

Designated Officers Training

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Agenda

- Pre-evaluation
- Minimizing Your Risk
- Emergency Service Worker Exposures
- Scenarios
- Questions
- Post-Evaluation

Pre-Evaluation

Minimizing Your Risk



**How do you
know who has
an infectious
disease?**

What if they...

- have the disease but without any symptoms
- have the disease with minimal symptoms
- are denying disease symptoms
- may not know they have the disease
- may be incubating disease

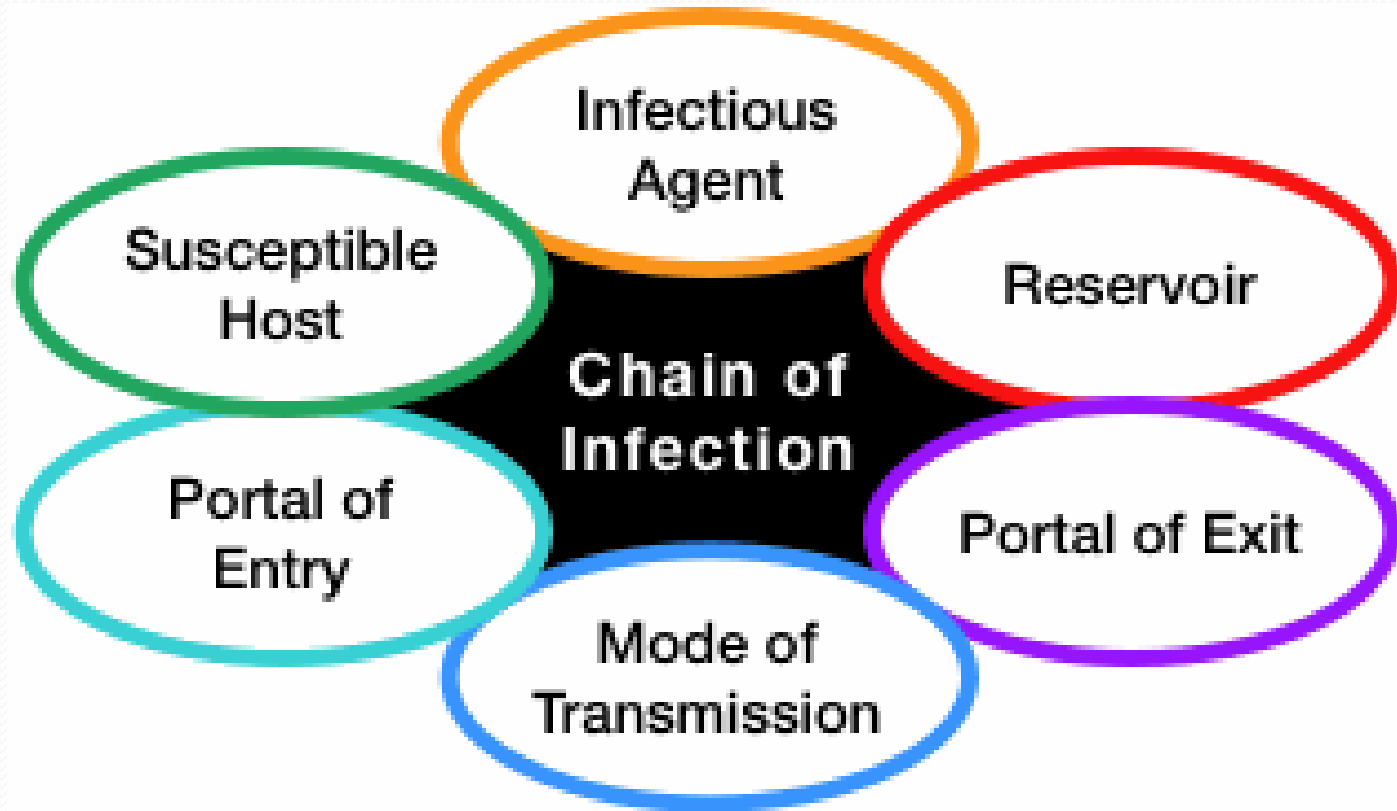
How do you protect yourself?



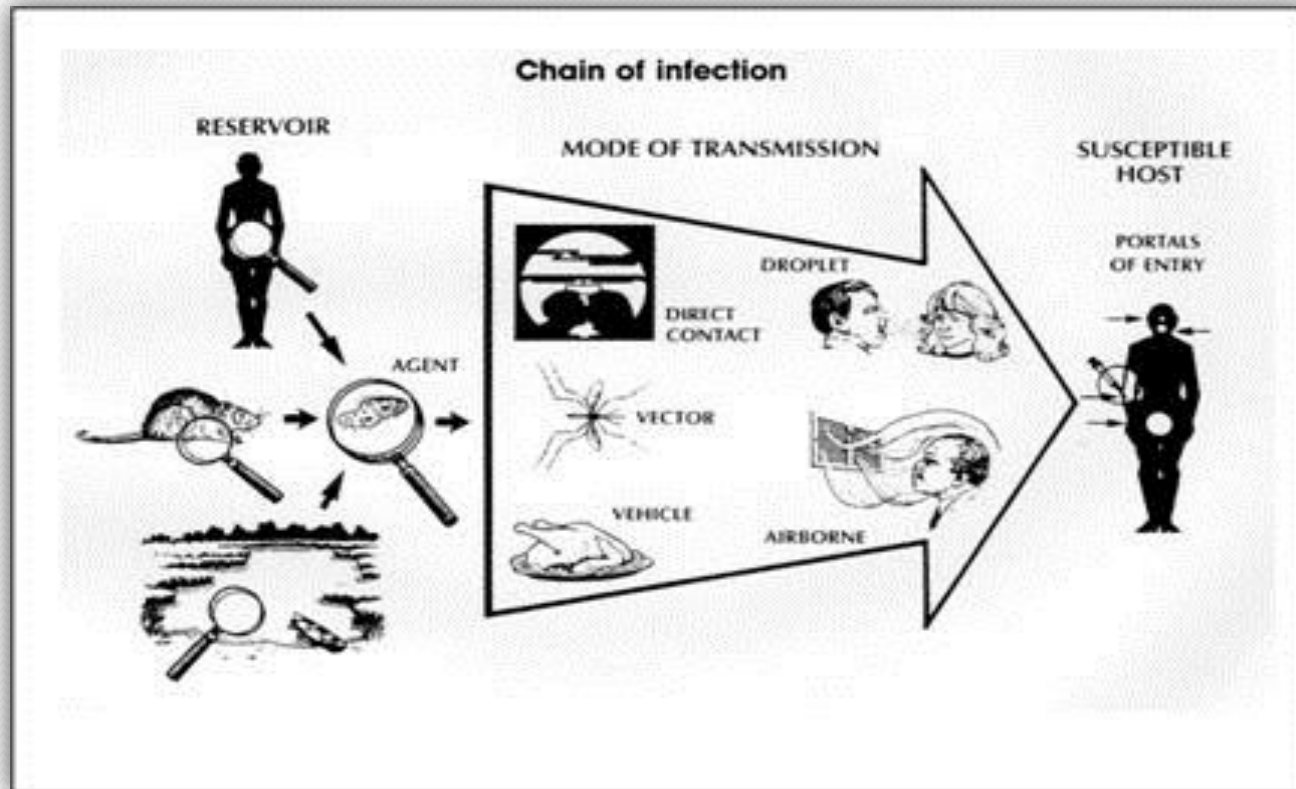
Reduce Your Risk

- Knowing the Chain of Infection
- Routine practices
- Hand hygiene
- Immunization
- Stay home when sick

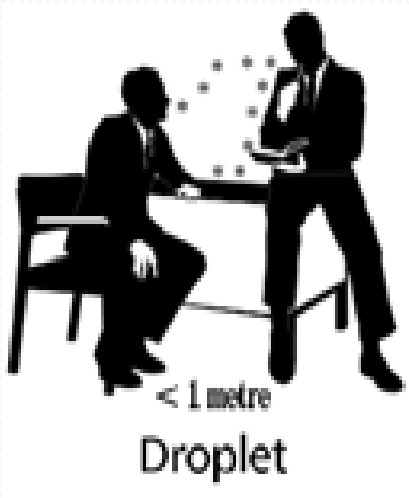
Chain of Infection



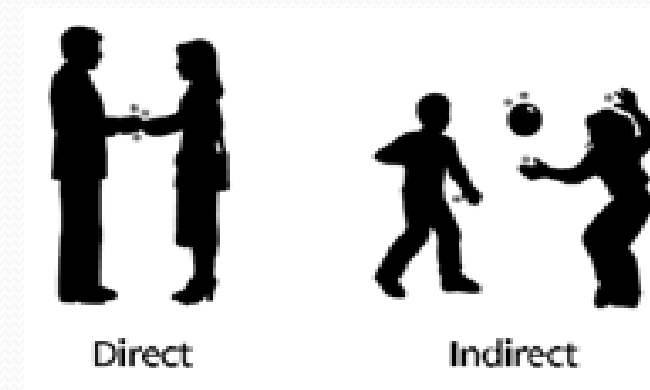
Mode of Transmission



Transmitting Infections



Common Vehicle



Improper Cleaning

**How do you break
the chain of
infection?**



**We can break the chain of infection by
interrupting 1 or more links in the chain**

Training: Routine Practices

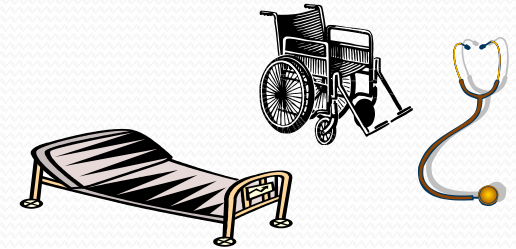
- the system of infection prevention and control practices.
- assumes all people are infected.
- should always be used.

Routine Practices

1. **Hand Hygiene**
Do it Well, do it often



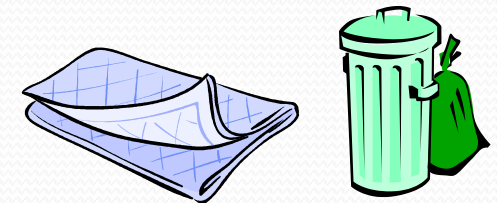
3. **Environmental Cleaning**
Clean equipment that is being used by more than one resident



2. **PPE**
- Mask & Eye Protection
 - Gown
 - Gloves
 - Helps keep you and others safe



4. **Linen and Waste**
Handle soiled linen and waste carefully to prevent contamination to others



5. **Sharps Injury Prevention**
Prevents injury and the spread of infection



The Six Steps of Proper Handwashing

1. Wet hands with warm water.



2. Apply liquid hand soap.



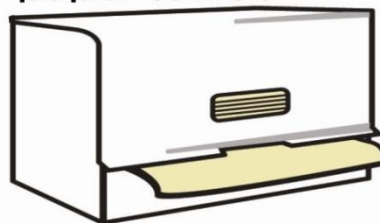
3. Lather hands away from water.



4. Rinse.



5. Dry hands with paper towel.

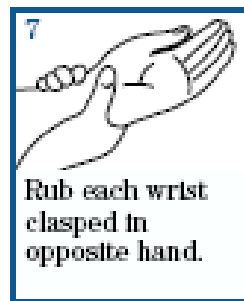
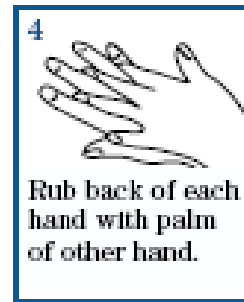
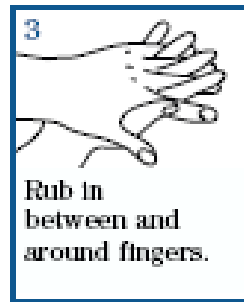
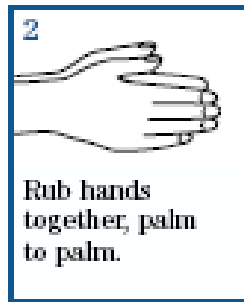


6. Turn taps off with paper towel.



Hand Hygiene

Disinfecting with alcohol sanitizers



Using a 70%-90% alcohol based hand rub is the preferred method when hands are not visibly soiled.

Immunization...

- vaccines **save lives**, are **safe** and **effective**
- **travel** can spread diseases quickly
- some diseases, like tetanus, are spread via the **environment**
- for many vaccine-preventable diseases, there are **no effective treatments**
- Ontario publicly-funded immunization schedule includes influenza....

Audits

Ongoing audits of practices to monitor infection prevention and control processes

- results should be analyzed
- reported back to the audited area in a timely fashion
- plan for improvement
- updating policies and procedures

Reduce the Risk

- **Training**
 - Hand hygiene
 - PPE
- **Audits**
 - Hand hygiene
 - PPE and identify barriers for non-compliance
- **Immunization**
- **Reporting exposures**

Reliable Websites

- **Public Health Ontario**
 - Provincial Infectious Disease Advisory Committee (PIDAC)
 - Regional Infection Control Networks
- **Ontario Ministry of Health**
- **Health Canada**
- **Public Health Agency of Canada**



Emergency Service Worker Exposures

Purpose of the Emergency Service Worker Protocol

- Ensure that ESWs are notified by PCCHU in the event they may have been exposed to an infectious disease of public health importance so that appropriate action can be taken
- Designated officers are able to obtain advice regarding possible exposures of ESWs to infectious diseases of public health importance

Role and Responsibilities

Emergency Service Agency will:

- Appoint Designated Officer/alternate (DO)
- Assess the risks of occupational exposure
- Set standard of practice, provide training, and appropriate personal protective equipment (PPE)
- Document exposure and complete Workplace Safety and Insurance Board forms as required
- Advise the PCCHU staff of any new appointments of DO(s)

Role and Responsibilities

Emergency Service Worker(s) will:

- Have record of and maintain updated immunizations
- Be aware of the risks of exposure to the specified infectious diseases and understand how to prevent or minimize the risk of exposure
- Prevent exposures by using routine practice and appropriate procedures and/or personal protective equipment (PPE)
- Comply with workplace health and safety policies
- Report any possible exposure immediately to the DO

Role and Responsibilities

Designated Officers(s) will:

- Receive and document reports of exposure from ESW
- Assess the situation and determine if an exposure could have occurred
- Refer to *ESW Exposure Risk Tool* regarding assessment for post-exposure and recommendations for action
- If ESWs are confirmed contacts or potential exposure has occurred, contact PCCHU for consultation. See ***ESW Exposure Risk Tool & PCCHU Contacts for Designated Officers***

Role and Responsibilities

Peterborough County-City Health Unit will:

- Be available to the DOs for consultation
- Review information on any reported incidents provided by a DO
- Assist the DO in assessing whether exposure may have occurred
- Provide education and counselling to the DO/ESW regarding follow up
- Monitor reportable infectious diseases and notify contacts including notifying DOs and contacting ESWs if they are confirmed contacts

Blood Borne Infections

Diseases Spread by Blood Borne Route

Hepatitis B

- Hepatitis B is spread through blood, saliva, semen and vaginal secretions, or any other fluid containing blood.
- Hepatitis B vaccination is the most effective measure to prevent hepatitis B virus infection
- ESW must know immune status!
- Refer to Canadian Liver Foundation www.liver.ca

Diseases Spread by Blood Borne Route

Hepatitis C

- Hepatitis C virus is transmitted through exposure to infected blood.
- Hepatitis C is a virus which is carried in the blood and attacks the liver.
- Hepatitis C is known as a “silent killer” as most people infected have no symptoms until the damage has already been done to their liver.
- Currently there is no immunization to protect against Hepatitis C.
- Refer to Canadian Liver Foundation. www.liver.ca

Diseases Spread by Blood Borne Route

Human Immunodeficiency Virus (HIV)

- HIV is spread through blood, semen, vaginal fluids, anal fluids and breastmilk.
- HIV is a virus that affects the immune system and can eventually lead to AIDS.
- Refer to Catie (Community AIDS Treatment Information Exchange) www.catie.ca

A potential exposure to these viruses does occur as a result of:

- A needle stick injury, with a used needle
- An injury with a sharp object that has been in contact with body fluids
- When damaged skin (rash, or open wound) comes in contact with body fluid
- Splashing of blood into the mouth or eye
- Splashing into mouth, eye, or open wound with another body fluid (i.e. vomit) that has blood in it
- Splashing of other body fluids without blood in it i.e. saliva, into mouth and eyes is only a risk for Hepatitis B and only if NOT immunized
- A bite that breaks the skin from a mouth with no blood, is only a risk for Hepatitis B and only if NOT immunized
- A bite that breaks the skin from a mouth containing blood is a potential risk for HIV and Hepatitis B & C

A potential exposure to these viruses does NOT occur as a result of:

- A needle stick, where the needle has not been used.
- Blood or body fluids coming in contact with hands covered by intact gloves.
- Blood or body fluids coming in contact with protective clothing, where no fluid comes in contact with the non-intact skin, or if it does soak through the skin beneath is intact.
- Splashing of blood or body fluids into the face where a mask and goggles are worn.

Assessing the exposure:

Refer to Forms

- Emergency Service Worker-Exposure to Communicable Disease Form
- ESW Exposure Risk Form
- Peterborough County-City Health Unit Contacts for Designated Officers Form
- Blood Borne Exposure Mandatory Blood Testing Act (MBTA) Process Form

Mandatory Blood Testing Act (MBTA) 2006

- Refer to Blood Borne Exposure MBTA Process Form
- The MBTA is a legal act which requires the taking and analyzing of blood samples to protect victims of crime, emergency service workers, Good Samaritans and other persons and to make consequential amendments to the Health Care Consent Act, 1996 and the Health Protection and Promotion Act.

What is the purpose of Mandatory Blood Testing Act, 2006?

The Mandatory Blood Testing Act, 2006, reduces the time for getting a mandatory blood test to less than three weeks. Before the act, the process could take more than two months.

What diseases are listed as communicable diseases under the act?

- Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS)
- Hepatitis B
- Hepatitis C

Should I start treatment immediately following exposure , or wait for my application to be processed?

Anyone who believes he or she has been exposed to a communicable disease as a result of coming into contact with a bodily substance of another person should immediately contact a medical professional who can help assess the risk of infection and decide whether to start treatment or preventive measures.

Who can submit an application under the Mandatory Blood Testing Act, 2006?

Anyone may apply to a Medical Officer of Health to have a blood sample of another person analyzed if he or she has come into contact with a bodily substance from that person in any of the following circumstances:

- As a result of being a victim of crime
- While providing emergency health care services or emergency first aid to the person or
- In the course of his or her duties, if the person belongs to an identified group of individuals, including:
 - Persons who are employed in a correctional institution, place of open custody or place of secure custody
 - Police officers, civilian employees of a police service, First Nations constables and auxiliary members of a police service
 - Firefighters (including volunteer firefighters)
 - Paramedics and emergency medical attendants
 - Members of the College of Nurses of Ontario
 - Paramedic students engaged in field training

Who is responsible for screening the geographical application?

The Medical Officer of Health is responsible for screening the application to make sure it meets the requirements of the act and for seeking voluntary compliance from the respondent.

Is there a time restriction on making an application under the Mandatory Blood Testing Act, 2006?

The Medical Officer of Health in the health unit where the respondent lives must receive an application no more than seven days after the date of the occurrence. However, if the deadline falls on a Saturday, Sunday or other holiday, the deadline is extended by one day.

What happens when Medical Officer of Health receives an application?

Once the application has been screened to make sure it meets the requirements of the act, the Medical Officer of Health or their designate will attempt to contact the respondent and request that the respondent voluntarily provide a blood sample for testing.

What happens with the respondent's blood test results?

The results of the blood tests will be reported to the PCCHU. PCCHU staff will contact the applicant's health care provider with the results. PCCHU staff will contact the applicant to notify them that their health care provider has the respondent's blood test results.

What steps are taken if the respondent fails to provide a blood sample voluntarily?

If the respondent does not provide a blood sample **within two days** of the Medical Officer of Health receiving the application, or if the respondent cannot be located in time, the application will be **referred to the Consent and Capacity Board**. The board will hold a hearing to decide whether to issue a mandatory order.

When will the Consent and Capacity Board hold the hearing?

The Consent and Capacity Board must begin and complete a hearing within seven days of receiving an application from a Medical Officer of Health. The board must make its decision within one day after the hearing ends. However if this day falls on a Saturday, Sunday or any other holiday, the deadline will be extended by one day.

How will the Consent and Capacity Board inform me of their decision?

The board will provide the applicant and the respondent (or their representative), as well as the Medical Officer of Health, with a copy of the board's decision and a copy of any order made by the board.

What can I do if I disagree with the Consent and Capacity Board's decision?

A decision of the board is final. There is no right of appeal. However, both the applicant and the respondent have the right to apply for a judicial review of the decision by the Superior Court of Justice.

How long does the respondent have to comply with an order of the Consent and Capacity Board?

The respondent has seven days from the date the order is made to comply.

What are the penalties for failing to comply with an order made by the Consent and Capacity Board?

Every person who fails to obey an order made by the board is guilty of an offence and is liable on conviction to a fine of not more than \$5,000 for every day or part of a day on which the offence occurs or continues.

Realities of the MBTA System



Scenarios



Walk Through PCCHU's Website

Questions?



Post Evaluation

Thank YOU!