

HEALTH AND SAFETY

PART 2 – CLINIC ORIENTATION – H&S PRINCIPLES AND PRACTICES IN THE CLINIC

JANUARY 2022

OVERVIEW

- General clinic safety principles and practices
- Infection prevention and control (IPAC)
- Use of personal protective equipment (PPE)
- Injury on duty
- Cleaning and disinfecting of clinic spaces and equipment

SAFETY IS EVERYONE'S RESPONSIBILITY

- If you see a hazard or concern – report it right away
- Keep your work station clear and clean
- Any safety incident or injury must be formally reported to the clinic coordinator – health and safety reporting forms are in the health and safety binder at each clinic
- A health and safety board and binder are at each clinic site for staff reference
- Health and safety inspections take place at all clinic sites



DRESSING FOR THE CLINIC

- Ensure you are dressed in layers and have clothes appropriate for the winter weather.
- Some clients may need to get their vaccine in their car which requires staff to go outside or you may also be asked to help support outdoor line management.
- Dress code is office casual.
- T-shirts – blue clinic T-shirts are available at each clinic – ask for one - to make yourself visible and easily identifiable to the public.
- Shoes – Only closed toe and heel shoes are permitted in the clinic – no open toed shoes, no slip ons, no sandals or slippers

INCLEMENT WEATHER

- The clinic procedure for Response to Inclement Weather will be followed:
- **Process for Cancelling a Clinic**
 - In the event of inclement weather, the regional public health manager or on the weekend the manager providing coverage will consult with the Acting VP of Immunization and the Medical Officer of Health (MOH) to determine if closure is warranted.
 - Staff Notification –email notification to all staff working
 - Public Notification –posted to SMDHU social media accounts, website, phone recording, radio
 - Cancellation notice sent via booking system to all those cancelled and include when rebooking will occur
- Casual staff will be paid 4 hours as per Policy OP0104 –Office Closure

CLINIC SAFETY PLANS

- Staff and client safety is our top priority
- Fire safety and evacuation plans are held by the facilities where clinics are housed
- Security guards are onsite at every clinic
- We have liaisons with each local police department in communities where clinics are being run
- Ongoing monitoring takes place at both provincial and local levels for indication of any planned disturbances at clinics. In the instance that you have protestors on-site: do not engage with them – the coordinators are trained to assess and respond and will engage security and/or police as needed

INFECTION PREVENTION AND CONTROL

INFECTION PREVENTION AND CONTROL (IPAC)

Routine Practices: Assume that all clients are potentially infectious even when asymptomatic.

Safe standards of practice prevent exposure to blood, bodily substances, secretions, excretions, mucus membranes, non-intact skin or soiled surfaces or equipment/devices.

Routine practices include:

- Point of Care Risk Assessment
- Hand Hygiene
- Respiratory Etiquette
- Use of Personal Protective Equipment (PPE)
- Cleaning and Disinfection of Surfaces/Equipment and Medical Devices
- IPAC Education and Staff Immunization

POINT OF CARE RISK ASSESSMENT

A point of care risk assessment (PCRA) assesses the task, the patient and the environment.

A PCRA is a dynamic risk assessment completed by the health care worker (HCW) **before every patient interaction** in order to determine whether there is risk of being exposed to an infection.

Performing a PCRA is the first step in Routine Practices, which are to be used with all patients, for all care and for all interactions.

A PCRA will help determine the correct PPE required to protect the healthcare worker in their interactions with the patient and the work environment

Questions to ask:

- Is the client ill/symptomatic?
- Will I come in contact with a clients mucus membrane, bodily substances or blood?
- Is there the potential for an accidental exposure with the client's blood or bodily substances?
- How experienced am I in performing this task?
- What is my own health status?
 - Open wounds or rash?
 - Symptomatic with any illness (fever or cough, loose stool)? Go home and get some rest!!
 - Fully immunized?

If any concerns noted with assessment, speak to manager immediately!




HAND HYGIENE

Allows removal of visible soil and/or killing of transient microorganisms from the hands while maintaining skin integrity.

For staff to perform effective hand hygiene:

- Nails must be kept clean, smooth edged and short.
- Nail polish, if worn, should be fresh and free of cracks or chips;
- Artificial nails or nail enhancements must not be worn when providing direct care to clients;
- It is preferred that rings and watches not be worn when providing direct care to clients;
- Hand and arm jewelry, including watches, should be removed or pushed up above the wrist before performing hand hygiene.

Hand Hygiene: Points To Remember



- Before putting on PPE, clean your hands
- When taking off PPE, clean your hands (including between steps)
- Use liquid soap and water or alcohol-based hand rub (60%-90% alcohol).
- Manufacturer's directions should be followed for application of alcohol-based hand rub.
- Rub hands actively for at least 15 seconds.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 preparedness and prevention in elementary and secondary (K-12) schools: infection prevention and control (IPAC) overview [Webinar]. Toronto, ON: Queen's Printer for Ontario; 2020 [presented 2020 Oct 21; cited 2021 Mar 5]. Available from: https://www.publichealthontario.ca/_media/events/presentations/2020/covid-19-toxic-preparedness-prevention-3-12-oct-11.pdf?item

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RESPIRATORY ETIQUETTE

- Droplets can travel 2 metres and then land on surfaces.
- Medical face masks are mandatory in the clinic setting
- In addition:
- Prevent the spread of respiratory infections by staying home when symptomatic
- Cover a cough / sneeze with your inner elbow
- Toss used Kleenex immediately into the garbage.
- Conduct hand hygiene after coughing / sneezing or touching face

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- PPE is used alone or in combination to prevent exposures to potential sources of infection by placing a barrier between the source and one's own mucous membranes, airways, skin and clothing.
- PPE in the COVID-19 Vaccine Clinic setting includes:
 - Always - medical mask (surgical or procedural) to protect the inside of the nose and mouth from spray or droplets
 - Always - eye protection (goggles, face shield) to protect the eyes from spray or droplets
 - Sometimes - gloves to protect the hands from contact with body fluids, secretions, excretions and contaminated surfaces; also used for cleaning purposes
 - Rarely - gowns to protect clothing from potential contamination in higher risk circumstances
- A risk assessment allows staff to choose the appropriate PPE for the task.
 - Eg: Screener - assesses risk of exposure to / transmission of COVID-19
 - wears full PPE (gown, goggles/shield, mask, gloves)
 - Eg: Immunizer - brief interaction with client screened as low-risk
 - wears goggles / face shield and mask to protect against any droplet exposure, uses gloves for cleaning workstation or equipment and for contact with potentially contaminated surfaces
- Always conduct hand hygiene before and after wearing PPE.



MASKS



- Protects the mucous membrane of the nose and mouth when it is anticipated that a procedure or activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions or within 2 metres of a coughing client.
- Masks are NOT respirators.
- All clients need to wear a medical mask into the clinic. If they arrive with anything less than this standard, we will require them to add a medical mask overtop of the mask they came with - if they do not have one we will provide them with one prior to entering the building.
- Medical masks are provided for all staff within clinics – they are 3-layered and are appropriate for our use based on current guidance. Non-fit tested N95's are available in clinics for staff who are unable to achieve a good fit with the medical masks being provided.

HOW TO WEAR MEDICAL MASK



Clean your hands with soap and water or hand sanitizer



Hold the mask by the ear loops and place a loop around each ear



Mold or pinch the stiff edge to the shape of your nose



Pull the bottom of the mask over your mouth and chin



Avoid touching the front of the mask when wearing

HOW TO REMOVE MEDICAL MASK



Clean your hands with soap and water or hand sanitizer



Avoid touching the front of the mask. Only touch the ear loops



Hold both of the ear loops and gently lift and remove the mask



Throw the mask in the trash



Clean your hands with soap and water or hand sanitizer

How do I Wear a Mask Correctly?



How Do I Take Care Of My Mask?

- Store mask appropriately
 - folded inward, stored in clean/dry bag or cleanable container
- Change mask when damp, dirty or damaged



EYE PROTECTION



- Protects the eyes when it is anticipated that a procedure or activity is likely to generate splashes or sprays of blood or bodily substances or wear within 2 metres of a coughing client.
- Eye protection may be single use or may be be disinfected with Optim 33 for 1 minute.
- Eye protection must be immediately removed after completing the task and disposed of appropriately.
- Eye protection includes:
 - Safety glasses or goggles
 - Face shields
 - Visors attached to masks
- Note: prescription eye glasses are NOT adequate eye protection, they can be worn under eye protection.

How Do I Put On Mask and Eye Protection?

1. Clean hands.
2. Place loops of the mask over each ear.
3. Bend the nose bar over the bridge of the nose so that the mask fits snugly over the nose and mouth and prevent fluid penetration.
4. Put on face shield and adjust to fit. Be sure the face shield fit over your brow.
5. Clean hands.

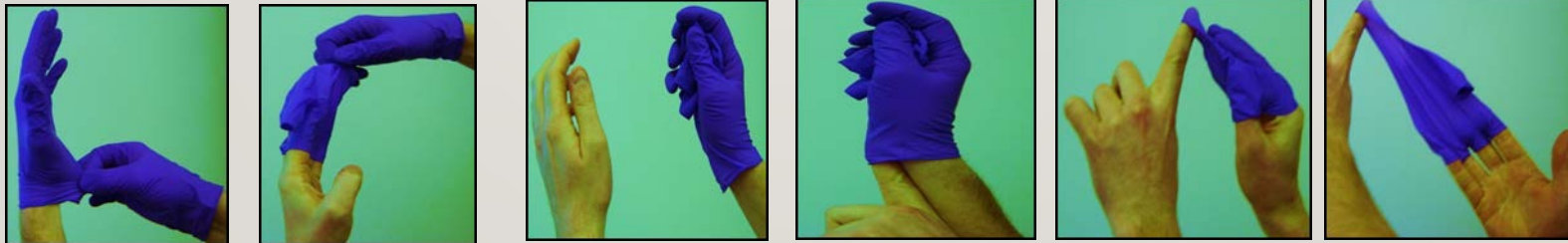
Ontario Agency for Health Protection and Promotion (Public Health Ontario). Steps to put on a mask and eye protection [Internet]. Toronto, ON: Queen's Printer for Ontario; 2013 [cited 2021 Mar 5]. Available from: <https://www.publichealthontario.ca/-/media/documents/e/2013/ect-mask-donning.pdf?la=en>

GLOVES

- If it's wet and it's not yours – wear gloves!
- Worn when likely to come in contact with any blood, body fluids, non-intact skin, or contaminated equipment.
- Not for direct contact with intact skin.
- Gloves are TASK specific and SINGLE USE.
- Appropriate glove use.
 - Wear the correct size.
 - Conduct hand hygiene before and after glove use.
 - Ensure hands are dry before putting on gloves.
 - Put on gloves immediately before the indicated activity.
 - Change gloves if moving from a contaminated area to a clean area.
 - **Do not** wash / sanitize or re-use gloves.
 - Dispose of gloves appropriately (plastic-lined waste receptacle).

GLOVE REMOVAL

- Prevent contamination of hands when removing gloves.
 1. Glove to glove/skin to skin technique.
 2. Grasp outside edge near the wrist and peel away, rolling the glove inside out.
 3. Reach under the second glove and peel away inside out.
 4. Discard immediately.
 5. Conduct Hand Hygiene.



GOWNS

- Gowns are TASK specific and SINGLE USE.
- Gowns are worn in-clinic:
 - when interacting with clients who have not yet been screened for COVID-19 symptoms /exposures
 - When cleaning up a blood or body fluid spill
 - At the discretion of the health care provider based on risk assessment related to potential for exposure to infectious substances



REMOVAL OF GOWN

- Prevent contamination of clothing or skin.
 1. Undo neck ties.
 2. Outer “contaminated” side of the gown is pulled forward and turned inward.
 3. Roll gown off arms into a bundle.
 4. Discard immediately.




INJURY ON DUTY

If you are injured while working at the clinic, notify the coordinator immediately.

Various types of injuries:

- Overexertion/repetitive stress
- Slips, trips, falls
- Patient handling activities (assisting a fainting client)
- Needle stick injury (clean or dirty needle stick is still an injury)

What to do when injured:

- inform clinic coordinator and clinic manager or have the coordinator call the manager
 - follow first aid procedures or policy depending on the nature of the injury
 - for injuries requiring health care assessment/medical attention – need to bring WSIB forms to be completed by the HCP and to be submitted to human resources
 - Complete incident report form and submit to your reporting manager
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BLOOD AND BODY FLUID EXPOSURES



CLEAN UP OF BLOOD / BODILY FLUIDS

- **Conduct a Risk Assessment (Exposure to Blood Borne Pathogens)**
- Inspect area and restrict activity (remove student)
- Gather Supplies
(Blood Spills Kit: gloves, goggles, paper towels, Optim wipes – kits are at every clinic)
- Conduct Hand Hygiene and put on PPE
- Use tongs to remove sharps and dispose in sharps container
- Use Red Z Gel to solidify substance and remove waste with scoop
- Clean with paper towels
- Use Optim Wipes to clean area of remaining substance first for 30 sec
- Use Optim Wipes to disinfect area remaining wet for 5 minutes
- Discard items with blood in a biohazard bag
- Discard items with urine, feces, or vomit in a garbage bag or in toilet if applicable.
- Take off PPE and conduct hand hygiene with ABHR
- Document Incident

NEEDLESTICK INJURY

- If you experience a needlestick injury
 - Allow the wound to bleed freely
 - Wash area well with soap and water
 - If it was a clean needle – apply band-aid, and determine if comfortable continuing to work; complete incident report
 - If it was a contaminated needle – complete incident report and obtain WSIB forms from clinic coordinator and follow policy and procedures for seeking timely assessment, counseling and care

EXPOSURE TO BLOOD AND BODY FLUIDS

MANDATORY BLOOD TESTING ACT

The Act may be applicable in the event of a needlestick injury:

The [Mandatory Blood Testing Act](#) (MBTA) allows eligible persons (the “Applicant”) to apply (within 7 days after being exposed) to the Medical Officer of Health to have a blood sample of another person whose bodily substance they have come into contact with (the “Respondent”) tested for HIV, hepatitis B, and hepatitis C.

This reduces the time it takes to get results and allows individuals to make informed decisions about treatment that help to prevent them from getting sick.

The Act applies to nurses, physicians, paramedics (and respective students), firefighters, police, those working in corrections, those providing emergency health care services or emergency first aid.

1. While seeking out medical attention, inform the health care provider that you would like to apply for the Mandatory Blood Testing Act. The physician will need to fill out [Form 1 – Physician Report Pursuant to the Mandatory Blood Testing Act, 2006](#).
2. You, the applicant, will need to fill out [Form 2 – Applicant Report Pursuant to the Mandatory Blood Testing Act, 2006](#).
3. Once both are filled out, the two forms must be submitted together to the Health Unit within 7 days of being exposed.

CLEANING AND MAINTAINING YOUR WORKSPACE



CLEANING THE CLINIC SPACE

Always clean and disinfect surfaces used for immunizations on arrival, when visibly soiled and before leaving premise.

Optim 33 TB Wipes

Active Chemistry

- 0.5% Accelerate Hydrogen Peroxide.

Contact time on surface to kill Infections

- 1 minute bactericidal and virucidal
- 5 minute TB claim
- 24 month shelf life. Follow expiry date on product.



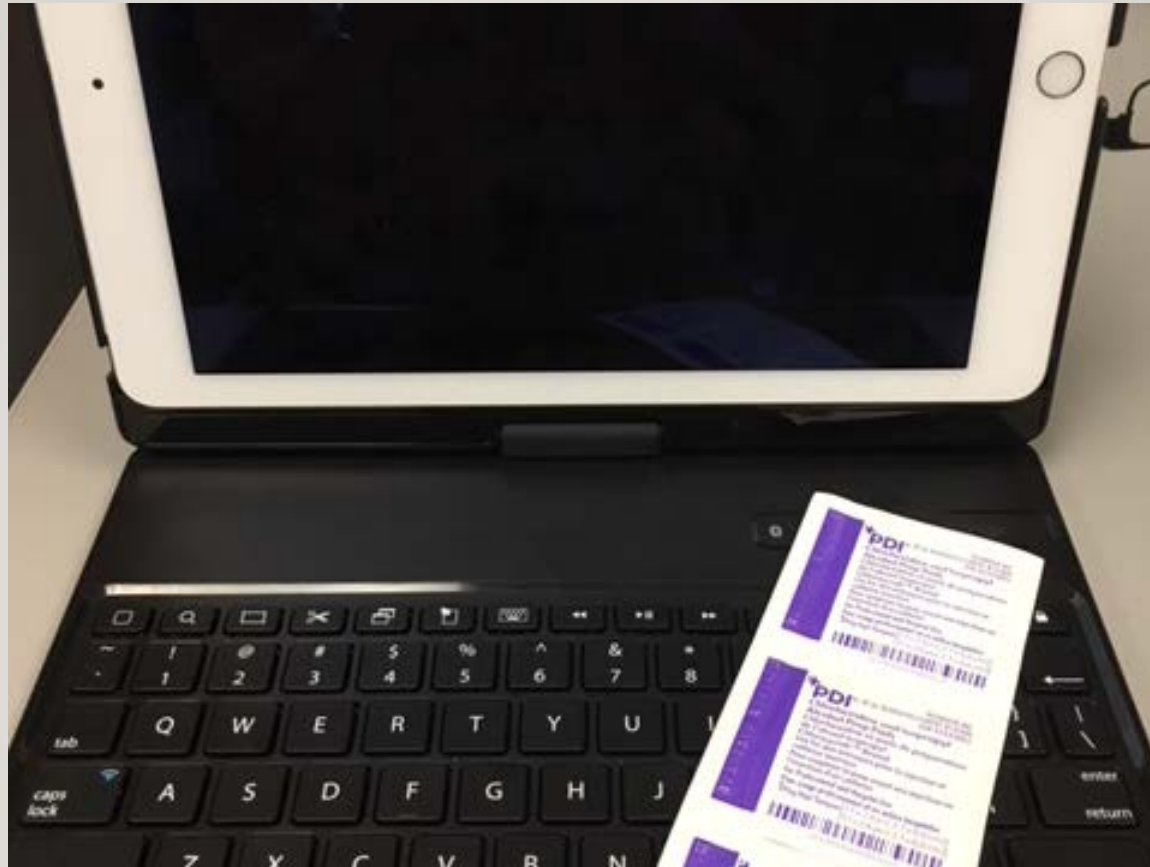
CLEANING AND DISINFECTION OF SURFACES AND MEDICAL DEVICES

- Wear gloves when handling OPTIM wipes
- Clean surface first using friction to remove visible dirt
- Use a second wipe and allow surface to remain wet for 1 minute.
- Allow surface to air dry
- Dispose of gloves
- Conduct hand hygiene

Regular cleaning should take place for tables, chairs, other high touch surfaces in the clinic and for any medical equipment that is used (eg: floor mats, BP cuffs, stethoscopes)

We are all responsible for maintaining a clean environment in the clinic





Sani wipe equipment wipes can be used to wipe down IT equipment (iPads/laptops) at the beginning of your shift and as needed throughout the clinic and at the end of clinic