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Infection Prevention and Control (IPAC) Orientation for IPAC Leads in Long-Term Care:

Occupational Health and Safety

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Learning Objectives

By the end of this session, participants will be able to:

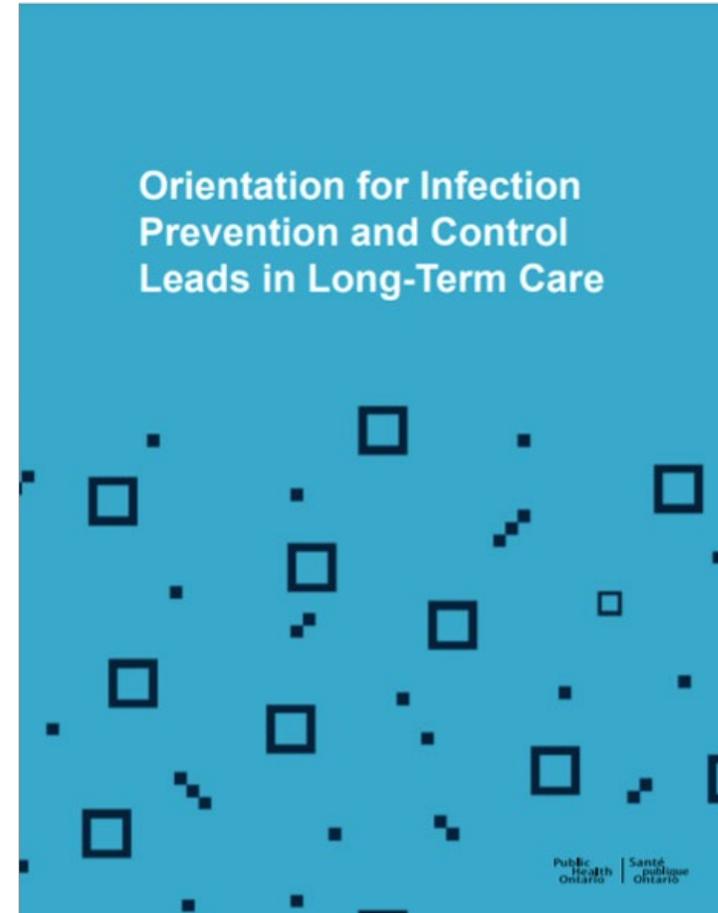
- Identify the essential elements of the Occupational Health and Safety (OHS) legislation and other related legislation
- Discuss the importance of collaboration between IPAC and OHS.
- Identify key components of OHS program.
- Describe significant communicable diseases
- Identify and evaluate indicators for OHS programs

Agenda

Item	Time	Topic
1	5 minutes	Welcome and introductions
2	5 minutes	Introduction to the Checklist: IPAC Orientation for Infection Control Leads in LTC
3	40 minutes	Occupational Health and Safety
4	5 minutes	Knowledge-to-Action exercise
5	5 minutes	Wrap-up and next steps

Checklist for IPAC Orientation for IPAC Leads in Long-Term Care

- PHO has developed a new webpage that will contain the Checklist and the series of presentations
- The Checklist and the series of presentations will help build your IPAC knowledge.



Ontario Agency for Health Protection and Promotion (Public Health Ontario). Orientation for infection prevention and control leads in long-term care [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 May 12]. Available from: https://www.publichealthontario.ca/-/media/Documents/1/2022/ipac-leads-orientation-long-term-care.pdf?sc_lang=en.

Relevant Legislation that Applies to Occupational Health and Safety (OHS) in Long-term Care Homes

- Occupational Health and Safety Act
 - O. Reg. 67/93: Health Care and Residential Facilities
 - Workplace Hazardous Materials Information System (WHMIS) S O. Reg. 860
 - Needle Safety O. Reg 474/07
 - Control of Exposure to Biological or Chemical Agents O. Reg. 833
- Fixing Long-Term Care Home Act
- Workplace Safety and Insurance Act

Occupational Health and Safety Act, RSO 1990, c O.1. Available from: <https://www.ontario.ca/laws/statute/90o01>.

O Reg 67/93. Available from: <https://www.ontario.ca/laws/regulation/930067>.

Workplace Hazardous Materials Information System (WHMIS), RRO 1990, Reg 860. Available at: <https://www.ontario.ca/laws/regulation/900860>.

O Reg 474/07. Available from: <https://www.ontario.ca/laws/regulation/070474>.

Control of Exposure to Biological or Chemical Agents, RRO 1990, Reg 833. Available from: <https://www.ontario.ca/laws/regulation/900833>.

Fixing Long-Term Care Home Act, SO 2021, c 39, Sched 1. Available from: <https://www.ontario.ca/laws/statute/21f39>.

Workplace Safety and Insurance Act, SO 1997, c 16, Sched A. Available from: <https://www.ontario.ca/laws/statute/97w16>.

Protocols and Best Practices

- OHA/OMA Communicable Disease Surveillance Protocols
 - Regulation 965 under the Public Hospitals Act applies to acute care but is entirely applicable and recommended in other health care settings
- Provincial Infectious Diseases Advisory Committee (PIDAC)
Best Practice documents
 - Developed through extensive literature review and consultation and discussions with IPAC experts
 - PIDAC identifies IPAC best practices for all health care settings and is a key resource

Ontario Hospital Association. Communicable diseases surveillance protocols [Internet]. Toronto, ON: OHA; [2022] [cited 2022 Mar 24]. Available from: <https://www.oha.com/labour-relations-and-human-resources/health-and-safety/communicable-diseases-surveillance-protocols>.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Best practices in IPAC [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2022 Mar 24]. Available from: <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/best-practices-ipac>.

What is IPAC's role in OHS?

- Ensures consistency across policies, guidelines, and procedures
 - E.g., Policies regarding the requirement to refrain from resident care activity during acute illness of probable infectious etiology; and the need to report to OHS
- IPAC education regarding a healthy workplace policy
 - Staff will understand not to come to work if ill and to report to OHS if they become ill at work
- Mutual awareness of potential exposures that may lead to transmission or outbreaks

Important Examples of Collaboration between IPAC and OHS

- Annual Flu Shot Campaign
 - Collaborate with your OHS department and your local Public Health unit on your annual influenza vaccination campaign
- Respiratory Protection Program
 - Ensure accordance with the Occupational Health and Safety Act (O. Reg. 185/19) that includes:
 - Fit testing for a N95 respirator
 - Training in N95 respirator use including seal-checking
 - Re-fit testing at least every 2 years



Occupational Health and Safety Act, RSO 1990, c O.1. Available from: www.ontario.ca/laws/statute/90o01.

Key Components of an OHS Program



Key Components of an OHS Program (1/3)

1. Medical Evaluation: Pre-Placement

- Before starting work, to avoid undue risk to the health care worker (HCW), other HCWs, residents, visitors
- Health inventory – immunization history, Tuberculosis (TB) skin test status

2. Health and Safety Education

- Clear policies, guidelines and procedures
- Offered at Orientation and ongoing
 - Example: Healthy Workplace Policy

Key Components of an OHS Program (2/3)

3. Immunization

- Prevent transmission of infectious agents and work restrictions after exposure
- Follow national/provincial guidelines
 - National Advisory Committee on Immunization (NACI)

4. Management of Occupational Illness/Exposure

- Provide appropriate post-exposure management
- Prompt diagnosis and treatment of occupational infections
 - Exclusions from work/resident contact
 - Reporting relationships

Government of Canada. National Advisory Committee on Immunization (NACI): statements and publications. Ottawa, ON: Government of Canada; 2022 [cited 2022 Mar 24]. Available at: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>.

Key Components of an OHS Program (3/3)

5. Counselling

- Risk and prevention
- Consequences for family, others HCWs, residents

6. Records/Data Management

- Follow appropriate legislation e.g., Personal Health Information Protection Act (PHIPA)
- Maintain Confidentiality
 - Records are kept in locked cabinets and the office is also locked when not supervised
 - Be wary of non-secure electronic communication

Personal Health Information Protection Act, SO 2004, c 3, Sched A Available from: <https://www.ontario.ca/laws/statute/04p03>.

Specific Communicable Diseases



Mycobacterium tuberculosis (TB)

- *Mycobacterium tuberculosis* is a Disease of Public Health Significance and is reportable to your local Public Health Unit
- At pre-placement, all new hires are to have 1 or 2-step TB skin test
- To learn more about Pre-Placement and Surveillance protocols related to *M. tuberculosis* review:
 - The Ontario Hospital Association (OHA)/Ontario Medical Association (OMA)'s: Tuberculosis Surveillance Protocol for Ontario Hospitals, specifically:
 - Tuberculin skin testing (TST) and protocols if staff have a positive TST
 - facility risk categorization and resulting frequency of TST surveillance
 - definition of a staff exposure
 - work restrictions

O Reg 135/18. Available from: <https://www.ontario.ca/laws/regulation/180135>.

Ontario Hospital Association; Ontario Medical Association. Tuberculosis surveillance protocol for Ontario hospitals [Internet]. Toronto, ON: OHA; 1990 [revised 2018; cited 2022 Mar 24].

Available from: [https://www.oha.com/Documents/Tuberculosis%20Protocol%20\(June%202018\).pdf](https://www.oha.com/Documents/Tuberculosis%20Protocol%20(June%202018).pdf).

Varicella zoster/Herpes zoster (Chickenpox/Shingles)

- Caused by the varicella zoster virus
- Varicella is a Disease of Public Health Significance and cases are reported to the local Public Health Unit
- At pre-placement vaccination history is obtained, if no previous history of vaccine, obtain serology
 - Offer varicella vaccine to HCWs who are not immune
- To learn more about Pre-Placement and Surveillance protocols related to Varicella/Zoster review:
 - The OHA/OMA: Varicella/Zoster Surveillance protocol for Ontario hospitals, specifically:
 - Exposure to Varicella
 - Work restrictions

O Reg 135/18. Available from: <https://www.ontario.ca/laws/regulation/180135>.

Ontario Hospital Association; Ontario Medical Association. Varicella/Zoster surveillance protocol for Ontario hospitals [Internet]. Toronto, ON: OHA; 1990 [updated 2018 Nov; cited 2022 Mar 24]. Available from: <https://www.oha.com/Documents/Varicella%20Zoster%20Protocol.pdf>.

Blood Borne Pathogens



Bloodborne Pathogens (BBPs)

- Pre-Placement screening is not required for:
 - Hepatitis B
 - Hepatitis C
 - Human Immunodeficiency virus (HIV)
- To learn more about Pre-placement and Surveillance protocols related to Bloodborne Pathogens, review:
 - The OHA/OMA Blood-Borne Diseases Surveillance Protocols for Ontario Hospitals, specifically the sections on:
 - Mode of transmission and definition of a staff exposure
 - Immunization policy (e.g. Hepatitis B)
 - Post-exposure procedures and prophylaxis indications

Ontario Hospital Association; Ontario Medical Association. Blood-borne diseases surveillance protocol for Ontario hospitals [Internet]. Toronto, ON: OHA; 1990 [updated 2018 Nov; cited 2022 Mar 24]. Available from: [https://www.oha.com/Documents/Blood%20Borne%20Diseases%20Protocol%20\(November%202018\).pdf](https://www.oha.com/Documents/Blood%20Borne%20Diseases%20Protocol%20(November%202018).pdf).

A Sharps Program Is Essential

- All sharps injuries should be reported to Joint Health and Safety Committee (JHSC) or health and safety representative
- Ensure compliance with the Needle Safety Regulation (O. Reg 474/07) and Mandatory Blood Testing Act
- Document training on use of Safety Engineered Medical Devices (SEMDS)
- Sharps containers must be:
 - Puncture resistant
 - Tamper proof
 - Properly labeled
 - Never filled passed fill line at $\frac{3}{4}$ mark

O Reg 474/07. Available from: <https://www.ontario.ca/laws/regulation/070474>.

Mandatory Blood Testing Act, SO 2006, c 26 Available from: <https://www.ontario.ca/laws/statute/06m26>.

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection prevention and control for clinical office practice. 1st ed. Toronto, ON: Queen's Printer for Ontario; 2015. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-clinical-office-practice.pdf?sc_lang=en.

Enteric and Respiratory Pathogens



Enteric Infections

- Screening at pre-placement for enteric pathogens is not recommended
- Instruct HCWs that they must not work with symptoms of acute gastrointestinal infection (i.e., acute onset of vomiting and/or diarrhea)
- To learn more about Pre-placement and Surveillance protocols related to enteric infections review:
 - The OHA/OMA Enteric Diseases Surveillance Protocols for Ontario Hospitals, specifically the sections on:
 - Mode of transmission of common enteric pathogens (e.g. Norovirus)
 - Safe food handling procedures
 - Work restrictions

Ontario Hospital Association; Ontario Medical Association. Enteric diseases surveillance protocol for Ontario hospitals [Internet]. Toronto, ON: OHA; 1989 [revised 2017 Oct; cited 2022 Mar 24]. Available from: [https://www.oha.com/Documents/Enteric%20Diseases%20Protocol%20\(last%20reviewed%20and%20revised%20on%20October%202017\).pdf](https://www.oha.com/Documents/Enteric%20Diseases%20Protocol%20(last%20reviewed%20and%20revised%20on%20October%202017).pdf).

Respiratory Infections

- Counsel at pre-placement regarding:
 - Implications of transmission of respiratory viruses
 - Not coming to work with an acute respiratory infection (ARI)
 - Expectation of required and recommended immunization (e.g. COVID-19, Influenza)
 - Use of Personal protective equipment when caring for residents with an ARI
- To learn more about Pre-placement and Surveillance protocols related to Respiratory infections review:
 - the OHA/OMA Influenza Surveillance Protocols for Ontario Hospitals and any other required, relevant protocols (e.g. COVID-19), specifically sections on:
 - Mode of transmission
 - Work restrictions
 - Immunization policies

Ontario Hospital Association; Ontario Medical Association. Influenza surveillance protocol for Ontario hospitals [Internet]. Toronto, ON: OHA; 2000 [updated 2018; cited 2022 Mar 24]. Available from: [https://www.oha.com/Documents/Influenza%20Protocol%20\(November%202018\).pdf](https://www.oha.com/Documents/Influenza%20Protocol%20(November%202018).pdf).

Evaluation of an OHS Program



Evaluation of an OHS Program

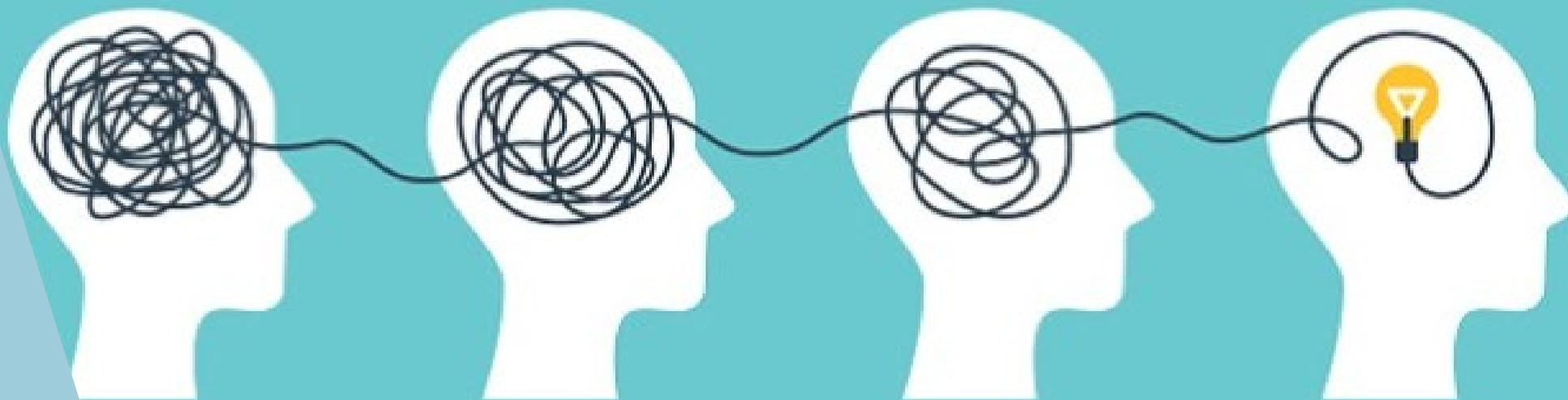
- Evaluate and continuously improve the OHS program through:
 - Ongoing (ideally yearly) audits in collaboration with OHS
 - Monitoring of changing trends and changes to legislation in best practices
 - Implementing interventions and revising policies and procedures as needed
- Some possible indicators to monitor:
 - Rates of occupational exposures to infectious agents
 - Rates of sharps injuries by profession, activity, etc.
 - Annual influenza immunization rates.
 - Number of Tuberculin skin test conversions.
 - Number of WSIB claims related to infectious illnesses acquired in the workplace.

Additional IPAC Resources

Continue to grow your knowledge and fill outstanding gaps with relevant sections from additional readings:

- APIC (subscription required):
- [Chapter 101: Occupational Health](#)
- [Chapter 102: Occupational Exposure to Bloodborne Pathogens](#)
- [Chapter 104: Immunization of Healthcare Personnel](#)
- [Chapter 106: Minimizing Exposure to Blood and Body Fluids](#)

Knowledge to Action



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