

Policy Title: Exposure Control Plan in Continuing Care

Policy Number: CLINIC-SAFETY-002

Effective Date: July 3, 2024

Review Date: July 3, 2024

Purpose

Murrayville Family Practice Group is committed to providing a safe workplace by eliminating or minimizing the risk of exposure to infectious diseases using the hierarchy of controls (elimination, substitution, engineering, administrative, and personal protective equipment). Our safe work procedures will protect not only our workers, but any other workers or visitors who enter our workplace. All employees must follow the safe work procedures described in this plan to prevent or reduce exposure to infectious diseases.

Applicable Legislation and Reference Materials

The requirements for exposure control plans are described in [section 5.54](#) and [section 6.34](#) of WorkSafeBC's *Occupational Health and Safety Regulation*.

Definitions

Administrative controls

The provision, use and scheduling of work activities and resources in the workplace including planning, organizing, staffing, and coordinating, for the purpose of controlling risk.

Airborne diseases

Diseases that can be spread through the air when infected people cough, sneeze, or speak. A person becomes infected by breathing in air contaminated with the virus or bacteria.

Airborne transmission

Airborne particles can be generated from a person who speaks, breathes, coughs or sneezes or from some medical procedures. These smaller particles remain suspended in air for longer periods and can be inhaled.

Bloodborne diseases

Diseases that are transmitted through contact with infected blood or certain body fluids. Some common bloodborne diseases include but are not limited to the hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV).

Communicable disease

An illness caused by an infectious agent or its toxic product that can be transmitted in a workplace from one person to another. Examples of a communicable disease that may circulate in a workplace include COVID-19, norovirus, and seasonal influenza.

Contact diseases

Contact diseases are transmitted through direct or indirect contact with bacteria or viruses. Direct contact can include physical contact with an infected person or contact with blood and body fluids. Indirect contact involves touching an object or surface that has been contaminated by an infected person.

Direct contact

Direct contact involves skin-to-skin contact, such as resident or client care, or an activity that requires direct personal contact (for example, turning or bathing a resident or client).

Droplet transmission

Large droplets may be generated when an infected person speaks, breathes, coughs or sneezes. Larger droplets travel a short distance through the air and can be deposited on inanimate surfaces or in the eyes, nose, or mouth. Larger droplets are heavier, and they usually fall to the ground within two meters.

Engineering controls

The physical arrangement, design or alterations of workstations, equipment, materials, or other aspects of the work environment for the purpose of controlling risk.

Hierarchy of Controls

A term that refers to using the most effective means possible to control hazards. The order of effectiveness to control hazards is: elimination of the hazard, substitution with a different product or process, engineering solutions to control the hazard (such as isolation), administrative controls to change the way the work is organized and using personal protective equipment.

Indirect contact

Indirect contact involves touching a contaminated surface such as a counter, doorknob, telephone or computer keyboard, and then touching the eyes, nose or mouth.

Infectious disease

Disease caused by organisms such as bacteria, viruses, fungi and parasites. Workers can be exposed to several different types of infectious diseases, including bloodborne, contact and airborne diseases.

Occupational exposure

Reasonably anticipated harmful contact with blood or other potentially infectious materials that may result from the performance of a worker's duties.

Personal Protective Equipment (PPE)

Barriers worn to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, medical masks, respirators, goggles, face shields, gowns and aprons.

Qualified Person

A person who is knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof.

Route of transmission

Any route by which a biological agent designated as a hazardous substance may be transmitted including contact, droplet or airborne transmission.

Safety-engineered medical sharp

A medical sharp with a built-in safety feature or mechanism that eliminates or minimizes the risk of accidental parenteral contact while or after the sharp is used.

Safety-engineered needle

includes a self-sheathing needle device and a retractable needle system.

Responsibilities

The following are the responsibilities of employers, supervisors, workers and joint occupational health and safety committee or representative for Murrayville Family Practice Group:

Employer responsibilities

- Conduct a risk identification and assessment of employees' potential occupational exposure to infectious diseases.
- Ensure that the resources such as safe work procedures, worker training and personal protective equipment are readily available where and when they are required to implement and maintain this plan.
- Select, implement, and document the appropriate site-specific control measures.
- Ensure that education and training is provided to the supervisors and workers as needed.
- Ensure that workers use appropriate personal protective equipment (PPE), as specified.
- Support employees in receiving vaccinations for vaccine-preventable conditions.
- Maintain records of training and inspections.
- Ensure that a copy of the exposure control plan is available to workers.
- Monitor the effectiveness of this exposure control plan.
- Review the exposure control plan annually in consultation with the Joint Occupational Health and Safety Committee or representative as applicable.
- Monitor and review infectious disease related information including orders, guidance, notices and recommendations issued by a medical health officer or the provincial health officer if it is related to the workplace.

Supervisor responsibilities

- Ensure workers are educated and trained on control measures for hazards specific to their job.
- Ensure that staff use and correctly wear PPE required.
- Ensure workers are trained in the use (donning and doffing) of their PPE.
- If workers require respirators, ensure they have been fit tested (fit test is within the last 12 months) and the results have been recorded.
- Direct work in a manner that eliminates or minimizes the risk to workers.

Worker responsibilities

- Know the hazards of the workplace.
- Follow established safe work procedures as directed by the employer or supervisor.
- Wear provided PPE correctly and report any deficiencies to the supervisor or the employer.
- Report any unsafe conditions or acts to the supervisor.
- Know how and when to report exposure incidents.

Joint Health and Safety Committee or Representative responsibilities

- With the employer, review annually at a minimum, the contents of this exposure control plan.
- Ensure the exposure control plan is implemented as written and make recommendations for improvement or changes reflecting current practices.

Risk identification and Assessment

Infectious diseases are caused by organisms such as bacteria, viruses, fungi, and parasites. Workers can be exposed to several different types of infectious diseases including bloodborne, contact, and airborne.

The following table includes various infectious disease types that may be reasonably expected in continuing care:

Infectious Disease Type	Transmission	Examples
Bloodborne diseases	Contact with infected blood or certain body fluids.	<u>Hepatitis B</u> , <u>Hepatitis C</u> , <u>Human Immunodeficiency Virus (HIV)</u> .
Contact diseases	Direct or indirect contact with bacteria or viruses.	<u>Norovirus</u> , Methicillin-resistant <u>Staphylococcus aureus (MRSA)</u> , Vancomycin-resistant <u>Enterococci (VRE)</u> , <u>C. difficile</u> .
Airborne diseases	Large respiratory droplets or aerosolized airborne droplet nuclei.	<u>COVID-19</u> , <u>Tuberculosis</u> , <u>Influenza</u> .

Note: Depending on the workplace, there may be other considerations, this is not an exhaustive list.

It is expected that workers will conduct point of care risk assessments at the point and time of the task, as the circumstance of each task are unique and will impact the potential for occupational exposure.

Murrayville Family Practice Group must ensure a risk assessment of exposure to infectious diseases has been conducted by a qualified person. In general, the magnitude of a risk of exposure to infectious diseases depends on:

- Infection likelihood of the infectious disease concerned.
- Frequency and duration of potential exposure
- Number of people with potential for exposure
- Consequences of an exposure
- Protective factors (i.e. vaccination rates, hygiene practices, personal protective equipment use)

Risk Assessment – Bloodborne diseases

All staff at Murrayville Family Practice Group have the potential for occupational exposure to bloodborne diseases. Bloodborne pathogens are carried in human blood, other fluids, tissues, and organs. Staff can be exposed to bloodborne pathogens through sharp injuries or puncture wounds, broken skin, or mucous membranes of the eye, nose, and mouth.

While all staff are potentially at risk to exposure of bloodborne pathogens, some jobs and tasks have a greater risk due to the type of work performed and proximity to patients. Examples include:

Job Type	General Tasks
Nurse (RN/LPN) Care Aide	Handling sharps Administering medication (intramuscular, subcutaneous, intravenous) Wound care (irrigation of wounds, dressing changes) Handling general or biohazardous waste Providing direct care to potentially infected residents Trauma/resuscitations Blood collection/specimen collection Drainage devices
Housekeeping/Laundry or other support service workers	Handling soiled laundry Cleaning up spills (body fluids, medications) Handling/disposal of biohazardous materials and sharps
Dietary	Handling food items and utensils.

Risk Assessment – Contact & Airborne Diseases

All staff at Murrayville Family Practice Group have the potential for occupational exposure to contact and airborne diseases. Contact diseases are transmitted through direct or indirect contact with bacteria or viruses. Airborne diseases are spread in the air in large respiratory droplets (droplet transmission) or aerosolized airborne droplets (airborne transmission).

While all staff are potentially at risk to exposure of contact and airborne diseases, some areas and employees have a greater risk due to the type of work performed and proximity to patients. Examples include:

Job Type	General Tasks
Nurse (RN/LPN) Care Aide	Providing direct care to potentially infected residents Medical procedures (AGMP) Use of nebulizers
Housekeeping/Laundry or other support service workers	Handling contaminated laundry Working in proximity to potentially infected residents.
Dietary	Handling food Handling potentially contaminated utensils Working in proximity to potentially infected residents.
Auxiliary staff (screeners)	Screening potentially infected visitors, including rapid testing.

Risk controls

The Occupational Health and Safety Regulation requires employers to implement infectious disease controls based on following hierarchy:

- Elimination/Substitution
- Engineering controls
- Administrative controls
- Personal Protective Equipment (PPE)

Due to the nature of the hazard, a combination of controls is implemented at Murrayville Family Practice Group to ensure the health and safety of the workers.

Hierarchy of controls

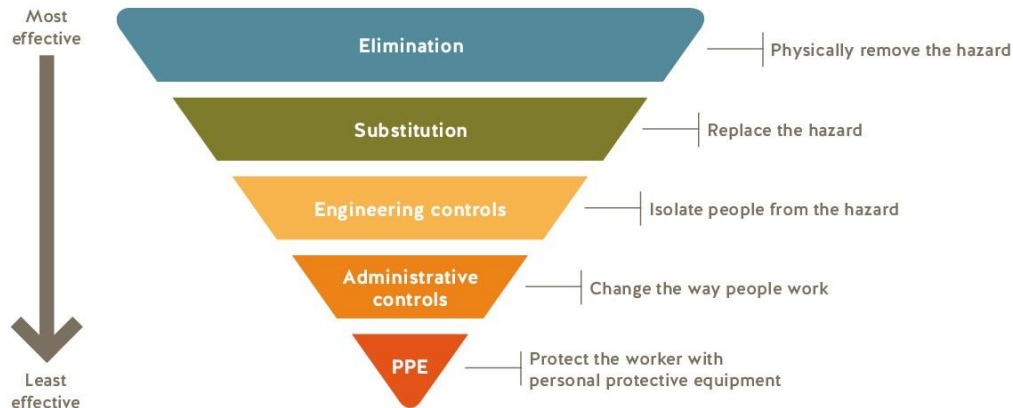


Image Source: WorkSafeBC

Murrayville Family Practice Group staff must take all measures to eliminate or minimize the risk of exposure to infectious diseases.

Control Measures – Bloodborne pathogens

Engineering Controls

Engineering controls involve the use of a safety-engineered medical sharps or safety-engineered needles. Staff are expected to follow safe sharps handling procedures, such as discarding any disposable, contaminated sharp items in sharps disposal containers as soon as possible after use.

Administrative Controls

Routine practices

The use of routine practices is an approach to infection prevention and control in which all blood and body fluids are presumed to carry infectious pathogens. This approach consists of a collection of safe work procedures that helps prevent the transmission of infectious diseases in the workplace.

Routine practices include the following:

- Wash hands regularly
- Wear disposable waterproof gloves when touching blood and body fluids, or when handling contaminated items.
- Replace gloves as soon as practical if they are torn, cut, punctured, or leaking and when they become contaminated or damaged such that their ability to function as a barrier is in question.

- Use disposable gloves only once and follow safe work procedures for glove removal and handwashing.
- Wash hands immediately and thoroughly after any contact with blood or other potentially infectious materials.
- Wear PPE such as gloves, gowns, aprons, masks, or protective eyewear when there is a risk of splashes or sprays of blood or other potentially infectious materials.
- Handle and dispose of sharps according to safe work procedures.
- Use tongs or other suitable means to pick up broken glass or other sharp items contaminated with blood.
- Use pocket masks with one-way valves to ventilate residents.
- Follow post-exposure health management procedure if there is an exposure incident to blood or other potentially infectious materials.

Immunization

Vaccination is safe and effective in preventing hepatitis B. Murrayville Family Practice Group provides free vaccination against the Hepatitis B virus, upon request, to all staff who have or may have occupational exposure to Hepatitis B virus.

Post Exposure Health Management

After an accidental exposure or injury (e.g., needle poke, laceration, inhalation of pathogen) the person concerned must immediately report to their supervisor and seek immediate medical attention. Clinical evaluation and baseline testing should be conducted in accordance with guidelines for post-exposure follow-up.

Personal Protective Equipment (PPE)

The WorkSafeBC Occupational Health and Safety Regulation requires that PPE be worn for all work involving blood or other biohazardous materials. PPE controls exposure at the point of the individual worker and is considered the last line of defence. It should only be used when other controls are not practicable, or in addition to other controls.

PPE should be selected based on the following:

- Point of Care Risk Assessment (PCRA)
- Safe Work Procedures
- The quantity of blood or other potentially infectious material

Hand Protection

Wear waterproof, disposable, intact gloves while handling human blood and body fluids. Leather or Neoprene gloves are recommended for situations where broken glass and sharp edges may be encountered. Gloves selected must fit the wrist tightly when large amounts of blood are likely to be encountered.

Eye and Face Protection

Wear medical masks and safety goggles or a face shield when there is potential for splashing or spattering of blood or other infectious materials or for the generation of airborne particles from dried blood.

Gowns

When there is a potential for splashing or splattering, wear impervious disposable gowns that will prevent blood or other biohazardous materials from penetrating and contaminating the inner surfaces of PPE and subsequently underlying clothing and skin.

Respiratory Protection

Respiratory protection is not normally required unless there is a risk of inhaling airborne particles from dried blood or other biohazardous materials.

Respiratory protection (medical mask or N95 respirator) will be provided if required based on a point of care assessment by staff. If an N95 mask is required, the worker must be fit tested and the fit test must be current (within the last 12 months). The employer will ensure that a respirator program is in place at the workplace.

Control Measures – Contact & Airborne Diseases

The following measures should be taken to prevent infection from contact and airborne infectious diseases.

Engineering Controls

Ventilation is a type of engineering control which can help reduce airborne concentrations of viruses and filter out other microbes. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced; but it can still be a concern in smaller, enclosed areas, especially where there is limited ventilation.

Murrayville Family Practice Group will ensure that the Heating, Ventilation and Air Conditioning system at the care home is properly maintained and functioning as designed.

Other engineering controls that may be used are the use physical barriers to promote physical distancing, such as plastic or plexiglass barriers. In some cases, the use of drop curtains to isolate spaces or provide separation in shared rooms may be required.

Administrative Controls

Contact precautions

Contact precautions include routine practices, as well as the following:

- Wear gloves when entering rooms.
- Change gloves after contact with potentially infected materials.
- Wear gowns when entering rooms if direct resident contact is anticipated or if the resident has diarrhea, a colostomy, or wound drainage that is not covered by a dressing.

- Limit movement and transport of residents from the room.
- Ensure there is a daily cleaning of resident care items, bedside equipment, and frequently touched surfaces.
- Dedicate the use of non-critical resident care equipment to a single resident or residents with the same infection.
- Disinfect equipment that must be used for different residents.

Droplet precautions

Droplet precautions include routine practices and contact precautions, as well as the following:

- Place residents in private rooms or with other residents who have the same infection.
- Wear a face shield when working with residents.
- Place medical masks on residents being moved if tolerated.

Airborne precautions

Airborne precautions include routine practices as well as the following:

- Place residents in private rooms with the door closed (ideally these rooms have negative air pressure and filtration of air before it is discharged from the room).
- Wear an appropriate respirator when entering rooms if required and ensure it has been fit tested.

Personal Hygiene

Good personal hygiene is the key to reduce the risk of infection and the spread of contact and airborne diseases. The following hygiene practices are recommended:

Hand hygiene

- Wash hands often and well, especially after contact with fluid from your nose, mouth, throat or eyes (i.e. coughing or sneezing or blowing the nose).
- Hand washing should be done using soap and warm water for a minimum of 20 seconds. Alcohol-based hand rub may be substituted for hand washing if hands are not visibly dirty.

Cough/sneeze etiquette

Murrayville Family Practice Group workers are expected to follow cough/sneeze etiquette, which is a combination of measures that minimizes the transmission of diseases via droplet or airborne routes. Cough/sneeze etiquette includes the following components:

- Educate workers in control measures, including hand washing.
- Post signs at entry points to instruct everyone about control measures.
- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing.
- Use tissues to contain secretions and dispose of them promptly in a waste container.
- Offer medical masks to people who are coughing.
- Turn your head away from others when coughing or sneezing.

- Wash hands regularly.

Vaccination

- Vaccination has proved an effective measure to prevent influenza and reduce the risk of implications from the flu.
- Staff are strongly encouraged to take influenza vaccine. For staff that choose not to take influenza vaccine, they will be required to wear a medical mask while at work.
- COVID-19 vaccines have been highly effective at reducing spread of SARS-CoV-2 virus. The vaccine is offered to all residents of British Columbia. Staff may be required to disclose their vaccine status to their employer, and if not fully vaccinated, will be required to wear a medical mask while at work.

Surveillance and Reporting

- Epidemiological surveillance and early reporting play important roles in preventing and controlling the spread of influenza.
- If workers are ill, they should stay home. If they develop symptoms of infectious disease while at work, they should leave the workplace and inform their supervisor.
- Screening measures may be implemented in the event of a pandemic or when deemed necessary. During a period of elevated risk, the medical health officer or provincial health officer may provide information and guidance about the risk and how it can be reduced. Screening measures may include rapid testing for COVID-19 for staff who are not fully vaccinated.
- Should pandemic or a major influenza epidemic occur, Murrayville Family Practice Group will follow direction given by the BCCDC and Health Authority and may temporarily alter business operations, including and up to closure or partial closure.

[link any resources here that may be helpful – i.e., screening protocol]

Personal Protective Equipment (PPE)

Use of personal protective equipment may be an effective approach to prevent or reduce transmission of infectious disease. PPE controls exposure at the point of the individual worker and is considered the last line of defence. It should only be used when other controls are not practicable, or in addition to other controls.

Personal protective equipment includes respiratory protection, eye protection and skin protection and will be assigned based upon the results of the risk assessment. Medical masks and respiratory protection equipment (a N95 respirator) must be appropriately chosen and fit-tested where required (fit-test must be within the last 12 months). If respiratory protection is required, a respirator program to ensure that respirators used by staff provide effective protection against airborne requirements will be followed.

Staff shall follow the established guidelines including established safe work procedures and other programs when using PPE in the workplace.

Education and Training

Education and training will be provided to ensure awareness, early detection and prevention of infectious disease. Employees of Murrayville Family Practice Group shall have read and understand this Exposure Control Plan.

Training records shall be retained by Murrayville Family Practice Group.

Bloodborne Pathogens

Employees who have, or may have, occupational exposure to bloodborne pathogens must be adequately educated and trained on the following:

- The bloodborne pathogens that may be encountered as a part of their job duties/tasks and modes of transmission.
- An explanation of engineering and safe work practice controls that will prevent or reduce exposure to bloodborne pathogens, including their use and limitations.
- How to wear, use, inspect, maintain, clean and store PPE, as well as limitations of PPE.
- Control measures specific to the care home (location of sharps disposal containers, pocket masks, wash facilities, types and location of personal protective equipment).
- An explanation of post-exposure health management procedures to be followed if an exposure incident to blood or other potentially infectious materials occurs.
- Information on the hepatitis B vaccine, including information on its benefits, effectiveness, safety, method of administration and availability.

Contact and Airborne Diseases

Employees who have, or may have occupational exposure to contact diseases or airborne diseases must be adequately educated and trained in the following:

- Contact and airborne disease types that may be expected to be in the workplace.
- Hazards and transmission routes of contact and airborne diseases.
- Symptoms of contact and airborne diseases in the workplace.
- Precautions and control measures required to prevent exposure and transmission of disease.
- How to wear, use, inspect, maintain, clean and store PPE, as well as limitations of PPE.
- Procedures to follow if workers have symptoms of disease and post-exposure health management procedures to be followed.
- How to report unsafe acts and/or conditions in the workplace.
- Information on COVID-19 vaccines, including information on its benefits, effectiveness, safety, method of administration and availability.

Murrayville Family Practice Group will provide additional information as needed.

Employees of Murrayville Family Practice Group are encouraged to review the following websites for additional information:

- World Health Organization
- Government of Canada
- BC Center for Disease Control
- WorkSafeBC

Written safe work procedures

Employees of Murrayville Family Practice Group are expected to follow written safe work procedures for activities or tasks where an occupational exposure to infectious diseases may be present.

Procedures implemented to reduce exposure to infectious diseases include:

- Clean up and decontamination procedures as well as emergency procedures if there is accidental exposure to blood or potentially infectious body fluids.
- Procedures to be followed for Contact/droplet precautions.
- Handwashing protocols
- Donning/doffing PPE
- Cleaning and Disinfection protocols.

Murrayville Family Practice Group will ensure that prevention guidelines and precautions established by the BC Center for Disease Control, appropriate health authorities and/or WorkSafeBC are followed.

Health monitoring

An employee who is suspected to have accidentally been exposed to bloodborne pathogens must seek medical attention at the time of the incident.

Individuals with flu-like symptoms should seek medical attention and not report to work until symptoms clear or they are confirmed not contagious.

Documentation

The following records will be kept by Murrayville Family Practice Group

- Records of accidental exposure to bloodborne pathogens
- Records of education and training on infectious disease hazards and prevention.
- Written safe work procedures
- Respirator fit testing records
- First aid reports
- Incident investigation reports

Annual Review

The Exposure Control Plan will be reviewed annually in consultation with the Joint Occupational Health and Safety Committee or Representative. The following will be considered during the review:

- Effectiveness of control measures and safe work procedures.
- First aid reports related to bloodborne pathogens.
- Most up-to-date information on epidemic and pandemic influenza or other infectious diseases.

Additional Resources

WorkSafeBC

[Communicable disease resources](#)

[Controlling Exposure: Protecting Workers from Infectious Disease](#)

[Respiratory Protection](#)

Government of British Columbia

[Current Health Topics](#)

SafeCare BC

[Biohazardous Exposure Risk Assessment Worksheet](#)

[Exposure control plan checklist](#)

[Respiratory Protection](#)