

HCHSA - Protecting Health Care Workers from Infectious Diseases: A Self-Assessment Tool



With the onset of SARS in 2003, many health care employees and their families endured a tremendous burden from an infectious disease. This document is dedicated to them, and to everyone who remains committed to the prevention and control of illnesses arising from infectious diseases in the workplace.

Health Care Health and Safety Association

PREFACE

The Health Care Health and Safety Association of Ontario (HCHSA) is a not-for-profit organization, designated as a Safe Workplace Association under the Workplace Safety and Insurance Act (S.O. 1997). Our vision is to inspire, guide and support our clients to achieve the healthiest and safest workplaces.

HCHSA recognizes that health care organizations face increased challenges post-SARS to ensure they have adequate programs in place to protect the health and safety of their staff. As a result, this self-assessment tool was developed to assist employers, workers, health care professionals, and members of the joint health and safety and infection control committees identify strengths and opportunities for enhancing their Occupational Health Infection Control Program.

This self-assessment tool should assist health care organizations address the legislated requirements under the Ontario Occupational Health and Safety Act and establish best practices in occupational health and safety as recommended in the Ministry of Health and Long Term Care's April 2004 report on SARS and infectious disease control, For the Public's Health: A Plan of Action.

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October 2004

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- Canadian Council on Health Services Accreditation; Ontario Association of Non-Profit Homes and Services for Seniors; Ontario Hospital Association; Ontario Long Term Care Association.
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- Dr. Linn Holness, Director, Gage Occupational and Environmental Health Unit, University of Toronto and St. Michael's Hospital; Margaret Jay, Infection Control Coordinator, Peterborough Regional Health Centre; Susan MacMillan, Risk Management Consultant, St. Paul Insurance; Dr. Liana Nolan, Commissioner of Public Health and Medical Officer of Health, Regional Municipality of Waterloo; Carol Ross, Manager of Total Quality Service and Safety Programs, Fairhaven, Peterborough; Dr. Hsui-Li Wang, Assistant Medical Officer of Health, Regional Municipality of Waterloo; Anne-Luise Winter, Nurse Epidemiologist, Ministry of Health and Long Term Care.

This document was developed by the following HCHSA staff with the support and assistance of their colleagues:

- Joseline Sikorski, Peggy Swerhun, Craig Lawrie and Fiona Macpate.

INTRODUCTION

This assessment tool was developed to assist health care organizations identify strengths and to provide opportunities for the enhancement of their occupational health program with respect to infection control.

With the aid of this assessment tool, an action plan and implementation strategy may include:

- a review and revision of existing occupational-health related infection control policies and procedures.
- development of an action plan to implement new policies, procedures and programs.
- identification of infection-control training requirements for staff.

The goal of this tool is the protection of health care workers from the transmission of infectious diseases in the workplace. This tool does not address infection control issues related to patient safety.

A multidisciplinary approach is recommended for completing this assessment tool. Appropriate departments, managers, staff, the joint health and safety committee and infection control committee should be involved in the process.

As outlined in the table of contents, this assessment tool is divided into major sections and sub-sections. Each organization should determine the sections appropriate for its needs, as not all sections may apply. The following sections have been identified as key elements and should be included in all assessments: Occupational Health Infection Control – section 1.0, Routine Practices and Additional Transmission-Based Precautions – section 2.0, Immunization – section 3.0, and Environmental Infection Control – section 4.0.

Legislation cited in this document is based on current (at the time of release) Ontario statutes and regulations. Canadian standards and rationale are referenced. In addition, internationally recognized standards are referenced where they offer the most current information. It is recognized that while an attempt was made to identify relevant standards, others may be available that have not been referenced. To assist in the completion of this assessment tool we recommend that you obtain a copy of the Ontario Occupational Health and Safety Act and the Regulations for Health Care and Residential Facilities to use

as a reference. It is also advisable to have current copies of the Health Canada documents and Ministry of Health and Long Term Care directives and standards referenced in Appendix A. All of these documents are available on-line and can be viewed by clicking on the appropriate government links at the HCHSA website, www.hchsa.on.ca

Appendix A contains the complete title of abbreviations and acronyms used in this document.

Please note: under the “rationale” headings, elements where regulatory requirements apply are identified by an asterisk (*).

While this assessment tool is not intended to be a compliance audit tool, many of the requirements for an occupational infection control program are legislated under the Occupational Health and Safety Act and the Regulations for Health Care and Residential Facilities. In accordance with sections of the Act and the regulations, policies and procedures related to occupational infection control should be developed in consultation with the joint health and safety committee.

Suggested guidelines for implementation, such as key points to include in policies and procedures, are included for most elements. They include explanations or guiding comments to assist the users of this assessment tool.

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Standard or Rationale

- * HCRF Reg., sec. 8 and 9
- * Reg. 965 – Hospital Management (under Public Hospitals Act), sec. 4 (1), (2) and 7
- LTC – FPM, Criteria M3.19 to M3.26
- APIC

1.2

The organization has policies and procedures in place to protect workers from hazards that may affect their reproductive health, pregnancy or the health of a nursing child.





Suggestions for Implementation

Procedures should address any identified risk to workers, including but not limited to: rubella, parvovirus B19, toxoplasmosis and hazards that may affect their reproductive health, pregnancy or their nursing child.

Standard or Rationale

- * HCRF Reg., sec. 9(1) 8
- APIC
- HC-PCOI

ASSESSMENT

			
YES	NO	PARTIAL	N/A

1.3

Infection control policies and procedures that relate to occupational health are reviewed annually and more frequently if required.





Suggestions for Implementation

The organization reviews infection control policies and procedures that relate to occupational health at least annually and more frequently if required, for example, by new directives from the Ministry of Health and Long Term Care.

Standard or Rationale

- * HCRF Reg., sec 9(2) and (3)

ASSESSMENT

			
YES	NO	PARTIAL	N/A

1.4

Workers are trained in infection control policies and procedures to protect their health and safety.





Suggestions for Implementation

Training of workers should take into account the tasks they perform and the risk of exposure to infectious disease inherent in their particular situation. Training must be documented.

Examples of training include:

- prevention of disease transmission.
- symptoms of communicable diseases to report.
- health promotion to prevent illness.
- use of personal protective equipment as appropriate.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * OHSА, sec. 25, 26 and 27
- * HCRF Reg., sec 9(4)
- * WHMIS Reg.
- * Regulations under the Nursing Homes Act, Homes for Aged and Rest Homes Act and Charitable Institutions Act require initial and ongoing training of workers
- APIC

1.5

A quality assurance program is in place to ensure safe work practices.

Suggestions for Implementation

Quality assurance indicators may include items such as:

- training records.
- adherence to policies and procedures.
- occupational health statistics.
- feedback and evaluation.

Standard or Rationale

- * OHSА sec. 25, 26 and 27

ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

1.6

There is a process for communicating and sharing information between the people responsible for occupational health, the JHSC and the infection control committee.

Suggestions for Implementation

In addition to the OHSА, regulations under the Public Hospitals Act provide for the JHSC to request a member of a medical advisory committee to advise the JHSC on matters related to infection control.

Standard or Rationale

- * OHSА, sec. 9(18)
- * HCRF Reg., sec. 8 and 9
- * Reg. 965 – Hospital Management, under Public Hospitals Act, sec. 7(6)

ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

1.7

There is written communication and sharing of information between the infection control practitioner and the occupational health professional.

Suggestions for Implementation

This communication should address health care worker exposure to communicable diseases, health care worker infections, outbreaks, development of infection control policies and procedures and education pertaining to occupational health.

ASSESSMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

In long-term care the occupational health professional may be a person assigned responsibility for occupational or employee health.

Standard or Rationale

- APIC
- HC-PCOI

1.8

There is an occupational health medical adviser or consultant with infection control experience to collaborate in the development of occupational health procedures and to act as a resource when needed.

Suggestions for Implementation

The adviser/consultant could be “in house” or external.

Long-term care facilities should identify and have a process to consult occupational health resources as needed.

Standard or Rationale

- APIC
- HC-PCOI
- OHA/OMA

ASSESSMENT

YES	NO	PARTIAL	N/A

1.9

There are occupational health infection control policies for work restrictions.

Suggestions for Implementation

Policies and procedures should affirm that sick workers should not report to work. Work restrictions will be based on agent, mode of transmission, control measures, clinical status of illness, and degree and type of contact with patient/residents and staff.

Infection control, occupational health and public health professionals are consulted in the development of policies.

Standard or Rationale

- OHA/OMA
- HC-PCOI
- APIC

ASSESSMENT

YES	NO	PARTIAL	N/A

1.10

There is an occupational health policy and related procedures for screening health care workers for communicable diseases, for reporting illness (internal and external reports), and for detecting, preventing and controlling diseases.

Suggestions for Implementation

Policies and procedures should address:

- screening procedures, e.g., pre-placement and post-exposure assessment and follow-up (in accordance with the OHA/OMA

ASSESSMENT

YES	NO	PARTIAL	N/A

1.13

A written program is in place for environmental assessment of infectious hazards to workers.





Suggestions for Implementation

For example, the evaluation of needle stick data, evaluation of ventilation systems, presence of biological hazards, etc. The program should include assessment, control and evaluation of hazards.

Standard or Rationale

- HC - PCOI

ASSESSMENT

			
YES	NO	PARTIAL	N/A

1.14

Occupational/Employee health records are maintained.

Suggestions for Implementation

Occupational health records maintained by an organization must be confidential and accessible only to designated staff responsible for occupational health. Records should contain:





- immune status, immunization record, records of exposure to communicable diseases and prophylaxis.

Records can be used to track when TB skin tests are due and to check immune status, for example during a measles outbreak. A record should be kept of refusal of immunization.

Standard or Rationale

- * OHSA, sec. 63(2)
- * HCRF Reg., sec. 9
- APIC

ASSESSMENT

			
YES	NO	PARTIAL	N/A

1.15

Risk assessment activities are performed to identify potential occupational exposure situations or transmission of infectious diseases to or from the health care worker, from others or from the environment.





Suggestions for Implementation

- Risk assessment. For example, workplace inspections, screening of staff, review of exposure records, review of infectious disease literature, internal and external communication, collaboration between infection control and occupational health staff, etc.
- Measures and procedures to control infectious diseases should be prepared where risk assessment indicates a need.

Standard or Rationale

- * OHSA, sec. 25(2) (h)
- HC-PCOI

ASSESSMENT

			
YES	NO	PARTIAL	N/A

1.16

In order to secure sufficient resources, a reporting process is in place to inform senior management about occupational health program objectives.

Suggestions for Implementation





Periodic or routine reporting of activities may include:

- statistics related to worker infections.
- occupational health infection control activities (for example, training sessions, surveillance and audits).
- resource requirements.

Standard or Rationale

- HC-PCOI

ASSESSMENT

			
YES	NO	PARTIAL	N/A

1.17

Risk control measures using the occupational hygiene hierarchy are in place and are employed to prevent health care worker exposure to infection.

Suggestions for Implementation





The occupational hygiene hierarchy of controls is:

- 1) Controls at source (e.g., engineering controls)
- 2) Controls along the path (e.g., work practice controls and administrative controls)
- 3) Controls at the worker (e.g., personal protective equipment)

Standard or Rationale

- * OHSA, sec. 25(2) (h)
- * HCRF Reg, sec. 8 and 9
- * WHMIS
- HC-PCOI

ASSESSMENT

			
YES	NO	PARTIAL	N/A

1.18

An eyewash fountain is provided and maintained where a worker may be exposed to a potential hazard of injury to the eye, resulting from contact with a biological or chemical substance.





Suggestions for Implementation

The eyewash performance criteria should include installation and maintenance in accordance with the ANSI standard.

Standard or Rationale

- * IER, sec. 124
- HC-LBSG
- ANSI-Z358.1 - 1998

ASSESSMENT

			
YES	NO	PARTIAL	N/A

2.0

Routine Practices and Additional Transmission-Based Precautions

This section contains core elements that should be included in all occupational infection control programs. Routine practices should be used for all patients, residents and clients, regardless of diagnosis. This section also includes additional transmission-based precautions for infections spread by the following routes: airborne, droplet and contact.

2.1

There is a policy and procedure for hand hygiene including the use of waterless antiseptic hand rinse (alcohol).

Suggestions for Implementation

The policy and procedures should describe handwashing technique and when to use alcohol hand sanitizer.

Hands should be washed:

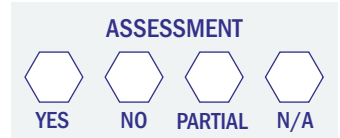
- after any direct contact with a patient/resident.
- before contact with the next patient/resident.
- before contact with immunocompromised or ICU patients/residents.
- after contact with items contaminated by blood, body fluids, secretions, excretions or exudates.
- after removing gloves.
- between certain procedures on same patient/resident.
- prior to handling food or feeding a patient/resident.
- when hands are soiled.
- after body functions (for example, use of toilet).

Alcohol sanitizer may be used:

- only if hands are not visibly soiled.
- in addition to handwashing.
- when handwashing facilities are not available.
- according to workplace policy (for example, upon entering and leaving the building).

Standard or Rationale

- * HCRF Reg., sec. 9(1) (3) (4) and 28
- HC-HCD&S
- HC-RP&AP
- CDC-GHH



2.2

There are adequate hygiene facilities, including sinks, liquid soap dispensers and paper towels.





Suggestions for Implementation

Part 3 of the Ontario Building Code should be referred to regarding adequate hygiene facilities.

Standard or Rationale

- * HCRF Reg., sec. 9(1) (3) (4) and 28

ASSESSMENT

			
YES	NO	PARTIAL	N/A

2.3

The policy and procedure related to cleaning equipment, furniture and environmental surfaces addresses worker health and safety.

Suggestions for Implementation

The policy should address:





- safe work practices.
- appropriate use of cleaning agents.
- personal protective equipment (PPE).
- training requirements.

Also refer to Section 4 on Environmental Infection Control.

Standard or Rationale

- * HCRF Reg., sec. 8 and 9
- HC-RP&AP

ASSESSMENT

			
YES	NO	PARTIAL	N/A

2.4

There is a policy and procedure that directs staff in the safe handling of soiled patient/resident care equipment.

Suggestions for Implementation





The policy and procedure should include:

- safe work practices that prevent worker exposure of the skin and mucous membranes, and contamination of their clothing and the environment.
- use of personal protective equipment.
- routine practices.

Standard or Rationale

- * HCRF Reg., sec. 8, 9(1) and (2), 112 and 116
- HC-RP&AP

ASSESSMENT

			
YES	NO	PARTIAL	N/A

2.5

There is a policy and procedure for the use, handling, reprocessing and disposal of sharps.

Suggestions for Implementation

The policy related to the handling and disposal of sharps should include:

- no recapping.
- discarding as close as possible to the point of use.
- the use of sharps containers.
- safe work practices.
- training requirements.

Also refer to Section 8 of this document on blood and body fluid exposure.

Standard or Rationale

- * HCRF Reg., sec. 8, 9(1) and (3), 113 and 114
- HC-RP&AP

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

2.6

There is a policy directing when gloves should be worn and the type of glove to be worn.

Suggestions for Implementation

The policy should indicate:

- that gloves are not a substitute for handwashing.
- when to remove or change gloves (e.g., between patients/residents).
- type of gloves (e.g., vinyl, low protein and no powder latex).

Standard or Rationale

- * HCRF Reg., sec. 8, 9 and 10
- HC-RP&AP

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

2.7

There is a policy directing when eye protection, face shields and masks should be worn to protect the eyes, nose and mouth of workers.

Suggestions for Implementation

Procedure/surgical masks are required for certain diseases spread by large droplets and during procedures when there is a risk of splashing or spraying of moist body fluids, secretions and other infectious material.

Consideration should be given to the use of fluid-resistant procedure masks.

N95 respirators may be required in some circumstances.

Also refer to section 9.0 of this tool on Respiratory Protection.

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 8, 9, 10 and 11(b)
- HC-RP&AP
- MoHLTC

2.8

There is a policy directing when gowns are required to be worn and the type of gown to be worn to protect workers.

Suggestions for Implementation

The policy should indicate that gowns:

- are not required for routine patient/resident care for the protection of workers.
- may be required as an additional precaution against specific communicable diseases (e.g., certain gastroenteric infections).
- are required during procedures when there is a risk of splashing or spraying of moist body fluids, secretions and other infectious material.
- are made of an appropriate material for the task.

Workers should be instructed in the proper donning and doffing of gowns to prevent self-contamination.

Standard or Rationale

- * HCRF Reg., sec. 8, 9 and 10
- * OHSА, sec. 27
- HC-RP&AP

2.9

There is a process in place to educate staff in the use and maintenance of personal protective equipment (PPE).

Suggestions for Implementation

The educational material should be readily available and accessible.
 Education should be regularly provided and worker competency maintained.
 Worker competency should be evaluated.

Standard or Rationale

- * HCRF Reg., sec. 8, 9 and 10

2.10

A sufficient quantity of personal protective equipment is stored in a convenient, clean and sanitary location when not in use.

Suggestions for Implementation

Conduct an assessment to determine the quantity and type of personal protective equipment required in routine and emergency situations.
 An inventory of PPE for routine use is maintained. A contingency plan is in place for the procurement of additional and/or specialized PPE as required.

ASSESSMENT

YES	NO	PARTIAL	N/A

ASSESSMENT

YES	NO	PARTIAL	N/A

ASSESSMENT

YES	NO	PARTIAL	N/A

- HC-RP&AP
- MoHLTC-FRI

2.16

The need for eye protection (safety glasses, goggles and face shields) from droplet-spread illnesses is assessed.

Suggestions for Implementation

Where eye protection is required, based on the assessment, the employer must ensure that:

- the appropriate PPE is provided.
- workers are trained in its use including donning and doffing.
- there are procedures for cleaning, and for disinfecting between uses.
- workers wear the PPE provided.

Standard or Rationale

- * HCRF Reg., sec. 9(4) and 10(1)
- HC-RP&AP

ASSESSMENT

YES	NO	PARTIAL	N/A

2.17

Written procedures address precautions to be taken for the transportation of infectious patients/residents to protect the health and safety of workers and the environment.

Suggestions for Implementation

The transportation procedures should include:

- conducting a risk assessment to identify when patients/residents must wear a surgical/procedure mask during transport.
- safe work practices during patient/resident transport.
- safe work practices in patient/resident receiving areas.

Standard or Rationale

- HC-RP&AP

ASSESSMENT

YES	NO	PARTIAL	N/A

3.0

Health Care Worker Immunization

This section addresses immunization of health care workers who are at risk of exposure to communicable diseases.

3.1

The organization has an immunization program that is appropriate to the workplace.

Suggestions for Implementation

The immunization program should be based on the current recommendations of the National Advisory Committee for Immunization (NACI). Hospitals should also refer to applicable OHA/OMA surveillance protocols.

ASSESSMENT

YES	NO	PARTIAL	N/A

Standard or Rationale

- MoHLTC – Influenza Prevention and Surveillance Protocol for Long Term Care Facilities
- HC-PCOI
- OHA/OMA

3.3

Immunization for influenza is actively promoted through on-site and mobile immunization programs.

Suggestions for Implementation

An active annual influenza program should be developed that includes:

- immunization of staff.
- education regarding signs and symptoms.
- benefits, side effects and contraindications of immunization.
- prevention and control of influenza.

Standard or Rationale

- OHA/OMA
- MoHLTC – Influenza Prevention and Surveillance Protocol for Long Term Care Facilities

ASSESSMENT

YES	NO	PARTIAL	N/A

3.4

The policy related to influenza includes directions for health care workers who are not vaccinated during an outbreak.

Suggestions for Implementation

Policies should address issues such as:

- work restrictions/reassignment.
- use of chemoprophylaxis.

Standard or Rationale

- OHA/OMA
- MoHLTC – Influenza Prevention and Surveillance Protocol for Long Term Care Facilities

ASSESSMENT

YES	NO	PARTIAL	N/A

3.5

There is a policy regarding documentation of immunity for new workers and workers at risk.

Suggestions for Implementation

This policy should include:

- a review of immune status to measles, mumps, rubella, Hepatitis B and varicella for newly employed health care workers.
- immunization history.

Standard or Rationale

- HC-PCOI

ASSESSMENT

YES	NO	PARTIAL	N/A

4.3

Routine cleaning is done according to a schedule and workers are trained in cleaning procedures.

Suggestions for Implementation

Written schedules and procedures should be available to all cleaning staff.

The frequency of cleaning and disinfecting is based on the environment, the type of surface to be cleaned, the amount of activity in the area, the risk of transmission of infection, and the degree of soiling.

Standard or Rationale

- * HCRF Reg., sec. 8 and 9
- LTC-FPM – Criteria 03.1 and 03.2
- HC-HCD&S

ASSESSMENT

YES	NO	PARTIAL	N/A

4.4

There are policies and procedures to direct workers responsible for cleaning contaminated equipment to protect themselves from exposure to pathogens.

Suggestions for Implementation

Policies and procedures should address:

- safe work practices.
- use and wearing of personal protective equipment.
- training requirements.

Workers must be properly trained to address the above items.

Standard or Rationale

- * HCRF Reg., sec. 8 and 9
- HC-HCD&S

ASSESSMENT

YES	NO	PARTIAL	N/A

4.5

PPE, including gloves, are worn for cleaning up spills of body fluids, including blood.

Suggestions for Implementation

If there is a risk of splashing, a face shield and gown are worn. For a large spill, overalls, gowns or aprons and boots or shoe covers are worn. PPE is removed before leaving the location of the spill. Hands should then be washed.

Standard or Rationale

- * HCRF Reg., sec. 10 and 11(b)
- HC- HCD&S

ASSESSMENT

YES	NO	PARTIAL	N/A

4.6

Floors, counter tops and other surfaces contaminated with blood or body fluids are cleaned and then disinfected with an appropriate disinfectant (e.g., “hospital grade disinfectant”).





Suggestions for Implementation

Cracked surfaces should be repaired or replaced.

Standard or Rationale

- * HCRF Reg., sec. 33 (1) (a) and 109
- HC- HCD&S

ASSESSMENT

			
YES	NO	PARTIAL	N/A

4.7

Housekeeping staff use the same precautions to protect themselves during the cleaning of rooms of discharged patients/residents as they did during their stay.





Suggestions for Implementation

Precautions in place during patient/resident stay remain in effect until terminal cleaning is completed.

Standard or Rationale

- HC-RP&AP

ASSESSMENT

			
YES	NO	PARTIAL	N/A

5.0

Occupational Exposure of Health Care Workers to Communicable Diseases

This section includes risk control measures that should be in place to prevent and manage occupational exposure to communicable diseases.

5.1

A risk assessment is undertaken to determine the risk of health care worker exposure to infections and communicable diseases.





Suggestions for Implementation

Risk assessment may question:

- which infectious agents are present, or could be present?
- what is the mode of transmission of infectious agents?
- where in the workplace could the agent be?
- who is at risk of exposure to the agent?
- what existing controls are in place?
- what additional controls are required?
- what are the personal protective equipment needs of workers?

Refer to Appendix C for a list of communicable diseases significant to occupational health.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- HC-PCOI
- OHA/OMA

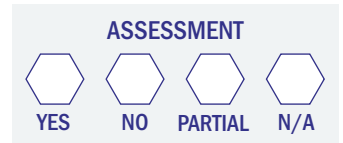
5.2

Risk control measures, policies and procedures have been developed to prevent health care worker exposure to infections and communicable diseases, based on the risk assessment undertaken.

Suggestions for Implementation

Measures, policies and procedures must be published, actively communicated and readily available to workers.

Training related to safe work practices must be provided.



Standard or Rationale

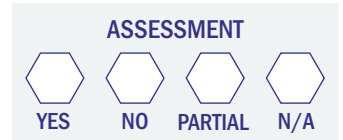
- * HCRF Reg., sec. 8 and 9
- HC-POI
- OHA/OMA

5.3

Risk control measures to manage health care workers exposed to or infected with communicable diseases have been developed in accordance with established protocols.

Suggestions for Implementation

Protocols for the treatment of occupational injuries and illnesses such as needle sticks, exposure to communicable diseases and active infection should be based on currently accepted guidelines.



Standard or Rationale

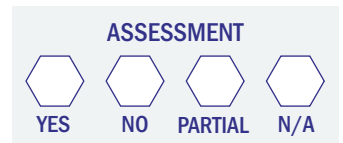
- HC-PCOI
- OHA/OMA

5.4

Health care workers providing direct care to people with specific airborne disease(s) are screened to determine their immune status.

Suggestions for Implementation

Workers susceptible to measles or varicella should be restricted from entering the room of patients/residents capable of spreading these infections.



Standard or Rationale

- HC-RP&AP

6.0

Occupational Health in Outbreak Response

This section includes the basic elements for an occupational health surveillance program and outbreak response. The Ministry of Health and Long Term Care has developed guidelines and directives that should be referred to when completing this section. A number of reporting requirements apply to this section.

6.1

A surveillance program is in place to aid in the rapid identification of communicable disease outbreaks that could affect the health of workers.

Suggestions for Implementation

Surveillance program may include:

- a regular review of statistics for trends and analysis.
- a review of worker illnesses, absenteeism and infection rates.
- a review of patient/resident statistics for infectious diseases with potential to affect workers.
- a reporting mechanism for workers to report illnesses, symptoms and potential exposures.

Infection control data should be reviewed regularly and, if necessary, action should be taken by responsible parties within the workplace.

Standard or Rationale

- * OHS Act, sec. 25(2) (h)
- * HCRF Reg., sec. 8 and 9
- * Reg. 965 – Hospital Management, under Public Hospitals Act, sec. 4(1) (e)
- LTC-FPM – Criteria M3.19 to M3.26
- HC-PCOI
- HC-ICG for LTC

6.2

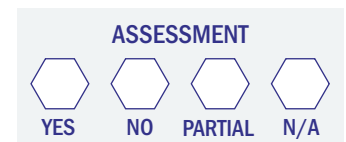
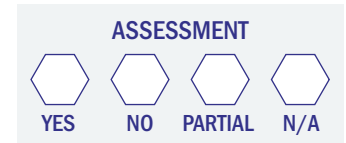
The surveillance program should include a strategy and formal process for communication between infection control staff and occupational health staff.

Suggestions for Implementation

A process is required so that infections among staff can be identified during an outbreak.

Standard or Rationale

- HC-PCOI
- MoHLTC-FRI



6.4

A current list of key contacts includes contacts that are significant in occupational health.

Suggestions for Implementation

The emergency plan should include a procedure for a fan-out protocol.

Occupational health staff should be included in the notification or call-out list for outbreak response.

Additional stakeholder groups who are key contacts may include:

- members of the JHSC.
- union locals.

In addition, the local office of the Ministry of Labour should be included as part of the key contacts list in case notification is required under sections 51 or 52 of the OHS Act.

Standard or Rationale

- * OHS Act, sec. 51 and 52
- HC-PCOI
- HC-Org of IC Programs in Health Care Facilities
- MoHLTC, Directives related to SARS and Guidelines related to FRI

ASSESSMENT

YES	NO	PARTIAL	N/A

6.5

An outbreak management team includes occupational health staff and representation from the JHSC.

Suggestions for Implementation

The composition of the outbreak management team should be addressed in the outbreak protocol.

The "Team" should have a process for communicating among its members.

Standard or Rationale

- HC-CPIP
- MoHLTC – Guidelines for Respiratory Outbreaks, Guidelines for Enteric Outbreaks
- HC-Org of IC Programs in Health Care Facilities
- MoHLTC, Directives related to SARS and guidelines related to FRI

ASSESSMENT

YES	NO	PARTIAL	N/A

6.6

Provision is made for the JHSC to be informed and kept up to date about the status of outbreaks.

Suggestions for Implementation

There is a communication strategy to keep the JHSC informed on the status of outbreaks.

There is a person/position designated with this responsibility.

Standard or Rationale

- * OHS Act, sec. 9(18)
- * HCRF Reg., sec. 8 and 9, related to measures and procedures to be developed

ASSESSMENT

YES	NO	PARTIAL	N/A

- * Reg. 965 – Hospital Management, under Public Hospitals Act, sec. 7(6) (JHSC may request member of Medical Advisory Committee to advise JHSC)
- MoHLTC directives and guidelines related to SARS

6.7

Resources are available for immediate training of potentially affected staff in safe work practices during an outbreak.

Suggestions for Implementation

Education should include:

- signs and symptoms of disease and risk of transmission.
- disease-specific precautions.
- use and disposal of equipment and materials as appropriate.
- hygiene practices.

Education material may be delivered through:

- face-to-face learning.
- appropriate signage.
- pamphlets, video and other information resources.

Standard or Rationale

- HC-PCOI

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

6.8

A method to communicate vital information to staff has been developed in consultation with the JHSC and is included in the outbreak protocol.

Suggestions for Implementation

A communication plan should be developed for staff.

The senior executive of the organization should endorse the plan.

The methods of timely communication may depend on the nature of the outbreak (e.g., electronic, open forum and media release).

Standard or Rationale

- Best practice

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

6.9

There is a procedure for contact tracing among staff.

Suggestions for Implementation

This is required to determine if staff have been exposed to a communicable disease.

Contact tracing may be in consultation with the local public health authority.

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

Standard or Rationale

- * OHS Act, sec. 25(2) (h)
- * HCRF Reg., sec. 8 and 9
- * Reg. 965 – Hospital Management, under Public Hospitals Act, sec. 4(1) (e)
- HC-PCOI
- HC-ICG for LTC

7.0

Waste and Spills

This section includes control measures to protect workers from biological hazards associated with biomedical waste including sharps and spills of blood and body fluids.

7.1

The workplace has an overall waste management program in place.

Suggestions for Implementation

Following the identification of wastes, the program must address the needs of the organization as they relate to the handling and disposal of infectious and biomedical wastes.

Policies and procedures must be developed to direct the program. The program should include:

- collection.
- containment.
- identification of waste.
- transportation (internally and externally).
- handling.
- storing.
- treatment (as applicable).
- disposal through an approved licensed waste management contractor.





Workers must be trained regarding the hazards of waste and the measures outlined above.

The program should reflect the requirements of the Regulations for Health Care and Residential Facilities, the current CSA standards, Guidelines from the Ministry of Environment and Energy regarding waste disposal and the local municipal waste bylaws.

Standard or Rationale

- * HCRF Reg., sec. 8, 9 and 116
- LTC-FPM – Criteria O1.4 to O1.7
- CSA Z317.10
- MOEE Guidelines C-4

ASSESSMENT

			
YES	NO	PARTIAL	N/A

7.2

Sharps containers are readily available where required throughout the workplace.

Suggestions for Implementation

Sharps containers are required as close as possible to the location where sharps are used.





Sharps containers must be:

- of suitable design to prevent materials from being removed.
- constructed of puncture-resistant materials.
- a suitable size for the material they will contain.
- used appropriately and not filled beyond the indicated “fill” line.

Standard or Rationale

- * HCRF Reg., sec. 113
- CSA Z317.10

ASSESSMENT

			
YES	NO	PARTIAL	N/A

7.3

Other biomedical hazardous waste is disposed of in suitable receptacles that meet the criteria as defined under the Health Care and Residential Facilities Regulation.

Suggestions for Implementation





The receptacles should be:

- leak-proof and have a tight-fitting cover and clear markings as biomedical waste.
- emptied daily or as the situations may reasonably require.

Standard or Rationale

- * HCRF Reg., sec. 115 and 116
- CSA Z317.10

ASSESSMENT

			
YES	NO	PARTIAL	N/A

7.4

Procedures are available for cleanup of large blood spills.

Suggestions for Implementation





Procedures should indicate the precautions to be taken such as wearing gloves, use of appropriate germicidal agents and disposal of wastes created during cleanups.

Workers must be provided with training and required equipment for cleaning up blood spills.

Standard or Rationale

- * OHS A, sec. 25
- * HCRF Reg., sec. 8 and 9
- HC-Preventing Blood-borne Pathogens
- HC-HC&DS

ASSESSMENT

			
YES	NO	PARTIAL	N/A

8.0

Blood and Body Fluid Exposure

This section includes control measures to protect workers from exposure to blood and body fluids. This includes risk assessment, safety engineered devices and work practices as well as post-exposure requirements.

8.1

A record and log are kept of all blood and body fluid exposures.

Suggestions for Implementation

The log should record:

- date, time and location of the incident.
- worker's task at time of the exposure.
- any equipment or device involved in the exposure.
- first aid and advice given to the worker.
- post-exposure assessment and prophylaxis if required.
- actions taken following each exposure.

Standard or Rationale

- * OHS Act, sec. 25(2) (h)
- * WSI Act and First Aid Reg. 1101 (where injury occurred)
- HC-PCOI
- HC-PTBBP

8.2

Health care workers exposed to blood-borne pathogens (or potential) are followed up as outlined in written procedures that follow current standards.

Suggestions for Implementation

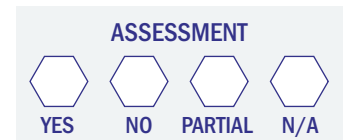
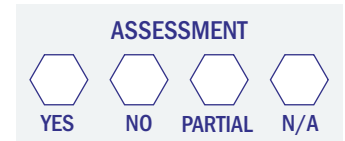
The workplace must have policies and procedures for the management and follow-up of workers exposed to blood-borne pathogens either through an injury (e.g., from sharps) or exposure through mucous membranes or non-intact skin.

Post-exposure follow-up procedures should be well known by potentially exposed workers and other designated staff who will assess and, if required, initiate procedures rapidly.

All exposures should be reported immediately. Assessment of exposed staff should occur as soon as possible, preferably within two hours of exposure, to determine if prophylaxis and surveillance are required.

Standard or Rationale

- * OHS Act, sec. 25(2) (h)
- * HCRF Reg., sec. 8 and 9
- OHA/OMA (Blood-borne pathogens protocol)
- HC-PCOI
- HC-ICM



8.3

Post-exposure prophylaxis (PEP), including Hepatitis B immune globulin, and PEP starter kits are available on site, or arrangements have been made for rapid access to PEP.

Suggestions for Implementation

PEP should be available at all times in cases involving exposure to blood-borne pathogens that require immediate response.

A process is in place to send staff for immediate assessment and treatment if required.

Standard or Rationale

- Best practice

ASSESSMENT

YES	NO	PARTIAL	N/A

8.4

A risk assessment is conducted for the prevention of needle stick and sharps injuries.

Suggestions for Implementation

A risk assessment should include a review of:

- which workers are most frequently injured, and in which locations.
- circumstances that contribute to injuries.
- what equipment and devices are most often involved.
- which devices or equipment carry the highest risk of transmission.
- steps taken by the organization to minimize injuries.

Standard or Rationale

- * OHS Act, sec. 25
- * HCRF Reg., sec. 8 and 9
- HC-PTBBP

ASSESSMENT

YES	NO	PARTIAL	N/A

8.5

Safety-engineered devices and work practices to reduce sharps injuries are reviewed and results are shared with the infection control committee and JHSC.

Suggestions for Implementation

Suppliers are consulted on the availability of safety-engineered medical devices.

Appropriate safety-engineered medical devices are implemented where available and where other control methods are not effective.

Standard or Rationale

- * OHS Act, sec. 25(2) 9(h)
- HC-PCOI
- HC-PTBBP

ASSESSMENT

YES	NO	PARTIAL	N/A

9.0

Respiratory Protection

This section includes requirements for a respiratory protection program including selection, fit testing, training, care of and documentation for the use of N95 or better respirators.

9.1

A written respiratory protection program has been prepared in accordance with current standards.

Suggestions for Implementation

The written program should address:

- roles and responsibilities.
- hazard assessments to determine which workers are at risk and require respirators.
- selection of appropriate respirators.
- health assessment of respirator users.
- proper fit testing.
- use of respirators including care, storage, cleaning and disposal as appropriate.
- training workers in their proper use.
- appropriate record keeping and program evaluation.

Standard or Rationale

- * OHS Act, sec. 25 and 26
- * HCRF Reg., sec. 10
- CSA Z94.4-02

9.2

A protocol for respirator selection for use with respect to infectious diseases is in place.

Suggestions for Implementation

Respirator selection should be based on current information from the infection control or occupational hygiene field.

The current accepted minimum standard for airborne respiratory infections is a NIOSH-certified respirator classified as N95 or better.

Advice regarding appropriate respirators may be obtained from Health Canada or the Ministry of Health and Long Term Care. During community or pandemic outbreaks, guidelines or directives from public health authorities must be followed.

Standard or Rationale

- * OHS Act, sec. 25(2) (h)
- * HCRF Reg., sec. 8 and 9
- CSA Z94.4-02
- MoHLTC directives and guidelines
- HC and CDC

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

9.3

Staff required to wear tight-fitting respirators (including N95 or better) have a health assessment prior to fit testing.

Suggestions for Implementation

The health assessment for specific respirator use is intended to identify medical restrictions that may preclude workers from using required respirators.

The results of the health assessment should indicate only whether the worker:

- has no restrictions,
- has some specific restrictions, or
- is not permitted to use the respirator.

Health information obtained during a health assessment is considered confidential.

Standard or Rationale

- * OHS Act, sec. 25 and 26
- * HCRF Reg., sec. 10
- CSA Z94.4-02

ASSESSMENT

YES	NO	PARTIAL	N/A

9.4

All staff required to wear tight-fitting respirators have been fit tested. Records are maintained.

Suggestions for Implementation

Fit testing must be performed following accepted procedures as outlined in the CSA standards.

Fit testing should be completed at least every two years or more often if a change in a worker's physical condition requires it.

Standard or Rationale

- * OHS Act, sec. 25 and 26
- * HCRF Reg., sec. 10
- CSA Z94.4-02

ASSESSMENT

YES	NO	PARTIAL	N/A

9.5

Staff required to wear respirators have received appropriate training as outlined in CSA Standard Z94.4-02.

Suggestions for Implementation

Training of workers should include:

- use of respirators including how to wear one correctly and how to perform a user seal check.
- removal of the respirator and other PPE in a manner designed to minimize spread of infection.
- limitations of the respirator.
- proper care of respirators, including storage, cleaning (if not single-use) and disposal.

ASSESSMENT

YES	NO	PARTIAL	N/A

- exposure hazards.
- applicable standards and legislation.

Training is reviewed annually and more frequently as needed.

Standard or Rationale

- * OHS Act, sec. 25 and 26
- * HCRF Reg., sec. 10
- CSA Z94.4-02

10.0 Ventilation Requirements

This section includes general and specific ventilation requirements for health care facilities including negative-pressure isolation rooms, as well as requirements for the inspection, maintenance, service and repair of ventilation systems.

Refer to the laboratory section (12.0) for information about local exhaust ventilation requirements specific to laboratories, i.e., fume hoods, biological containment cabinets.

10.1 General indoor ventilation adequate for the protection of health and safety of workers is provided by natural or mechanical means.

Suggestions for Implementation

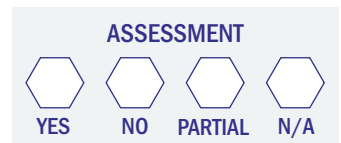
For mechanical ventilation, the CSA standard can be reviewed to determine specific ventilation requirements for patient/resident rooms, operating rooms, isolation rooms, intensive care, etc.

Replacement air must:

- be free of hazardous agents.
- not cause undue drafts or disperse dust.
- not interfere with exhaust systems.

Standard or Rationale

- * HCRF, sec. 19(1) and 20
- CSA-HVAC



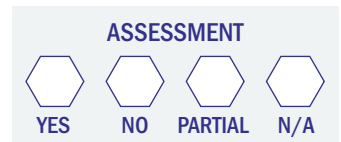
10.2 The mechanical ventilation system is inspected every six months.

Suggestions for Implementation

An inspection of mechanical ventilation systems is required under the Regulations for Health Care and Residential Facilities at least every six months.

The person completing the inspection should be qualified by training and experience.

A report of the inspection must be provided to the JHSC.



Standard or Rationale

- * HCRF, Sec. 19(2) and (3)

10.3

The mechanical ventilation system is serviced, repaired and maintained as required by the manufacturer, or more frequently if required by the inspection report.

Suggestions for Implementation

In long-term care facilities, the Long Term Care Facilities Program Manual requires that air conditioning and air exchange systems be serviced at least once per year.

Standard or Rationale

- * HCRF, Sec. 19(5)
- LTC-FPM – Criteria 01.24
- HC-PCOI

10.4

Engineering controls are used to capture hazardous agents at the source.

Suggestions for Implementation

Examples of local exhaust-control systems can include fume hoods, capture hoods and biological containment cabinets.

Local exhaust ventilation is an example of applying controls at the source in accordance with the occupational hygiene hierarchy of controls.

Standard or Rationale

- * Designated Substances Regulations (as applicable)
- * Reg. 833
- CSA Z386-01

10.5

Special ventilation requirements as recommended by Health Canada are implemented during construction projects.

Suggestions for Implementation





Facility-related projects involving construction and renovation should be done in accordance with Health Canada guidelines.

Plans for construction and renovation should be developed in consultation with infection control professionals and JHSC.





Standard or Rationale

- HC-CRNI





ASSESSMENT

			
YES	NO	PARTIAL	N/A

ASSESSMENT

			
YES	NO	PARTIAL	N/A

ASSESSMENT

			
YES	NO	PARTIAL	N/A

10.6

An infection control risk assessment has been conducted to determine the number of isolation rooms required for the facility.

Suggestions for Implementation

Epidemiological data regarding communicable diseases in the community can be used for performing risk assessment to determine the need for isolation rooms.

Disease rates obtained from internal surveillance data as well as externally through local public health authorities should be reviewed in the risk assessment.

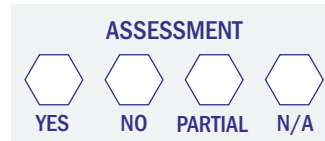
Construction of new isolation rooms needs to comply with the principles outlined in the CSA standard and Health Canada TB Guide.

Supply and exhaust grills are located in rooms to ensure that all parts of them are adequately ventilated.

Standard or Rationale

- HC-GPTTB
- CDC&HICPAC
- HC-PCOI
- HC-CTS
- CSA-HVAC

Note: The following elements in this section apply only to facilities with negative-pressure isolation rooms.



10.7

Airborne precautions include the use of negative-pressure rooms with the recommended number of air exchanges per hour (see below).

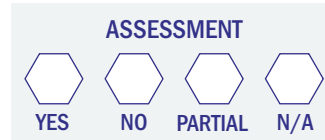
Suggestions for Implementation

The Canadian Tuberculosis Standards call for 15 air changes per hour for high-risk activities.

To prevent the transmission of infection, the MoHLTC recommends the following for outbreak conditions in decreasing order of preference:

- 1) Patient in single room with negative-pressure ventilation with at least six air exchanges per hour, 12 for new facilities
- 2) A single room with HEPA filtration and at least nine exchanges per hour
- 3) A single room with no special air handling
- 4) A semi-private room with cohorted patients

The monitoring and evaluation of isolation rooms to determine air exchange, direction of flow, pressure differential, air quality, etc., can be conducted by qualified individuals such as occupational hygienists, consulting engineers and other specialists. A JHSC worker member should be consulted about testing and have a right to be present at the start of testing.



Standard or Rationale

- * OSHA, sec. 9(19)
- CDC&HICPAC
- MoHLTC, April 2004

10.8

Air is discharged outside the building and away from intake ducts, or through a high-efficiency (HEPA) filter if re-circulated.

Suggestions for Implementation

Ultra-violet germicidal irradiation (UVGI) can be used in addition to HEPA filters but not in place of them.

There should be a written protocol for HEPA filters that includes:

- maintenance and monitoring by qualified technician.
- frequency of maintenance and service in accordance with manufacturer's instructions.
- documentation of service activities.

Contaminated HEPA filters should be handled and disposed of as contaminated waste.

Standard or Rationale

- HC-RP&AP
- HC-GPTTB
- CDC&HICPAC
- HC-CTS

10.9

Maintenance personnel wear personal respiratory protection if removing filters that have not been decontaminated.

Suggestions for Implementation

Refer to Section 9.0 of this document for more information on respiratory protection.

Standard or Rationale

- HC-GPTTB

10.10

Windows and doors to isolation rooms for airborne infections are kept closed at all times. The door remains closed after discharge of patients/residents until sufficient time has elapsed to allow removal of airborne organisms.

Suggestions for Implementation

According to Health Canada Guidelines for Preventing the Transmission of Tuberculosis in Canadian Health Care Facilities and Other Institutional Settings, it takes 46 minutes to reduce contaminant concentrations by 99.9% in a room with nine air exchanges per hour.

Consider use of appropriate and recognized signage posted at the room entrance.

ASSESSMENT

YES	NO	PARTIAL	N/A

ASSESSMENT

YES	NO	PARTIAL	N/A

ASSESSMENT

YES	NO	PARTIAL	N/A

Standard or Rationale

- HC-RP&AP
- HC-CTS
- HC-GPTTB

10.11

Engineering controls receive constant monitoring and maintenance. Monitors are located downstream of HEPA filters.

Suggestions for Implementation

Engineering controls should be included in the preventive maintenance program.

ASSESSMENT			
YES	NO	PARTIAL	N/A

Standard or Rationale

- HC-GPTTB

10.12

Where possible, two power sources, regular and emergency, are connected to the engineering control system of airborne isolation rooms or areas.

Suggestions for Implementation

Guidelines are in place to ensure 24-hour monitoring with appropriate alarms to activate a response.

Appropriate workers are trained in response procedures.

ASSESSMENT			
YES	NO	PARTIAL	N/A

Standard or Rationale

- HC-GPTTB

10.13

The directional airflow for negative-pressure isolation rooms is verified at least every six months when the isolation area is not in use and weekly when in use.

Suggestions for Implementation

Airflow within isolation rooms is from areas of least contamination (the doorway) to areas of greatest contamination (the patient/resident).

A smoke test can be conducted as a simple indicator to determine that the airflow direction is inward.

Airflow is not interrupted by the placement of furniture or occupants.

Report any deviations in airflow to Engineering/Maintenance for correction.

ASSESSMENT			
YES	NO	PARTIAL	N/A

Standard or Rationale

- HC-GPTTB
- HC-CTS

11.0

Laundry Services

This section covers control measures for handling, cleaning, sorting and disposal of soiled linen.

This is not a stand-alone section for laundry services. Other applicable sections of the assessment tool (such as section 2.0) should be included in the assessment of laundry services.

11.1

The organization has written measures and procedures for the handling, transportation, cleaning, storage and disposal of soiled linen to protect the health of workers.

Suggestions for Implementation

The written protocol may include:





- handling soiled linen with a minimum of agitation and shaking to avoid contamination of air, surfaces and persons.
- bagging of soiled linen at the point of containment.
- use of impervious bags/containers for transportation to avoid any spills or drips of blood, body fluids, secretions or excretions.
- training to avoid accidental exposure to hidden sharps.
- instruction in the rolling and folding of heavily soiled linen.
- removal and disposal of large amounts of blood and excrement using proper procedures (spraying should be avoided).
- transportation of clean and dirty linen in separate carts.
- cleaning and disinfecting dirty linen carts.
- washing or disposal of linen bags (linen bags can be washed in the same cycle as the linen, or disposed of after each use).

The protocol should also address additional precautions for the treatment of linen from persons with a diagnosis of rare viral hemorrhagic fevers (e.g., Lassa, Ebola, Marburg).

Standard or Rationale

- * HCRF Reg., sec. 9(1) and 13
- LTC-FPM – Criteria 04.1 and 04.27
- HC-HCD&S
- HC-CCVHF
- CDC&HICPAC

ASSESSMENT

			
YES	NO	PARTIAL	N/A





11.2

All caregivers and laundry workers are trained in procedures for handling of soiled linen.

Suggestions for Implementation

Training of workers should be appropriate to the task/position they perform and the risk of infectious diseases. Training must be documented.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 9(4)
- HC-HCD&S

11.3

Laundry workers are made aware of the risk of exposure to sharps in linen and laundry bags.

Suggestions for Implementation

There are written procedures for workers exposed to sharps in laundry. Refer to Section 9 of this document on blood and body fluid exposure for additional information related to sharps.

Standard or Rationale

- * HCRF Reg., sec. 9
- HC-HCD&S

11.4

Workers wear appropriate protective equipment such as gloves, gowns or aprons when handling soiled linens and during disinfecting procedures.

Suggestions for Implementation

There is a written program for personal protective equipment (PPE) that includes:

- employer duty to provide appropriate personal protective equipment.
- supervisor accountability to ensure compliance with the PPE program.
- worker responsibility to wear the appropriate PPE.

This program should include guidelines for the selection, use and maintenance of appropriate PPE.

For example, reusable gloves should be washed and dried after use. If punctured or torn they should be discarded.

Standard or Rationale

- * OSHA, sec. 26, 27 and 28
- * HCRF Reg., sec. 10
- HC-HCD&S
- CDC and HICPAC

11.5

The room used for storing laundry is maintained in accordance with good hygiene practices.





Suggestions for Implementation

Clean and soiled linen should be stored separately.





Standard or Rationale

- * HCRF Reg., sec. 111(1)
- LTC-FPM – Criteria 04.28 to 04.33





ASSESSMENT

			
YES	NO	PARTIAL	N/A

ASSESSMENT

			
YES	NO	PARTIAL	N/A

ASSESSMENT

			
YES	NO	PARTIAL	N/A

11.6

Eyewash stations are provided in the laundry department if there is a risk of exposure of eyes to chemical or infectious material.

Suggestions for Implementation

The eyewash station should be installed and operated in accordance with ANSI standards.

The eyewash station should be:

- available within 10 seconds of travel.
- within the work area.
- capable of delivering 15 minutes flushing of eyes with tempered water.
- capable of operating hands-free after it has been turned on.

The pathway to the eyewash and emergency showers should be unobstructed at all times and workers must be trained in the use of eyewash and shower devices.

Standard or Rationale

- * OHS Act, sec. 25(2) (h)
- * IER, sec. 124
- * HCRF Reg., sec. 9

ASSESSMENT			
YES	NO	PARTIAL	N/A

11.7

The receiving area for contaminated textiles is maintained at negative pressure compared to the clean areas of the laundry.

Suggestions for Implementation

A protocol is in place to ensure regular monitoring of the air pressure by qualified individuals such as occupational hygienists, consulting engineers and other specialists. A JHSC worker member should be consulted about and have a right to be present at the start of testing.

Standard or Rationale

- CDC and HICPAC

ASSESSMENT			
YES	NO	PARTIAL	N/A

11.8

Handwashing facilities are readily available.

Suggestions for Implementation

Handwashing facilities should be equipped with:

- hot and cold running water.
- liquid soap.
- single-use disposable paper towels.

Handwashing facilities should be made available in accordance with the Building Code.

ASSESSMENT			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 28
- LTC-FPM – Criteria 04.32
- CDC and HICPAC
- HC-HCD&S





11.9

Laundry chutes are properly maintained and used in a manner to minimize dispersion of aerosols (airborne particles) from contaminated laundry.

Suggestions for Implementation

There is a protocol in place to:

- ensure the laundry discharges into the soiled-linen collection area.
- regularly clean laundry chutes with an appropriate germicide.
- ensure the bags are properly tied and not overfilled.
- ensure loose items are not transported in the chute.

ASSESSMENT			
			
YES	NO	PARTIAL	N/A

Standard or Rationale

- HC-HCD&S





12.0

Laboratory Services

Note: This section does not apply unless the facility has a laboratory.

All other sections of this document also apply to laboratory workers and should be included in the assessment of laboratory services.

It is recommended that a current copy of the Health Canada Laboratory Biosafety Guidelines be available for review as part of this assessment.

ASSESSMENT			
			
YES	NO	PARTIAL	N/A

12.1

The laboratory has infection-control policies and procedures specific to its environment that address the health and safety of workers.

Suggestions for Implementation

The laboratory should establish policies and procedures according to current guidelines based on risk assessment.

Policies and procedures should include, but not be limited to:

- routine practices and additional precautions.
- immunization of laboratory workers.
- use and storage of personal protective equipment, including lab coats.
- training and education.
- waste and spills.
- blood and body fluid exposures.

Standard or Rationale

- * OSHA, sec. 25(2) (h)
- * HCRF Reg., sec. 8 and 9
- HC-LBSG





12.2

Laboratory glassware is inspected for chips and cracks before use.

Suggestions for Implementation

Chipped or cracked glassware is not used unless it is restored to a condition that presents no hazard to a worker. If not restored it is disposed of appropriately.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 56(1) and (2)





12.3

Bottles and test tubes are transported in racks or containers to prevent them from breaking, leaking or spilling their contents and to protect workers from exposure.

Suggestions for Implementation

A written procedure is in place for the enforcement of safe transport of specimens in, to and from the laboratory.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 107

12.4

Centrifuges are maintained and operated in accordance with the recommendations and instructions of the manufacturer.

Suggestions for Implementation





There is a written record of their maintenance.

Centrifuges are equipped with a device to prevent them being operated at a speed in excess of that for which they were designed and intended.

The load in a centrifuge is balanced to minimize vibration during its operation.

Cushions are used in centrifuging materials in glass containers.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 59(1), (2), (3) and (6)





12.5

If an infectious material is being centrifuged, a legible sign warning of the hazard is posted in the area where the centrifuge is being operated.

Suggestions for Implementation

A sign displaying a biohazard symbol should be used.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 59(4)

12.6





A bench model centrifuge being used to centrifuge an infectious material is operated in a biological safety cabinet or is otherwise appropriately contained, unless sealed safety heads or sealed centrifugal caps are used.

Suggestions for Implementation

Laboratories determine which bench model centrifuges being used for infectious agents require operation in a biological safety cabinet.

Include verification of the integrity of the seal in pre-start-up inspections.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 59(5)

12.7





Incubators, refrigerators and deep-freeze units used to store cultures, specimens or biological ampoules are identified as biohazards.

Suggestions for Implementation

Alarms and monitors can be installed to detect problems related to power supply or temperature.

Alarms should be monitored and staff trained in appropriate response measures.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 105





12.8

Refrigerators used to store cultures, specimens or biological ampoules are not used to store food and drink.

Suggestions for Implementation

The temperature is maintained at 2 - 8 degrees Celsius in refrigerators storing vaccines.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 31





12.9

No food, drink, tobacco or cosmetics are consumed, applied or kept in areas where infectious materials, hazardous chemicals or hazardous drugs are used, handled or stored.

Suggestions for Implementation

Signage should be posted regarding restrictions.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 32

12.10

Workbenches, shelves, fume hoods and safety cabinets have adequate space to allow workers to perform their tasks safely.





Suggestions for Implementation

Space requirements should be considered during design of lab and purchase of equipment.

Consult the Health Canada Laboratory Biosafety Guidelines for specifications on design.

Laboratory workers and/or external experts may be consulted as appropriate.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 108
- HC-LBSG

12.11





To ensure the safety of workers, biological safety cabinets are installed and tested in accordance with CSA Standard Z316.3-95 or NSF Standard 49.

Suggestions for Implementation

A written record of the testing should be available.

A qualified person should conduct the testing.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- HC-LBSG

12.12





In a laboratory where blood/body fluid spills are likely to occur, the floors and other surfaces are made from smooth, impervious material.

Suggestions for Implementation

Workbench, fume hood and safety cabinet surfaces and floors consist of a smooth non-porous or impervious material.

Appropriate disinfectants and decontaminants are provided and used to clean workbench, fume hood and safety cabinet surfaces and floors.

ASSESSMENT

			
YES	NO	PARTIAL	N/A

Standard or Rationale

- * HCRF Reg., sec. 109 (1) and (2)

12.13

If the laboratory has an autoclave or sterilization machine, written procedures for correct usage are in place.

Suggestions for Implementation

The written procedures should address:

- ventilation of the equipment if a hazardous chemical is used (e.g., ethylene oxide).
- safe operation of the equipment.
- posting of emergency instructions.
- maintenance requirements.

The autoclaves and sterilization machines should be maintained on a regular basis and inspected at least once every three months, and more frequently if recommended by the manufacturer. A record of maintenance and test results must be kept.

Standard or Rationale

- * HCRF Reg., sec. 60

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

12.14

Adequate hygiene facilities are available for laboratory workers.

Suggestions for Implementation

Consult the Health Canada Laboratory Biosafety Guidelines for design specifics.

Standard or Rationale

- * HCRF Reg., sec. 28
- HC-LBSG

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

12.15

A quick-acting deluge shower is provided for a worker exposed to potential skin injury due to contact with an infectious substance.

Suggestions for Implementation

Workers have been trained to use the emergency eyewash station and/or safety shower.

Emergency showers must be properly maintained.

Standard or Rationale

- * IER, sec. 125
- ANSI

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

12.16

Where there is a risk of potential exposure to an infectious agent, an eyewash station is provided.

Suggestions for Implementation

The eyewash station should be installed and operated in accordance with ANSI standards.

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

The eyewash station should be:

- available within 10 seconds of travel.
- within the work area.
- capable of delivering 15 minutes flushing of eyes with tempered water.
- capable of operating hands-free after it has been turned on.

The pathway to the eyewash and emergency showers should be unobstructed at all times and workers should be trained in the use of eyewash and shower devices.

Standard or Rationale

- * HCRF Reg., sec. 9
- * OHS Act, sec. 25(2) (h)
- * IER, sec. 124

12.17

A training program has been established to meet the requirements of the Transportation of Dangerous Goods Act.

Suggestions for Implementation

Workers, who provide transport, pack for transport or transport specimens are trained in the relevant sections of the TDG Act.

Employers have a process to ensure that training in transportation of dangerous goods is provided.

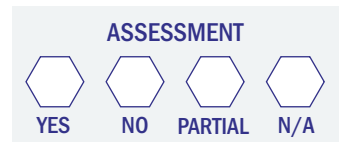
Re-training should be conducted every three years (two years if dangerous goods are transported by air), or more frequently if required.

A written record of the training attendance should be kept.

A worker must keep a certificate of training available for review on request.

Standard or Rationale

- * TDG Act



12.18

All applicable recommendations and regulations with respect to animal research and/or animal pathogens that could adversely affect the health and safety of workers are followed.

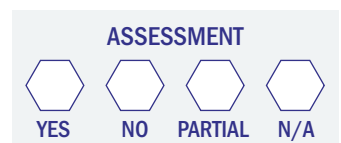
Suggestions for Implementation

Policies and procedures should be established based on a risk of transmission of infection to humans.

Policies and procedures must be communicated to workers.

Standard or Rationale

- HC-LBSG



Appendix A

Glossary of Short Forms and Notations Used for Consensus Documents Cited

* Designates a regulatory requirement

ANSI	American National Standards Institute
APIC	APIC Text of Infection Control and Epidemiology, 1996
CDC.....	Centers for Disease Control (Atlanta, Georgia)
CDC-GHH.....	Guideline for Hand Hygiene in Health Care Settings, 2002
CDC and HICPAC.....	U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)-Guidelines for Environmental Infection Control in Health-Care Facilities, Recommendations of CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC), 2003
CSA	Canadian Standard Association (Z317.10-01 Handling of Waste Materials in Health Care and Veterinary Facilities; Z94.4-02 Selection, Use and Care of Respirators; Z386-01 Laser Safety in Health Care Facilities, 2003; Z317.2-01 Special Requirements for Heating, Ventilation and Air Conditioning (HVAC) Systems in Health Care Facilities)
DSR.....	Designated Substance Regulations (Ontario)
HC	Health Canada
HC-CCVHF.....	Canadian Contingency Plan for Viral Hemorrhagic Fevers and Other Related Diseases, 1997
HC-CPIP.....	Canadian Pandemic Influenza Plan, Health Canada, 2004
HC-LBSG.....	Laboratory Bio-safety Guidelines Second Edition, 1996
HC-RP&AP	Routine Practices and Additional Precautions for Preventing the Transmission of Infections in Health Care, 1999
HC-PCOI	Prevention and Control of Occupational Infections in Health Care, 2002
HC-CRNI	Construction-related Nosocomial Infections in Patients in Health Care Facilities, July 2001
HC-GPTTB	Guidelines for Preventing the Transmission of Tuberculosis in Canadian Health Care Facilities and Other Institutional Settings, April 1996
HC-CTS	Canadian Tuberculosis Standards, 5 th edition, 2000 (Health Canada and Canadian Lung Association)
HC-HCD&S	Hand Washing, Cleaning, Disinfection and Sterilization in Health Care, 1998
HC-ICG for LTC	Infection Control Guidelines for Long Term Care Facilities, 1994
HC-PTBBP	Preventing Transmission of Blood-borne Pathogens in Health Care and Public Service Settings, 1997
HC-ICM	An Integrated protocol to manage Health Care Workers Exposed to Blood-borne Pathogens, 1997
HC-SRI.....	Health Canada Guidelines for Severe Respiratory Infection, 2003
HCRF Reg.....	Regulations for Health Care and Residential Facilities, O. Reg. 67/93

IER..... Industrial Establishment Regulation, R.R.O. 853

JHSC..... Joint Health and Safety Committee

LTC-FPM..... Long Term Care Facility Program Manual of the Ministry of Health and Long Term Care, December 1993 and as amended

OMEG Ontario Ministry of the Environment Guidelines C-4. The Management of Biomedical Waste in Ontario, December 2001

MoHLTC Ministry of Health and Long Term Care (Ontario)

MoHLTC-EPS Expert Panel on SARS and Infectious Disease Control

MoHLTC-FRI Ministry of Health and Long Term Care Infection Control and Surveillance Standards for Febrile Respiratory Illness in Non-outbreak Conditions

MoHLTC- HRAGP Ministry of Health and Long Term Care Directives for High Risk Aerosol Generating Procedures Under Outbreak Conditions

NACI National Advisory Committee on Immunization

NIOSH National Institute for Occupational Safety and Health

OHSA..... Occupational Health and Safety Act (Ontario)

OHA/OMA Ontario Hospital Association and Ontario Medical Association, Communicable Disease Surveillance Protocols

PPE..... Personal Protective Equipment

Reg. 833 Control of Exposure to Biological and Chemical Agents (Ontario)

Reg. 1101 First Aid Requirements R.R.O. 1990, Reg. 1101 under the WSIA

TDG Transportation of Dangerous Goods Act (Canada)

WHMIS Workplace Hazardous Materials Information System Regulation, R.R.O. 1990, 860

WSIA Workplace Safety and Insurance Act 1997 (Ontario)

Appendix B

Additional References and Web Resources Related to Infection Control

1. Association for Professionals in Infection Control and Epidemiology Inc. (APIC), 1275 King St. NW, Ste. 1000, Washington, DC, 20005-40006, website: www.apic.org
2. Canadian Standards Association, 5060 Spectrum Way, Mississauga, ON, L4W 5N6, website: www.csa.ca
3. Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA, 30333, USA, website: www.cdc.gov
4. Community and Hospital Infection Control Association (CHICA), Box 46125, RPO Westdale, Winnipeg, MB, R3R 3S3, website: www.chica.org
5. Health Canada Population and Public Health Branch, AL 0900C2, Ottawa, ON, K1A 0K9, website: www.hc-sc.gc.ca
6. Health Care Health and Safety Association, 4950 Yonge St., Toronto, ON, M2N 6K1, website: www.hchsa.on.ca
7. Ontario Ministry of Health and Long Term Care, Suite M1-57, MacDonald Block, 900 Bay St., Toronto, ON, M7A 1N3, website: www.gov.on.ca/health
8. World Health Organization, Geneva, Switzerland, website: www.who.int/en

Appendix C

Communicable Diseases Significant to Occupational Health

DISEASE	STANDARD
Antibiotic resistant organisms (AROs).....	OHA/OMA
Avian flu	MoH<C
Cytomegalovirus (CMV)	HC-PCOI, OHA/OMA
Diphtheria.....	HC-PCOI
Enteric diseases (as specified in surveillance protocol)	OHA/OMA
Epstein-Barr virus (EBV)	HC-PCOI
Herpes simplex virus (HSV)	HC-PCOI, OHA/OMA
Influenza	HC-PCOI, OMA/OMA
Measles (rubeola).....	HC-PCOI, OHA/OMA
Meningococcus (Neisseria meningitidis).....	HC-PCOI
Mumps	HC-PCOI
Parovirus B19	HC-PCOI
Pediculosis (lice).....	HC-PCOI
Pertussis (whooping cough)	HC-PCOI
Rubella (German measles)	HC-PCOI, OHA/OMA
Salmonella typhi.....	HC-PCOI
Scabies	HC-PCOI, OHA/OMA
Staphylococcus aureus (S. aureus) (Methicillin sensitive S. aureus and Methicillin resistant S. aureus)	HC-PCOI OHA/OMA 2003
Streptococcus Group A (GAS)	HC-PCOI
Tinea (ringworm).....	HC-PCOI
Tuberculosis (TB)	HC-GPTTB
Vancomycin resistant S. aureus	OHA/OMA
Vancomycin resistant enterococcus (VRE)	HC-PCOI, OHA/OMA
Febrile respiratory illness	MoH<C
Varicella-Zoster virus (VZV)	HC-PCOI, OHA/OMA
Hepatitis A virus (HAV) and Hepatitis E virus (HEV).....	HC-PCOI
Gastroenteric infections	HC-PCOI
Respiratory infections	HC-PCOI, HC-RP and AP
Blood-borne pathogens (Hepatitis B virus[HBV], Hepatitis C virus [HCV] or human immunodeficiency virus [HIV])	HC-PCOI OHA/OMA
Severe acute respiratory illness (SARS).....	MoH<C
Toxoplasmosis.....	APIC

Appendix D
Program Assessment Checklist

1.0 Occupational Health Infection Control Program

- 1.1 The organization has an occupational health program in place for the control of infections among workers.

- 1.2 The organization has policies and procedures in place to protect workers from hazards that may affect their reproductive health, pregnancy or the health of a nursing child.

- 1.3 Infection control policies and procedures that relate to occupational health are reviewed annually and more frequently if required.

- 1.4 Workers are trained in infection control policies and procedures to protect their health and safety.

- 1.5 A quality assurance program is in place to ensure safe work practices.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	ASSESSMENT		N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	ASSESSMENT		N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	ASSESSMENT		N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	ASSESSMENT		N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	ASSESSMENT		N/A

1.6 There is a process for communicating and sharing information between the people responsible for occupational health, the JHSC and the infection control committee.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.7 There is written communication and sharing of information between the infection control practitioner and the occupational health professional.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.8 There is an occupational health medical adviser or consultant with infection control experience to collaborate in the development of occupational health procedures and to act as a resource when needed.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.9 There are occupational health infection control policies for work restrictions.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.10 There is an occupational health policy and related procedures for screening health care workers for communicable diseases, for reporting illness (internal and external reports), and for detecting, preventing and controlling diseases.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.11 There are protocols for the assessment and/or treatment of occupational injuries, illnesses, critical injuries and fatalities.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.12 There are protocols for preventing the transmission of non-occupationally acquired infections to other workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.13 A written program is in place for environmental assessment of infectious hazards to workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.14 Occupational/Employee health records are maintained.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.15 Risk assessment activities are performed to identify potential occupational exposure situations or transmission of infectious diseases to or from the health care worker, from others or from the environment.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

1.16 In order to secure sufficient resources, a reporting process is in place to inform senior management about occupational health program objectives.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	PARTIAL	N/A

1.17 Risk control measures using the occupational hygiene hierarchy are in place and are employed to prevent health care worker exposure to infection.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	PARTIAL	N/A

1.18 An eyewash fountain is provided and maintained where a worker may be exposed to a potential hazard of injury to the eye, resulting from contact with a biological or chemical substance.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	PARTIAL	N/A

2.0

Routine Practices and Additional Transmission-Based Precautions

2.1 There is a policy and procedure for hand hygiene including the use of waterless antiseptic hand rinse (alcohol).

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

2.2 There are adequate hygiene facilities, including sinks, liquid soap dispensers and paper towels.

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

2.3 The policy and procedure related to cleaning equipment, furniture and environmental surfaces addresses worker health and safety.

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

2.4 There is a policy and procedure that directs staff in the safe handling of soiled patient/resident care equipment.

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

2.5 There is a policy and procedure for the use, handling, reprocessing and disposal of sharps.

ASSESSMENT			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A

2.6 There is a policy directing when gloves should be worn and the type of glove to be worn.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.7 There is a policy directing when eye protection, face shields and masks should be worn to protect the eyes, nose and mouth of workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.8 There is a policy directing when gowns are required to be worn and the type of gown to be worn to protect workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.9 There is a process in place to educate staff in the use and maintenance of personal protective equipment (PPE).

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.10 A sufficient quantity of personal protective equipment is stored in a convenient, clean and sanitary location when not in use.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.11 There is a policy and there are procedures directing when additional transmission-based precautions (i.e., airborne precautions, droplet precautions and contact precautions) should be followed.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.12 Health care workers are given adequate education as to the nature of the infections and the precautions being taken.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.13 If a patient/resident under airborne isolation precautions must be transferred, a plan and procedure are in place that address worker health and safety.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.14 The policy regarding airborne precautions requires the use of respiratory protection including N95 respirators.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.15 The policy regarding droplet precautions requires the use of fluid-resistant procedure/surgical masks to protect the worker.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

2.16

The need for eye protection (safety glasses, goggles and face shields) from droplet-spread illnesses is assessed.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	PARTIAL	N/A

2.17

Written procedures address precautions to be taken for the transportation of infectious patients/residents to protect the health and safety of workers and the environment.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	PARTIAL	N/A

3.0 Health Care Worker Immunization

3.1 The organization has an immunization program that is appropriate to the workplace.

ASSESSMENT				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

3.2 There is a policy for annual immunization against influenza for health care workers unless contraindicated.

ASSESSMENT				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

3.3 Immunization for influenza is actively promoted through on-site and mobile immunization programs.

ASSESSMENT				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

3.4 The policy related to influenza includes directions for health care workers who are not vaccinated during an outbreak.

ASSESSMENT				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

4.0 Environmental Infection Control

4.1 The housekeeping rooms and closets are well maintained, in accordance with good hygiene practices.

ASSESSMENT
 YES NO PARTIAL N/A

4.2 Cleaning procedures minimize the contamination of the air by dust or aerosols.

ASSESSMENT
 YES NO PARTIAL N/A

4.3 Routine cleaning is done according to a schedule and workers are trained in cleaning procedures.

ASSESSMENT
 YES NO PARTIAL N/A

4.4 There are policies and procedures to direct workers responsible for cleaning contaminated equipment to protect themselves from exposure to pathogens.

ASSESSMENT
 YES NO PARTIAL N/A

4.5 PPE, including gloves, are worn for cleaning up spills of body fluids, including blood.

ASSESSMENT
 YES NO PARTIAL N/A

5.0

Occupational Exposure of Health Care Workers to Communicable Diseases

5.1

A risk assessment is undertaken to determine the risk of health care worker exposure to infections and communicable diseases.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

5.2

Risk control measures, policies and procedures have been developed to prevent health care worker exposure to infections and communicable diseases, based on the risk assessment undertaken.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

5.3

Risk control measures to manage health care workers exposed to or infected with communicable diseases have been developed in accordance with established protocols.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

5.4

Health care workers providing direct care to people with specific airborne disease(s) are screened to determine their immune status.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.0 Occupational Health in Outbreak Response

6.1 A surveillance program is in place to aid in the rapid identification of communicable disease outbreaks that could affect the health of workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.2 The surveillance program should include a strategy and formal process for communication between infection control staff and occupational health staff.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.3 The facility has an emergency outbreak response plan developed in consultation with the JHSC and Infection Control Committee that addresses the health and safety of workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.4 A current list of key contacts includes contacts that are significant in occupational health.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.5 An outbreak management team includes occupational health staff and representation from the JHSC.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.6 Provision is made for the JHSC to be informed and kept up to date about the status of outbreaks.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.7 Resources are available for immediate training of potentially affected staff in safe work practices during an outbreak.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.8 A method to communicate vital information to staff has been developed in consultation with the JHSC and is included in the outbreak protocol.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

6.9 There is a procedure for contact tracing among staff.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

7.0 Waste and Spills

7.1 The workplace has an overall waste management program in place.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

7.2 Sharps containers are readily available where required throughout the workplace.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

7.3 Other biomedical hazardous waste is disposed of in suitable receptacles that meet the criteria as defined under the Health Care and Residential Facilities Regulation.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

7.4 Procedures are available for cleanup of large blood spills.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

8.0 Blood and Body Fluid Exposure

8.1 A record and log are kept of all blood and body fluid exposures.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

8.2 Health care workers exposed to blood-borne pathogens (or potential) are followed up as outlined in written procedures that follow current standards.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

8.3 Post-exposure prophylaxis (PEP), including Hepatitis B immune globulin, and PEP starter kits are available on site, or arrangements have been made for rapid access to PEP.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

8.4 A risk assessment is conducted for the prevention of needle stick and sharps injuries.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

8.5 Safety-engineered devices and work practices to reduce sharps injuries are reviewed and results are shared with the infection control committee and JHSC.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

9.0 Respiratory Protection

9.1 A written respiratory protection program has been prepared in accordance with current standards.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

9.2 A protocol for respirator selection for use with respect to infectious diseases is in place.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

9.3 Staff required to wear tight-fitting respirators (including N95 or better) have a health assessment prior to fit testing.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

9.4 All staff required to wear tight-fitting respirators have been fit tested. Records are maintained.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

9.5 Staff required to wear respirators have received appropriate training as outlined in CSA Standard Z94.4-02.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

10.0

Ventilation Requirements

10.1 General indoor ventilation adequate for the protection of health and safety of workers is provided by natural or mechanical means.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	PARTIAL	N/A

10.2

The mechanical ventilation system is inspected every six months.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	PARTIAL	N/A

10.3

The mechanical ventilation system is serviced, repaired and maintained as required by the manufacturer, or more frequently if required by the inspection report.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	PARTIAL	N/A

10.4

Engineering controls are used to capture hazardous agents at the source.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	PARTIAL	N/A

10.5

Special ventilation requirements as recommended by Health Canada are implemented during construction projects.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	PARTIAL	N/A

10.6 An infection control risk assessment has been conducted to determine the number of isolation rooms required for the facility.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

10.7 Airborne precautions include the use of negative-pressure rooms with the recommended number of air exchanges per hour (see below).

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

10.8 Air is discharged outside the building and away from intake ducts, or through a high-efficiency (HEPA) filter if re-circulated.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

10.9 Maintenance personnel wear personal respiratory protection if removing filters that have not been decontaminated.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

10.10 Windows and doors to isolation rooms for airborne infections are kept closed at all times. The door remains closed after discharge of patients/residents until sufficient time has elapsed to allow removal of airborne organisms.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

11.0 Laundry Services

11.1 The organization has written measures and procedures for the handling, transportation, cleaning, storage and disposal of soiled linen to protect the health of workers.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

11.2 All caregivers and laundry workers are trained in procedures for handling of soiled linen.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

11.3 Laundry workers are made aware of the risk of exposure to sharps in linen and laundry bags.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

11.4 Workers wear appropriate protective equipment such as gloves, gowns or aprons when handling soiled linens and during disinfecting procedures.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

11.5 The room used for storing laundry is maintained in accordance with good hygiene practices.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	N/A
ASSESSMENT							

11.6 Eyewash stations are provided in the laundry department if there is a risk of exposure of eyes to chemical or infectious material.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

11.7 The receiving area for contaminated textiles is maintained at negative pressure compared to the clean areas of the laundry.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

11.8 Handwashing facilities are readily available.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

11.9 Laundry chutes are properly maintained and used in a manner to minimize dispersion of aerosols (airborne particles) from contaminated laundry.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.0

Laboratory Services

12.1 The laboratory has infection-control policies and procedures specific to its environment that address the health and safety of workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.2

Laboratory glassware is inspected for chips and cracks before use.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.3

Bottles and test tubes are transported in racks or containers to prevent them from breaking, leaking or spilling their contents and to protect workers from exposure.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.4

Centrifuges are maintained and operated in accordance with the recommendations and instructions of the manufacturer.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.5

If an infectious material is being centrifuged, a legible sign warning of the hazard is posted in the area where the centrifuge is being operated.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.6 A bench model centrifuge being used to centrifuge an infectious material is operated in a biological safety cabinet or is otherwise appropriately contained, unless sealed safety heads or sealed centrifugal caps are used.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.7 Incubators, refrigerators and deep-freeze units used to store cultures, specimens or biological ampoules are identified as biohazards.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.8 Refrigerators used to store cultures, specimens or biological ampoules are not used to store food and drink.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.9 No food, drink, tobacco or cosmetics are consumed, applied or kept in areas where infectious materials, hazardous chemicals or hazardous drugs are used, handled or stored.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.10 Workbenches, shelves, fume hoods and safety cabinets have adequate space to allow workers to perform their tasks safely.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.11

To ensure the safety of workers, biological safety cabinets are installed and tested in accordance with CSA Standard Z316.3-95 or NSF Standard 49.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.12

In a laboratory where blood/body fluid spills are likely to occur, the floors and other surfaces are made from smooth, impervious material.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.13

If the laboratory has an autoclave or sterilization machine, written procedures for correct usage are in place.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.14

Adequate hygiene facilities are available for laboratory workers.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

12.15

A quick-acting deluge shower is provided for a worker exposed to potential skin injury due to contact with an infectious substance.

ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	PARTIAL	N/A	

