


Chapter:	<b>Staff Safety and Wellness</b>	Classification:	<b>Public Document</b>
Subject:	<b>Infection Exposure Control</b>		
For:	<b>Correctional Facilities</b>	 Authorized by Executive Director	

## 1. Policy

- 1.1 Correctional Services will ensure that employees work in a safe and healthy environment that mitigates and effectively manages exposure to infectious materials in accordance with
- 1.1.1 the *Occupational Health and Safety Act*
  - 1.1.2 Section 23 of the *Mandatory Testing and Disclosure Regulations*
  - 1.1.3 this policy


## 2. Training and Education

- 2.1 An infection control education seminar will be provided to staff demonstrating approved methods of safe interaction with individuals in custody who may have communicable diseases and the use of appropriate personal protective equipment (PPE). This will be provided during new employee orientation and at other times when warranted.
- 2.2 General Infectious Exposure Control definitions, responsibilities and communicable disease fact sheets are found in the Department of Justice Occupational Health and Safety Management System (OHSMS), Section 13, Infectious Exposure Control.
- 2.3 During a declared pandemic by the World Health Organization (WHO), The Superintendent will ensure that the recommendations made by Public Health are followed, see Policy and Procedures Subject 6.11.00, [Pandemic Situations](#).

## 3. Prevention


- 3.1 Each facility will establish a cleaning schedule identifying high risk areas in need of extra cleaning. High risk areas include
- 3.1.1 door handles
  - 3.1.2 keys
  - 3.1.3 portable radios
  - 3.1.4 staff workstations
  - 3.1.5 keyboards
  - 3.1.6 telephones

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- 3.1.7 light switches
- 3.1.8 safety railings
- 3.1.9 high touch surfaces
  
- 3.2 Proper hand sanitization with soap and water or hand sanitizer is required after every physical contact with another individual or any potentially contaminated surface. Hand washing is also required after each change of gloves.
  
- 3.3 All Correctional Services staff performing tasks entailing reasonable anticipated exposure to blood or other potentially infected surfaces or materials will be provided with and are required to use PPE. Only appropriate PPE that meets recognized standards will be used, including
  - 3.3.1 impermeable disposable gloves
  - 3.3.2 protective search gloves
  - 3.3.3 face shields
  - 3.3.4 CPR face mask
  - 3.3.5 fluid resistant procedure mask
  - 3.3.6 disposable protective gowns
  - 3.3.7 disposable boot covers
  - 3.3.8 eye protection (e.g. goggles)
  - 3.3.9 spill kits
  
- 3.4 Staff members will use and maintain the PPE provided to them in accordance with training and the manufacturer's instructions. Staff members will
  - 3.4.1 inspect the PPE at regular intervals to ensure that the equipment provides the required protection
  - 3.4.2 notify their immediate supervisor if the PPE needs repair or replacement
  - 3.4.3 properly dispose of contaminated PPE which cannot be decontaminated in a manner that will continue to protect staff from exposure to hazards
  - 3.4.4 not perform work requiring PPE without appropriate PPE
  
- 3.5 All staff members who have direct contact with individuals in custody will be provided one (1) CPR pouch. The pouch will
  - 3.5.1 be worn on the belt by staff when on duty

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- 3.5.2 contain one pair of impermeable disposable gloves and one CPR mask barrier
- 3.5.3 be visually inspected by staff for damage prior to commencing duty (refer to manufacturer specifications for usage)
- 3.5.4 be replaced if the contents have been used or are showing signs of wear or damage
- 3.5.5 protective search gloves or disposable gloves (cut resistant gloves) will be issued to all uniformed officers. Non-uniformed staff members will be provided search gloves at the approval of the superintendent. Protective search gloves are mandatory to be worn when conducting a search, handling property, or participating in a planned use of force incident. Impermeable disposable gloves will be provided as follows
  - 3.5.5.1 at staff posts
  - 3.5.5.2 located in other areas where staff are likely to come into contact individuals in custody
  - 3.5.5.3 inventoried by staff on a regular basis and replaced as needed

#### **4. Handling of Contaminated Materials**


- 4.1 Contaminated laundry will be handled as little as possible with minimal agitation and will be isolated from the rest of the laundry and bagged separately at the location where it was used. The laundry will be
  - 4.1.1 placed into a water-soluble bag
  - 4.1.2 handled only by staff wearing appropriate PPE
  - 4.1.3 individual in custody assigned to work in the laundry, are prohibited from handling contaminated material
  - 4.1.4 labelled identifying the contents as contaminated and what kind of contaminant
- 4.2 Water soluble and/or biohazardous bags will be accessible in spill kits. Whenever a water-soluble bag and/or a biohazardous bag is not available, staff members will
  - 4.2.1 place soiled linen/clothing in a clear garbage bag
  - 4.2.2 place the garbage bag inside another clear garbage bag and seal the bag

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- 4.2.3 label the bag identifying the contents as contaminated and what kind of contaminant
- 4.3 Staff members who determine that their uniform issued clothing, protective vest and/or personal clothing has been contaminated as a result of coming in contact with blood or bodily fluids will
  - 4.3.1 remove the contaminated item(s) carefully to avoid additional contact with the contaminated material
  - 4.3.2 place the clothing item(s) in a labelled biohazardous bag
  - 4.3.3 put his/her name on the outside of the bag for proper cleaning or disposal
  - 4.3.4 any items sent to outside cleaning agencies (e.g. dry-cleaning facilities) will be labelled notifying them of the potential hazard, and special handling requirements (e.g. wearing of appropriate PPE)
  - 4.3.5 staff members in possession of contaminated clothing items will be provided appropriate replacement clothing as soon as possible
- 4.4 Spill kits will be used to clean blood and/or bodily fluid spills. Spill kits will be located as identified in local Standard Operating Procedures (SOP). Each spill kit will contain, at a minimum
  - 4.4.1 two (2) disposable protective gowns
  - 4.4.2 two (2) pairs of disposable impermeable gloves
  - 4.4.3 two (2) pairs of splash safety goggles
  - 4.4.4 two (2) fluid resistant procedure masks
  - 4.4.5 two (2) disposable protective face shields
  - 4.4.6 two (2) pairs of disposable protective boot covers
  - 4.4.7 two (2) water soluble bags
  - 4.4.8 garbage bags (black/clear and yellow)
  - 4.4.9 two (2) biohazard bags
  - 4.4.10 disposable absorbent towels (i.e. cloths/socks/pads)
  - 4.4.11 one (1) spray bottle for disinfectant cleaner
  - 4.4.12 disinfectant solutions (i.e. bleach/ultraquat)
  - 4.4.13 one (1) puncture proof container for sharps
  - 4.4.14 cleaning cart
  - 4.4.15 broom and dustpan (for dry infected materials)
  - 4.4.16 mop and bucket
  - 4.4.17 toilet brush and holder

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- 4.4.18 dust wand (for vents)
- 4.4.19 mop handles and mop heads
- 4.4.20 scouring pads
- 4.4.21 wet floor signs
  
- 4.5 Only individuals trained in safe and effective management of spillages will deal with spills. Spillages will require different management depending on the bodily fluid(s) involved. Managers will ensure the person(s) required to clean spills has previously received appropriate training and instruction.
  
- 4.6 Spillages will be contained and cleaned up according to the procedures listed below
  - 4.6.1 cordon off the area where the spill has occurred to reduce cross contamination; place an appropriate amount of caution/wet floor signs
  - 4.6.2 ensure cuts and abrasions on any areas of the skin are covered with a waterproof dressing
  - 4.6.3 use appropriate PPE to protect body and clothes
  - 4.6.4 if the spill contains broken glass or sharp instruments, safely dispose of them using a disposable scoop (or cardboard), without directly touching the object with your gloved hands. Discard safely into a sharps container
  - 4.6.5 prepare a disinfectant solution in a container or bucket using one (1) part bleach to ten (10) parts water (1:10 ratio). A pre-mixed manufactured disinfectant solution proven to provide the same level of effectiveness may be used to replace bleach and water. When using bleach as a substitute, follow manufacturer's instructions, WHMIS guidelines and precautions on the Material Safety Data Sheet (MSDS/SDS):
    - 4.6.5.1 Wipe visible material first from contaminated area(s) with absorbent towels. Dispose of towels immediately once saturated into plastic bags. Ensure bags are sealed when completed.
    - 4.6.5.2 Clean all affected and potentially affected areas with disinfectant solution. Carefully pour the solution over the immediate spill site and let stand for ten (10) minutes.

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- 4.6.5.3 Thoroughly clean/wipe area(s). Work from cleanest area to most contaminated areas. Inspect as you clean. Use abrasive scrub pads as needed.
  - 4.6.5.4 Discard all towels scrub pads, etc. into plastic bags and seal when completed.
  - 4.6.5.5 Remove PPE as per manufacturer's instructions and wash hands with soap and water or use an alcohol-based hand sanitizer.
- 4.7 The environmental cleaning procedure for routine cleaning and disinfection is as follows
- 4.7.1 place an appropriate amount of caution/wet floor signs
  - 4.7.2 ensure cuts and abrasions on any areas of skin are covered with a waterproof dressing
  - 4.7.3 use appropriate PPE to protect body and clothes
  - 4.7.4 if the area contains waste, debris, sharp objects etc., dispose of them using appropriate measures as per section 4.4 of this policy (i.e., use a scoop and sharps container for sharp objects)
  - 4.7.5 clean spillages of contaminated areas as per section 4.3 of this policy
  - 4.7.6 clean surfaces from top to bottom, from clean to soiled and inwards from walls using disposable cleaning cloths
  - 4.7.7 use scouring pads on stains not easily removed by cleaning cloths
  - 4.7.8 clean all hardware and furnishings including door handles, shelves, ledges, tables and wall fixtures. Begin at the doorway and work around the room
  - 4.7.9 clean hand washing sink including faucets, basis, drainpipe, grout, back splash and counter
  - 4.7.10 if waste container is visibly soiled, damp wipe the interior and exterior
  - 4.7.11 clean toilet by first flushing, followed by applying toilet bowl cleaner and scrub with a toilet brush. Allow the toilet bowl cleaner to sit for a period before flushing the toilet
  - 4.7.12 clean the handle, toilet seat and outside of toilet bowl with disposable wipe(s)
  - 4.7.13 flush toilet after cleaning is complete

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- 4.7.14 clean shower walls with scouring pad prior to using disposable wipes; clean shower including faucet, shower head, soap dish and grout (if applicable)
- 4.7.15 clean shower curtain or replace if visibly soiled
- 4.7.16 if shower floor contains visible debris, dry mopping is done with a treated mop pad to minimize dust dispersal, followed by a wet mop (mop head will be changed if visibly stained)
- 4.7.17 after cleaning and disinfection is complete; reusable cleaning equipment will be laundered and stored to dry; mop bucket will be drained and cleaning supplies are to be restocked as needed, PPE is removed, and hand hygiene is performed

4.8 When handling razors or needles, staff will wear impermeable disposable gloves and have sharps container ready. Used razors will be deposited directly into a puncture resistant, leak proof container that is labelled as “biohazardous”.


4.9 Contaminated needles and other sharps will not be bent, recapped or removed. Shearing or breaking contaminated needles is prohibited.

4.10 Remove and discard the disposable gloves and wash hands with soap and water or use an alcohol-based hand sanitizer.

**5. Post Exposure Protocol** (see Post Exposure Control Protocol, [12.06.00-A](#))

- 5.1 This protocol is for managing a significant exposure to human blood and/or bodily fluids. A significant exposure can occur by
  - 5.1.1 skin penetration caused by a sharp
  - 5.1.2 a human bite resulting in a punctured skin wound
  - 5.1.3 blood, bodily fluid or potentially infectious material contact with non-intact skin or mucous membranes (eyes, nose or mouth)
- 5.2 Significant exposure is when one person’s blood or other high-risk body fluid comes in contact with someone else’s.
  - 5.2.1 body cavity
  - 5.2.2 subcutaneous tissue (layer of tissue below the surface skin)
  - 5.2.3 non-intact, chapped or abraded skin or mucous membrane

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- 5.3 When a significant exposure occurs to an employee, the individual will immediately seek first aid treatment and notify their supervisor. First aid measures will include
  - 5.3.1 washing the area well with soap and water for mucous membranes, flushing the area with water or saline solution for fifteen (15) minutes
  - 5.3.2 seek medical assistance as soon as possible
  
- 5.4 The on-duty manager will
  - 5.4.1 provide an emergency decontamination kit in cases when a staff member has been contaminated with bodily fluids
  - 5.4.2 ensure the employee attends the nearest emergency department and inform the physician on duty that they have been exposed to bodily fluids
  - 5.4.3 assign a second staff member to accompany the affected staff member to the emergency department to support the affected staff member
  - 5.4.4 report the exposure to the deputy superintendent who will in turn report the incident to Head Office
  
- 5.5 The employee will inform the emergency room triage nurse that a workplace injury has occurred with the potential of infectious disease.
  
- 5.6 Staff member involved in an exposure incident will document the incident on
  - 5.6.1 an information report
  - 5.6.2 a Worker's Compensation Board Form 67 (where applicable)
  - 5.6.3 [the Environment, Health and Safety Management System \(EHSM\)](#)

## **6. Mandatory Testing and Disclosure**

- 6.1 In accordance with the *Mandatory Testing and Disclosure Regulations*, employees exposed to bodily fluids can request a court to order the individual in custody who is the source of the bodily fluids to be tested for
  - 6.1.1 hepatitis B
  - 6.1.2 hepatitis C
  - 6.1.3 human immunodeficiency virus (HIV)

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- 6.2 In accordance with section 6.1 above, when an employee comes in contact and/or is exposed to bodily fluids the supervisor will ensure
  - 6.2.1 employee completes a WCB Accident Report form
  - 6.2.2 employee documents the incident on EHSM
  - 6.2.3 employee receives a Physician Report form, [12.06.00-B](#) and sends employee for a medical assessment (*see Mandatory Testing and Disclosure Act, Section 23, Schedule A*)
  - 6.2.4 employee is advised to have the physician complete Physician Report form, [12.06.00-B](#)
  - 6.2.5 employee returns completed Physician Report form, [12.06.00-B](#), to their employer
  
- 6.3 During the medical assessment, the employee will have the physician complete the Physician Report form, [12.06.00-B](#), which allows for mandatory testing of the individual in custody and disclosure of results.
  
- 6.4 The individual will be advised of the request to submit to the mandatory testing. Should they
  - 6.4.1 agree to the testing, Correctional Services will make arrangements for the test
  - 6.4.2 not agree to the testing, the completed Physician Report form, [12.06.00-B](#), is forwarded to Head Office who will meet with Legal Services to make an application for a court order
  
- 6.5 Where the court orders the mandatory testing of an individual in custody, Correctional Services will
  - 6.5.1 make arrangements for the test
  - 6.5.2 upon receipt of the testing results, advise the employee

## **7. Vaccinations and Immunizations**

- 7.1 Correctional Services in consultation with Public Health and Public Service Commission's Manager Occupational Health and Safety will respond to public service announcements through Public Health requiring immunizations and vaccinations to the general public for such infectious diseases as influenza, tuberculosis, and hepatitis B. Public Health will take the lead on any immunizations and vaccinations

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**8. Standard Operating Procedures (SOP)**

- 8.1 The superintendent is responsible to implement Standard Operating Procedures (SOP) with respect to this policy as follows
  - 8.1.1 specific direction regarding prevention of infectious exposures as it pertains to the facility physical plant, as well as identifying areas to be cleaned
  - 8.1.2 handling of contaminated materials including bedding, clothing and staff uniforms
  - 8.1.3 procedures for Post Exposure Protocol, [12.06.00-A](#), including communication between management and staff
  - 8.1.4 identified position responsible for maintenance of spill kits
  - 8.1.5 location of spill kits
  - 8.1.6 specific direction regarding the facilitation of testing under the *Mandatory Testing and Disclosure Act* in accordance with Section 6 above