested skin, clothing, bedding or other personal items. Mites do not jump and will not survive more than three to four days without direct skin contact. The rash normally appears between fingers, around wrists or elbows. It can take up to two to six weeks after an infection for the symptoms to occur. The rash appears as curvy, white threads, small red bumps or scratches. The only way to confirm a scabies infection is to seek medical consultation.

Precautions:

- If providing service to a child or family in which a scabies infection is suspected or confirmed, the worker will wear personal protective equipment such as gloves.

- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.
- The employee will not carry soiled personal materials or belongings used by the infected individual.
- Personal contacts within the last thirty (30) days should seek medical consultation.
- Launder bedding, clothing and towels with direct skin contact used within the previous forty-eight (48) hours using the hottest cycle available.
- Routine vacuuming of upholstered furniture or vehicle interiors will assist in eliminating mites.
- Fumigation is not required.

Exposure:

- Employees who have had direct and unprotected contact with an infected individual with scabies will seek medical consultation regarding treatment.
- Any employee, who has had a direct exposure to a person with scabies through the course of their work duties, must complete an Employee Incident and Investigation Report.

6. Ringworm: A group of skin infections caused by fungi called dermatophytes that survive on dead tissues of skin, nails and hair. The infection is not caused by actual worms. A ring shaped, raised rash will appear that can have scaly patches that are itchy and flaky. The rash can appear as slightly raised expanding rings of red, scaly skin on the trunk or face. More than one patch of ringworm can appear or develop. The rash can happen on the body, scalp, groin or feet. When the scalp is infected, an area of baldness is common. Ringworm is contagious and is spread by direct person to person contact with an infected individual. Ringworm can be contracted by touching an animal that is infected. Ringworm can be spread by contact with objects or surfaces that an infected person or animal has recently touched, such as towels, clothing, combs, brushes, linens and bedding. In rare circumstances, ringworm can be spread to humans by infected soil. The infection would most likely occur due to prolonged contact with infected soil.

Precautions:

- Wear disposable gloves when direct contact with an infected person or contaminated object is required.
- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.

- Wear long sleeved clothing if handling infected or contaminated objects; use a plastic bag to carry soiled laundry if necessary.
- Use disposable hand towels only when drying hands in community environments.
- Avoid petting animals, especially those with bald patches while working in the community.
- Do not go barefoot, always wear appropriate footwear.

Exposure:

- Seek medical consultation if a rash develops after a known exposure.
- Seek medical consultation if you have a rash of unknown origin that does not improve within two weeks.
- Seek medical attention immediately if experiencing excessive redness, swelling, fever or drainage.
- Any employee, who has had direct contact with a person with ringworm through the course of their work duties, must complete an Employee Incident and Investigation Report.

PROCEDURES AND MEASURES FOR THE CONTROL OF FECAL/ORAL GERM INFECTIONS

General Precautions:

- Employees should avoid contact with persons experiencing vomiting or diarrhea when possible.
- Employees should perform frequent hand hygiene, especially after using the bathroom, changing diapers, and preparing or eating food.
- Immediately remove and wash clothing that is contaminated with vomit or feces.

Fecal/Oral Germ Infections – Specific Protocols:

- 1. Pinworms:** Small, white in colour, thread-like worms that live in the intestines. Pinworms are roughly the same size as a staple. Pinworms exit the intestine of an infected person through the anus and deposit their eggs on the surrounding skin. The pinworm infestation is spread through fecal-oral route transmission. This occurs when an infected individual scratches the itchy area and gets a pinworm egg on the fingers or under the fingernails and then touches other people or objects. The pinworm eggs can survive for two to three weeks outside of the body. Re-infection of the same individual can occur. Symptoms of pinworm infestation include itching around the anus. Pinworm can be treated with over-the-counter treatment or prescription medication; seek medical attention for further instruction. They are most

common in children but can also affect adults. Pinworms are a nuisance, they are not considered a disease.

Precautions:

- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.
- The employee will not carry soiled personal objects, such as clothing, unless wearing disposable gloves and the infected items have been placed in a secured plastic bag.
- Employees who have had unprotected contact with an infected individual will seek medical attention.
- Frequent changing of clothing such as undergarments, bedding and towels may reduce infection, reinfection and contamination; launder items in hot water especially after each treatment of the infected individual.

2. Methicillin-resistant Staphylococcus Aureus (MRSA): An infection caused by a type of staph bacteria that can “resist” treatment with certain antibiotics such as methicillin and requires different antibiotics for treatment. Infections typically occur in individuals who have been in hospital or other health care settings such as nursing homes and dialysis centres. When acquired from these settings, it is known as health care-associated MRSA, or HA-MRSA. HA-MRSA are typically associated with invasive procedures such as surgeries or intravenous tubing. Another type of MRSA infection, referred to as community-associated MRSA, or CA-MRSA, is contracted by skin to skin contact by unwashed hands and improperly cleaned equipment between patients. This form usually starts as a painful boil on the skin. Individuals at risk for CA-MRSA include child care workers and people living in crowded conditions. Skin infections, including MRSA, typically begin as swollen, red and painful bumps that may resemble pimples or spider bites. The affected area may be warm to touch, full of pus or accompanied by a fever.

Precautions:

- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.
- Avoid sharing personal items such as towels, clothing and athletic equipment as MRSA spreads on objects as well as through direct contact.
- Employees who have had unprotected contact with an infected individual will seek medical attention.

- 3. Acute Gastrointestinal Illness:** Characterized by diarrhea and/or vomiting. Symptoms of diarrhea and/or vomiting should be reported and the employee should not work until a decision is made by Management to resume duties.

Precautions:

- Utilize personal protective equipment as prescribed by the Thunder Bay District Health Unit.
- Perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.
- Avoid sharing personal items such as towels, clothing and bedding to reduce contamination.

Exposure:

- Seek medical consultation for treatment if necessary.
- Any worker, who has had direct contact with a person with acute gastrointestinal illness through the course of their work duties, must complete an Employee Incident and Investigation Report.

- 4. Hepatitis A:** A liver infection, usually spread by eating or drinking contaminated food, water or other beverages. The virus is found in the feces of an infected person. Failure to wash hands after using the toilet or changing diapers allows the virus to spread from person to person. Symptoms are usually mild, or not noticed, and may last for weeks or months. In children, the disease may only be confirmed by lab tests. Symptoms include loss of appetite, fever, nausea, abdominal pain and jaundice.

Precautions:

- Frequent practice of proper hand hygiene.
- Vaccination where advised (when travelling, for example).

Exposure:

- Within seven (7) days of suspected exposure, medical attention should be sought to discuss possible post-exposure prophylaxis treatment.
- Employees with confirmed Hepatitis A infections must practice proper hand hygiene at work.
- Suspected cases must be reported immediately by phone to the Thunder Bay District Health Unit at 807-625-5930 or toll-free 1-888-294-6630, ext. 5930 (Monday-Friday, 8:30am to 4:30pm). After hours and on weekends/holidays call Thunder Bay Answering Service at 807-624-1280.

- If an employee believes they have been exposed to, or have acquired Hepatitis A through work activities, they must complete an Employee Incident and Investigation Report.

PROCEDURES AND MEASURES FOR THE CONTROL OF BLOOD CONTACT AND BLOOD BORNE TRANSMITTED DISEASES

These diseases may be transmitted when non-intact skin or mucous membranes come into contact with infected blood or other bodily fluids containing infected blood, semen, and vaginal secretions. Employees of the Children's Aid Society of the District of Thunder Bay may come into contact with blood borne pathogens when assisting a child (for example, assisting with a bloody nose; cleaning and/or applying or removing a bandage from a cut or scrape; assisting with a loose tooth; changing a diaper or cleaning vomit where blood is visible), by accidentally being punctured by a discarded needle or other contaminated sharp object, through a human bite that breaks the skin, or by handling breast milk from an infected woman. An employee must inform their Manager immediately and seek medical attention immediately if they are exposed to blood or other bodily fluids containing blood, semen or vaginal secretions.

General Precautions:

- Wear gloves and practice proper hand hygiene techniques using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable and you have come in contact with blood, bodily fluids containing blood or breastmilk.
- Wear proper footwear to prevent punctures.
- Do not attempt to clean up discarded needles or needle points unless you have access to rubber gloves, tongs and a proper sharps container. Contact Superior Points Needle Exchange Harm Reduction Program in Thunder Bay at 807-621-7862 or toll-free at 1-888-294-6630 for assistance, or in the District, contact your local Public Health Unit Office.
- Do not attempt to clean up spilled blood, or other body fluids containing visible blood, at a work location. Post a sign that the area is closed to use/traffic, and contact your Manager to alert the need for specializing cleaning.

General Exposure:

- If an employee is exposed to blood or bodily fluids from a known or unknown source, the employee will:

- Perform or seek first aid treatment by allowing the wound to bleed freely, then wash gently but thoroughly with soap and water, using disposable gloves.
- Apply an appropriate antiseptic if available.
- Inform a Manager immediately.
- Seek medical attention within two hours, regarding testing, vaccination and any post-exposure treatment.

1. Hepatitis B: An infectious disease caused by a virus that can result in mild illness or permanent liver damage. Most individuals recover; death does occur in rare cases due to liver failure. Individuals may show no symptoms, however typical symptoms of Hepatitis B are weakness, fatigue, loss of appetite, nausea, abdominal pain, fever, headache and occasional yellowing of skin and white of eyes (jaundice).

Precautions:

- Same as those listed under “General Precautions” for blood contact or blood borne transmitted diseases.
- Discuss preventative immunization with your health care provider.

Exposure:

- Same as those listed under “General Exposure” for blood contact or blood borne transmitted diseases.
- Individuals with suspect or confirmed cases must be reported to the Thunder Bay District Health Unit by the next working day by fax, phone or mail.
 - Fax: 807-625-4822
 - Phone: 807-625-8318 or toll-free at 1-888-294-6630, ext. 8318
 - Mail: 999 Balmoral Street, Thunder Bay, ON P7B 6E7
- If an employee believes they have been exposed to, or have acquired Hepatitis B through work activities, they must complete an Employee Incident and Investigation Report.

2. Hepatitis C: The most common chronic blood borne infection; it attacks the liver. Many people are unaware that they have this infection until damage has already been done to the liver. Chronic Hepatitis C can lead to liver cirrhosis and liver cancer. Symptoms of acute Hepatitis C appear in about twenty percent of newly infected persons, and include lack of appetite, stomach discomfort, nausea, vomiting, possible jaundice and general feeling of being unwell.

Precautions:

- Same as those listed under “General Precautions” for blood contact or blood borne transmitted diseases.
- There is no vaccine for Hepatitis C.

Exposure:

- Same as those listed under “General Exposure” for blood contact or blood borne transmitted diseases.
- If an employee believes they have been exposed to, or have acquired Hepatitis C through work activities, they must complete an Employee Incident and Investigation Report.

3. HIV/AIDS: An infection caused by several related retro viruses. HIV attacks T cells whose function is to protect the immune system. Most people with HIV develop anti-bodies within six to twelve weeks after infection, but can still transmit the virus during this “seroconverting” stage. The symptoms of HIV and AIDS vary, depending on the phase of the infection. Within the first few weeks, many people develop a brief flu-like illnesses, with symptoms such as fever, headache, sore throat, swollen lymph glands and a rash. A person may then remain symptom-free for years. As the virus continues to multiply and destroy immune cells, a person may develop mild infections or chronic symptoms such as swollen lymph nodes, diarrhea, weight loss, fever, cough or shortness of breath.

If a person receives no treatment for an HIV infection, the disease typically progresses to AIDS in about ten years. By the time AIDS develops, the immune system has been severely damaged, making you susceptible to opportunistic infections (diseases that normally wouldn’t trouble a person with a healthy immune system). The signs and symptoms of these infections may include soaking night sweats, shaking chills or a fever higher than 100 F (38 C) for several weeks, cough and shortness of breath, chronic diarrhea, persistent white spots or unusual lesions on the tongue or in mouth, headaches, persistent and unexplained fatigue, blurred and distorted vision, weight loss, as well as skin rashes or bumps.

Exposure:

- Laboratory confirmed cases of HIV must be reported to the Thunder Bay District Health Unit by fax, phone or mail.
 - Fax: 807-625-4866
 - Phone: 807-625-5676 or toll-free at 1-888-294-6630, ext. 8318
 - Mail: 999 Balmoral Street, Thunder Bay, ON P7B 6E7

- If an employee believes they have been exposed to, or have acquired HIV/AIDS through work activities, they must complete an Employee Incident and Investigation Report.

PROCEDURES AND MEASURES FOR THE CONTROL OF ANIMAL TO HUMAN (ZOOLOGICAL) TRANSMITTED DISEASES

Numerous diseases can be transmitted from animals to humans. Employees who work in the community may be exposed to animals such as cats, dogs, pet birds, pet turtles, goats, horses, rabbits, rodents (wild and pets), etc. Zoological diseases include gastrointestinal, dermal or skin diseases, neuromuscular and respiratory diseases.

Precautions:

- Show interest in the relationships that the family has with their pets and acknowledge their importance.
- Avoid contact with animals, ask that pets be kept out of the area during visits (if possible). If it is determined that a pet has attacked a visitor in the past, or if the employee is uncomfortable around a pet, ask that the animal be restrained or put in a separate room for visits.
- It is preferable not to handle or pet animals; if you do, perform hand hygiene using soap and water for fifteen (15) seconds and/or use hand sanitizer if soap and water are unavailable.
- Employees should proceed with caution upon entering the home and accessing the property.
- Do not assume that animals will behave in a predictable way from visit-to-visit. Even a typically calm animal may become protective during a visit.
- Never extend a palm or look a dog or cat directly in the eyes. Look to the side, or down. Do not approach an animal if its hair is raised, teeth are bared, tail is raised or between its legs. These are signs that the animal feels threatened.
- Keep a distance of at least ten (10) feet from the animal; if the animal begins approaching in a threatening manner, slowly begin to back away towards an exit or safe place.
- Pregnant women must not clean up cat litter or feces due to a risk of fetal illness (toxoplasmosis).
- Do not remain in the home if an individual is cleaning bird or rodent cages, to avoid inhaling dried droppings and dust from feathers of infected birds.

- If there is suspected risk of insect or rodent infestation, carry as few items into the home as possible and place belongings in a clean area; sit on a hard chair and avoid sitting on beds or upholstered furniture.

Exposure:

- If a bite or scratch from an animal results in a laceration or puncture, the employee must wash the wound thoroughly as soon as possible with soap and water (or alcohol rub if soap and water is unavailable) and seek medical attention. An employee may need to undergo rabies prophylaxis if the animal has rabies.
- If scratched or bitten by a cat, wash the lesion carefully as soon as possible with soap and water, or alcohol rub, and seek medical attention. Cat scratches and bites may result in hemorrhagic septicaemia or cat scratch fever.
- The employee must complete an Employee Incident and Investigation Report when bitten or scratched by an animal while in the course of work related duties; and also if the employee is diagnosed with a disease they believe was caused by exposure to an infected animal during the course of their work duties.
- Any animal bite that occurs must be reported to the local public health unit for follow up, to determine if there is any risk of rabies transmission. Service users and foster parents can be advised that the bite will be reported and that such a report is routine, and not intended to cause trouble or worry.
- Call Animal Services as soon as possible when sick animals are noticed in a service user's home or neighbourhood.

REPORTING REQUIREMENTS

If an employee believes that they have been exposed to an infestation or infection described within this document during their work duties, a Manager must be informed as soon as safely possible. An Employee Incident and Investigation Report must be completed by the affected employee and their Manager or designate within one (1) business day after any incident or near incident occurs involving employee safety and security. Immediately forward the report to the Manager of Human Resources or designate.

APPLICABLE FORMS

- Employee Incident and Investigation Report

- Bed Bug Reporting and Response Plan
- Pandemic Policy
- Pandemic Preparedness Plan
- Business Continuity Plan

Approved By: Senior Management	Approval Date: July 2020	Review Date: July 2021
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Appendix A: Proper Hand Hygiene Practices

Hand hygiene is a general term that applies to hand washing and the use of alcohol-based hand rubs.

When to Wash Your Hands:

- When visibly soiled.
- When contaminated with blood or body fluids.
- Before eating, or feeding people in your care.
- After personal functions such as using the washroom, blowing your nose, etc.
- After changing diapers.
- After contacting a child's body fluids, diapers, runny nose, spit, vomit, etc.
- After handling pets, pet objects, or pet treats.
- After removing gloves used for any purpose.

Proper Hand Washing in Five Steps:

1. Wet hands with warm water.
2. Apply liquid soap from a dispenser.
3. Rub hands together, making sure to cover all surfaces of hands and fingers, for fifteen seconds.
4. Rinse hands well and pat dry with a paper towel.
5. Use the towel to turn off the tap.

When to Use Alcohol-based Hand Rubs:

- In situations when hand washing facilities are not readily available.

Proper Use of Alcohol-based Rubs in Three Steps:

1. Apply product to palm of one hand.
2. Rub hands together making sure to cover all surfaces of hands and fingers.
3. Rub until hands are dry.

Appendix B: Reporting Requirements of Occupational Diseases to the Ministry of Labour

Employers have an obligation to report Occupational Illnesses to the Ministry of Labour and the Joint Health and Safety Committee, and to the trade union. Healthcare-associated infections in an employee, acquired as the result of an occupational exposure, are considered occupational illnesses.

The Ontario *Occupational Health and Safety Act* (Section 1(1)) defines an occupational illness as: "a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997."

Other pertinent sections of the *Occupational Health and Safety Act* regarding reporting are Section 52 (2), which outlines the employer's responsibilities to current workers, and Section 52 (3) which outlines the employer's responsibilities to former workers.

The requirement to submit a report to the Ministry of Labour does not necessitate confirmation of an occupational illness, but simply that the employer has been notified about an illness by or on behalf of an employee or WSIB.

Reporting requirements must be completed within four calendar days. Laboratory confirmation is not required. The Joint Occupational Health and Safety Committee should investigate all reports to decrease the risk of further transmission.

The report must contain all information as outlined in section 5 (5) of the Health Care and Residential Facilities Regulation:

- The name and address of the employer.
- The nature of the occupational illness and the circumstances which gave rise to such illness.
- A description of the cause or suspected cause of the occupational illness.
- The period when the employee was affected.
- The name and address of the employee who is suffering from the occupational illness.
- The name and address of the physician, if any, who is attending to or attended to the employee for the illness.
- The steps taken to prevent further illness.