



# Infectious Diseases Quick Reference Guide



for  
**Designated Officers**  
**Durham Region**

**2023**



HEALTH  
DEPARTMENT

**During Regular Health Department  
Office Hours  
(8:30 a.m. - 4:30 p.m. Monday to Friday)**

**contact:**

**905-668-4113 ext. 2996**

**or**

**1-800-841-2729 ext. 2996**

**After Hours and Weekends/Holidays contact:  
905-576-9991**

**Ask the answering service to page the  
Durham Region Nurse on Standby**

**Calls will be returned within one hour and  
follow-up will proceed as appropriate**

# Table of Contents

## Section 1

Confidentiality .....	4
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## Section 2

Reportable Disease List .....	5
Notification .....	7
Roles and Responsibilities .....	12

## Section 3: Infection Prevention and Control

Chain of Transmission .....	13
Routine Practices .....	15
Routine Assessment Algorithm Recommended Steps for Putting On and Taking Off Personal Protective Equipment (PPE) .....	18
Cleaning and Disinfection .....	21

## Section 4: Exposure

Diseases Spread By Blood-borne Route .....	24
Diseases Spread By Airborne Route .....	27
Diseases Spread Through Direct Contact or Droplets .....	30
Other - Rabies Exposure/Animal Bite Reporting .....	32

## Section 5: Mandatory Blood Testing Act

Frequently Asked Questions .....	33
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## Section 6: Resources and References

Immunization Information .....	37
ROUTINE PRACTICES to be used with ALL PATIENTS .....	38
Classification of Medical Equipment/Devices and Required Level of Processing/Reprocessing .....	40
Hospital Contact Information .....	41
Available Resources .....	42
Glossary .....	43
References .....	46

## Confidentiality

Durham Region Health Department (DRHD) adheres to privacy and information security legislative requirements and best practices.

When follow up of a potential exposure is required all Designated Officers (DO) and DRHD staff have/will:

- A duty to maintain confidentiality
- Limit the use and disclosure of confidential information
- Share only as much information as required to complete the follow up investigation

**Any disclosed confidential information related to an investigation or the provision of services provided by the Health Department should be treated in a confidential manner at all times.**

## Diseases of Public Health Significance

The following diseases are reportable to the local Medical Officer of Health (Ontario Reg 135/18) under the Health Protection and Promotion Act. **Bolded** diseases must be reported **immediately**. All other diseases may be reported on the next work day.

### Report diseases listed below to: Population Health Division

605 Rossland Road East, 2nd Floor  
P.O. Box 730, Whitby, ON L1N 0B2  
Phone: 905-668-2020 or 1-800-841-2729  
ext. 2996  
Confidential Fax: 905-666-6215  
After Hours: 905-576-9991 or  
1-800-372-1104

Acquired Immunodeficiency Syndrome (AIDS)

Acute Flaccid Paralysis (AFP)

Chancroid

Chickenpox (Varicella)

Chlamydia trachomatis infections

### **Coronavirus, novel, including:**

- **Severe Acute Respiratory Syndrome (SARS)**
- **Middle East Respiratory Syndrome**
- Coronavirus Disease (COVID-19)

### **Diphtheria**

Encephalitis, including:

1. Primary, viral
2. Post-infectious
3. Vaccine-related
4. Subacute sclerosing panencephalitis
5. Unspecified

Gonorrhea

### **Group A Streptococcal disease, invasive**

Group B Streptococcal disease, neonatal

### ***Haemophilus influenzae* disease, invasive**

Hepatitis, viral:

1. Hepatitis B
2. Hepatitis C

### **Measles**

Meningitis, acute:

1. bacterial
2. viral
3. other

### **Meningococcal disease, invasive**

Mumps

Ophthalmia neonatorum

Pertussis (Whooping Cough)

Pneumococcal disease, invasive

### **Poliomyelitis, acute**

Rubella

Rubella, congenital syndrome

### **Smallpox and other Orthopoxviruses including Monkeypox**

Syphilis

Tetanus

Tuberculosis

## Diseases of Public Health Significance (cont'd)

The following diseases are reportable to the local Medical Officer of Health (Ontario Reg 135/18) under the Health Protection and Promotion Act. **Bolded** diseases must be reported **immediately**. All other diseases may be reported on the next work day.

### Report diseases listed below to: Health Protection Division

1101 Consumers Drive, 2nd Floor,  
Whitby, ON L1N 1C4  
Phone: 905-668-2020 or 1-800-841-2729  
ext. 7369 press option 2  
Confidential Fax: 905-666-1833  
After Hours: 905-576-9991 or  
1-800-372-1104

Amebiasis

Anaplasmosis

**Anthrax**

Babesiosis

Blastomycosis

**Botulism**

**Brucellosis**

*Campylobacter* enteritis

Carbapenemase-producing

Enterobacteriaceae (CPE), infection or  
colonization

Cholera

*Clostridium difficile* Infection (CDI) outbreaks  
in public hospitals

**Creutzfeldt-Jakob Disease, all types**

Cryptosporidiosis

Cyclosporiasis

*Echinococcus multilocularis*

Food poisoning, all causes

Gastroenteritis, institutional outbreaks and  
public hospitals

Giardiasis, except asymptomatic cases

**Hantavirus pulmonary syndrome**  
**Hemorrhagic fevers, including:**

**1. Ebola virus disease**

**2. Marburg virus disease**

**3. Lassa Fever**

**4. Other viral causes**

**Hepatitis A**

**Influenza, novel**

Influenza, seasonal

Legionellosis

Leprosy

Listeriosis

Lyme Disease

Paralytic Shellfish Poisoning (PSP)

Paratyphoid Fever

**Plague**

Powassan virus (POWV)

Psittacosis/Ornithosis

**Q Fever**

**Rabies**

Respiratory infection outbreaks in institutions  
and public hospitals

Salmonellosis

Shigellosis

Trichinosis

Tularemia

Typhoid Fever

Verotoxin-producing *E. coli* infection indicator  
conditions, including Haemolytic Uraemic  
Syndrome (HUS)

West Nile Virus Illness

Yersiniosis

## Notification

The medical officer of health or designate (public health staff) is available on a 24/7 basis to receive and respond to reports of infectious diseases of public health significance to ensure:

- Reports of a possible exposure of an Emergency Service Worker (ESW) are received, assessed, and responded to as soon as possible but no later than 48 hours (depending on situation and disease, response may be required sooner) after receiving notification
- Reports of all infectious diseases of public health significance are received and assessed with particular consideration given to potential exposures of ESW
- If the ESW is confirmed as a contact, DRHD staff will obtain demographic information. They will contact the ESW directly to provide health education and recommended actions including chemoprophylaxis (preventative treatment), if applicable

### Notification Initiated by DRHD staff

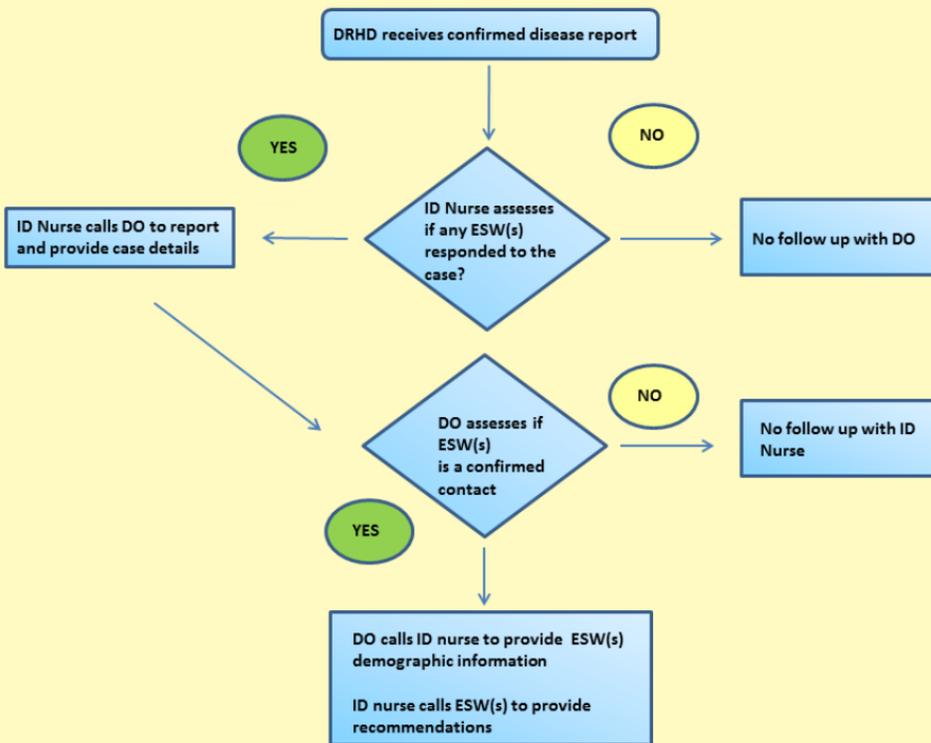
DRHD staff may receive a report of an infectious disease where there is a concern that ESWs may have been exposed during their work. The notification of possible exposure can be received from several different sources (e.g., physicians, laboratories, infection control practitioners or other health units).

DRHD staff will provide the DO with enough information to assist in identifying the ESWs that attended to the patient such as time, date of exposure and address. The type of infectious disease exposure will be disclosed.

**Any disclosed confidential information related to an investigation or the provision of services provided by the Health Department should be treated in a confidential manner at all times.**

- Documentation of the exposure is the responsibility of the DO, and should be done on agency specific forms
- The DO will assess the exposure based on the information provided by the ESW
- The DO will refer to the Infectious Diseases Quick Reference Guide For Designated Officers for information on assessment of exposure
- The DO will determine whether the ESW could have been exposed to a specified infectious disease
- DO to notify DRHD of ESWs who are identified as confirmed contacts
- Additionally DRHD may include assessing the possible risk of occupational exposure and setting standards of practice, discussing appropriate use of personal protective equipment and providing education to prevent possible future exposures

# Notification Initiated by Durham Region Health Department (DRHD) Staff (eg. iGAS, measles, meningococcal disease)



## Notification Initiated by a Designated Officer

A designated officer may report an incident regarding a possible exposure to an infectious disease of public health significance to DRHD staff.

The DO will assess the exposure based on the information provided by the ESW:

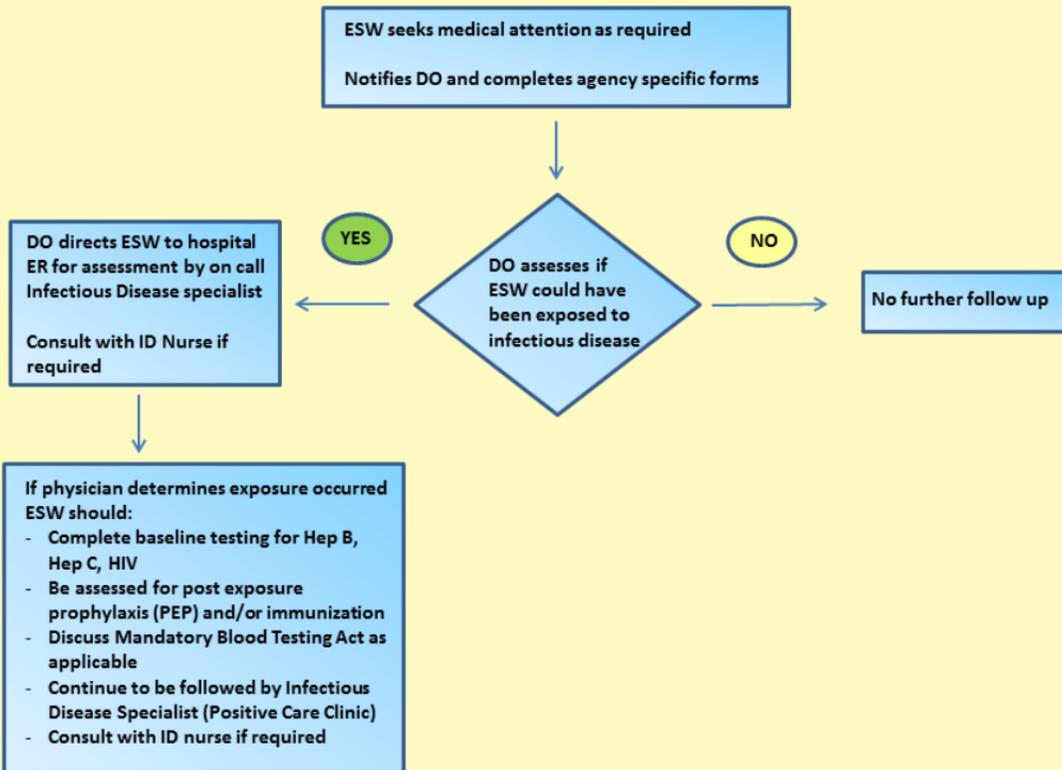
- The DO will refer to the Infectious Diseases Quick Reference Guide for Designated Officers for information on assessment of exposure
- The DO will determine whether the ESW could have been exposed to a specified infectious disease
- DO to notify DRHD of ESWs who are identified as confirmed contacts

## Notification Initiated By Emergency Service Worker

If an ESW is concerned about a possible or known exposure to an infectious disease of public health significance during his/her work:

- The ESW should notify a DO immediately and complete the appropriate forms (agency specific forms)
- The DO will assess the exposure based on the information provided by the ESW
- The DO will refer to the Infectious Diseases Quick Reference Guide For Designated Officers for information on assessment of exposure
- The DO will determine whether the ESW could have been exposed to a specified infectious disease
- DO to notify DRHD of ESWs who are identified as confirmed contacts

# Notification Initiated by Emergency Service Worker (ESW) (eg. Bloodborne exposure)



## Roles and Responsibilities

### **Emergency Service Agency will:**

- Appoint Designated Officer(s)
- 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

### **Emergency Service Worker(s) will:**

- 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 practices and appropriate procedures and/or personal protective equipment
- Comply with workplace health and safety policies
- Report any possible exposure immediately to the DO

### **Designated Officers(s) will:**

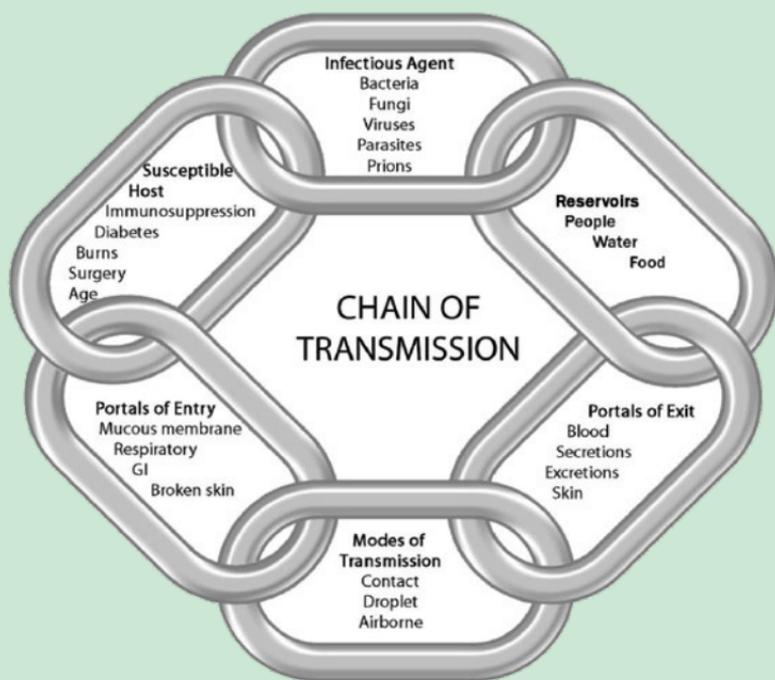
- Receive and document reports of exposure from ESW
- Assess the situation and determine if an exposure could have occurred
- Contact DRHD if assistance is required
- If ESWs are confirmed contacts, provide details of the incident including the ESWs demographic information to DRHD

### **Durham Region Health Department will:**

- Be available to the DOs in Durham Region 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 including testing and chemoprophylaxis if required
- Monitor reportable infectious diseases and notify contacts including notifying DOs and contacting ESWs if they are confirmed contacts

# “Chain of Transmission”

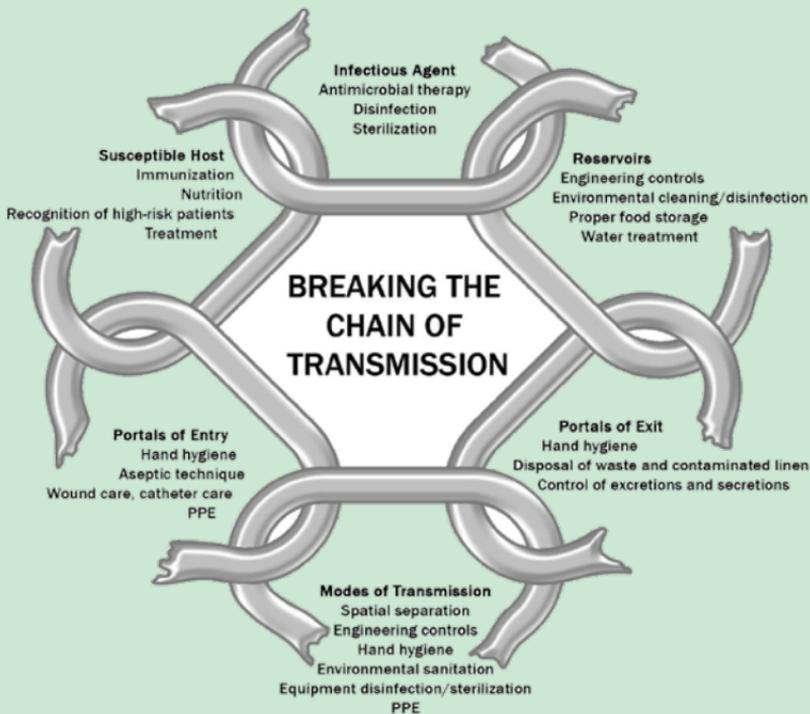
## Infectious Disease Process



Source: Routine Practices and Additional Precautions, PIDAC, Nov. 2012

The transmission of microorganisms and subsequent infection may be likened to a “chain”, with each link in the chain representing a factor related to the spread.

**Transmission occurs** when the **agent** in the reservoir, exits the **reservoir** through a **portal of exit**, travels via a **mode of transmission** and gains entry through a **portal of entry** to a **susceptible host**. Transmission does not take place unless all six of the links in the chain of transmission are present. By eliminating any of the six links, or “breaking the chain”, transmission does not occur.



Source: Routine Practices and Additional Precautions, PIDAC, Nov. 2012

### Transmission may be interrupted when:

- the **agent** is eliminated or inactivated or cannot exit the **reservoir**;
- **portals of exit** are eliminated through safe practices;
- **transmission** between objects or people does not occur due to barriers and/or safe practices;
- **portals of entry** are protected; and/or
- **hosts** are not susceptible.

## Routine Practices

Routine Practices are based on the premise that all clients/patients/residents (C/P/R) are *potentially* infectious, even when asymptomatic, and that the same safe standards of practice should be used **routinely** with **all** C/P/R to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

The risk of transmission of microorganisms involves factors related to the microbe, the source C/P/R, the health care environment and the new host.

**Emergency Service Workers must assess the risk** of exposure to blood, body fluids, secretions/excretions and non-intact skin and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms. This risk assessment followed by the implementation of Routine Practices to reduce or remove risk should be incorporated into the daily practice of each ESW.

### ELEMENTS OF ROUTINE PRACTICES

**Risk Assessment** + **Hand Hygiene**  
 +  
**Personal Protective Equipment**  
 +  
**Environmental Controls** + **Administrative Controls**

### Risk Assessment

Is the first step of Routine Practices conducted before each C/P/R interaction, and determines which interventions are required to prevent transmission of an infectious agent.

**Assess the risk of exposure** to blood, body fluids, secretions/excretions, non-intact skin, mucous membranes, body tissues, and contaminated equipment/environment.

If there is a risk of exposure, **identify the appropriate strategies:**

**Hand Hygiene**

**Personal Protective Equipment (PPE)**

**Environmental Controls** (Cleaning and Disinfection, Linen, Waste & Sharps management)

**Administrative Controls** (Divisional Policies and Procedures)

## Hand Hygiene

Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of health care-associated infections.

### **Hand hygiene is performed using alcohol-based hand rub or soap and water:**

- Before and after each C/P/R contact
- Before performing invasive procedures
- Before preparing, handling, serving or eating food
- After care involving body fluids and before moving to another activity
- Before putting on and after taking off gloves and PPE
- After personal body functions (e.g. blowing one's nose)
- Whenever hands come into contact with secretions, excretions, blood and body fluids
- After contact with items in the C/P/R's environment

### **When hands are visibly dirty and there is no access to a *handwashing* sink:**

- Use a wet wipe to remove visible dirt
- Allow hands to dry
- Use an alcohol-based hand rub



## Personal Protective Equipment (PPE)

### PPE is used based on risk assessment:

#### Mask and Eye Protection or Face Shield [based on risk assessment]

- Protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions
- Wear within two metres of a coughing C/P/R

#### Gown [based on risk assessment]

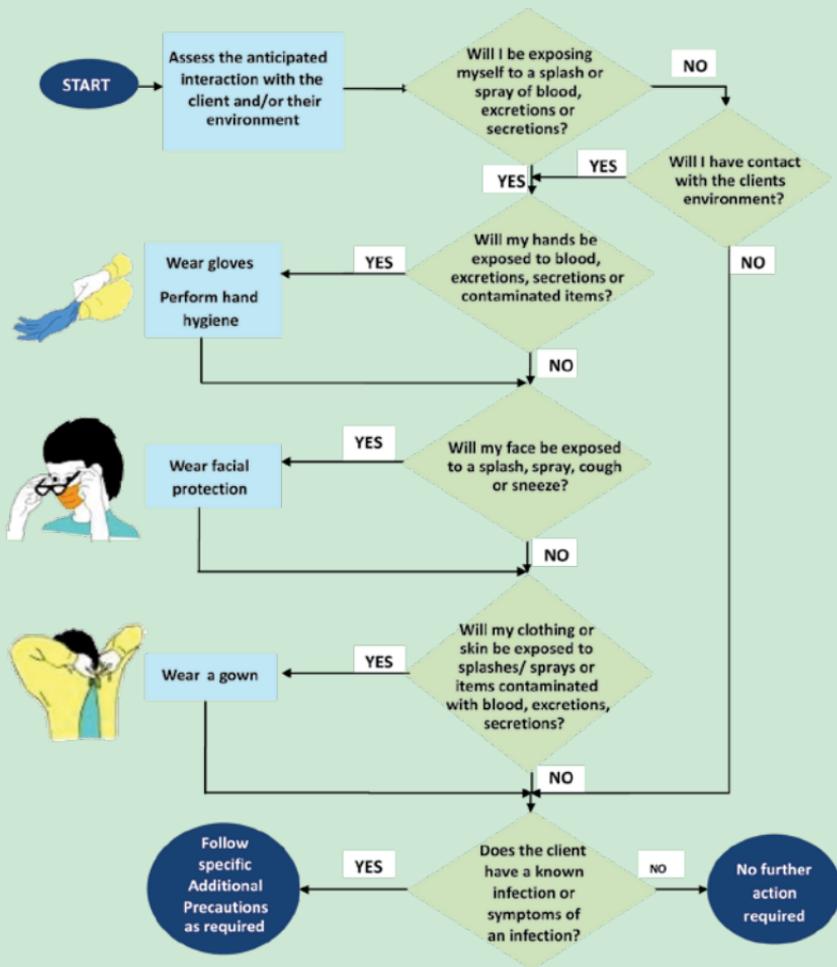
- Wear a long-sleeved gown if contamination of skin or clothing is anticipated

#### Gloves [based on risk assessment]

- Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects
- Wearing gloves is **NOT** a substitute for hand hygiene
- Remove immediately after use and perform hand hygiene after removing gloves



# Routine Practices Risk Assessment Algorithm for Client Interactions



This document, whose original source is the Ontario Ministry of Health and Long-Term Care/Public Health Division/Provincial Infectious Diseases Advisory Committee, was adapted with permission from the Ontario Agency for Health Protection and Promotion (Public Health Ontario)/ Provincial Infectious Diseases Advisory Committee (PIDAC). PIDAC documents contain information that requires knowledgeable interpretation and is intended primarily for use by health care workers and facilities/organizations providing health care including pharmacies, hospitals, long-term care facilities, community-based health care service providers and pre-hospital emergency services in non-pandemic settings. Public Health Ontario assumes no responsibility for the content of any publication resulting from changes /adaptation of PIDAC documents by third parties.

# Recommended Steps for Putting On and Taking Off Personal Protective Equipment (PPE)

## Putting On PPE

- 1. Perform hand hygiene**
- 2. Put on gown**
  - Tie neck and waist ties securely
- 3. Put on Mask/N95 Respirator**
  - Place mask over nose and under chin
  - Secure ties, loops or straps
  - Mould metal piece to your nose bridge
  - For respirators, perform a seal-check
- 4. Put on Protective Eyewear**
  - Put on eye protection and adjust to fit
  - Face shield should fit over brow
- 5. Put on gloves**
  - Put on gloves, taking care not to tear or puncture glove
  - If a gown is worn, the glove fits over the gown's cuff

## Taking Off PPE

- 1. Remove gloves**
  - Remove gloves using a glove-to-glove/skin-to-skin technique
  - Grasp outside edge near the wrist and peel away, rolling the glove inside-out
  - Reach under the second glove and peel away
  - Discard immediately into waste receptacle
- 2. Remove Gown**
  - Remove gown in a manner that prevents contamination of clothing or skin
  - Starting at the neck ties, the outer "contaminated", side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discard immediately in a manner that minimizes air disturbance
- 3. Perform Hand Hygiene**

#### 4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be “clean” and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after use

#### 5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered “clean” and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



#### 6. Perform Hand Hygiene

### Environmental Controls

Environmental controls should be put in place to prevent exposure and transmission to others and includes:

- Cleaning of equipment that is being used by more than one C/P/R
- Cleaning of the health care environment, including safe handling of linen and waste
- Sharps containers and hand hygiene products available for use at point-of-care

Refer to Best Practices Routine Practices and Additional Precautions in all healthcare settings (PIDAC, 2012)

[www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?rev=53eff9799e164881b152e7755d2c64a7&sc\\_lang=en](http://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?rev=53eff9799e164881b152e7755d2c64a7&sc_lang=en)

## Cleaning and Disinfection

Refer to Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/ Devices in All Health Care Settings, PIDAC (May 2013)

[www.publichealthontario.ca/-/media/Documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf?rev=7a36d8e526644eb794a9ef066d97a120&sc\\_lang=en](http://www.publichealthontario.ca/-/media/Documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf?rev=7a36d8e526644eb794a9ef066d97a120&sc_lang=en)

It is important that policies and procedures are in place to clean and disinfect equipment. Manufacturer's instructions for product use, concentration of product and exposure time must be followed.

### Cleaning

Physical action of cleaning is more important than the cleaning product used. Cleaning must always be performed from the clean area to the dirty area. Cleaning must always be done before disinfection.

#### **The key to cleaning is the use of friction to remove microorganisms and debris.**

- Cleaning removes foreign material (e.g. dust, soil, organic material such as blood, secretions, excretions and microorganisms) from a surface or object.
- Cleaning physically removes rather than kills microorganisms, reducing the organism load on a surface. It is accomplished with water, detergents and mechanical action.
- Thorough cleaning is required for any equipment/device to be disinfected, as organic material may inactivate a disinfectant. This may be accomplished through a two-step process involving a cleaner followed by a disinfectant, but is more commonly accomplished in the health care setting through a one-step process using a combined cleaner/disinfectant product.

## Disinfection

Level of disinfection required for reusable equipment is determined by the degree of contact it will have with a patient and where this contact is likely to occur. Follow manufacturer's recommendations when using disinfection products to ensure best results.

Disinfection is a process used on inanimate objects and surfaces to kill microorganisms. Disinfection will kill most disease-causing microorganisms but may not kill all bacterial spores. Only sterilization will kill all forms of microbial life.

Refer to Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Health Care Settings, (PIDAC, April 2018)

[www.publichealthontario.ca/-/media/Documents/B/2018/bp-environmental-cleaning.pdf?rev=4b78a8dee04a439384bf4e95697f5ab2&sc\\_lang=en](http://www.publichealthontario.ca/-/media/Documents/B/2018/bp-environmental-cleaning.pdf?rev=4b78a8dee04a439384bf4e95697f5ab2&sc_lang=en)

**Contact time is required for proper disinfection to occur (refer to manufacturer instructions).**

**Low level disinfection:** kills most vegetative bacteria, and some fungi, as well as enveloped (lipid) viruses (e.g. hep B, C, HIV, Hantavirus); does not kill mycobacterium or bacterial spores

**High level disinfection:** destroys vegetative bacteria, mycobacterium (TB), fungi and enveloped (lipid) virus and nonenveloped (non-lipid) viruses (e.g. enterovirus), but not necessarily bacterial spores

## Administrative Controls

**Administrative controls should include:**

- Policies and procedures in place to assist with the management of transmission risks to infectious disease
- Staff education on infectious diseases transmission and prevention of transmission
- Healthy workplace policies
- Respiratory etiquette, cough or sneeze into your sleeve or tissue
- Accessible PPE

# Cleaning a Blood or Body Fluid Spill

## Preventing the spread of infections

### 1. Restrict area and assemble supplies

Gather supplies needed. Your spill kit should include: adequate supplies of disposable gloves, paper towels, cleaning and disinfecting products, 70-90% alcohol-based hand sanitizer, garbage bags, and other personal protective equipment (PPE) such as a mask, eye goggles, gown, etc.



### 2. Put on gloves and other personal protective equipment (PPE)

Use hand sanitizer and put on disposable gloves and other PPE if there is a possibility of splashing.



### 3. Clean the surfaces

Wipe up the spill using disposable towels to remove all visible soil, checking the surrounding area for splatters or splashes. Thoroughly scrub soiled surfaces with cleaning solution and warm water. Rinse surfaces with clean water to remove cleaning solution. Discard all waste in a plastic-lined receptacle.



### 4. Disinfect the surfaces

Use a Health Canada approved disinfectant which has a drug identification number (DIN) and manufacturer's instructions on the labelling. Follow these instructions to disinfect the entire soiled area and allow it to stand for the required contact time. Most disinfectant solutions must remain wet on the surface for at least a 10 minute contact time to be effective.



### 5. Remove PPE

Remove and discard gloves, then use hand sanitizer. Remove and discard all other PPE, then use hand sanitizer again.



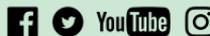
### 6. Remove waste and perform hand hygiene

Double-bag, seal and remove waste from the area and perform hand hygiene. Hands must be washed with soap and running water if visibly soiled or 70-90% alcohol-based hand sanitizer may be used only if hands are not visibly soiled.



Durham Health Connection Line  
905-668-2020 or 1-800-841-2729  
[durham.ca/health](http://durham.ca/health)

If you require this information in an accessible format, contact 1-800-841-2729.



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# Diseases Spread by Bloodborne Route

## Hepatitis B

Hepatitis B is spread through blood, blood products, 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.

Refer to FACTS About... Hepatitis B

[www.durham.ca/en/health-and-wellness/resources/Documents/Pregnancy/HepB\\_FA.pdf](http://www.durham.ca/en/health-and-wellness/resources/Documents/Pregnancy/HepB_FA.pdf)

## 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. Most people infected have no symptoms.

Refer to FACTS About... Hepatitis C

[www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/HepatitisC.pdf](http://www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/HepatitisC.pdf)

## Human Immunodeficiency Virus (HIV)

HIV is usually spread by sexual contact with an infected partner. The virus can enter the bloodstream through open lesions on the vagina, vulva, penis, rectum, or mouth. HIV is also spread by sharing contaminated needles and syringes and through the use of non-sterile instruments that enter the body (e.g. tattooing or skin piercing equipment). A woman infected with HIV can pass the virus on to her baby during pregnancy, during birth, and through breast-feeding. Certain behaviours can carry an increased risk of becoming infected.

Refer to FACTS About... HIV/AIDS

[www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/HIV-AIDS.pdf](http://www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/HIV-AIDS.pdf)

## An exposure to Hepatitis B, Hepatitis C and HIV viruses can 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 or body fluids into the mouth or eye
- Splashing of bodily fluid that contains blood (i.e., vomit) into the mouth, eye or open wound
- A bite that breaks the skin

**An 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:**

- Did the blood or body fluid enter the ESW's body through a break in the skin, needle stick, cut from a sharp object, or bite that breaks the skin or through mucosal lining (i.e. eyes, nose, mouth) or non-intact skin (i.e. chapped or scraped)?
- Has the ESW been immunized for Hepatitis B? (Antibody levels can be measured to ensure immunity)

**Actions:**

1. Provide immediate care to the exposure site
  - Allow injury to bleed freely, then cover lightly, do not promote bleeding
  - Remove clothing that is contaminated with body fluids
  - Thoroughly flush exposed area with water or saline
  - Clean area with soap and water and dry
2. ESW notifies the Designated Officer (DO) to provide information on the exposure.
3. If there has been an exposure to blood or body fluids, the ESW should go immediately to one of the hospital emergency departments for medical assessment by a physician.
4. For assistance or more information contact the DRHD staff.
5. If the emergency room physician examines the ESW and determines that an exposure has occurred, the ESW should ensure they have baseline testing for Hepatitis B, Hepatitis C and HIV. If blood tests are negative, they should be repeated as directed by infectious disease physician.
6. The physician who assesses the ESW will determine the need for post exposure prophylaxis (PEP) treatment or vaccination to prevent infection from occurring. It is recommended that the ESW be referred to an infectious disease physician for further follow up and counselling.

7. The ESW will be counselled to take the following precautions to protect others until they are certain that they have not been infected (this may take several months).
- **Practice safe sex by using a condom** with lubricant at all times during intercourse or abstain from sexual intercourse
  - **Do not donate** blood, plasma, organs, tissue or semen
  - **Do not share** toothbrushes, razors, needles or other implements which may be contaminated with blood or body fluids
  - **Avoid pregnancy.** If the ESW is pregnant a referral to an infectious disease specialist is recommended.
  - If breastfeeding, it is recommended the ESW be referred to an infectious disease specialist. Breast milk can be pumped and discarded until blood results become available.

**Post exposure prophylaxis may be offered, after assessment by a physician, at hospital emergency departments.**

## Diseases Spread by Airborne Route

Small bacteria and viruses (e.g., tuberculosis, measles and chickenpox) can be spread through the air. These micro-organisms are so small that they can float in the air and can be spread through coughing, sneezing, laughing, talking and singing.

### Active Tuberculosis (TB)

TB is spread when people, who have TB **disease** (active pulmonary TB) in their lungs or throat, cough, sneeze or speak, and send the bacteria into the air. **Close and prolonged** contact with someone who has TB **disease** can cause others to become infected with the bacteria.

#### An exposure to TB could occur when:

- ESW is confined in an enclosed area (e.g. ambulance, car) over a long period of time with an individual who is coughing vigorously, and neither is wearing a mask that covers mouth and nose
- Giving mouth-to-mouth resuscitation without barrier protection

#### An exposure to TB is unlikely to occur when:

- ESW is confined in an enclosed area with a coughing individual, when either or both are wearing a mask that covers mouth and nose (for near 100% protection)
- Mouth-to-mouth resuscitation is performed using a barrier protection or bag valve mask

#### Assessing exposure:

- Was the DO notified of ESW contact with an active pulmonary tuberculosis case by DRHD?
- Was the ESW exposed to a client with active pulmonary tuberculosis?
- How often, and for how long was the ESW in contact with the individual?
- Did the ESW perform any procedures that put him/her in face-to-face contact with the individual?
- Did the ESW wear appropriate PPE?

**Actions:**

1. DRHD staff will contact DO if ESW has been identified in the care of an active pulmonary TB patient which may have placed the ESW at risk of exposure.
2. DO to conduct initial assessment confirming exposure.
3. If ESW is assessed as a confirmed contact, the DO will notify DRHD staff and provide demographic information.
4. DRHD staff will contact the ESW and provide education and recommendations for health care provider assessment, testing and skin testing if required.
5. If required and recommended by the DRHD nurse, testing for TB may include 2 skin tests: one after exposure and repeated at least 8 weeks after exposure. Each test must be read 48-72 hours later by a health care provider. If the skin test is positive, a chest x-ray is performed to assess for active TB disease. If the ESW has a positive skin test, antibiotics may be recommended.
6. If the ESW has had a previous positive skin test, a TB skin test will not be repeated. A chest x-ray and referral to a health care provider is recommended.

[Facts About Tuberculosis \(durham.ca\)](https://www.durham.ca/facts/about-tuberculosis)

[Facts About Latent Tuberculosis Infection \(LTBI\) \(durham.ca\)](https://www.durham.ca/facts/about-latent-tuberculosis-infection-ltbi)

[Tuberculin Skin Test TST \(durham.ca\)](https://www.durham.ca/facts/about-tuberculin-skin-test-tst)

**Measles**

The measles virus is spread easily from person to person through the air when an infected person coughs or sneezes, by having direct contact with nose and throat secretions and less commonly by having contact with articles freshly contaminated with nose and throat secretions. The measles virus can remain contagious in the air or on infected surfaces for at least 2 hours.

Refer to FACTS About... Measles

[www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/Measles.pdf](https://www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/Measles.pdf)

**An exposure to Measles could occur if:**

- The ESW shared the same airspace with a confirmed case of measles

**An exposure to Measles is unlikely to occur when:**

- ESW's shared the same airspace with an individual with confirmed measles and appropriate PPE was worn
- ESW's immunization is up to date
- Resuscitation is performed using a barrier protection or bag valve mask

**Assessing exposure:**

- Was the DO notified of ESW's contact with measles by Durham Region Health Department?
- Was the ESW exposed to a client with measles?
- How often, and for how long was the ESW in contact with the individual?
- How close was the ESW to the individual?
- Did the ESW wear appropriate PPE?
- Is the ESW immunized against measles?

**Actions:**

1. DRHD staff will contact DO if ESW have been identified in the care of a patient diagnosed with measles (a laboratory confirmed report is required) which may have placed the ESW at risk of exposure.
2. DO to conduct initial assessment confirming exposure.
3. If ESW is assessed as a confirmed contact, the DO will notify DRHD staff and provide demographic information.
4. DRHD staff will contact the ESW and will provide education and recommendations for immunization if required.

# Diseases Spread Through Direct Contact or Droplets

## **Meningococcal Disease (meningitis/meningococemia)**

Transmission is from direct contact with the nose and throat secretions of an infected person, and often with an asymptomatic carrier or by respiratory droplets. Close and prolonged contact, such as kissing, sneezing, and sharing eating and drinking utensils facilitates the spread of disease.

Refer to FACTS About... Meningitis

[www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/Meningitis.pdf](http://www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/Meningitis.pdf)

## **Invasive Group A Streptococcus (GAS)**

**Transmission is generally person to person most commonly by:**

- Droplet spread when an infected individual coughs or sneezes
- Direct or indirect contact of the oral or nasal mucous membranes with infectious respiratory secretions or with exudates from wound or skin lesions
- Direct or indirect contact of non-intact skin with infectious respiratory secretions or skin wound exudates
- Sharing of contaminated needles

Refer to FACTS About... Group A Streptococcal Infection

[www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/GroupAStreptococcal.pdf](http://www.durham.ca/en/health-and-wellness/resources/Documents/IllnessInfectionDisease/FactsAbout/GroupAStreptococcal.pdf)

**An exposure to these infections could occur when:**

- Giving mouth-to-mouth resuscitation without barrier protection or bag valve
- Someone with one of these infections, coughs, sneezes, spits or vomits directly into the face of an ESW
- Unprotected suctioning or intubation where nasal or oral secretions come in contact with mucous membranes

**An exposure to these infections does NOT occur when:**

- Barrier protection or bag valve is used for mouth-to-mouth resuscitation
- Uncovered intact skin comes in contact with the saliva or nasal secretions of someone with these infections
- Routine Practices are used
- Appropriate PPE is used

**Assessing exposure:**

- Did the ESW perform any procedures that put them in direct contact with oral/nasal secretions?
- Did the ESW wear appropriate personal protective equipment (PPE)?
- Did the ESW have any broken areas on their skin?

**Actions:**

1. DRHD staff will contact DO if an ESW has been identified in the care of a patient diagnosed with meningococcal disease or iGAS (a laboratory confirmed report is required) which may have placed the ESW at risk of exposure.
2. DO to conduct initial assessment confirming exposure.
3. If ESW is assessed as a confirmed contact, the DO will notify DRHD staff and provide demographic information.
4. DRHD staff will contact the ESW and will provide education and recommendations for chemoprophylaxis **if required**.

**Prophylactic medication is not routinely indicated for ESWs**

# Rabies Exposure and Mandatory Animal Bite Reporting

## Report all animal bites and scratches!

Rabies is a disease caused by a virus that spreads from one animal to another. It can also spread to humans through contact with an infected animal's saliva. This can happen through bites, scratches and licks. Once symptoms appear, the disease is fatal.

The Health Department investigates all animal bites and scratches to prevent the spread of rabies to humans. Anyone with information regarding an animal bite involving a human is required to report that information to the Health Department as soon as possible as specified in the *Health Protection and Promotion Act, Regulation 557 (Communicable Diseases General)*.

Please contact **Durham Region Health Department**

Monday to Friday 8:30-4:30

905-668-2020 or 1-800-841-2729

**If after hours contact:** 905-576-9991; ask for the On-Call Public Health Inspector

Fully complete the Animal Bite/Exposure Reporting Form ([bit.ly/327lZt2](http://bit.ly/327lZt2)) and fax to 905-666-188 or submit online at [forms.durham.ca/Environmental-Health-Complaint-Form](https://forms.durham.ca/Environmental-Health-Complaint-Form). For more rabies information visited [durham.ca/Rabies](https://durham.ca/Rabies).

To report lost, injured, wild or stray animals, call the **Municipal Animal Control Centres:**

- Ajax 905-683-8275
- Brock 1-705-432-2355 or 1-866-223-7668
- Clarington 905-623-7651
- Oshawa 905-436-3311
- Pickering 905-683-7575
- Whitby 905-655-0283
- Uxbridge & Scugog 905-985-9547 or 1-800-871-4374

## Mandatory Blood Testing Act (MBTA), 2006

This law ensures that emergency first responders, medical professionals, correctional workers, victims of crime, and others have access to resources that enable them to reduce the chances of getting sick if they are exposed to a serious disease.

Refer to:

[www.ontario.ca/page/mandatory-blood-testing](http://www.ontario.ca/page/mandatory-blood-testing)

## Frequently Asked Questions

### What diseases are listed as communicable diseases under the act?

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

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

Anyone who believes that they have 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 analysed if they have 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
  - special constables (officers who are not employees of a police service)
  - firefighters (including volunteer firefighters)
  - paramedics and emergency medical attendants
  - paramedic students engaged in field training
  - members of the College of Physicians and Surgeons of Ontario
  - medical students engaged in training
  - members of the College of Nurses of Ontario
  - nursing students engaged in training

## Where should applications be submitted?

Applications must be submitted to the Medical Officer of Health in the health unit where the respondent lives .

At the bottom of the application form there is a phone number that applicants can call to obtain a list of health units and the geographical areas they cover.

## **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 within 30 days after the applicant came into contact with the bodily substance of the respondent. If the deadline falls on a Saturday, Sunday or other holiday, the deadline is extended to the next business day.

## **What happens when a 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 refer the application to the Consent and Capacity Board (the Board) and 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 DRHD. DRHD staff will contact the applicant's health care provider with the results. DRHD 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 voluntarily, a hearing with the Consent and Capacity Board will begin and complete within 5 business days after the health department received the application. The Board will decide whether to issue a mandatory order. A decision from the board will be made within 1 business day after the hearing ends.

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

The Consent and Capacity Board will provide the applicant, the respondent and the Medical Officer of Health, with a copy of the Board's decision and 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 must provide the blood sample within 2 business days after the order is provided.

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

Every person who is guilty of an offence under this Act is liable on conviction to a fine of not more than \$10,000 for every day or part of a day on which the offence occurs or continues, or to imprisonment for a term of not more than 6 months, or to both.

## **Where can I find the mandatory blood testing forms?**

All relevant forms, (including the applicant report, respondent report and physician report) can be found on the [Ontario Mandatory Blood Testing website](#).

## Resources & References

### Immunization Information

Immunization may help to protect you and your patients from some very serious and potentially life threatening illnesses. Not all recommended vaccines listed below are publicly funded. It is important to keep a copy of your immunization record (yellow card) to ensure you have all recommended immunizations.

Vaccine	Recommendations
<b>SARS-CoV-2 (COVID-19)</b>	Primary series (at least 2 doses) Booster doses as per Ontario Ministry of Health Guidance
<b>Diphtheria Tetanus</b>	All HCW should be immune Primary series (at least 3 doses) if no previous immunization Booster doses of Td vaccine every 10 years
<b>Hepatitis B</b>	If no evidence of immunity (i.e. serological testing)
<b>Influenza</b>	Annually
<b>Measles</b>	If no evidence of immunity - 2 doses
<b>Mumps</b>	If no evidence of immunity - 2 doses
<b>Pertussis</b>	A single dose of Tdap vaccine if not previously received in adulthood
<b>Polio</b>	Primary series if no previous immunization - 3 doses
<b>Rubella</b>	If no evidence of immunity - 1 dose
<b>Varicella</b>	If no evidence of immunity - 2 doses

For more information please refer to the Canadian Immunization Guide – Vaccination of Emergency Service Workers ([www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10a8](http://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10a8)) and/or your health care provider.

# ROUTINE PRACTICES to be used with ALL PATIENTS

PIDAC's Routine Practices Fact Sheet for All Health Care Settings, PIDAC, 2012

## Hand Hygiene

**Hand hygiene is performed using alcohol-based hand rub or soap and water:**

- Before and after each client/patient/resident contact
- Before performing invasive procedures
- Before preparing, handling, serving or eating food
- After care involving body fluids and before moving to another activity
- Before putting on and after taking off gloves and PPE
- After personal body functions (e.g. blowing one's nose)
- Whenever hands come into contact with secretions, excretions, blood and body fluids
- After contact with items in the client/patient/resident's environment



## Mask and Eye Protection or Face Shield [based on risk assessment]

- Protect eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions
- Wear within two metres of a coughing client/patient/resident



## Gown [based on risk assessment]

- Wear a long-sleeved gown if contamination of skin or clothing is anticipated



# ROUTINE PRACTICES to be used with ALL PATIENTS

PIDAC's Routine Practices Fact Sheet for All Health Care Settings, PIDAC, 2012

## Gloves [based on risk assessment]

- Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects
- Wearing gloves is not a substitute for hand hygiene
- Remove immediately after use and perform hand hygiene after removing gloves



## Environment and Equipment

- All equipment that is being used by more than one client/patient/resident must be cleaned between clients/patients/residents.
- All high-touch surfaces in the client/patient/resident's room must be cleaned daily

## Linens and Waste

- Handle all soiled linens and waste carefully to prevent personal contamination and transfer to other clients/patients/residents



## Sharps Injury Prevention

- NEVER RECAP USED NEEDLES
- Place sharps in sharps containers
- Prevent injuries from needles, scalpels and other sharp devices
- Use safety-engineered medical devices



## Patient Placement/Accommodation

- Use a single room for a client/patient/resident who contaminates the environment
- Perform hand hygiene on leaving the room



## Classification of Medical Equipment/Devices and Required Level of Processing/Reprocessing

Classification	Definition	Level of Processing/Reprocessing	Level of Processing/Reprocessing
Critical Equipment/Device	Equipment/device that enters sterile tissues, including the vascular system	Cleaning followed by sterilization	<ul style="list-style-type: none"> <li>• Surgical instruments</li> <li>• Implants</li> <li>• Biopsy instruments</li> <li>• Foot care equipment</li> <li>• Eye and dental equipment</li> </ul>
Semicritical Equipment/Device	Equipment/device that comes in contact with non-intact skin or mucous membranes but do not penetrate them	Cleaning followed by High-Level Disinfection (as a minimum) Sterilization is preferred	<ul style="list-style-type: none"> <li>• Respiratory therapy equipment</li> <li>• Anaesthesia equipment</li> <li>• Tonometer</li> </ul>
Noncritical Equipment/Device	Equipment/device that touches only intact skin and not mucous membranes or does not directly touch the C/P/R	Cleaning followed by Low-Level Disinfection (in some cases, cleaning alone is acceptable)	<ul style="list-style-type: none"> <li>• ECG machines</li> <li>• Oximeters</li> <li>• Bedpans, urinals, commodes</li> </ul>

**Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, May 2013**

## Hospitals in Durham Region with 24 hour Emergency Departments

Lakeridge Health – Ajax Pickering  
580 Harwood Avenue South  
Ajax, ON L1S 2J4  
905-683-2320

Lakeridge Health-Bowmanville  
47 Liberty Street South  
Bowmanville, ON L1C 2N4  
905-623-3331

Lakeridge Health-Oshawa  
1 Hospital Court  
Oshawa, ON L1G 2B9  
905-576-8711

Lakeridge Health-Port Perry  
451 Paxton Street  
Port Perry, ON L9L 1L9  
905-985-7321

Oak Valley Health-Uxbridge Hospital  
4 Campbell Drive  
Uxbridge, ON L9P 1S4  
905-852-9771

# Available Resources

**Stop the spread of germs that make you and others sick!**

## Cover your Cough



1. Cover your mouth and nose with a tissue when you cough or sneeze or into your upper sleeve, not your hands.



## Clean your Hands

2. Put your used tissue in the waste basket.



3. Wash hands with soap and warm water or use a hand sanitizer.




after coughing or sneezing.

Environmental Help Line  
905-723-3818 or 1-888-777-9613  
durham.ca

MDH  
Municipal Department of Health

APIC  
Association for Professionals in Infection Control and Epidemiology

## Handwashing



Step 1: Wet hands



Step 2: Apply liquid soap



Step 3: Scrub backs of hands, between fingers, thumbs and around fingertips for at least 15 seconds



Step 4: Rinse



Step 5: Towel or air dry



Step 6: Turn off taps with towel

REMEMBER, proper handwashing can remove germs that make you sick.

Environmental Help Line  
905-723-3818 or 1-888-777-9613  
durham.ca/health

## Needles Are A Danger

• Always assume the needle is contaminated  
• Do not injure yourself or others

### AVOID DIRECT CONTACT

Use hand barrier protection to pick up the needle or to bring gloves, scoop/shovel type tools, needles etc.




### PICK UP NEEDLE - TIP FACING AWAY

Pick up the needle holding the tip away from you and others.

- Do not use any storage from needles
- Do not manipulate the needle in any manner
- Do not swing the needle
- Do not perform handling of the needle



### PLACE NEEDLE IN SEALED CONTAINER

Place needle in an empty, hard plastic container (e.g. water bottle, jug or similar container with lid).

- Avoid holding container near the top
- Seal cap/container tightly and secure with tape
- Clearly label container "biohazard"
- Do not place needles into the garbage




### TAKE THE CONTAINER TO PHARMACY

Please visit [healthforward.ca](http://healthforward.ca) to find participating pharmacies near you for safe disposal. Approved sharps containers are also available at these pharmacies.

Do not place needles/containers in the garbage.



Environmental Help Line  
905-723-3818 or 1-888-777-9613  
durham.ca/health

## Hand Sanitizers



Step 1: Apply 1-2 pumps of sanitizer to palm of dry hand



enough for hands to stay wet for at least 15 seconds.

Step 2: Spread hand sanitizer over all surfaces of hands



- palms, backs of hands, between fingers, around thumbs and fingernails

Step 3: Continue to rub hands together until dry



REMEMBER, hand sanitizers should only be used when hands are visibly clean. Wash hands with soap and water if hands are visibly dirty.

Environmental Help Line  
905-723-3818 or 1-888-777-9613  
durham.ca

# FACTS About...

HEALTH DEPARTMENT

## HANDWASHING



## Glossary

**Additional Precautions:** (i.e., Contact Precautions, Droplet Precautions and Airborne Precautions). 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).

**Administrative Controls:** Measures put in place to reduce the risk of infection to staff or to patients (e.g. infection prevention and control policies/ procedures, education/ training).

**Airborne Precautions:** Used in addition to Routine Practices for clients/patients/residents known or suspected of having an illness transmitted by the airborne route (i.e., by small droplet nuclei that remain suspended in the air and may be inhaled by others).

**Alcohol-Based Hand Rub (ABHR):** A liquid, gel or foam formulation of alcohol (e.g. ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water. Hand sanitizing with a 70-90% alcohol-based hand rub is the preferred method (when hands are not visibly soiled).

**Applicant:** A person who applies to a medical officer of health under section 2 of the Mandatory Blood Testing Act.

**Barrier:** Equipment or objects used to prevent exposure of skin, mucous membranes or clothing of staff to splashes or sprays of potentially infectious materials.

**Blood or body fluid (BBF) exposure:** An event where blood or potentially infectious body fluid comes into contact with skin, mucous membranes, or subcutaneous tissue (via percutaneous injury).

**Case:** An individual who is infected or colonized with an infectious agent.

**Chain of Transmission:** A model used to understand the infection process.

**Cleaning:** The physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

**Contact Precautions:** Used in addition to Routine Practices to reduce the risk of transmitting infectious agents via contact with an infectious person.

**Contamination:** Presence of an infectious agent on hands or on a surface, such as clothing, gloves, bedding, patient care equipment, dressings, etc.

**Designated Officer (DO):** A person identified in an emergency service (i.e., police, firefighters, ambulance) who is responsible for receiving and assessing reports regarding the possible exposure of an emergency service worker to an infectious disease of public health significance and then contacting the medical officer of health or designate.

**Direct Care:** Providing hands-on care to a client/patient/resident.

**Disinfection:** The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

**Droplet Precautions:** Used in addition to Routine Practices for clients/patients/residents known or suspected of having an infection that can be transmitted by large infectious droplets.

**Eye Protection:** A device that covers the eyes and is used by health care providers to protect the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two metres of a coughing client/patient/resident. Eye protection includes safety glasses, safety goggles, face shields and visors.

**Facial Protection:** Personal protective equipment that protect the mucous membranes of the eyes, nose and mouth from splashes or sprays or blood, body fluids, secretions or excretions. Facial protection may include a mask or respirator in conjunction with eye protection, or a face shield that covers eyes, nose and mouth.

**Hand Hygiene:** A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

**Health Care Provider:** 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 and home health care workers. In some non-acute settings, volunteers might provide care and would be included as health care providers.

**Infection:** The entry and multiplication of an infectious agent in the tissues of the host. Asymptomatic or subclinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).

**Diseases of Public Health Significance:** Diseases that are reportable to the Medical Officer of Health (Ontario Reg 135/18) under the Health Protection and Promotion Act.

**Infection Prevention and Control (IPAC):** Evidence-based practices and procedures that when applied consistently in health care settings, can prevent or reduce the risk of transmission of infectious agents to health care workers and other clients/patients/residents and visitors.

**Infectious Agent:** A microorganism, i.e., a bacterium, fungus, parasite, virus or prion, which is capable of invading body tissues and multiplying.

**Mask:** A device that covers the nose and mouth, is secured in the back and is used by health care providers to protect the mucous membranes of the nose and mouth.

**Mode of Transmission:** The method by which infectious agents spread from one person to another (e.g. contact, droplet, or airborne routes).

**Percutaneous exposure:** Blood or body fluid from one person is potentially introduced into the bloodstream of another person through the skin via needlestick, tattooing, body piercing, or other sharps injury.

**Personal Protective Equipment (PPE):** Clothing or equipment worn by health care providers for protection against hazards (e.g. gown, gloves, mask/95 respirator, face shield/eye goggles, etc.).

**Pre-hospital Care:** Acute emergency patient assessment and care delivered in an uncontrolled environment by a designated practitioner (e.g. Paramedics, fire, police), performing delegated medical acts at the beginning of the health care continuum.

**PIDAC:** Provincial Infectious Diseases Advisory Committee.

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

**Respondent:** The person who the applicant identifies as a person with whose bodily substance the applicant came into contact (Mandatory Blood Testing Act).

**Risk Assessment:** An evaluation of the interaction of the health care provider, the client/patient/resident and the client/patient/resident environment to assess and analyze the potential for exposure to infectious disease.

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

**Sharps:** Objects capable of causing punctures or cuts (e.g. needles, syringes, blades, clinical glass).

## References

[Mandatory Blood Testing Act, 2006](#)

[Ministry of Health and Long-Term Care, Ontario Public Health Standards \(current\)](#)

[Routine Practices and Additional Precautions in All Healthcare Settings, 3rd Edition](#)

[Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings, 3rd Edition](#)

[Best Practices for Environmental Cleaning for Prevention and Control of Infections – In All Health Care Settings, 3rd Edition](#)

[Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition](#)



HEALTH  
DEPARTMENT

**Durham Health Connection Line**  
**905-668-2020 or 1-800-841-2729**  
**[durham.ca/health](https://durham.ca/health)**



If you require this information in an accessible format, contact 1-800-841-2729.