

# Fraser Health

## Biological Hazards: Communicable Diseases Exposure Control Plan

*This document is intended to extract and consolidate various resources to address the occupational health and safety-specific components of an Exposure Control Plan as outlined in sections 5.5 and 6.34 of the WorkSafeBC Occupational Health and Safety Regulation as it relates to Communicable Diseases.*

**Note:**

There are several documents referenced with a specific hyperlink. Hyperlinks in this document are only accessible through the Fraser Health network. If you are within the network but do not have an electronic copy, or if you are outside the Fraser Health network, please contact Health and Safety. Documents contained in hyperlinks and/or other electronic versions on Fraser Health systems are to be considered the most current version.

**Version:** 2.3

**Date of Last Revision:** July 1, 2021

**Replaces:** May 26, 2020

**Originally Created:** July 20, 2017

**DOCUMENT HISTORY**

Version	Date	Summary of Key Changes
1.0	July 20, 2017	NEW
2.0	August 2018	Minor grammatical and formatting changes; hyperlink updates.
2.1	Sept 2019	Hyperlink updates, reference updates
2.2	May 2020	Addendum of COVID-19 Pandemic Recovery
2.3	July 2021	Addendum of COVID-19 Pandemic Recovery revised for BC Restart and incorporated here as Appendix A

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## INTRODUCTION

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### Purpose

The Biological Hazards: Communicable Diseases Exposure Control Program outlines the necessary responsibilities, procedures, and tools to reduce employees' risk of exposure to communicable diseases. The Program also addresses the requirements to ensure that the risk of exposure to communicable diseases, at all Fraser Health owned and operated sites, is maintained at levels meeting applicable standards and guidelines.

### Scope

This Program applies to all Fraser Health staff, medical staff, students, volunteers and contractors completing employer-assigned duties within its workplaces and any other designated points of care. The Exposure Control Program defines Fraser Health overall requirements for identifying, assessing, and controlling staff exposure to communicable diseases.

Compliance with the Program will be monitored by the responsible department manager with assistance from Health and Safety (Client Partner, Prevention and/or Client Partner, Exposure Prevention). Health and Safety will assist with the development, maintenance and administration of the Program.

The Program application scope is limited to communicable diseases transmitted person to person through the airborne and/or fecal-oral route.

For information on preventing and controlling exposures to blood and body fluids and communicable diseases transmitted through blood and body fluids only, refer to the Fraser Health Authority Biological Hazards: Blood and Body Fluids Exposure Control Program. For information on preventing and controlling exposures to novel pathogens contact Health and Safety.

The activities and functions occurring within Lower Mainland Health Authority Laboratories (Medical and Research) are out of scope for the purposes of this Exposure Control Program. Refer to the [Laboratory Safety Manual](#) and Provincial Health Services Authority Workplace Health Department for more information.

Several components contained within this Program are not unique to managing Communicable Diseases and are processes that occur on a regular basis within Fraser Health. As such, all related Fraser Health policies, programs, and guidelines remain in effect unless specifically noted in this Program. These policies include:

- [Fraser Health Communicable Disease – Prevention and Management of Occupational Exposure Policy](#)
- [Fraser Health Respiratory Protection Policy](#).
- [Fraser Health Workplace Health Policy](#).
- [Routine Practices and Additional Precautions: Acute - Best Practices - Clinical Practice Guideline](#)
- [N95 Respirator - Clinical Protocol](#)
- [Blood and Body Fluid: Splash Protocol Clinical Protocol](#)

The requirements of the Program apply to all communicable diseases. In addition, specific requirements pertaining to COVID-19 are contained in Appendix A.

### **Applicable Regulations and Standards**

Regulations pertaining to communicable disease exposures are contained throughout the [WorkSafeBC Occupational Health and Safety Regulation \(OHSR\)](#) particularly section 5.54 and 6.34 related to the management of Communicable Diseases. As such, the information contained within this program is related specifically to the elements required to ensure the health and safety of workers while at work and should be considered within the context of supporting those specific elements as part of the larger Fraser Health Communicable Diseases plans and processes.

## **PROGRAM ADMINISTRATION**

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- Health and Safety has the responsibility to develop and oversee administration of The Program. In addition to the responsibilities expressly identified in the [Fraser Health Communicable Disease – Prevention and Management of Occupational Exposure Policy](#) various departments and individuals have specific responsibilities to ensure its successful implementation and ongoing maintenance.

### **Executive Team and Directors**

Senior Management is responsible for ensuring the health and safety of all Fraser Health staff and medical staff. Senior Management will:

- Ensure that the Fraser Health Biological Hazards: Communicable Diseases ECP is developed and implemented including ensuring adequate financial resources are provided.
- Ensure that all levels of management are accountable as outlined for performance in their area of responsibility related to the Fraser Health Biological Hazards: Communicable Diseases ECP.
- Modify clinical and work practices, using a risk-based approach, to address identified risks, and ensure that the risk of exposure is mitigated through these modifications.
- Ensure that Operational leaders (e.g. managers/supervisors) are informed of, and adhere to, the directions provided through the EOC regarding risk mitigation efforts during pandemic or outbreak situations.
- Adhere to the Hierarchy of Controls related to the reduction of exposure risks and ensure necessary resources including, but not limited to, engineering controls, administrative controls, and appropriate Personal Protective Equipment (PPE), are made available as required.
- Support necessary stakeholder groups, including the Joint Occupational Health and Safety Committees (JOHSC) in the risk assessment and risk mitigation processes.
- Re-evaluate this plan as necessary to ensure that it remains viable and appropriate; in the event of a disruption/failure in this plan, advise the appropriate Agency (Agencies) and re-evaluate/revise as necessary.

### **Managers and Supervisors**

Management / Supervisors will:

- Understand and ensure compliance with the Fraser Health Biological Hazards: Communicable Diseases ECP.

- Ensure the risk assessment process is implemented and communicated within their area of responsibility to ensure those employees who have the potential for occupational exposure to Communicable Diseases are identified.
- Provide adequate direction and instruction to employees in the safe performance of their duties.
- Ensure appropriate education/training is provided to staff so that work is performed in accordance with established standards and practices.
- Ensure employees comply with applicable elements of The Program.
- Provide assistance, upon request, to Health and Safety in determining and locating staff that may have experienced a communicable disease exposure.
- Adhere to the directions provided by the EOC, organizational stakeholder groups (e.g. Health and Safety, IPC, JOHSC, etc.), and external stakeholder groups (e.g. WorkSafeBC).
- Share awareness and informational resources with staff and medical staff and others within departments/sites under his/her leadership.
- Ensure that risk assessments are conducted within their department(s) to identify areas/activities that may increase the risk of exposure to communicable diseases.
- Facilitate the development/provision of risk mitigation as identified through the Risk Assessments in their departments including written work procedures and ensure work is conducted in a manner that minimizes/eliminates exposure risks to staff and medical staff.
- Provide appropriate Personal Protective Equipment (PPE) and other equipment/controls.
- Facilitate staff and medical staff education/training pertaining to the selection, care, maintenance and use of any PPE (including fit testing for those staff and medical staff who may be issued a respirator).
- Ensure all staff and medical staff follow work procedures and appropriately use PPE (e.g. gloves, gowns, eye protection, masks/respirators, etc.).
- Ensure all staff and medical staff screen themselves for symptoms prior to starting work.
- Provide information/feedback regarding employee comments/concerns to site/portfolio

### **Staff and Medical Staff**

Fraser Health Staff and Medical Staff will:

- Take reasonable steps to be aware of their own communicable disease and vaccination status and to minimize the risk of transmitting infectious diseases to patients/residents/clients and co-workers.
- All new employees must contact PWHCC to report immunization and communicable disease history within two weeks of hire. All staff applying to work in FH Residential Services will undergo a Tuberculosis and Immunization screen prior to commencing work as per the CCALA (Community Care and Assisted Living Act) Regulations.
- Participate in Fraser Health's screening, education and vaccination protocols.
- Not work if feeling unwell
- Follow directions provided by departmental/site/program leadership, organizational stakeholder groups (e.g. the Health & Safety, IPC department, JOHSC, etc.), and external stakeholder groups (e.g. WorkSafeBC).
- Attend and participate in education/training/instruction sessions (including respirator fit-testing, where applicable).
- Review and adhere to applicable work procedures.

- Select, care, maintain and use PPE as per education/training.
- Understand how exposures can occur and when/how to report exposure incidents.
- Report feeling unwell to leadership immediately and follow directions regarding isolation, etc.
- Direct questions to leaders and/or appropriate stakeholder groups.
- Conduct point of care risk assessments (PoCRA)/appropriate screening of patients at all points of patient entry).
- Report any potential occupational exposure related illnesses to their direct supervisor and the Provincial Workplace Health Call Centre Occupational Health Nursing Services (PWHCC OHN).
- Understand and comply with all health and safety requirements in The Program as directed.
- Follow work procedures outlined in The Program as directed.
- Use all safety equipment, devices and personal protective equipment outlined in The Program as directed.
- Report all unsafe acts and/or conditions.
- ER triage and physicians to conduct patient screening as per established screening methods, where applicable.

### **Volunteers**

Volunteers will:

- Follow the direction of all policies and procedures outlined in The Program as directed.
- Do not volunteer if FEELING UNWELL
- Follow directions provided by departmental/site/program leadership and attend and participate in education/training/instruction sessions where required.
- Report any potential exposures and/or illnesses that occur to their local Volunteer Services Manager.

### **Joint Occupational Health and Safety Committee (JOHSC)**

Committee members will:

- Promote safe work practices and working conditions outlined in The Program by raising awareness through various activities.
- Assist in creating a safe place of work by recommending corrective measures to management.
- Participate in workplace inspection and the identification and control of hazards.
- Receive, consider and resolve matters respecting health and safety of workers.
- Recommend means of education and delivery of information related to the components outlined in The Program. Be available to answer question from staff.
- Support review and develop resources for site specific campaigns or focus initiatives in consultation with Health and Safety (as applicable).
- Participate in Risk assessment process.
- Participate in the annual review of The Program

### **Lower Mainland Integrated Services (i.e. Other Health Authorities)**

Health Authorities on Fraser Health sites providing clinical and clinical support services have primary responsibility to ensure that their work is carried out in a safe manner and in compliance with the WorkSafeBC Occupational Health and Safety Regulation and specific Fraser Health policies and procedures as outlined in The Program. They are responsible for the conduct and work practices of their workers and any contractors they may bring on-site and to coordinate the work activities of workers and contractors.



### **Contractors/Consultants and Service Providers**

- Contractors have primary responsibility to ensure that their work is carried out in a safe manner and in compliance with the WorkSafeBC Occupational Health and Safety Regulation. They are responsible for the conduct and work practices of their workers and any sub-contractors they may bring on-site and to coordinate the work activities of workers and contractors. Issues of non-compliance will be dealt with directly with the principal contractor or service provider as they are noted.
- Fraser Health is regarded as both the owner and prime contractor at Fraser Health owned facilities with the exception of Abbotsford Regional Hospital and Cancer Centre for the purposes of the Workers Compensation Act and Occupational Health and Safety Regulation.
- The Contract Manager must ensure that all work carried out in Fraser Health facilities is in compliance with the WorkSafeBC Occupational Health and Safety Regulation and Fraser Health requirements as outlined in The Program.
- Contractors, consultants and service providers will comply with specific safety requirements and procedures based on information provided by Fraser Health of any known Communicable Diseases hazards.

### **Infection Prevention and Control (IPC)**

IPC will:

- Identify communicable disease outbreaks and facilitate response in the Fraser Health region including processes/protocols to mitigate further spread of communicable disease.
- Declare the start and end of communicable disease outbreaks in consultation with Medical Microbiologists.
- Ensure Infection Control policies and procedures related to this Program are current and accessible to Staff and Medical Staff.
- Consult with Medical Microbiologists and Medical Health Officer(s) regarding any potential communicable diseases.
- Collaborate with managers, health care providers, Public Health, supervisors, Health and Safety and the JOHSC representatives to provide education and training on the following topics:
  - Signs and symptoms of Communicable Diseases.
  - Modes of transmission.
  - Written infection control policies and procedures that direct the employee on how to eliminate or minimize exposure for them to other staff, patients or visitors.
  - Proper use and selection of Personal Protective Equipment (PPE).
- Liaise with Public Health to determine if any discharged patients require follow-up.

### **Public Health**

Public Health will:

- Receive reports from Infection Prevention & Control (IPC) of all suspect reportable diseases in patients and carry out case investigations to assess if patient(s) meet BCCDC case definition and if contact notification is required. Liaises with the Medical Health Officer. Public Health will follow BCCDC guidelines for case and contact management.
- Liaise with IPC to determine if any inpatients or discharged patients require follow up.
- Notify Provincial Workplace Health Call Center of a case that was in a Fraser Health facility so Health and Safety can determine if any follow up is required for Staff and Medical Staff
- Conduct contact tracing, active surveillance of close contacts and recommend self-isolation of community contacts when required.

- Identify communicable disease outbreaks in the community, including long-term care facilities, and facilitates response in the Fraser Health region including processes/protocols to mitigate further spread of communicable disease.
- Advise staff within Fraser including Health and Safety of new/emerging communicable diseases (e.g. via MHO letters).
- Declare the start and end of outbreaks in the community, including long-term care facilities.
- Collaborate with managers, health care providers, Infection Prevention and Control, supervisors, Health and Safety and the JOHSC representatives to provide education and training on the following topics:
  - Self-isolation and return to work guidelines for staff and medical staff
  - Communicable Diseases testing prioritization (e.g. COVID-19) and guidance for Staff and Medical Staff
- Liaise with managers to determine if any staff or medical staff require follow up.

### **Facilities Maintenance and Operation (FMO)**

FMO will:

- Liaise with a Fraser Health Client Partner, Exposure Prevention when local exhaust ventilation system specifications are being drafted.
- Oversee ongoing maintenance of building ventilation, isolation rooms and local exhaust ventilation systems such as biological safety cabinets (that individual departments have had annually certified from a qualified Biological Safety Cabinet Certifier) and ensuring they are functioning as designed.
- Ensure that if there is a potential for exposure to any communicable diseases in a construction project, any contractor hired is informed of the exposure risk and plan for controlling this exposure in their work plan following processes as established in the [Contractor Safety Program](#).

### **Health and Safety**

Health and Safety will:

- Consult in communicable disease risk assessment and mitigation with regard to appropriate exposure control measures and best practices.
- Coordinate and facilitate fit-testing sessions for staff, medical staff and Respirator Train the Fit-Tester sessions where necessary and advise on other personal protective equipment best practices.
- Provide access to vaccinations for specific communicable diseases as required by section 6.39 of the WSBC OHSR, where the BC Centre for Disease Control *Communicable Disease Control Immunization Program Manual* lists a vaccine that protects against infection by a biological agent that is designated as a hazardous substance in OHSR section 5.1.1, the employer must offer the vaccination to all workers who are at risk of occupational exposure to that biological agent. Vaccinations offered under Section 6.39 subsections (1) and (2) must be provided without cost to workers.
- Review and update the Biological Hazards: Communicable Diseases Exposure Control Program on an annual basis to ensure recommendations follow current nursing work practices and reflect Fraser Health specific policies and procedures.
  - More frequent revision to the Program may be required if/when work processes change, equipment changes, or new information becomes available (i.e. as guidelines are modified).
- Ensure a copy of the Program and appendices is available to managers, staff and medical staff.
- Support the development of supporting resources, as needed.
- Ensure a system for documenting instruction, training and fit testing is in place.

**Provincial Workplace Health Call Centre Occupational Health Nursing (PWHCC OHN)**

PWHCC OHN will:

- Consult with Infection Prevention and Control and Public Health to confirm communicable disease incidents in the workplace and to determine the exposure criteria for Health Care Workers.
- Identify staff who are in direct contact with the source of a communicable disease and who meet the exposure criteria.
- Provide post exposure follow up for staff including recommendations for work restrictions and/or further medical care.

**ANTICIPATION AND IDENTIFICATION OF COMMUNICABLE DISEASE HAZARDS**

Human pathogens and toxins have been identified by the Human Pathogens and Toxins Act & Regulation (2015) according to Table 1 below.

**Table 1: Human Pathogen Risk Groups**

RISK GROUP	DEFINITION
2	Category of human pathogens that pose a moderate risk to the health of individuals and a low risk to public health and includes the human pathogens listed in Schedule 2*. They are able to cause serious disease in a human but are unlikely to do so. Effective treatment and preventive measures are available and the risk of spread of disease caused by those pathogens is low.
3	Pose a high risk to the health of individuals and a low risk to public health and includes the human pathogens listed in Schedule 3*. They are likely to cause serious disease in a human. Effective treatment and preventive measures are usually available and the risk of spread of disease caused by those pathogens is low.
4	Pose a high risk to the health of individuals and a high risk to public health and includes the human pathogens listed in Schedule 4*. They are likely to cause serious disease in a human. Effective treatment and preventive measures are not usually available and the risk of spread of disease caused by those pathogens is high.

\*Refer to the applicable schedule within the Health Canada Human Pathogens and Toxins Act & Regulation (2015).

Table 2 below describes commonly encountered communicable diseases in health care settings, their human risk group according to the categories in Table 1, and their exposure control methods. Additional details on disease, condition and microorganisms can be found in the [Infection Prevention and Control A-Z Table](#).

**Table 2: Commonly Encountered List of Communicable Diseases in Healthcare**

PATHOGEN	RISK GROUP	INFECTIOUS SUBSTANCE	TRANSMISSION ROUTE	EXPOSURE CONTROL	
				TYPE OF PRECAUTIONS	VACCINE PREVENTABLE
COVID-19	3 **	Respiratory secretions, contaminated surfaces	Transfer of respiratory tract secretions from surfaces to eyes, nose or mouth (mucous membranes) via hands. Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membranes) of another person via coughing, sneezing or talking. Inhalation of small droplets containing virus during AGPs or under certain environmental conditions.	Droplet AGP Signage as needed N95 for AGP and under certain environmental conditions (based on PoCRA)	Yes

PATHOGEN	RISK GROUP	INFECTIOUS SUBSTANCE	TRANSMISSION ROUTE	EXPOSURE CONTROL	
				TYPE OF PRECAUTIONS	VACCINE PREVENTABLE
<b>Mumps</b>	2 - Viruses	Saliva, respiratory secretions	Transfer of respiratory tract secretions or saliva from surfaces to nose or mouth via hands. Transfer of respiratory tract droplets or saliva directly to nose or mouth of another person via coughing, sneezing or talking.	Droplet AGP Signage as needed	Yes
<b>IGAS</b> (Invasive Group A Streptococcal Disease) (Streptococcus pneumonia)	2 - Bacteria	Respiratory secretions, Exudates from wounds or skin lesions	Transfer of organism after contact with secretions. Transfer of respiratory tract secretions from surfaces to eyes, nose or mouth (mucous membranes) via hands. Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membranes) of another person via coughing, sneezing or talking.	Skin & soft tissue infections: Contact for drainage that cannot be contained iGAS: Droplet for respiratory infection + AGP sign if needed	Consult Public Health
<b>Influenza</b>	2- virus	Respiratory secretions, contaminated surfaces	Transfer of respiratory tract secretions from surfaces to eyes, nose or mouth (mucous membranes) via hands. Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membranes) of another person via coughing, sneezing or talking.	Droplet Plus AGP Signage as needed	Yes (for seasonal influenza)
<b>Measles</b>	2- virus	Respiratory secretions	Inhalation of tiny particles containing virus. Transfer of organism after direct contact with nasal or throat secretions Transfer of respiratory tract secretions from surfaces to eyes, nose or mouth (mucous membranes) via hands Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membranes) of another person via coughing, sneezing or talking	Airborne + Droplet	Yes
<b>Meningitidis</b> (Meningococcus (Neisseria Meningitidis))	2- Bacteria	Respiratory secretions	Transfer of respiratory tract secretions from surfaces to eyes, nose or mouth (mucous membranes) via hands. Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membranes) of another person via coughing, sneezing or talking. Introduction of organism through kissing, sharing items such as cigarettes, lipstick, food.	Droplet (until etiology known) AGP sign if needed	Yes* (Menactra)
<b>Norovirus</b>	2-Virus	Feces, vomit	Fecal-oral, introduction of organism to mouth via hands that came in contact with environment contaminated with feces or vomit. Transfer of droplets generated during vomiting to mucous membranes of another person.	Contact plus + droplet, if vomiting	No
<b>Pertussis</b> (Bordetella pertussis)	2- Bacteria	Respiratory secretions	Transfer of respiratory tract secretions from surfaces to eyes, nose or mouth (mucous membranes) via hands. Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membrane) of another person via coughing, sneezing or talking.	Droplet. AGP sign if needed.	Yes
<b>Rubella</b>	2 - Virus	Respiratory secretions	Transfer of respiratory tract secretions from surfaces to eyes, nose or mouth (mucous membranes) via hands.	Droplet. AGP sign if needed.	Yes

PATHOGEN	RISK GROUP	INFECTIOUS SUBSTANCE	TRANSMISSION ROUTE	EXPOSURE CONTROL	
				TYPE OF PRECAUTIONS	VACCINE PREVENTABLE
			Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membranes) of another person via coughing, sneezing or talking. Introduction of organism to mucous membranes via hands that came in contact with contaminated surfaces. Mother to fetus - transplacental		
<b>Scabies</b>	Parasite	Mite	Transfer of organism after prolonged skin-to-skin contact with an infected person. In heavy infestations, transfer of organism after brief direct skin-to-skin contact with an infected person or by exposure to bedding, clothing, furniture used by that person.	Contact	No
<b>Tuberculosis</b>	3 - Bacteria	Respiratory secretions	Inhalation of tiny particles containing infectious organism	Airborne	No
<b>Varicella</b>	2 - Virus	Respiratory secretions (droplets and particles).  Fluid from skin lesions.	Inhalation of tiny particles containing infectious organism suspended in the air. Transfer of respiratory tract secretions or fluid from skin lesions to eyes, nose or mouth (mucous membranes) via hands Transfer of respiratory tract droplets directly to eyes, nose or mouth (mucous membranes) of another person via coughing, sneezing or talking.	Airborne + contact	Yes

\*Menactra recommended for lab workers who routinely process swabs being assessed for meningitis.

\*\*references: <https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/biosafety-directives-advisories-notifications/novel-coronavirus-january-27.html>

### Staff at Risk

All staff that have direct patient care responsibilities are at risk for exposure to communicable diseases as may be those handling patient specimens and/or lab specimens. Examples of staff at risk for exposure include nurses, care aides, housekeepers, porters, phlebotomists, respiratory therapists, physicians and rehabilitation personnel. Following precautions as assigned by the care team in consultation with Infection Prevention and Control will minimize likelihood of transmission.






### HAZARD CONTROL

The Occupational Health and Safety Regulation (OHSR) requires employers to have exposure prevention and infection control measures based on the following hierarchy:

1. Elimination
  - Immunization
  - Physical distancing/self-isolation
2. Engineering
3. Administrative Controls
4. Personal Protective equipment (PPE)

For clinical environments, Infection Prevention and Control develops various manuals, guidelines, and associated resources to support and implement available controls. These combine the exposure prevention methods listed

above into sets of practices based on mode of disease transmission. These are designed to protect both the health care worker and the patients. Refer to the Infection Control Clinical Practice Guidelines on [FHPulse](#).

<b>INFECTION CONTROL PRECAUTION TYPE &amp; ASSOCIATED SIGNAGE</b>	
<p><b>Routine Practices</b> No signage – use <u>PoCRA</u> See also:</p> <ul style="list-style-type: none"> <li>• <a href="#">Routine Practices and Additional Precautions: Acute - Best Practices - Clinical Practice Guideline</a></li> <li>• <a href="#">Blood and Body Fluid: Splash Protocol Clinical Protocol</a></li> </ul>	
<p><b>IN ADDITION TO ROUTINE PRECAUTIONS, ADDITIONAL PRECAUTIONS MAY BE REQUIRED:</b></p>	
<p><b>Airborne Precautions</b> (e.g. TB, measles)</p>  <p>The signage is blue and features a 'STOP' sign. It instructs families and visitors to report to staff before entering and to clean hands before and after. For staff, it lists requirements: a N95 respirator, a gown, and gloves, and a full-body protective suit.</p>	<p><b>Contact Precautions</b> (e.g. MRSA, CRO)</p>  <p>The signage is pink and features a 'STOP' sign. It instructs families and visitors to report to staff before entering and to clean hands before and after. For staff, it lists requirements: a gown and gloves for any contact with the patient or environment, and a full-body protective suit.</p>
<p><b>Contact Precautions Plus</b> (e.g. C.Diff, GI, Noro)</p>  <p>The signage is yellow and features a 'STOP' sign. It instructs families and visitors to report to staff before entering and to clean hands before and after. For staff, it lists requirements: a gown and gloves for any contact with the patient or environment, and a full-body protective suit.</p>	<p><b>Enhanced Contact Precautions</b> (e.g. CPO)</p>  <p>The signage is orange and features a 'STOP' sign. It instructs families and visitors to report to staff before entering and to clean hands before and after. For staff, it lists requirements: a gown and gloves for any contact with the patient or environment, and a full-body protective suit.</p>
<p><b>Droplet Precautions</b> (Respiratory e.g. flu, pertussis vomiting)</p>  <p>The signage is green and features a 'STOP' sign. It instructs families and visitors to report to staff before entering and to clean hands before and after. For staff, it lists requirements: a mask and eye protection, a gown, and gloves, and a full-body protective suit.</p>	

Note: modified infection control precautions may be required by Infection Control for emerging communicable diseases.

**Elimination**

1.1.1 *Elimination of face-to-face contact is preferred control, using services such as telehealth medicine, or promotion of work from home options where possible.*

For communicable disease transmission (e.g. COVID-19) for returning non-clinical staff to the workplace, remote work is the best protection where it is practicable.

*Immunizations*

Immunizations will be provided by Health and Safety as recommended for healthcare workers by BCCDC and the BC Health Link for Healthcare workers. Most current details can be found on [FHPulse](#).

Immunizations are offered to Fraser Health employees, free of charge, for the following communicable diseases:

- Hepatitis B – if staff meets exposure criteria as per BC CDC guidelines
- Tetanus/diphtheria/pertussis (if there is an outbreak)
- Varicella
- Measles
- Mumps
- Rubella
- Annual Influenza
- TDPolio (if HCW is considered at risk for polio and has not had an adult dose of polio)
- COVID-19

### **Substitution**

#### *Physical Distancing*

*Use of physical distancing, maintaining a distance of 2m from others, reduction in contact density and number of contacts where practicable.*

### **Engineering Controls**

The following are engineering control examples that may be in place or implemented in healthcare facilities on an as needed basis, dependent on health status of patients.

#### *Physical Distance / Barriers*

- Single Occupancy Rooms
- Anterooms

#### *Specialized Patient Care Equipment*

- Use of HEPA and ULPA Equipment Filtration (Using filters on the exhaust of patient ventilators etc.)
- Closed wound or other BBF/OPIM drainage systems, e.g. hemovac

#### *HVAC and Local Exhaust Ventilation*

- Negative Pressure Rooms
- General & Specialized Room Ventilation
- Surgical Plume Evacuators
- Biological Safety Cabinets (BSCs)

### **Administrative Controls**

#### *Hand Hygiene*

Hand hygiene locations are ubiquitous within Fraser Health facilities with locations selected as per Infection Prevention and Control [guidelines](#).

#### *Respiratory Hygiene*

Respiratory hygiene is an established process in Fraser Health and is regularly communicated to and encouraged for staff, patients, visitors, etc with a variety of instructions and [posters](#). Hand hygiene and masks are available at acute care entrances and [instructions](#) for visitors on how to utilize is clearly posted in multiple languages.

#### *Cohorting/Grouping of Infected Patients*

Grouping and cohorting patients according to their infection status and/or those with like symptoms; has the potential to limit the number of care staff exposed and allow for specialized training and guidance for care staff to prevent transmission.

#### *Physical distancing*

Allowing a reasonable personal distance/space between persons to reduce likelihood of human-to-human transmission

#### *Patient Transport and Transfer*

Established Infection Prevention and Control procedures for patient transport and transfer will be utilized and is outlined in the [Infection Prevention And Control Additional Precautions Quick Reference—Acute Care](#) poster.

If transport is necessary within or between sites, the established patient care team and personnel in the receiving area must be advised of the required precautions for the patient being transported prior to transport and providing adequate time for them to prepare an appropriate patient room prior to patient arrival. The patient portering services must also be informed of required precautions.

#### *Waste*

All biomedical waste will be disposed of according to the Lower Mainland Hazardous Waste Guidelines.

#### *Reprocessing Contaminated Equipment and Devices*

Where equipment is reprocessed established, applicable [procedures for reprocessing contaminated equipment and devices](#) will be utilized, using the PPE items required by applicable procedures.

#### *Aerosol Generating Procedures (AGPs)*

Established Infection Prevention and Control [procedures for Aerosol Generating Procedures](#) will be utilized.

#### *Isolation*

Staff and Medical Staff who become symptomatic with Influenza-like symptoms need to remain off work for the prescribed period of time.

### **Personal Protective Equipment (PPE)**

Personal protective equipment (PPE) is designed and provided to create a barrier between the healthcare worker and patient. PPE must be worn as required. Fraser Health has a variety of PPE available for staff when providing care for patients. Information on what types of PPE are required with contact, droplet, or airborne transmission can be found in the IPC [Clinical Practice Guideline: Selection and Use of Personal Protective Equipment for Infection Prevention and Control](#).

Personal Protective Equipment (PPE) is worn to shield employees from occupational exposure to BBF, OPIM and other infectious agents. PPE creates barriers and filters between the worker and the infectious agents. For the



most part PPE does not protect workers from needle sticks or other sharps injuries, unless a puncture resistant glove is being used and their effectiveness is limited based on the glove design.

Appropriate use and removal of personal protective equipment is imperative to reduce the risk of cross contamination e.g. contaminated gloves in contact with surfaces touched by others.

Personal Protective Equipment includes the following:

- Gloves
- Gown/Aprons
- Masks
- Respirators
- Protective Eyewear
- Face Shields

Information on appropriate use and choice of gloves based on the task or procedure being performed is provided in the Fraser Health [Non-Sterile Exam Glove Selection Guide](#) and/or any current PHSA Supply Chain Product Change Notices.

**Gloves are not a substitute for hand hygiene.**

Information on PPE and the principles of donning and doffing personal protective equipment for routine practices and additional precautions is provided by Infection Prevention and Control. For additional guidance on selection of PPE for splash protection refer to the BBF Splash Protection Clinical Protocol.

Information on respiratory protection, including the N95 respirator and alternatives, is provided by Health and Safety on the [Pulse Pages](#), the Respiratory Protection Program, or at by fit testers.

In addition, practices are to be in accordance with Infection Prevention and Control Manual [Selection and Use of Personal Protective Equipment for Infection Prevention and Control](#) Clinical Practice Guideline.

## **EXPOSURE REPORTING**

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Communicable Disease hazard concerns should be reported using the [Workplace Hazard Report](#).

All inadvertent communicable disease exposures must be reported to the Provincial Workplace Health Call Centre at 1-866-922-9464.

Required follow-up and corrective actions will occur as outlined in the documentation associated with these processes.

## **HEALTH PROTECTION (POST EXPOSURE MANAGEMENT)**

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Occupational exposure to communicable diseases will be managed confidentially through the Provincial Workplace Health Call Centre, *Occupational Health Nurse* (1.866.922.9464) in conjunction with Infection Prevention & Control and Public Health and according to the Health and Safety [Policy & Protocol for the Prevention and Management of Occupational Exposure to Communicable Diseases](#).

Further information regarding specific post exposure management of communicable diseases can be found on the [Pulse Communicable Disease Exposures](#) page.

## **2. EDUCATION AND TRAINING**

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Fraser Health will inform occupationally exposed employees about the contents of the Exposure Control Program including education and training.

Education and training will be provided prior to work assignment wherever possible when potential communicable disease exposure could occur. This education and training must also be provided to employees returning to a workplace where exposure hazard to infectious agents may have changed during the employee's absence. The training will be reviewed if any changes to the Exposure Control Program or work procedures that could affect exposure potential occur.

Departments will provide notification (during report) at the start of the work assignment detailing applicable infection control precautions in place.

### **2.1 Contents of Training**

Education and training will include the following:

- Explanation of: communicable diseases; their modes of transmission; symptoms; and treatment.
- Control options: Immunizations, Infection Control Precautions and engineering, work practice and personal protective equipment to eliminate or minimize exposure.
- Demonstration of how to utilize established controls (e.g. how to check negative pressure rooms are functioning, proper donning and doffing of personal protective equipment).
- Information on immunizations provided by Fraser Health through Health and Safety and how to access them
- Labelling and identification of materials containing biological hazards. This includes laboratory specimens, sharps containers, and waste.
- Hand Hygiene Annual module: <http://learninghub.phsa.ca/courses/5360>
- GI and CDI illness online module: <http://learninghub.phsa.ca/courses/12326>
- Fraser Health Biological Hazards and Communicable Diseases module:  
<https://learninghub.phsa.ca/Courses/17630/fraser-health-biological-hazards-and-communicable-diseases>

## **DOCUMENTATION & RECORDKEEPING**

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### **Immunization Records**

Health and Safety will maintain a confidential database of immunization status. A confidential Health History is obtained following hire at Fraser Health. Immunization status is reviewed and updated at that time. Further information including immunization schedules can be found on the [Pulse](#).

### **Exposure Records**

All known infectious agent exposures will be documented on the Occupational Health Employee File.

As part of the post-exposure follow-up, the Provincial Workplace Health Call Centre Assistant or Occupational Health Nurse may collect and document specific information on the exposure. This information will be documented in the confidential *Workplace Health Incident Tracking and Evaluation Database (WHITE)*.

### **Education / Training Records**

A database and record for all employees trained in the elements of Communicable Disease exposure prevention is maintained for courses in the Course Catalogue Registration System (CCRS), PHSA Learning Hub and when the training is provided by Health and Safety on WHITE.

New employee orientation (NEO) records will be maintained for at least 3 years by People and Organizational Development, including tracking of OHS related training from Acute New Employee Orientation (NEO) in WHITE. Department managers are required to maintain departmental training records, including NEO, for at least 3 years.

### **Work Procedures**

Written work procedures are to be maintained by the department manager/supervisors.

## **PROGRAM EVALUATION**

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The Program will be evaluated on an ongoing basis to ensure compliance with applicable regulations and standards. Full review of the program will occur on an annual basis.

## **REFERENCES**

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Refer to the most recent version of the following:

- [Fraser Health Communicable Disease – Prevention and Management of Occupational Exposure Policy](#)
- [Fraser Health Respiratory Protection Policy](#)
- [Fraser Health Workplace Health Policy](#)
- [Acute Care Infection Prevention and Control Manual](#)
- Fraser Health Respiratory Protection Program
- [Fraser Health Communicable Diseases Pulse](#) resource page
- [Workers Compensation Act](#)
- [WorkSafeBC Occupational Health and Safety Regulation](#)
- [BC Centre for Disease Control Health Professionals](#)

## **Appendix A: COVID-19 Pandemic Recovery Plan**

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### **INTRODUCTION**

#### **Purpose**

The Biological Hazards: Communicable Diseases Exposure Control Program outlines the necessary responsibilities, procedures, and tools to reduce staff and medical staff risk of exposure to communicable diseases. The Program also addresses the requirements to ensure that the risk of exposure to communicable diseases, at all Fraser Health owned and operated sites, is maintained at levels meeting applicable standards and guidelines.

During the COVID-19 Pandemic, Fraser Health developed and enacted an Exposure Control Plan (ECP) that outlined measures aimed at preventing exposures to, and reducing the transmission of, COVID-19 within its workplaces and at all points of care. The ECP was designed to protect our staff, medical staff, students, volunteers and contractors and as such, adherence to the procedures outlined within the document are considered mandatory as they reflected the directives/guidance provided by the Provincial Medical Health Officer (PMHO), Fraser Health's Medical Health Officers (MHO's), the Ministry of Health (MoH), the British Columbia Centre for Disease Control (BCCDC), and the *Occupational Health and Safety Regulation enforced by WorkSafeBC*.

British Columbia now begins the process of BC Restart and recovery from the COVID-19 Pandemic. While Fraser Health's Communicable Diseases ECP remains in place, this COVID-19 Pandemic Recovery Plan is meant to further address/mitigate the risks associated with increased activity and service delivery within Fraser Health's workplaces.

#### **Scope**

This Pandemic Recovery Plan applies to all Fraser Health staff, medical staff, students, volunteers and contractors completing employer-assigned duties within its workplaces and any other designated points of care. The Exposure Control Program defines Fraser Health overall requirements for identifying, assessing, and controlling staff exposure to communicable diseases.

### **PROGRAM ADMINISTRATION**

In addition to the responsibilities expressly identified in the Program. The following are specific responsibilities related to COVID-19.

#### **Executive Team and Directors**

Senior Management is responsible for ensuring the health and safety of all Fraser Health staff and medical staff. Senior Management will:

- Ensure that risk assessments are conducted at all Fraser Health workplaces to identify areas/activities that may increase the risk of exposure to COVID-19.

#### **Managers and Supervisors**

Management / Supervisors will:

- Ensure that risk assessments are conducted within their department(s) to identify areas/activities that may increase the risk of exposure to COVID-19 by ensuring the applicable COVID-19 Pandemic Recovery Checklist is completed and kept current.

### **Staff and Medical Staff**

Fraser Health Staff and Medical Staff will:

- Complete daily COVID-19 Staff Health check using process identified by their manager / supervisor.
- Notify Public Health of any discharges of acute care inpatients with laboratory-confirmed COVID-19.

### **Infection Prevention and Control (IPC)**

IPC will:

- Receive reports from the Fraser Health Laboratory and/or Public Health of all laboratory-confirmed COVID-19 for acute care staff and currently or recently admitted acute care inpatients, and carry out case investigations to assess if case(s) meet case definition for healthcare-associated and if contact tracing among acute care inpatients or health care practitioners is required.
- Manage electronic medical records' COVID-19 flags for patients within Meditech.

### **Public Health**

Public Health will:

- Receive reports from the Fraser Health Laboratory and/or BCCDC Laboratory all laboratory-confirmed COVID-19, and carry out case investigations to assess if notification, monitoring and/or contact tracing is required. Assess possible risk exposures in healthcare settings in collaboration with department manager.

## **RISK IDENTIFICATION, ASSESSMENT AND CONTROL OF COVID-19**

**COVID-19** (“**Corona Virus Disease of 2019**”) is the disease caused by the novel coronavirus, *SARS-CoV-2*.

The novel coronavirus, COVID-19, is spread from an infected person (patient, worker or visitor) through respiratory droplets. Droplets come in a wide range of sizes and they behave differently depending on their size. Larger droplets are heavier, and they usually fall to the ground within two meters. Smaller droplets, also known as aerosols, are lighter and they can float in the air for longer periods of time. Smaller droplets can collect in enclosed spaces when there is not enough fresh air or adequate ventilation. Indoor accumulation is greater when more people share a space, spend longer amounts of time together, or exercise, sing, shout, or speak loudly.

**For direct care of patients with suspected (e.g., patients with risk factors and/or symptoms of COVID-19) or a diagnosis of COVID-19:** HCWs and staff must follow droplet and contact precautions, in addition to routine practices. Prior to any patient interaction, all HCWs must conduct a [Point of Care Risk Assessment \(PCRA\)](#) to assess the infectious risks posed by a patient, situation, or procedure to themselves, other HCWs, staff, other patients and visitors. The PCRA is based on professional judgment about the clinical situation, as well as up-to-date information on how the department has designed and implemented appropriate physical (engineering) and administrative controls, and the use and availability of PPE.

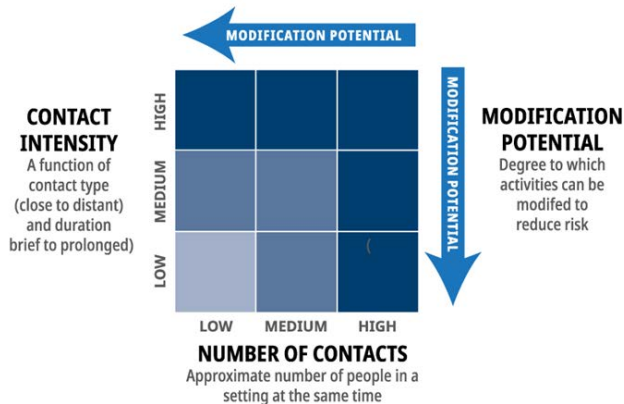
- For aerosol-generating procedures (AGP) performed on patients with suspected or confirmed COVID-19 AGP precautions must be implemented (which includes use of N95 respirator or equivalent and eye protection (goggles or face shield), gloves and a gown).

- Access to additional PPE, such as respirators, will be available for use in circumstances where a HCW determines there is elevated risk of COVID-19 transmission through patient interaction following their PCRA.

**COVID-19 Risk Identification and Assessment**

Workplaces must assess the level of risk related to COVID-19 and implement controls to minimize the risk. Fraser Health is using a two-pronged approach, a Facility or Department specific Risk Assessment to evaluate risk and implement controls related to infrastructure, and a Team Level Risk Assessment to examine risks associated with the tasks that individuals and teams do and address them where required. The Team Level Risk Assessment will be done by managers or supervisors with input from staff.

The BC Government’s Go Forward Strategy [2] used the following matrix to illustrate level of risk to consider when conducting your risk assessment. The greater the number of contacts and the greater the contact intensity (function of distance and duration), the greater the risk of staff being exposed to and contracting COVID-19. The goal of the risk assessment is to determine the level of risk and implement controls to adequately mitigate that risk.



The BC Government’s Go Forward Strategy identified three areas which form the core measures for which organizations must plan: personal control measures, social interaction measures and organizational practices. Some of these measures are covered in the Facility Risk Assessment, which focusses on infrastructure to complement the Team Level Risk Assessment.

The risk assessment tools are completed for each unit or department using the checklists that are specific to the type of healthcare facility or service delivery and associated information on the COVID-19 Pandemic Recovery: Key Principles for Safe Returning/Re-opening. The Infection Prevention and Control [COVID-19 Recovery Checklists](#) include:

- Acute Care Settings
- Ambulatory Care Settings
- Corporate (Office/Support Services Settings)
- Day programs for older adults
- Home Health Clinics
- Home Visits and Outreach
- Long Term Care

## **HAZARD CONTROL**

The Occupational Health and Safety Regulation (OHSR) requires employers to have exposure prevention and infection control measures based on the following hierarchy. For COVID-19 the hierarchy that has been adopted to includes:

- 1) Elimination/Substitution
  - a. COVID-19 Immunization
  - b. Physical distancing/self-isolation
- 2) Engineering
- 3) Administrative Controls
- 4) Personal Protective equipment (PPE)

For clinical environments, Infection Prevention and Control develops various manuals, guidelines, and associated resources to support and implement available controls. These combine the exposure prevention methods listed above into sets of practices based on mode of disease transmission. These are designed to protect both the health care worker and the patients. Refer to the Infection Control Clinical Practice Guidelines on [Pulse](#).

Most traditional non-clinical office environments, in which 2 m physical distancing is not met, has increased risks owing to the long duration of being within 2 m of a relatively small number of people. Tasks which involve close contact with larger numbers of people increase the risk. There may be some cases in which physical distancing criteria are already met which would place staff and medical staff in a low risk category. Core control measures must be implemented even in workplaces deemed to be low risk.

In preparation for returning non-clinical staff to the workplace, remote work is the best protection against COVID-19 exposure; physical distancing is next best; and introducing physical barriers between staff follows in terms of effectiveness and practicality. Efforts must focus on these approaches progressively giving consideration in this hierarchical fashion.

## **Hierarchy of Controls – COVID 19 Related**

### **Elimination**

- Elimination of face-to-face contact is the preferred control, using services such as telehealth medicine, or promotion of work from home options where possible.
- COVID-19 Immunization (with [vaccine approved for use by Health Canada](#); e.g. 2 doses of Pfizer-BioNTech, Moderna or AstraZeneca/COVIDSHIELD is required to be considered fully vaccinated)

### **Substitution**

- Use of physical distancing, maintaining a distance of 2m from others, reduction in contact density and number of contacts.

### **Engineering controls**

- Examples may include negative pressure rooms, increasing room ventilation rates (and fresh air exchanges), installation of physical barriers.

### **Administrative controls**

- Informational and directional signage;

- Hand hygiene protocols, respiratory etiquette (cough/sneeze etiquette);
- Allow a reasonable personal distance space to reduce likelihood of human-to-human transmission;
- Regular cleaning of shared work surfaces and equipment;
- Cohorting patients with like symptoms;
- Staff must not come to work if they have any COVID-19 symptoms or if they have been advised to self-isolate by Public Health or the Canada Border Services Agency. Staff should be directed to be tested for COVID-19 when presenting with COVID-19 like symptoms.
- Staff and Medical staff are required to complete COVID-19 Staff Screening as outlined in the [guidelines](#) and using the method as directed by their manager.
- Complete [COVID-19 Safety Inspection](#) at least monthly, in addition to any other hazard-based checklist.

### **Personal Protective Equipment (PPE)**

Fraser Health is taking measures, as directed by the Provincial Health Officer, to preserve PPE while maintaining staff safety. We are implementing prioritization measures and conservation protocols to ensure that adequate supplies of reliable PPE remain available to protect healthcare workers and their patients.

PPE recommendation tables have been developed by the Emergency Operations Centre (EOC) in collaboration with Infection Prevention and Control, Clinical Operations, Professional Practice, Health & Safety, and Medical Affairs with guidance taken from BCCDC and Ministry of Health to provide clear guidance to care providers on appropriate PPE. These PPE requirements can be found in the applicable PPE Framework documents:

[Acute Care](#)

[Long Term Care/Assisted Living/Mental Health Substance Use facilities](#)

[Client Home Services and Community Clinics](#)

[COVID-19 Testing and Immunizations Centres](#)