



HURON PERTH & AREA
ONTARIO HEALTH TEAM

INFECTION PREVENTION AND
CONTROL POLICY MANUAL

HEALTHY WORKPLACE POLICY

Approved by: HPA OHT IPAC Working Group

Original Issue Date: July 30, 2021

Reviewed:

Scope:

The documents in the Huron Perth & Area (HPA OHT) Infection Prevention and Control (IPAC) Policy Manual are intended to be adopted by all HPA OHT member organizations. The policies are designed to create a standard and evidence-based approach to IPAC practice resulting in a consistent healthcare experience while minimizing the risk of healthcare-associated infections. These policies are most effective when used in conjunction with organizational policies that address client/patient/ resident, facility, and sector-specific needs.

Purpose:

To create a safe and healthy environment and to reduce the risk of transmission of infection between healthcare workers, clients, patients, residents, family members and others in the healthcare environment through healthcare worker controls.

Policy:

In addition to practicing excellent hand hygiene and following routine practices and additional precautions, healthcare workers can help to prevent infections in their setting by taking care to keep themselves and each other healthy.

This policy outlines how healthcare workers can help prevent infections by staying home when sick, practicing respiratory etiquette, keeping food separate from care areas, and maintaining up to date immunizations.

Stay home when sick

All healthcare care workers, including students and volunteers, must not enter the facility if they are ill with a potentially infectious illness as they may infect others. See the chart below for a list of illnesses requiring work exclusion.

Healthcare workers who are ill must not come to work, but should immediately report their illness to their supervisor and any others required by their organizational policy.

Work Exclusion

Many healthcare settings serve medically high risk or immunocompromised clients/patients/residents who may have difficulty recovering from even minor illnesses. In these cases, healthcare workers may need to be excluded from work until they are no longer infectious.

Recommended Work Restrictions

	Illness	Symptoms	Exclusion period
Respiratory	Common cold	Cough, runny nose, sore throat, sneezing, congestion	Until feeling well enough to return. Wear a mask if working while symptomatic.
	Influenza or influenza-like illness	Fever, body aches, fatigue, headache plus respiratory symptoms	5 days after onset of symptoms and feeling well enough to return
	Strep throat	Very sore throat, fever, red swollen tonsils, throat swab will confirm	24 hours after start of effective antibiotic treatment
Gastro	Gastroenteritis	Diarrhea, vomiting, abdominal pain and cramping	24 hours after last symptom
	Norovirus gastroenteritis	Sudden onset diarrhea and vomiting, often more severe	48 hours after last symptom
Rashes	Chicken pox / Shingles	Chicken pox – rash of itchy, fluid filled blisters, fever, headache, fatigue. Shingles – painful or tingling rash that most often develops on one side of the body or face in a single stripe. Fever, headache, chills.	Chicken pox – excluded for at least 5 days, all blisters have must be dry and crusted. Shingles – Cover weeping rash with a dressing while at work. If rash cannot be covered, exclude until dry and crusted.
	Pink Eye	Red, swollen eye with yellow green discharge.	Exclude until symptoms improve and eye is not draining, usually 24 hours after start of antimicrobial treatment.
	Scabies	Itching, pimple-like skin rash	24 hours after application of scabicide
Other	COVID-19, measles, mumps, rubella, pertussis, tuberculosis	Workers experiencing illness due to suspect or confirmed COVID-19 or another reportable disease must follow Public Health direction regarding return to work.	

Client/Patient Illness

Wherever possible clients, family members and visitors should also be asked to reschedule their visit if they are not feeling well. The guidance above can also be used to plan for a new appointment if the current visit can be deferred.

Respiratory Etiquette

All healthcare workers will practice respiratory etiquette and will encourage clients/patients/residents and others in the healthcare environment to do the same. Respiratory etiquette refers to personal practices that help to prevent the spread of the germs that cause respiratory infections.

These practices include:

- Staying away from others when ill with a respiratory infection
- Maintaining a two-meter distance from others when coughing or sneezing
- Turning head away from others and coughing or sneezing into your elbow or a tissue rather than your hands
- Immediately dispose of tissues after use
- Immediately perform hand hygiene after disposal of tissues

Keep food and personal items away from clinical areas

Healthcare workers must not eat or drink in clinical areas or where care is being provided. Food and drink must not be stored in the same fridge, freezer, or cabinet as medication or clinical specimens. Areas where food is prepared or dispensed must meet the requirements of the Health Protection and Promotion Act.

Healthcare Worker Immunization

Immunization programs are highly effective and essential for keeping workers in healthcare settings safe from infection. All healthcare workers who may be exposed to potentially infectious people should be immunized according to the National Advisory Committee on Immunization Guide to Immunization of Workers.

Recommended Immunizations for all Healthcare Workers

VACCINE	REQUIREMENT
Influenza	Annual
Measles Mumps Rubella (MMR)	2 doses, or lab confirmation of immunity
Varicella	2 doses, or lab confirmation of immunity
Hepatitis B	Full vaccine series followed by lab confirmation of immunity for healthcare workers who may be exposed to blood or body fluids
Tetanus Diphtheria Polio	Primary series plus booster dose of Td every 10 years

Pertussis	Single dose of Tdap if not previously received in adulthood
Tuberculin skin test (TST)	Previous 2 step TST, at least one dose within 12 months of start date those at risk of exposure to TB in their setting. Additional TST as indicated based on risk.
COVID-19	Full series

Where to access recommended vaccines

Larger organizations with an occupational health service may be able to provide vaccines on site for their own healthcare workers. Others may need to reach out to their family doctors office or public health to arrange to have these vaccines provided.

Prior to getting vaccinated, healthcare workers should try to collect the records of any immunizations they have already received. These records may be available through their family, doctor, public health, or a previous employer. In the event that the healthcare worker does not have full or complete immunizations records, they may request a blood test to show which illnesses they are already immune to. This can be done through their family doctor, or in some cases the employer.

The healthcare facility will maintain an immunization record for each of their healthcare workers.

Definitions:

Additional Precautions: Precautions (i.e., Contact Precautions, Droplet Precautions and Airborne Precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g., contact, droplet, airborne).

Healthcare Setting: Any location where health care is provided, including settings where emergency care is provided, hospitals, complex continuing care, rehabilitation hospitals, long-term care homes, mental health facilities, outpatient clinics, community health centers and clinics, physician offices, dental offices, offices of other health professionals and home health care.

Healthcare Worker: Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students, home health care workers, and volunteers.

Respiratory Etiquette: Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

Routine Practices: The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

References:

National Advisory Committee on Immunization (NACI). Immunization of Workers: Canadian Immunization Guide. 2016. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1>

Ontario. Health Protection and Promotion Act, R.R.O. 1990, Regulation 562, Food Premises, 76: <http://www.search.e-laws.gov.on.ca/en/isysquery/9fc62366-9b1a-4382-8e17-a0b20a399eb8/4/doc/?search=browseStatutes&context=#hit1>

Ontario Hospital Association/Ontario Medical Association. Communicable Diseases Surveillance Protocols. <https://www.oha.com/labour-relations-and-human-resources/health-and-safety/communicable-diseases-surveillance-protocols>

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Healthcare Settings, 4rd Ed. November 2012. <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?la=en>

Provincial Infectious Diseases Advisory Committee (PIDAC). Infection Prevention and Control for Clinical Office Practice. (2015). <https://www.publichealthontario.ca/-/media/documents/b/2013/bp-clinical-office-practice.pdf?la=en>