



# Designated Officer Manual

Version 2.0

May 2023





### **Contacting the Medical Officer of Health**

With respect to reporting to the Medical Officer of Health, all calls should be directed to the:

Infectious Diseases program

(807) 625-8318 or 1-888-294-6630, ext. 8318.

Once contacted, staff from the Infectious Diseases program will alert the Medical Officer of Health.

### **After Business Hours**

If calling after regular business hours (before 8:30am and after 4:30 pm), please contact Nurses' Registry Thunder Bay at (807) 623-7451. Information will then be forwarded to the Health Unit's case manager for investigation.



## INTRODUCTION

The purpose of this manual is to ensure that a designated officer (DO) or alternate from every Ontario emergency service is trained in the assessment of communicable disease exposures and educated in the correct steps to take if an exposure is assessed as high risk. The roles, responsibilities and follow up procedures are specified and clarified. The DO or the alternate will act as the point of contact between the emergency service worker (ESW) or justice service worker (JSW) and the Thunder Bay District Health Unit - Infectious Disease department. ESW's and JSW's are called to react and perform their job function in environments that are often uncontrolled and where an exposure to a communicable disease may occur. This manual was developed to include the resources needed by the DO or alternative to effectively assess and manage situations where an ESW/JSW has had an exposure and the risk of transmission of a communicable disease needs to be assessed and decisions made regarding appropriate interventions.

**This manual is adapted, with permission, from Niagara Public Health. The decision trees found in this manual were provided, with permission, from Public Services Health & Safety Association**



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## **SECTION 1: ROLES AND RESPONSIBILITIES**

### **1.1 Emergency Service Agency:**

- Appoints Designated Officer (DO).
- Sets standards of practice, provides training, and ensures access to appropriate personal protective equipment.
- Ensures that employees are aware of who the Designated Officer is at their place of work, and how they can be contacted.
- Advises the Infectious Disease Program at the Thunder Bay District Health Unit of any new appointments of DO(s).

### **1.2 Emergency Service Worker (ESW)**

- Responsible for their own personal safety.
- Work in compliance with workplace health & safety policies
- Is aware of the risk of exposure to Communicable diseases during performance of their duties, and understands how to prevent or minimize the risk of exposure.
- Prevents exposures by using routine practices, and appropriate procedures and/or personal protective equipment.
- Reports any possible exposure immediately to the Designated Officer.

### **1.3 Designated Officer**

- Receives and documents reports of exposure from ESW.
- Assesses the situation and determines if a high-risk exposure has occurred.
- Refers to Designated Officer Resource Manual regarding assessment for post-exposure and recommendations for action.
- Liaise with PHU and provides details of the incident, if assistance is needed.
- Relays recommendations for post exposure follow-up to any exposed worker(s).
- Notifies the worker(s) if the Health Unit advises that a worker has been exposed to an infectious disease.

### **1.4 Public Health Unit**

- Representative of Medical Officer of Health
- Responsible for community disease surveillance, and case and contact management of all reportable diseases.
- Reports potential workplace exposures to Designated officer if found during contact management investigations
- Acts as a resource to the Designate Officer, providing;
  - Information about risks and exposure follow up of specific diseases
  - Direct communication with exposed workers when needed
  - Advice and guidance



## **SECTION 2: EXPOSURES AND FOLLOW-UP PROCEDURES**

### **2.1 Notifications**

Notification of a possible exposure to an infectious disease may occur in either of the following methods listed below. The procedure for assessing possible exposures following notification is reviewed for each section.

#### **Method 1 — Notification Initiated by an Emergency Service Worker (ESW)**

If an ESW is concerned about a possible or known exposure to an infectious disease while offering emergency services, the ESW should notify a Designated Officer (DO) immediately and complete the appropriate agency specific forms. The DO will assess the exposure based on the information provided by the ESW, and determine whether the ESW is at risk.

The decision tree on page 5 outlines the actions that should follow. The actions depend on the assessment of the DO and whether or not risk has been established.

When a high-risk exposure is identified, the DO will report the incident to the PHU, who will review the exposure and provide follow up as soon as possible. The DO will provide advice and counselling to the exposed worker, with support of the PHU where needed.

NOTE: If risk is not established and the DO is unsure of the appropriate recommendations (e.g. counseling, educational resources, infection control procedures), the DO should phone the Health Unit for support.

#### **Method 2— Notification Initiated by the Health Unit**

In the course of routine case management for infectious diseases, the Health Unit may receive a report of an infectious disease where there is a concern that ESW's could have been exposed. The decision tree on page 6 outlines the actions that will follow.

The notification of possible exposures may come to the Thunder Bay District Health Unit from several different sources (e.g. physicians, hospitals or other health units). The Thunder Bay District Health Unit routinely follows up reports of specific infectious diseases and inquiries regarding potential contacts.

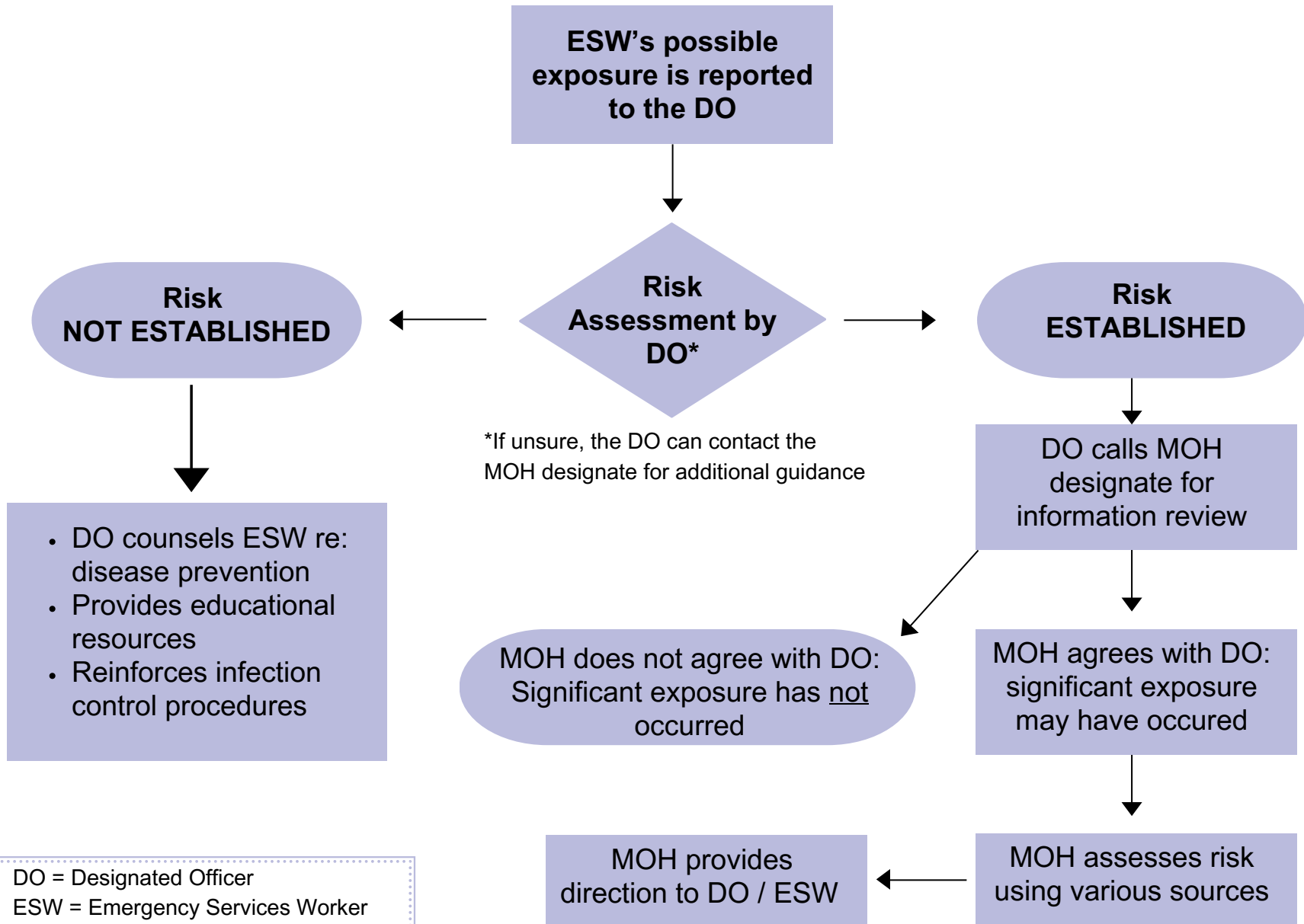
The Thunder Bay District Health Unit will notify the ESW of the possible exposure. Notification will include recommendations for action or prophylactic medications (i.e. antibiotics) if necessary.

There may be situations in which the PHU is made aware of an exposure to a group of ESW's. In this instance, the DO will be the point of contact, and will assist the Health Unit to determine which workers have been exposed.





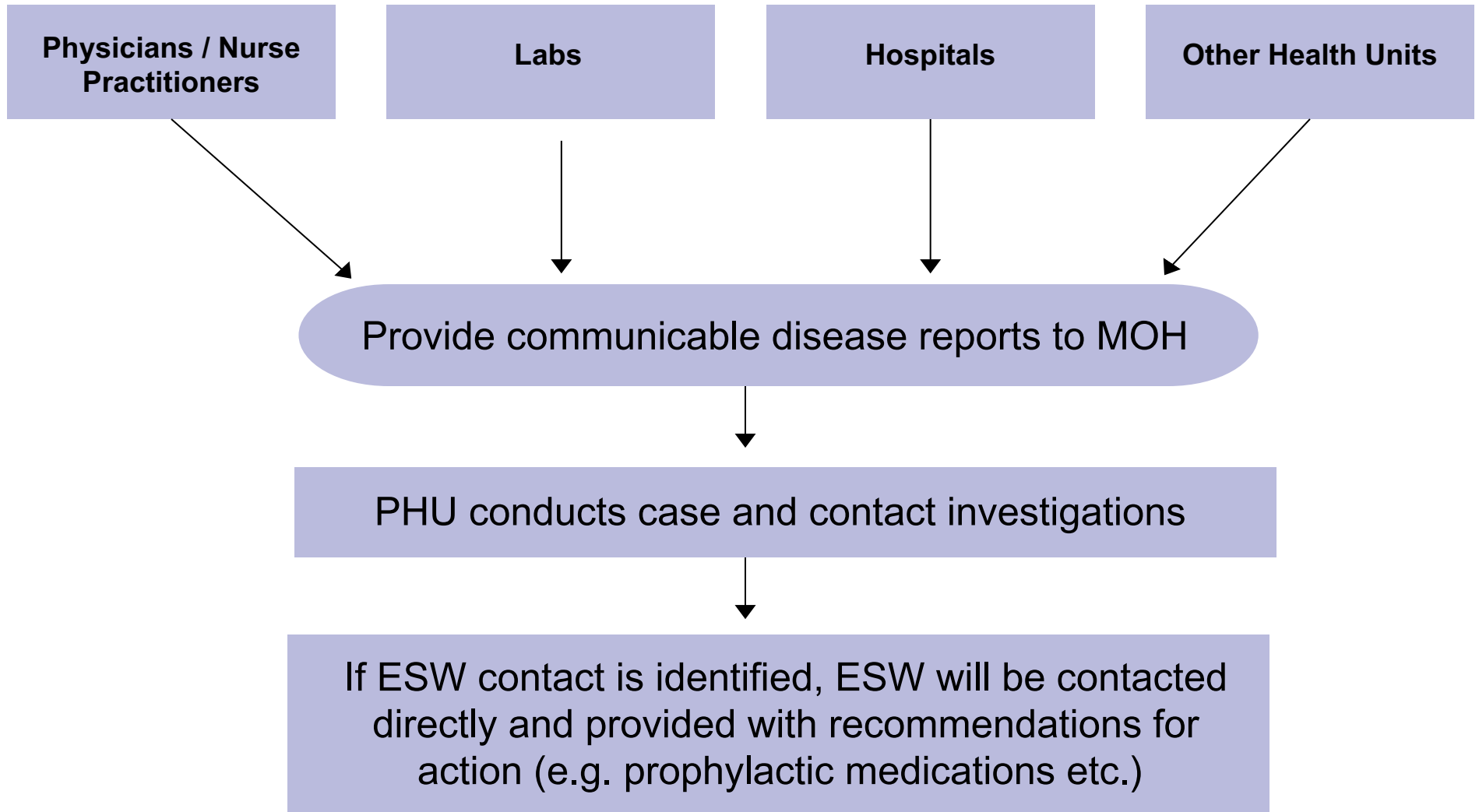
# Method 1 - Notification Initiated by an Emergency Service Worker



DO = Designated Officer  
 ESW = Emergency Services Worker  
 MOH = Medical Officer of Health or designate (Infectious Disease Team)



# Method 2 - Notification Initiated by the Public Health Unit



DO = Designated Officer  
ESW = Emergency Services Worker  
MOH = Medical Officer of Health or designate (Infectious Disease Team)

## 2.2 High Risk Assessment Guide

### High Risk Exposure Definition

An exposure is considered to be high risk when there is potential for the emergency service worker to be infected. It is especially important to identify when an exposure may put the worker at risk for communicable diseases, which may be life threatening, or have long-term health consequences.

### Assessing an Exposure

The DO is responsible for interviewing the worker to determine if a high-risk exposure has occurred. Ideally, this should occur as close to the incident as possible. The Designated Officer should assess:

- The nature of the exposure
- If the worker is up-to-date on relevant vaccinations.
- Precautions used during the incident.
- Any body fluids the worker was exposed to
- The length and duration of contact

### Factors that Influence Overall Risk of Exposure

- Infectious agent involved: some agents are more infectious than others (e.g. Measles is much more contagious than tuberculosis)
- Type of exposure: E.g., cut vs splash. The infectious agent must have been able to gain access to the body.
- Amount of body fluid: the higher volume of blood or body fluids, the higher the risk of transmission.
- How infectious the host is: for example, low HIV viral loads or few Tuberculosis bacteria levels indicate the risk of transmission is lower.
- Length of time exposed: some infectious agents may take as little as a few minutes of exposure to infect a susceptible host, while others require prolonged contact to put the host at risk of infection
- Susceptibility of the worker: those who are immunized are much less at risk compared to those who are up to date on their vaccinations. Keep in mind, some individuals may have medical conditions or take medication that lowers their immune system – this should also be taken into account when assessing risk.

### Documentation

There are no requirements to submit reports or paperwork to the Health Unit when assessing an exposure; however, assessment forms can be very helpful to ensure the Designated Officer is asking the right questions and is considering all relevant factors. See the sample Exposure Assessment Form on the next page for an example. Each agency is responsible for determining what documentation is required of their DO.



# SAMPLE – Designated Officer Exposure Form

Name of Exposed Person: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: (C) \_\_\_\_\_ (H) \_\_\_\_\_  M  F

Name of Designated Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Date & Time of Exposure: \_\_\_\_\_

Location of Exposure: \_\_\_\_\_

## Section 1 – Exposure Information

### 1. Body fluid exposed to?

Blood  Vomit  Urine/Feces  Wound drainage  Saliva/Droplets

2. How long was the contact / exposure? \_\_\_\_\_

### 3. Type of Exposure

- Needle stick / puncture by sharp object  
Any visible blood on object?  Yes  No
- Splash into eyes or mouth
- Laceration to the skin
- Non-intact skin exposed to blood / body fluid
- Close contact with someone with cough and/or fever
- Mouth to mouth resuscitation without barrier device
- Human, animal or insect bite  
Is the skin broken?  Yes  No
- Other: (Describe in detail): \_\_\_\_\_  
\_\_\_\_\_

### 4. Was personal protective equipment worn during incident? (Check all that apply):

- Goggles  Gloves  Surgical Mask  N-95 Mask  Apron or protective clothing
- Other: (Describe in detail): \_\_\_\_\_  
\_\_\_\_\_

### 5. Additional Information – What other information is available that will help assess the risk of exposure? (e.g. suspected diagnosis of the source)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2 – Emergency Services Worker’s Immune Status

Hepatitis B Vaccination Status

Date of Series: 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ 3. \_\_\_/\_\_\_/\_\_\_

Antibody level: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Tetanus/Diphtheria (every 10 years): Date of immunization: \_\_\_/\_\_\_/\_\_\_

Measles, mumps, rubella: Date of Series: 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_

## Section 3 – Assessment by Designated Officer

1. Did a significant exposure occur?

- Yes
  - Blood borne
  - Respiratory
- No

2. Was the Medical Officer of Health or their designate contacted?

- Yes
- No

3. What advice was given to the worker?

- Reassurance
- Reinforce infection control procedures
- Informed that an exposure has occurred
- Follow-up with family physician
- Seek medical attention at nearest hospital emergency
- Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Additional Information / Follow-up?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Designated Officer

\_\_\_\_\_  
Date



## 2.3 Diseases Spread by Blood Borne Route Sites

### Blood and Body Fluids:

A blood borne exposure occurs when body fluids such as blood, semen, or vaginal fluid enters the body of another person. If the individual has a known infectious disease history, or if their status is unknown, a high-risk exposure has occurred.

These fluids may be infected with:

#### *Human Immunodeficiency Virus (HIV)*

HIV, the virus that causes AIDS, attacks and seriously damages the body's immune system. An individual who is infected with HIV may suffer more frequent minor illnesses than someone with an intact immune system, and will also be more likely to develop serious health problems such as pneumonia and certain types of cancer. They can also pass this virus on to others for the rest of their lives.

#### *Hepatitis B*

Hepatitis B virus (HBV) is a virus that is found in blood, vaginal secretions and semen of people who carry the virus. Only a small percentage of people who get this virus will become ill, and some will carry the virus for the rest of their lives. Most people will recover from the infection, and not carry the virus. The virus affects the liver of those who are infected and those who are carriers of the virus. Hepatitis B can be prevented through vaccination.

#### *Hepatitis C*

Hepatitis C virus (HCV) is a virus that is found in blood. Only some of the people who are infected will become ill within weeks or months of exposure, most of the time the illness is mild. Most people who are infected have no symptoms, but carry the virus and can give it to others. People who carry this virus are at risk of developing liver disease (cirrhosis) or liver cancer over time.

### Exposure Can Occur:

An exposure to these 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.
- Damaged skin (rash, or open wound), that comes in contact with body fluid.
- Splashing of blood or body fluids into the mouth or eye.
- Splashing of mouth, eye, or open wound with body fluid (i.e. vomit) that has blood in it.
- A bite that breaks the skin.



## **Exposure Does Not Occur:**

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 intact skin.
- Blood or body fluids coming in contact with protective clothing.
- Splashing of blood or body fluids into the face where a mask and goggles are worn.

## **Assessing the exposure:**

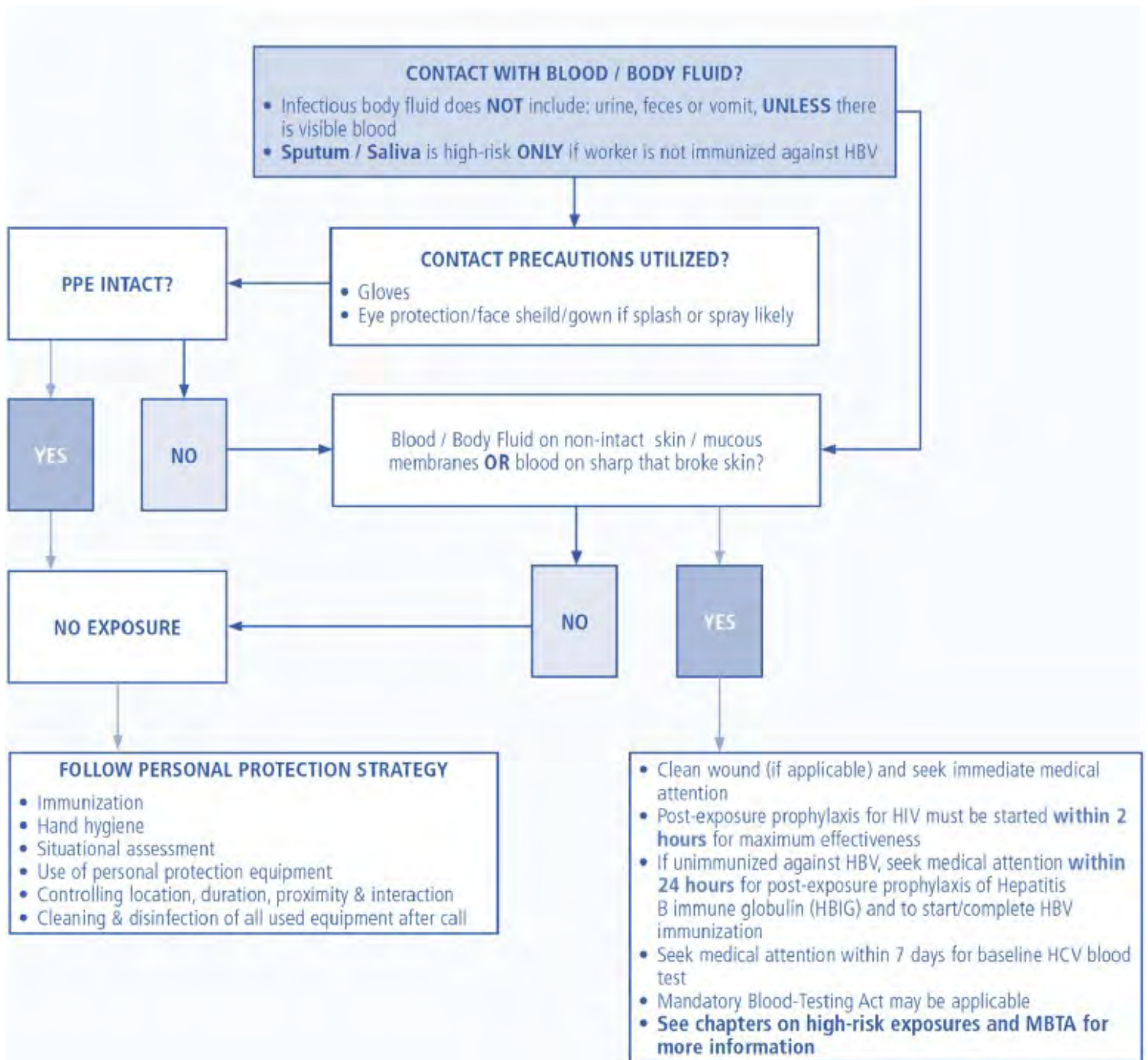
1. Did the blood or body fluid enter the ESW's body-through a break in the skin or through mucosal lining (eyes, mouth)?
2. Has the ESW been immunized for Hepatitis B? (Even with immunization there is a small risk that a person is not fully immune to Hepatitis B, antibody levels can be measured to ensure immunity)?

## **ACTIONS:**

1. ESW notifies DO to provide information on the exposure.
2. If there has been an exposure to blood or body fluids, the ESW should go immediately to one of the Hospital Emergency Departments for a medical assessment by a physician.
3. If the Emergency room physician examines the ESW and determines that an exposure has occurred, the ESW should have baseline testing for HIV, Hepatitis B and Hepatitis C. If the blood tests are negative, they should be repeated at three months and six months after the exposure. Baseline testing is important to assess infection from the exposure.
4. The physician who assesses the ESW will determine the need for prophylactic treatment or vaccination to prevent infection from occurring.
5. The ESW should be counselled that certain precautions be taken to protect others until the ESW is certain that he/she has not been infected (this may take several months).
  - Practice safer sex by using a latex condom with non-petroleum based 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.
  - Speak to your Physician if you are considering becoming pregnant.
  - Speak to your Physician if you are breastfeeding and considering taking HIV medications.



## 2.4 Decision Tree: Diseases Spread by Blood Borne Route Sites





## 2.5 Diseases Spread by Respiratory Droplets and/or Direct Contact

Droplet transmission occurs when a virus or bacteria travels on droplets generated from the respiratory tract of an infected individual. These droplets may be inhaled by a susceptible host, or land directly on unprotected mucous membranes such as the eyes, nose or mouth. They may also land on objects and be picked up by touch.

When picked up by touch, an infectious agent can enter the body when the individual touches their eyes, nose or mouth with their contaminated hands. This is referred to as contact transmission.

Some examples include;

### *Meningococcal Disease (meningitis)*

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. Two serious forms of the disease are meningitis and meningococemia. Meningococcal meningitis occurs when the bacteria inflame the membrane that surrounds the brain and spinal cord.

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

There are two serious forms of GAS infection. “Streptococcal Toxic Shock Syndrome” is a severe infection associated with shock and multi-organ failure. “Necrotizing Fasciitis” or “flesh-eating disease” is a soft tissue infection characterized by rapidly spreading inflammation and breakdown necrosis of muscle fascia (covering of the muscles) and fat.

### **Exposure Can Occur:**

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 or sneezes directly into the face of an ESW without proper PPE (mask and eyewear).
- Suctioning or intubation without proper PPE (mask and eyewear) where nasal or oral secretions come in contact with mucous membranes.
- Contact with fluid from a wound without proper PPE.

### **Exposure Does Not Occur:**

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, nasal secretions or fluid from a wound of someone with these infections.
- Routine practice is used.
- Being in an enclosed space with someone who has one of these infections.



**Assessing the exposure:**

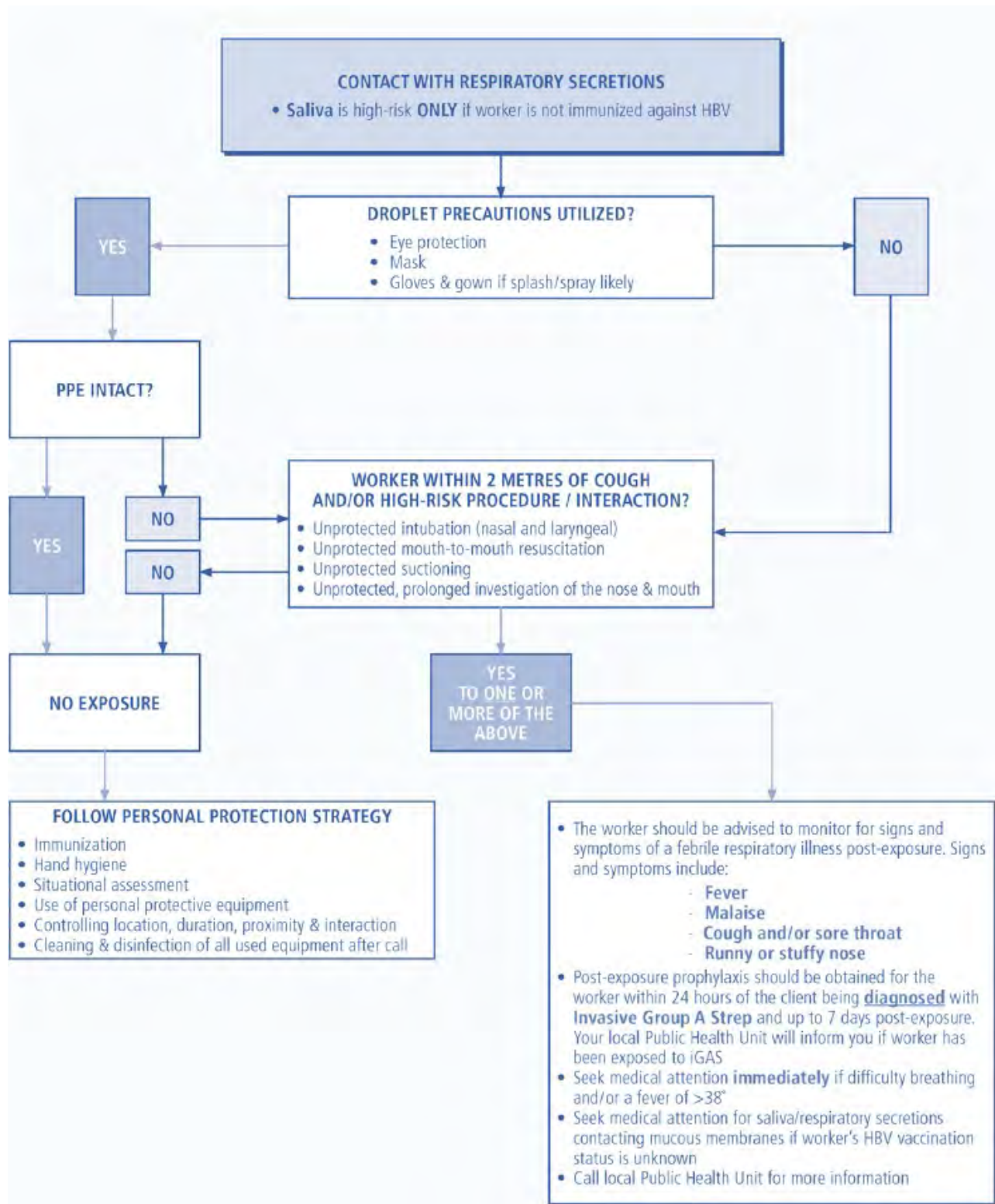
1. Did the ESW perform any procedures that put him/her in direct contact with oral/nasal secretions?
2. Did the ESW wear appropriate personal protective equipment (PPE)?
3. Did the ESW have any broken areas on their skin?

**Actions:**

1. The ESW should notify the DO immediately. The DO should notify the Infectious Disease team at the Thunder Bay District Health Unit who can help advise if preventative antibiotics or vaccinations are recommended.
2. The ESW should seek assessment from his/her family physician as soon as possible. Prophylactic medication may be recommended for ESW's in direct contact with oral/nasal secretions or direct contact with lesions with inappropriate PPE.
3. Prophylactic medication is not routinely indicated for ESW's unless there is a confirmed exposure.



## 2.6 Decision Tree: Diseases Spread by Respiratory Droplets and/or Direct Contact



\* Definition of prophylaxis: Action taken (e.g. antibiotics) to prevent disease.



## 2.7 Diseases Spread By Airborne Route

Small bacteria and viruses (for example: tuberculosis, measles and chicken pox) can be spread through the air. These microorganisms are so small that they can float in the air and can be spread through coughing, sneezing, laughing, talking and singing.

### *Active Tuberculosis (TB)*

Tuberculosis (TB) is caused when tiny bacteria, that infect the lungs, cause infection. Most people with TB infection will not get sick or spread TB to others (latent TB infection). Latent TB infection (LBTI) occurs when the TB bacteria lives in your body but does not make you sick. For those who do get sick with TB, the illness may occur months or years later (TB disease). TB disease occurs when TB bacteria are multiplying in your body. TB is treatable with medications. TB usually attacks the lungs, but it can affect any organ including the brain, kidneys or spine. Extra pulmonary TB (TB outside the lungs) is not infectious.

### *Measles*

Measles is a highly contagious virus, which spreads easily through the air and can contaminate surfaces. It can survive in the air and on surfaces for up to 2 hours, even after an infected person has left the room. Symptoms include red blotchy rash, fever, cough, runny nose, red eyes and fatigue. Measles can cause severe complications such as pneumonia, blindness, and swelling of the brain. It is vaccine preventable.

### **Exposure Can Occur:**

An exposure to TB can occur when:

- Enclosed in a confined area (e.g. ambulance, car) over a long period of time with an individual who is coughing vigorously.
- Giving mouth-to-mouth resuscitation without barrier protection.

An exposure to Measles can occur when:

- An ESW has shared the same airspace with someone diagnosed with measles without full PPE

### **Exposure is Unlikely to Occur:**

An exposure is unlikely to occur when:

- ESW is confined in an enclosed area with a coughing individual, when either or both are wearing an N-95 mask that covers mouth and nose (for near 100% protection, use an appropriately fit tested mask).
- Mouth-to-mouth resuscitation was performed using barrier protection or bag valve.

### **Assessing the exposure:**

Assessing exposure:

1. How often, and for how long was the ESW in contact with the individual?
2. How close was the ESW to the individual?
3. Did the ESW perform any procedures that put him/her in face to face contact with the individual?



4. Was the ESW in a confined space with the patient?
5. Was there any air circulation?
6. Did the ESW use appropriate PPE?

**ACTIONS:**

1. ESW should notify DO immediately.
2. ESW should see family physician for assessment of exposure.
3. Testing for TB usually includes skin testing done after exposure and again at 8 weeks. The test must be read 48-72 hours later by a doctor or nurse. 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 or other tests indicative of infection, medications may be recommended.
4. The PHU will assess the workers measles vaccination history to determine if preventative vaccination is indicated.



## **SECTION 3: Bill 28/Mandatory Blood Testing Act**

### **3.1: Background**

The Mandatory Blood Testing Act, 2006 (MBTA) allows individuals who have come into contact with the bodily substances of another person to make an application under the Act to determine the HIV, Hepatitis B or Hepatitis C status of the source individual.

The MBTA, received Royal Assent on December 20, 2006, and came into force on August 10, 2007. Both the Act and Ontario Regulation 449/07 (the Regulation), made under the Act, establish the requirements and procedures which must be followed with respect to an application for mandatory blood testing.

Amendments to the Act and MBTA process were put in place 1 July 2023 with the objective of improved process timelines, stricter enforcement and improved applicant and respondent experiences. At this time, oversight of the MBTA was transferred from the Ministry of the Solicitor General to the Ministry of Health.

### **3.2 Definitions**

Applicant: The individual who applies to the medical Officer of Health

Respondent: The person who the applicant identifies as person whose bodily substance the applicant came into contact

Communicable Disease: HIV/AIDS, Hepatitis B, and Hepatitis C

### **3.3 Eligibility Criteria**

Under the MBTA, you are eligible to apply if you:

- Have been a victim of a crime
- Provided emergency health care services or first aid to another person
- Belong to any of the following groups:
  - Employees in a correctional institution, place of open custody or place of secure custody
  - Police officer, civilian employees of a policed 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



### **3.4 Application Process**

If an applicant believes they have been exposed to the bodily fluids of another person, and they are eligible to apply, the applicant should complete the application forms and submit to the Medical Officer of Health *in the respondent's local Public Health Unit* no more than **30 calendar days** after the occurrence.

Forms for the applicant to complete are:

Form 1 – Physician Report

Form 2 – Applicant Report

All forms are now available online through the Central Forms Repository at:  
[forms.mgcs.gov.on.ca](http://forms.mgcs.gov.on.ca)

### **3.5 Role of the Medical Officer of Health / Public Health Unit**

The Medical Officer of Health or their designate screens applications to make sure they meet the requirements of the act. If the requirements are met, the Medical Officer of Health will immediately refer the application to the Consent and Capacity Board. The MOH or designate will attempt to contact the respondent and request that the respondent provide a voluntary blood sample for analysis. They will also maintain contact with the Applicant as the applications proceed through the various stages.

\* NOTE: The Medical Officer of Health can continue to seek voluntary compliance even after the application is referred to the Consent and Capacity Board, and will notify the Board and withdraw the referral of the application if they are successful.

### **3.6 Role of the Consent and Capacity Board**

The Consent and Capacity Board is an independent body that conducts hearings under the Mental Health Act, the Health Care Consent Act, the Personal Health Information Protection Act and the Substitute Decisions Act. The members of the Board include psychiatrists, lawyers and members of the general public.

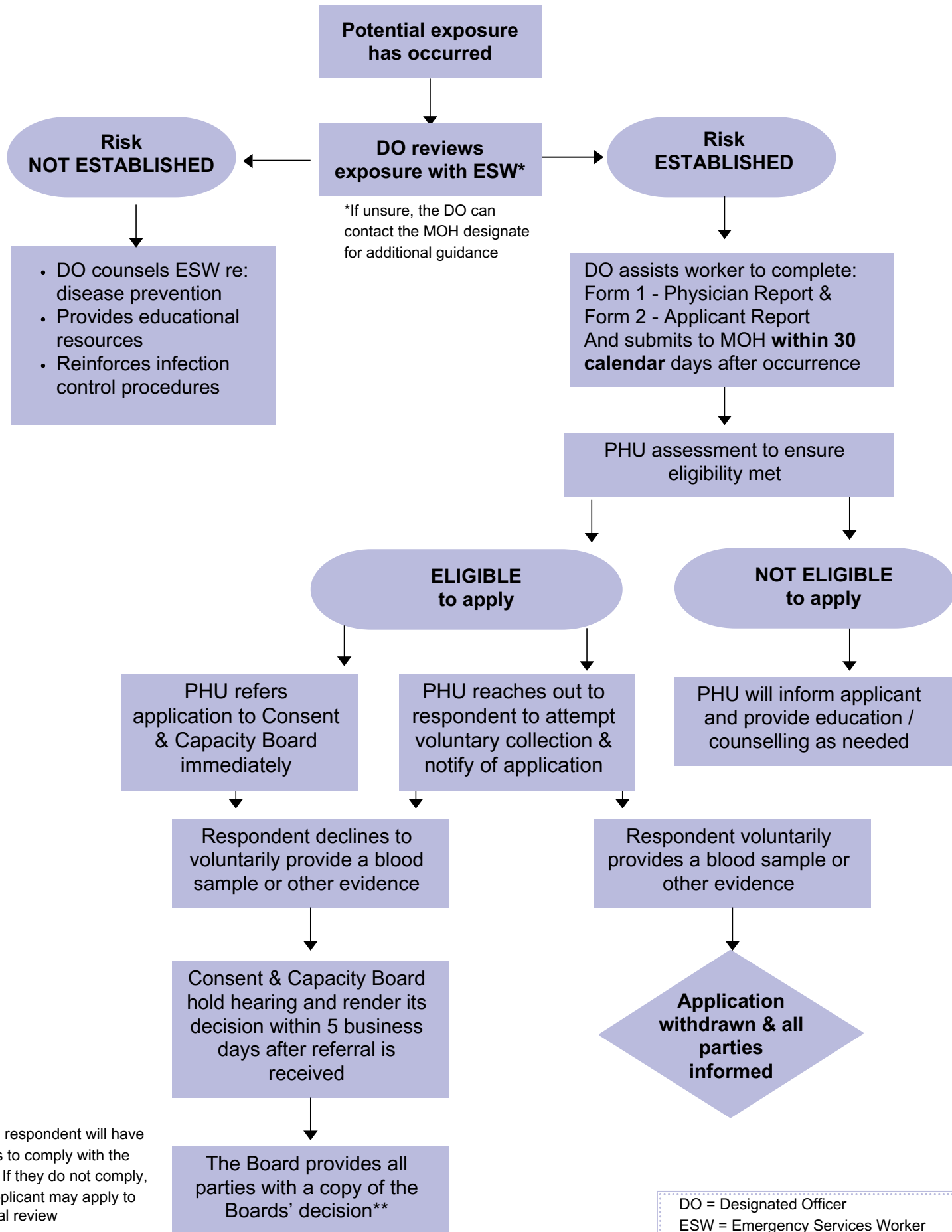
The Consent and Capacity Board must begin and complete a hearing and render its decision within five business days after receiving a referral of an application. The Board will provide the applicant, the respondent and the Medical Officer of Health with a copy of the Board's decision and a copy of any order made by the Board on the day it renders its decision.

A decision of the Board is final. There is no right of appeal. If the respondent does not comply with an order within two business days, the applicant may apply to a judge of the Superior Court of Justice for review. The judge may grant an order requiring the respondent to comply, which may include authorization for police assistance or other directions, as the judge deems appropriate.





# Mandatory Blood Testing Act - Process



\*\* The respondent will have 2 days to comply with the order. If they do not comply, the applicant may apply to Judicial review

DO = Designated Officer  
 ESW = Emergency Services Worker  
 MOH = Medical Officer of Health or designate (Infectious Disease Team)

**To be completed by the Reporting Physician**

**Note to Physician:**

If the applicant submits an application under section 2 of the *Mandatory Blood Testing Act, 2006* to the Medical Officer of Health of the local public health unit where the respondent\* lives that meets the requirement of the regulations, the application, including this Physician Report will be referred to the Consent and Capacity Board.

\*“For purpose of the *Mandatory Blood Testing Act, 2006*, the respondent means the person who the applicant identifies as a person with whose bodily substance the applicant came into contact.”

The applicant must consent to counselling, including counselling respecting prophylaxis or treatment. Otherwise, the application shall not proceed.

Please complete all sections of this Report. Once completed, please provide this Physician Report to the applicant.

Fields marked with an asterisk (\*) are mandatory.

**A. Applicant Information**

Collection of the information on this form is for the determination of an application under the *Mandatory Blood Testing Act, 2006*, for an order requiring a respondent to give a blood sample to determine the presence of a listed communicable disease. The authority for collection and use of this information is the *Mandatory Blood Testing Act, 2006*.

Last Name *		First Name *		Middle Initial
OHIP Number (10 digits) *		Version *	Date of Birth (yyyy/mm/dd) *	
			Age *	

**Current Address**

Unit Number	Street Number *	Street Name *		PO Box
City/Town *		Province *	Postal Code *	
		Ontario		
Telephone Number *	Fax (if applicable)		Email Address (if applicable)	

**Primary Care Provider Information**

Is Primary Care Provider (Family Physician) same as Reporting Physician ? \*

Yes  No

If Primary Care Provider (Family Physician) different from Reporting Physician complete the following:

Last Name *		First Name *		Middle Initial
-------------	--	--------------	--	----------------

**Office Address**

Unit Number	Street Number *	Street Name *		PO Box
City/Town *		Province *	Postal Code *	
		Ontario		
Telephone Number *	Fax (if applicable)		Email Address (if applicable)	

## B. Reporting Physician Information

Physician's Name

Last Name \*

First Name \*

Middle Initial

### Office Address

Unit Number

Street Number \*

Street Name \*

PO Box

City/Town \*

Province \*

Ontario

Postal Code \*

Telephone Number \*

Fax (if applicable)

Email Address (if applicable)

## C. History of Exposure - as reported by the applicant

Date of Exposure \*

Time of Exposure \*

:

a.m.

p.m.

### Type of exposure the applicant experienced \*

- Percutaneous injury (e.g., needle stick or cut by sharp object)
- Bite which breaks the skin
- Contact with applicant's non-intact skin (e.g., cut, chapped or abraded skin)
- Contact with applicant's vagina or anus
- Contact with applicant's mucous membrane (eyes, nose, mouth)
- Other/Specify: \_\_\_\_\_

### Type of bodily substance with which the applicant had contact \*

- Blood, Plasma or Serum  
Please select if you know  
 Blood  Plasma  Serum
- Any biologic fluid/substance visibly contaminated with blood  
Please select if you know  
 Tears  Nasal Secretions  Sputum  Vomitus  Urine  Faeces
- Fluid or Tissues  
Please select if you know  
 Pleural  Pericardial  Peritoneal  Synovial  Amniotic Fluid  Cerebro-spinal Fluid  Tissues
- Secretions or Semen  
Please select if you know  
 Uterine/vaginal secretions  Semen
- Saliva
- Other/Specify: \_\_\_\_\_

### D. Examinations

Findings of examinations related to the occurrence including assessment of injuries sustained (if any)

### E. Immunization History / Serostatus of Applicant \*

Immunization/Serostatus	Yes	Date (if applicable)	Serostatus Results (if applicable)	No	Unknown
Received Hepatitis B vaccine	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Known to be a carrier - HBs Ag positive	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Known to be immune - Anti-HBs positive	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Known to be HCV positive	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Known to be HIV positive	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

### F. Base Line Testing – Consent is mandatory for application to proceed unless physician has satisfactory evidence of seropositivity \*

#### Note to Physician:

Applicant's base line testing requisition is to be marked "STAT".

A copy of the applicant's base line testing results should be sent to the applicant's family physician (if known) and the reporting physician named in section B above.

Test	Yes	Date Ordered	Refused by Applicant	Not Applicable (N/A)
Anti HBc	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B surface antigen (HbsAg)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Anti HBs	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Anti HCV	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Antibody to HIV	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

### G. Post-exposure Prophylaxis and Treatment \*

Test	Yes	Date Commenced	Refused by Applicant
Hep B Vaccine	<input type="checkbox"/>		<input type="checkbox"/>
Hep B Immune Globulin (HBIG)	<input type="checkbox"/>		<input type="checkbox"/>
Post-exposure prophylaxis for HIV	<input type="checkbox"/>		<input type="checkbox"/>

### H. Counselling Relevant to the Occurrence

The applicant has consented to counselling respecting the occurrence, including post-exposure prophylaxis and treatment. \*

Yes  No (counselling refused by applicant)

Counselling Physician is the same as Primary Care Provider

Yes  No

Reporting Physician

Yes  No

If Counselling Physician is not the same as either Primary Care Provider (Family Physician) or Reporting Physician, complete the following: \*

Physician's Name

Last Name \*

First Name \*

Middle Initial

#### Office Address

Unit Number

Street Number \*

Street Name \*

PO Box

City/Town \*

Province \*

Ontario

Postal Code \*

Telephone Number \*

Fax (if applicable)

Email Address (if applicable)

### I. Assessment of Reporting Physician

As a physician qualified to make a physician report under the *Mandatory Blood Testing Act, 2006* and based on information provided to me by the applicant and after referencing the most recent publication protocols, such as the OHA/OMA Communicable Disease Surveillance Protocols for Ontario Hospitals - Blood-borne Diseases (Revised November 2018), my assessment of the applicant's risk of exposure to HIV/AIDS, Hepatitis B and/or Hepatitis C is: \*

Potentially Significant  Non-significant  Indeterminate

#### Physician's Name

Last Name \*

First Name \*

Middle Initial

Signature \*

Date (yyyy/mm/dd) \*

### For Office Use Only

Unique File Identifier

Unique File Number

**To be completed by the Applicant**

You may submit an application to a medical officer of health if:

- you came into contact with a bodily substance of another person and want to have their blood analysed for any of the listed communicable diseases under the *Mandatory Blood Testing Act, 2006*; and
- you came into contact with the bodily substance 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 your duty and you belong to a prescribed class or while being involved in a prescribed circumstance or while carrying out a prescribed activity (see section C).

You must submit one completed copy of this Form 2 – Applicant Report, together with a completed Form 1 – Physician Report to the office of the medical officer of health of the appropriate local public health unit ("appropriate health unit" means the health unit for the area where the respondent lives. For a list of health units and the areas they comprise, visit <https://www.phdapps.health.gov.on.ca/phulocator/> ). The application must be received by the office of the medical officer of health no more than thirty days after you came in contact with the bodily substance of another person (if the deadline falls on a Saturday, Sunday or other holiday, it shall be extended to the next business day).

If you submit an application under the *Mandatory Blood Testing Act, 2006*, you must consent to:

- a) The disclosure of your personal information and personal health information related to the application to the Consent and Capacity Board (the "Board").
- b) Examination, counselling respecting the occurrence (including counselling respecting prophylaxis or treatment), and base line testing for any of the listed communicable diseases ordered by the reporting physician.
- c) The release by the police of any information from the police report to the Board (where an application is made by a victim of crime).

**Please also note:**

A redacted copy of your Applicant Report will be provided to the respondent by the Board.

The Medical Officer of Health will disclose the details of the occurrence as described in this report and Form 1 Physician Report to the respondent (your personal information will not be shared).

If the Medical Officer of Health determines that the application does not meet the requirements of O. Reg. 449/07 under the *Mandatory Blood Testing Act, 2006*, the Medical Officer of Health shall notify the applicant; and the Board if the application has already been sent to the Board.

An applicant who receives notice that their application does not meet the requirements may correct the application and resubmit it.

Subject to any extension, the Board will convene and conclude a hearing and render its decision within five business days of receipt of referral of the application. Under the *Statutory Powers Procedure Act* hearings of the Board are open to the public. Following a hearing the Board may or may not order the respondent to provide a blood sample for analysis.

If the respondent does not provide a blood sample or other evidence of their seropositivity voluntarily, the Medical Officer of Health shall make reasonable attempts to request that the respondent voluntarily provide such a sample or evidence until the day that is five business days after the day the Medical Officer of Health received the application or the day the Board renders its decision, whichever is earlier.

Fields marked with an asterisk (\*) are mandatory.

## A. Applicant Information

Collection, use and disclosure of the personal information and personal health information on this form is for consideration of an application under the *Mandatory Blood Testing Act, 2006* requesting a respondent to give a blood sample or other evidence of seropositivity to determine the presence of a listed communicable disease or for an order requiring the same. The authority for collection and use of this information is the *Mandatory Blood Testing Act, 2006*.

Last Name *		First Name *		Middle Initial
OHIP Number (10 digits)	Version	Date of Birth (yyyy/mm/dd) *		Age *

### Current Address

Home Address  Place of Employment

Unit Number	Street Number *	Street Name *		PO Box
City/Town *		Province *	Postal Code *	
		Ontario		
Telephone Number *	Fax (if applicable)		Email Address (if applicable)	

### Primary Care Provider Information (Family Physician)

Last Name	First Name	Middle Initial
-----------	------------	----------------

### Office Address

Unit Number	Street Number	Street Name		PO Box
City/Town		Province	Postal Code	
		Ontario		
Telephone Number	Fax (if applicable)		Email Address (if applicable)	

## B. Identification of Respondent – The following information about the respondent is mandatory

Note: The respondent is the person whose bodily substances you may have come into contact with. If this form does not include the name, address and contact information of the respondent, the application shall not proceed.

### Respondent's Full Name

Last Name *		First Name *		Middle Initial
Date of Birth (yyyy/mm/dd) *	Age *	Home Telephone or Mobile Telephone *	Alternate Telephone	

Email (preferred method of communication)

### Home Address

Unit Number	Street Number *	Street Name *		PO Box
City/Town *		Province *	Postal Code *	
		Ontario		

Is the respondent currently located in a health, residential or correctional facility? \*  No  Yes

If yes, complete the following information

### Facility Name and Contact Name

Name of Facility

Last Name	First Name	Middle Initial
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Unit Number	Street Number	Street Name	PO Box
City/Town		Province Ontario	Postal Code
Telephone Number	Fax (if applicable)	Email Address	

Any other information that may assist us in locating or contacting the respondent

**C. Details of the Occurrence – Date, time and location where you may have come into contact with a bodily substance of the respondent**

Date of Exposure \*                      Time of Exposure                      :                       a.m.    p.m.

Unit Number	Street Number	Street Name	PO Box
City/Town		Province Ontario	Postal Code

Describe the circumstances in which you may have come into contact with a bodily substance of the respondent

Describe any injuries you sustained \*

Did you take any precautions before (i.e., wearing gloves, goggles, mask, etc.) and after (i.e., immediately washing the exposed area) your contact with the bodily substance of the respondent? \*

No    Yes

If yes, explain

**Please indicate under what circumstance you came into contact with a bodily substance of the respondent \***

- As a result of being the victim of a crime. "Victim of a Crime" means a victim of an alleged crime under the Criminal Code (Canada)
- While providing emergency health care services or emergency first aid to the person, if the person was ill, injured or unconscious as a result of an accident or other emergency
- In the course of your duties if you belong to one of the following prescribed classes:
  - Person who is employed in a correctional institution as defined in the *Ministry of Correctional Services Act*, or in a place of open custody or place of secure custody, as those terms are defined in the *Child and Family Services Act*
  - Police officer as defined in the *Police Services Act*, employee of a police force who is not police officer, First Nations Constable and auxiliary member of a police force
  - Firefighter, as defined in subsection 1 (1) of the *Fire Protection and Prevention Act, 1997*
  - Paramedic and emergency medical attendant, as those terms are defined in the *Ambulance Act*
  - Member of the College of Nurses of Ontario
  - Member of the College of Physicians and Surgeons of Ontario
  - Special constable appointed under section 53 of the *Police Services Act* who is not employee of a police force
  - Paramedic student engaged in field training
  - Medical student engaged in training
  - Nursing student engaged in training
- While being involved in a prescribed circumstance or while carrying out a prescribed activity

**If your contact with the bodily substance of the respondent was as a result of being a victim of a crime, the following information is mandatory: \***

Do you consent to the release by the police of any information from the police report to the Consent and Capacity Board?

- No  Yes

Is there a restraining order or another legal restriction on contact between you and the respondent?

- No  Yes

If yes, provide details

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**Note:** You must make a report to police if you are making an application on the basis of being a victim of a crime and must consent to the release by the police of any information from the police report to the Consent and Capacity Board. Otherwise, the application is invalid and may not proceed under the *Mandatory Blood Testing Act, 2006*.

Date Crime was Reported to the Local Police Authorities (yyyy/mm/dd) \* | Occurrence Number \*

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**Name and badge number of Police Officer to Whom Crime was Reported**

Last Name *		First Name *		Badge Number	
Telephone *		Mobile Telephone		Email	

Police Service/Division/Detachment in which Crime was Reported \*

City/Town \*

Province \*

Ontario

## D. Additional Information

Explain your reason for wanting the respondent to provide a sample of their blood to be analysed and any other information that should be known in consideration of your request \*

## E. Consent to Examination, Counseling and Baseline Testing

I hereby consent to examination by the physician preparing the physician report which accompanies this form, to counselling (including counselling respecting prophylaxis and treatment) and to baseline testing for the listed communicable diseases ordered by the reporting physician. \*

No  Yes

**Note:** You must consent to examination, counselling and baseline testing. Otherwise, the application is invalid and may not proceed under the *Mandatory Blood Testing Act, 2006*.

## F. Treatment

Was Hepatitis B vaccine recommended as a treatment for you? \*

No  Yes

I took the recommended Hepatitis B vaccine \*

No  Yes

Was HBIG recommended as a treatment for you? \*

No  Yes

I took the recommended HBIG \*

No  Yes

Was HIV prophylaxis recommended as a treatment for you? \*

No  Yes

I took the recommended HIV prophylaxis \*

No  Yes

I am still taking this treatment \*

No  Yes Date I stopped treatment - if applicable

## G. Consent to Disclosure of Personal Information

I hereby consent to the release of my personal information and personal health information related to this application to the Board. \*

No  Yes

**Note:** You must consent to the release of your personal information and personal health information to the Board. Otherwise, the application is invalid and may not be considered under the *Mandatory Blood Testing Act, 2006*.

## H. Information that may assist the Consent and Capacity Board in scheduling or convening a hearing

Interpretation required \*  No  Yes Language \_\_\_\_\_

Accommodation required \*  No  Yes Specify \_\_\_\_\_

### Counsel who will represent you at the hearing

**Note:** a lawyer is not required to appear before the Board; however, you may have a lawyer if you wish.

### Counsel for the Applicant's Full Name

Last Name	First Name	Middle Initial
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Telephone Number	Email Address (if applicable)
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### Address

Unit Number	Street Number	Street Name	PO Box
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City/Town	Province Ontario	Postal Code
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Provide any other information that may assist the Consent and Capacity Board in convening a hearing –

## I. Information Accurate

I hereby confirm that the information provided in this form is accurate to the best of my knowledge.

### Name of Applicant

Last Name *	First Name *	Middle Initial
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Signature *	Date (yyyy/mm/dd) *
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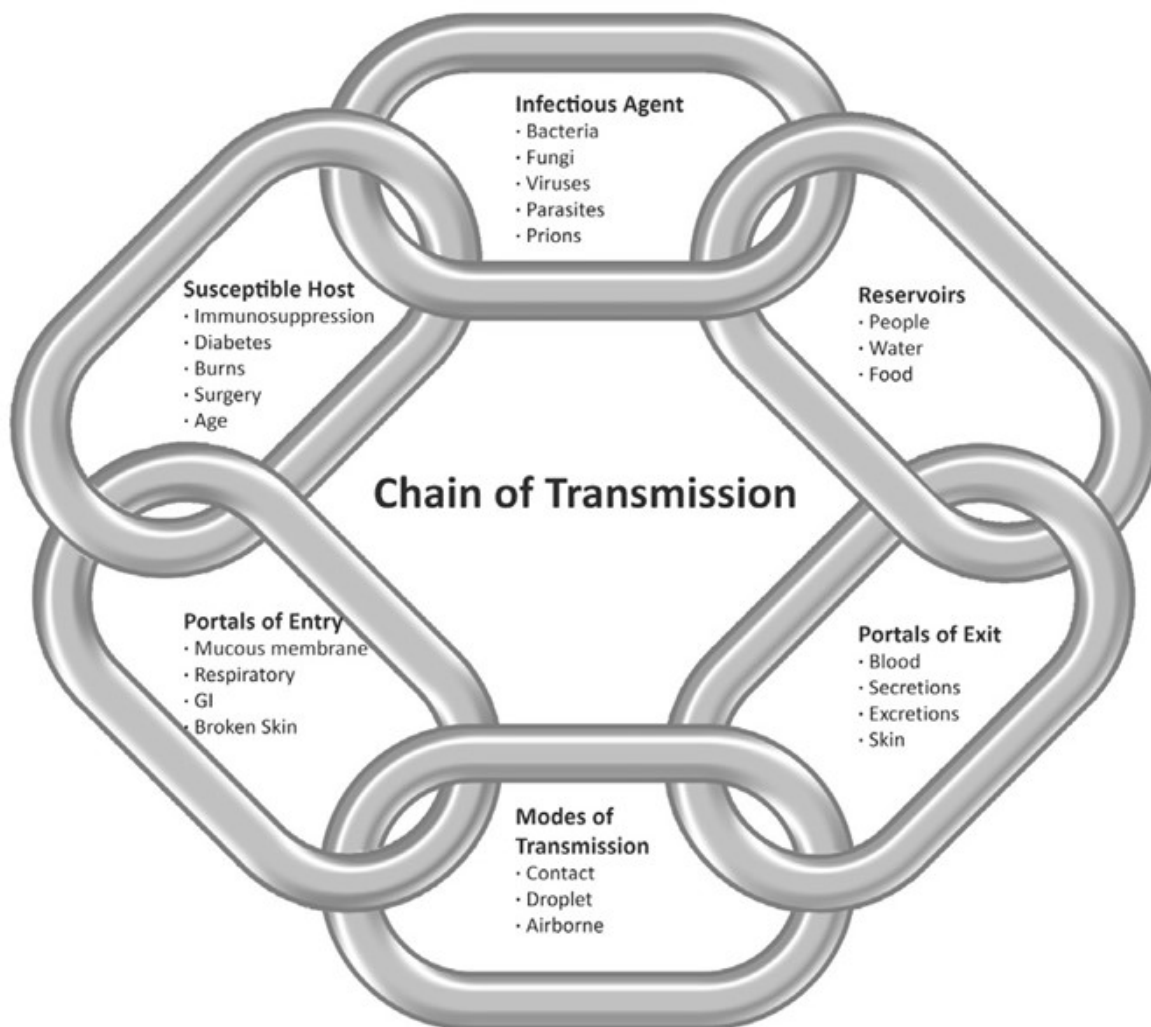
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## SECTION 4: BACKGROUND: PREVENTION OF INFECTIOUS DISEASE

### 4.1 The Chain of Infection

For an infection in one person to become harmful to others, an infectious agent must have a place to grow and live, and a means of spread. The set of circumstances that allows this to happen is called the Chain of Transmission. The control of infectious diseases involves breaking the Chain by altering the host, the environment or the agent. ( i.e. hand washing or wearing of PPE).



## **Definitions:**

**Infectious Agent** – The infectious agent is a biological, physical or chemical entity capable of causing disease. (i.e. virus, bacteria, parasite, fungus, vectorborne)

**Reservoir** – The reservoir is the place where the infectious agent lives and reproduces. Human reservoirs can be acutely infection, or be carriers of the disease. A carrier is a person who is capable of spreading the disease, but has no identifiable signs or symptoms of the disease.

**Portal of Exit** – The portal of exit is the path by which the infectious agent leaves the reservoir i.e. respiratory tract, genitourinary tract, gastrointestinal tract, skin, mucous membranes, placental (mother to fetus), blood.

**Mode of Transmission** – Mode of transmission in the method by which the organism reaches a susceptible host. (i.e. direct contact, indirect contact, airborne, vehicle (food or water), vectorborne.

**Portal of Entry** – Portal of entry is the means the infectious agent enters the body; they are the same as portals of exit.

**Susceptible Host** – The susceptible host may have characteristics that influence the susceptibility and severity of disease.

## **4.2 Modes of Transmission**

Microorganisms are transmitted in by several routes, and the same microorganism may be transmitted by more than one route. There are five main routes of transmission: contact, droplet, airborne, common vehicle, and vector borne.

### **Contact**

Contact transmission, the most important and frequent mode of transmission of health care associated infections (HAI), is divided into direct and indirect contact transmission. Direct contact transmission involves a direct body surface-to-body surface contact and physical transfer of microorganisms between an infected or colonized person. Indirect contact transmission involves contact between a susceptible host and usually a contaminated inanimate object, such as equipment, instruments, and environmental surfaces. This is often the result of contaminated hands that are not washed, which then contaminates the object or environment.



## **Droplet**

Droplet transmission, theoretically, is a form of contact transmission. However, the mechanism of transfer of the pathogen to the host is quite distinct from either direct or indirect contact transmission. Droplets are generated from the source person primarily during coughing, sneezing, and talking, and during the performance of certain procedures such as suctioning and administering nebulized medications. Transmission occurs when droplets containing microorganisms generated from the infected person are propelled a short distance through the air (usually less than two meters) and deposited on the host's eyes, nasal mucosa, or mouth. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission; that is, droplet transmission must not be confused with airborne transmission. Droplets can also contaminate the surrounding environment and lead to indirect contact transmission.

## **Airborne**

Airborne transmission occurs by dissemination of either airborne droplet nuclei (small particle residue [5 mm or smaller in size] of evaporated droplets containing microorganisms or dust particles containing the infectious agent (e.g. dust created by rotary powered foot care tools). Microorganisms carried in this manner remain suspended in the air for long periods, and can be dispersed widely by air currents. They may be inhaled by a susceptible host in either the same room or over longer distances from the source client, depending on environmental factors. Environmental controls are important — special air handling and ventilation help reduce airborne transmission. Microorganisms transmitted by airborne transmission include *Mycobacterium tuberculosis*, Rubeola (Measles), Varicella (Chickenpox), and Disseminated Zoster (widespread shingles).

## **Common Vehicle**

Common vehicle transmission applies to microorganisms transmitted by contaminated items such as food, water and medications to multiple hosts and can cause explosive outbreaks. Control is through using appropriate standards for handling food and water and preparing medications.

## **Vector borne**

Vector borne transmission occurs when vectors such as mosquitoes, flies, rats, and other vermin transmit microorganisms; this route of transmission is of less significance in health care facilities in Canada than in other settings.





### 4.3 Personal Protection Strategy

#### Phase 1: Build a Foundation of Protection

- Immunization: Essential preventative step emergency and justice service workers can take to reduce their risk of infection during performance of their duties. Information on recommended vaccines can be found on the [Ontario Vaccine Schedule](#) website.
- Hand hygiene: One of the most important and easiest practices used to prevent transmission of many infectious diseases

#### Phase 2: Situational Assessment

- Signs & Symptoms of illness in a client: Look for symptoms of infectious diseases to help guide decision making about PPE. i.e. Does the client have a fever? Are they showing respiratory symptoms? Are they actively bleeding?
- Environmental risks: Be aware of sharp surfaces or equipment, note any spills or stains that may put the worker at risk.
- Level of cooperation: Is the client willing to follow instructions, are they acting in a predictable or compliant manner. If not, they may post an additional risk of transmission.

#### Phase 3: Strategic Action

- Use of Universal Precautions: Using the information collected during the situational assessment, the worker is better able to select the most appropriate precautions to put in place to reduce their own risk.

### 4.4 Universal Precautions

Routine practices and additional precautions are a set of infection control precautions that should be used for the care of all individuals, regardless of their diagnosis or presumed infection status. Routine practices apply to:

- blood;
- all body fluids, secretions and excretions regardless of whether they contain visible blood and non-intact skin; and
- mucous membranes.

### Personal Protective Equipment (PPE)

To protect yourself, it is essential to have a barrier between you and the potentially infectious material. These barriers include; gloves, gowns, masks, eye shields, and mouth guards.

- Always wear appropriate PPE in exposure situations.
- The necessary PPE should be readily available in the work area.
- Remove the PPE that is torn or punctured, or has lost its ability to function as a barrier to blood borne pathogens.



- Remove PPE before leaving the work area and place in appropriately labelled bags to be disposed of or decontaminated.
- Refer to the appendix for posters that outline the correct order for putting on and taking off PPE.

## **Clean Your Hands**

Cleaning your hands is one of the most important, and easiest, practices used to prevent transmission of many infectious diseases, including blood borne pathogens. Wash hands, or exposed skin, as soon as possible (i.e. after an exposure incident, removal of gloves or other PPE.) Familiarize yourself with location of the nearest hand washing facilities.

An alcohol based hand rub (ABHR), often called hand sanitizer, may be used until soap and running water are available. The use of an ABHR is the preferred method of decontamination of hands that are visibly clean and should be available at point of care/readily accessible.

Note: Alcohol-based hand rub should contain at least 60% of ethyl or isopropyl alcohol.

In the event hands are visibly soiled but a hand washing sink is not accessible along with soap and water carry out the following steps:

- Use a wet wipe to remove as much visible soil/organic material as possible from hands
- Allow hands to dry
- Use alcohol-based hand rub
- Wash hands when a hand washing sink along with soap and water become available

Cleaning your hands also includes maintaining intact skin. Regular use of hand lotion is recommended to prevent chapping/cracking of the skin.

## **Gloves**

Wear gloves when touching blood, body fluids, secretions, excretions, non-intact skin and contaminated items. Change gloves between tasks and procedures on the same individual and after contact with material that may contain infectious agents. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another individual. Wash hands immediately after removing gloves to avoid transfer of infectious agents to other individuals and environments.

## **Mask, Eye Protection, Face Shield**

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and activities that are likely to generate splashes, sprays, aerosolization of blood, body fluids, secretions or excretions.



## **Protective Clothing**

Wear clothing to protect skin and wear extra protective clothing to prevent uniforms or personal clothing during procedures that are likely to generate splashes and sprays of blood, body fluids, secretions or excretions.

## **Other Precautions—Safe Handling of Needles and Other Sharp Instruments**

Handle and dispose of potentially contaminated items using carefully established procedures. Cover all personal abrasions and areas of damaged skin before contact. Refrain from direct care or handling equipment if you have lesions or dermatitis. Do not eat, drink or smoke in areas where there is potential for exposure.

## **Cleaning & Disinfection**

Cleaning of visibly soiled or dirty surfaces and equipment should be done as soon as it is safe to do so using appropriate PPE. Disinfection should take place on all equipment and surfaces that have been in contact with potential or unknown contaminants. Most organizations have policies & procedures in place to guide the frequency of routine cleanings, and which supplies to use.



## SECTION 5: DISEASE SPECIFIC FACT SHEETS AND DECISION TREES

### 5.1 Hepatitis B

#### What is Hepatitis B?

Hepatitis B is an infection of the liver caused by the hepatitis B virus. While most adults with hepatitis B will recover fully from the infection, some people will go on to become chronic carriers of the virus, especially if infected at an early age. Chronic infection may cause permanent damage to the liver including chronic liver disease and liver cancer.

#### How is Hepatitis B spread?

Hepatitis B is spread through contact with blood and other body fluids such as semen, vaginal secretions or saliva from an infected person.

Situations that put you at higher risk of getting hepatitis B are:

- Having unprotected sex with an infected person
- Sharing needles, syringes or other drug equipment such as cookers, cotton, water, crack pipes and straws for snorting
- Tattooing, body piercing or acupuncture with non-sterile equipment
- Sharing personal items such as razors, nail clippers or toothbrushes with an infected person
- Needle-stick injuries
- Being born to a mother with hepatitis B
- Living in the same household with someone who has hepatitis B
- Travelling to or living in parts of the world where hepatitis B is more common.

Hepatitis B is **NOT spread by** casual contact such as hugging, shaking hands or being around someone who is sneezing or coughing.

#### What are the symptoms of Hepatitis B?

Some people may have no symptoms at all, while others may have:

- Flu-like symptoms (fever, nausea, vomiting)
- Fatigue (tiredness, weakness)
- Abdominal pain
- Loss of appetite
- Jaundice (yellowing of the skin or the whites of the eyes)
- Dark urine.

#### How soon do symptoms appear?

Symptoms usually appear within 60 to 90 days after contact with hepatitis B, but the range can be from 45 to 180 days.

#### How is Hepatitis B diagnosed?



Hepatitis B can be diagnosed through a blood test. The blood test can be ordered by your health care provider.

### **How can the spread of Hepatitis B be prevented?**

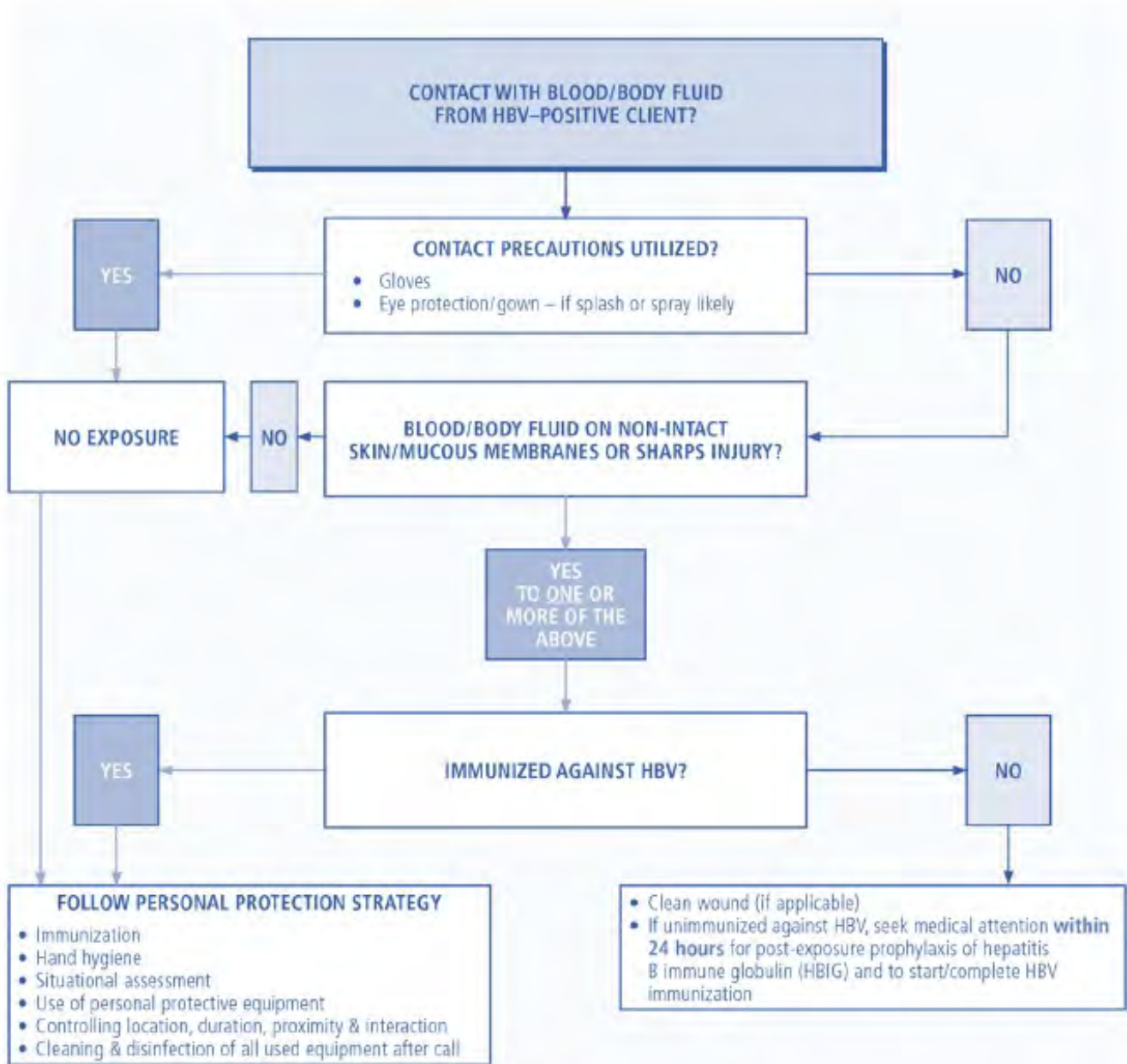
- Get immunized with the hepatitis B vaccine. The vaccine is given in 2 or 3 doses over 6 months. Grade 7 students can get the hepatitis B vaccine for free through the Thunder Bay District Health Unit
- Adopt safer sex practices. Use condoms for oral, vaginal and anal sex
- Never share needles, syringes or other drug equipment
- Get a tattoo or piercing from a business that is inspected by the Health Unit. You can ask to see their inspection report
- Do not share personal items such as razors, nail clippers or toothbrushes
- Follow up with routine prenatal care for each pregnancy so that newborns can receive appropriate care if required.

*This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns.*

**For further information contact the Infectious Disease Program at 625-8318  
or toll free 1-888-294-6630, ext. 8318.**



## Hepatitis B (HBV)



### NOTE

Contact with blood/body fluid from a HBV+ client without prior HBV immunization carries a risk of infection of 30%.

Immunization against HBV is **RECOMMENDED** for ALL workers.



## 5.2 Hepatitis C

### What is Hepatitis C?

Hepatitis C is an infection of the liver caused by the Hepatitis C virus. The infection can cause swelling and scarring of the liver. The illness can be mild in some people, while others can experience severe disease. Many people carry the infection in their blood for a life time. These people have chronic hepatitis C infection and are at risk of long-term liver problems.

### How is Hepatitis C spread?

Hepatitis C is spread through direct blood to blood contact and body fluids containing blood, of an infected person.

Situations that put you at higher risk of getting hepatitis C are:

- Sharing needles or syringes or other drug equipment such as cookers, cotton, water, crack pipes and straws for snorting
- Transfusions of blood or blood products prior to 1992
- Tattooing, piercing or acupuncture with non-sterile equipment
- Needle-stick injuries

Situations that put you at low risk of getting hepatitis C are:

- Sexual activity that includes contact with blood or exchange of blood
- Sharing personal items such as razors, nail clippers or toothbrushes with an infected person
- An expectant mother who has hepatitis C can infect her unborn baby

Hepatitis **C is NOT spread through** kissing, coughing, or sharing eating utensils.

### What are the symptoms of Hepatitis C?

Some people may have no symptoms at all, while others may have:

- Flu-like symptoms (fever, nausea, vomiting, body aches)
- Fatigue (tiredness, weakness)
- Abdominal pain
- Loss of appetite
- Jaundice (yellowing of the skin and whites of the eyes)
- Dark urine

### How is Hepatitis C diagnosed?

Hepatitis C can be diagnosed through a blood test. The blood test can be ordered by your health care provider.

### How can the spread of Hepatitis C be prevented?

- Do not share needles, syringes or other drug equipment



- Clean works are available at no cost from Superior Points by calling 625-8831, 625-7996 or 625-8830
- Do not share personal items such as razors, nail clippers, or toothbrushes
- Avoid blood to blood contact during sexual activity
- Adopt safe sex practices. Use condoms for oral, vaginal, and anal sex
- If you are getting a tattoo, body piercing or acupuncture make sure you choose a reputable service and make sure that only single-use, disposable needles are used and that all equipment is sterile
- Wear protective gloves if you are likely to be in contact with someone else's blood

### **Important Points to Know/Remember**

- Have a confirmation test done
- Receive immunization against Hepatitis A & B
- There is no immunization for Hep C
- There is treatment for Hep C

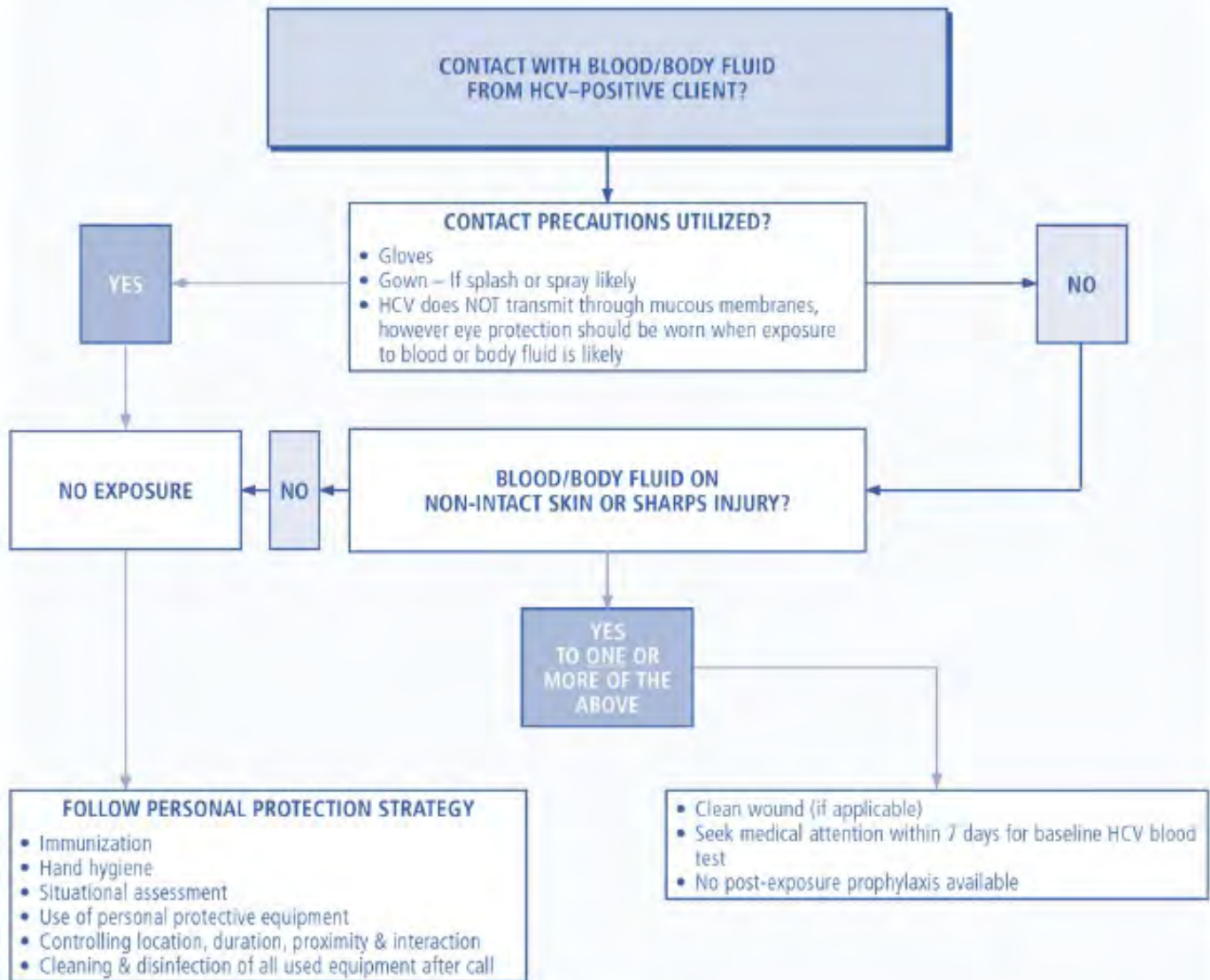
*This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns.*

**For further information contact the Infectious Disease Program at 625-8318 or toll free 1-888-294-6630, ext. 8318.**





## Hepatitis C (HCV)



### NOTE

Contact with blood/body fluid from an HCV+ client including sharps injury, carries a risk of infection of only 3%.

Hepatitis C **CANNOT** be transmitted through mucous membranes.



## 5.3 HIV / AIDS

### What is HIV?

Human immunodeficiency virus (HIV) is a virus that attacks the body's own immune system. This leaves the infected individual at a greater risk of getting sick with commonly spread infections, and makes it harder for their body to fight these infections once they've been exposed.

### How is HIV spread?

HIV is spread from body fluids such as blood, semen and vaginal fluids, or breast milk. It can also be spread from a mother to her infant.

### Who is at risk of getting HIV?

The following are actions or conditions that can put an individual at risk for HIV exposure:

- Sex without condoms
- History of other sexually transmitted infections (i.e syphilis, herpes)
- Drug use – especially the sharing of contaminated needles, syringes and other injecting equipment
- Unsafe medical procedures such as blood transfusions or transplant
- Unsafe tattoos or piercings
- Needle stick injuries, especially among health care workers.

### What happens if someone is infected?

The symptoms of HIV vary, and depend on the stage of infection. In the early stages, many people may not experience any symptoms. Some may experience flu-like symptoms such as fever, headache, rash and sore throat. As the infection goes on to progressively lower an individual's immune system, other signs may develop, including;

- Weight loss
- Diarrhea
- Cough
- Fever
- Swollen lymph nodes

HIV also leaves the infected individual at risk of severe illnesses such as Tuberculosis, severe bacterial infections, and certain cancers.

### How do I know if I have HIV?

To test for HIV, your health care provider will collect a blood sample that will determine if you have been exposed. There are also same-day rapid tests that can be administered in community centres and pop-up testing events, which provide accurate results. If you think you may have been exposed, it is important to be aware that tests cannot detect HIV immediately after exposure, so repeat testing is sometimes advised.



## **Can HIV be treated?**

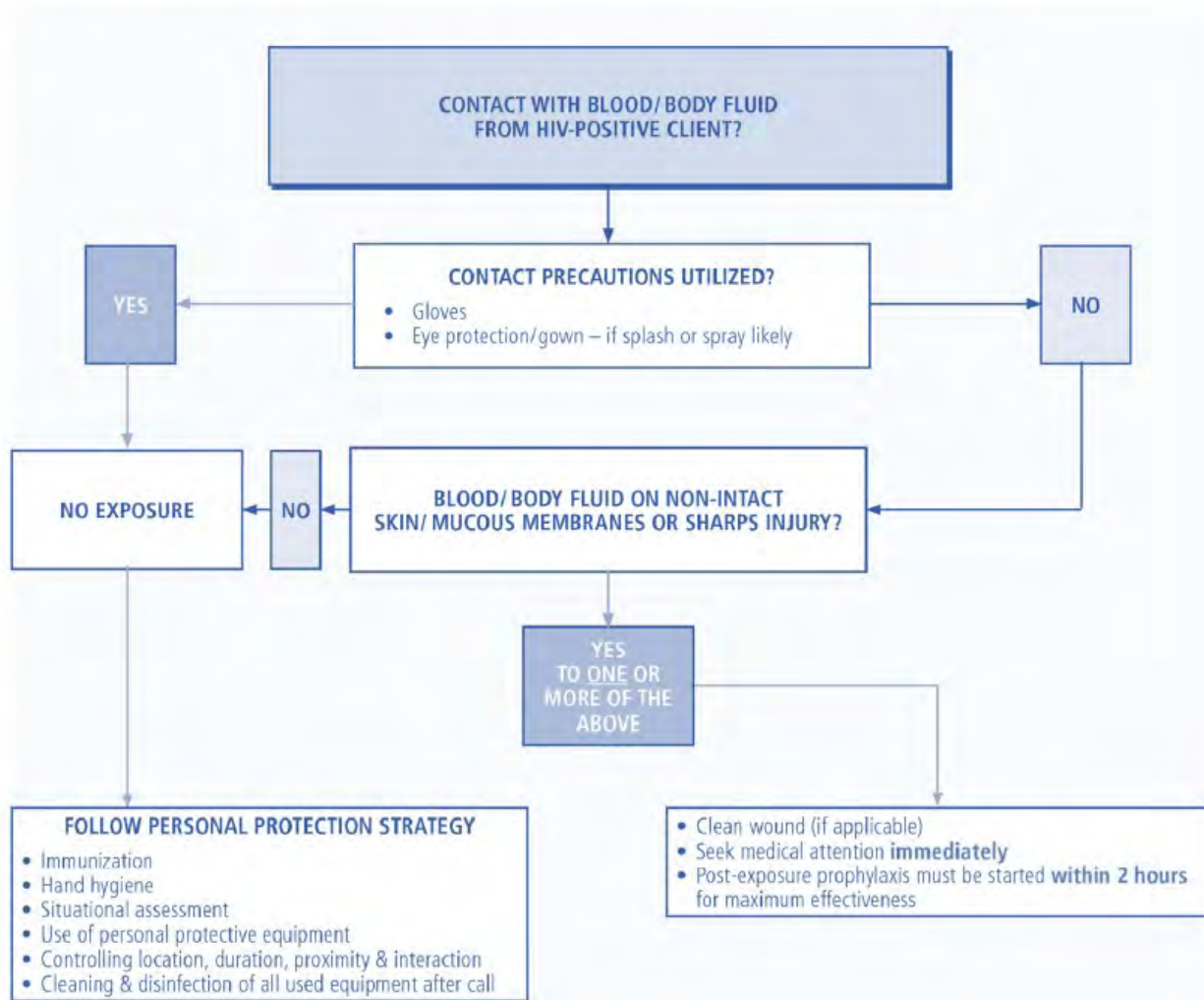
Although there is no cure for HIV, there are medications available that can stop the virus from progressing, and help the immune system to get stronger. These medications are called antiretrovirals. If taken correctly, antiretrovirals lower the amount of the virus in a person's body, reducing their risk of passing HIV onto others, and preventing HIV from progressing to the most advanced stage known as AIDS, or acquired immunodeficiency syndrome.

*This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns.*

**For further information contact the Infectious Disease Program at 625-8318 or toll free 1-888-294-6630, ext. 8318.**



## Human Immunodeficiency Virus (HIV)



### NOTE

Contact with blood/ body fluid from an HIV+ client including sharps injury, carries a risk of infection of only 0.09 to 0.3 – 0.05%.



## 5.4 Tuberculosis

### What is Tuberculosis?

Tuberculosis (TB) is caused by a germ that usually affects the lungs but can also affect other parts of the body such as lymph nodes, bones and kidneys.

### How is TB spread?

TB is spread when a person with an active TB infection coughs, sneezes or talks. The germs travel from the lungs into the air. Those who spend a lot of time with someone who has TB may breathe the TB germs into their lungs and become infected.

### Who is at risk of getting TB?

Anyone can get TB, but some people are at higher risk:

- Close contacts of someone with an active TB infection; people who live in the same home or share sleeping space
- People who come to Canada from countries with high rates of TB
- Those who have weakened immune systems due to illness or medications. This includes people with an HIV infection or who are taking medication to treat cancer.,
- People who live in crowded or poorly-ventilated spaces

### What happens if someone is infected?

About 90% of people who become infected with TB get a latent tuberculosis infection, or LTBI. The germs are not active in the body so the person doesn't feel sick, doesn't have any symptoms and can't spread TB to others.

Those who do get sick have an active TB infection. The symptoms include:

- new or worsening cough lasting for more than three weeks
- coughing up phlegm (thick liquid that comes from your lungs) and/or blood
- fever and night sweats
- weight loss that isn't planned
- no appetite for food
- feeling unusually tired

A person may have the symptoms for some time before they notice them. Even then, they may be mistaken for many other diseases.

### How do I know if I have TB?

To test for LTBI, a tuberculosis skin test (TST) is used. A health care provider injects a small amount of non-infectious TB protein under the skin. This protein cannot spread the disease. It takes 2 days for the skin to react to the injection for a positive result.

People with symptoms will be asked to give a sample of their phlegm; called a sputum sample. They will also need an x-ray of their chest to assist the health care provider in diagnosing an active TB infection.



**Can TB be treated?**

Both LTBI and active TB infections can be treated, but the germs are strong so 6 to 9 months of medication are needed. The TBDHU provides support to people while they are completing their treatment.

If someone has a LTBI, they should consider getting treated because about 10% of people with LTBI develop an active TB infection in the future.

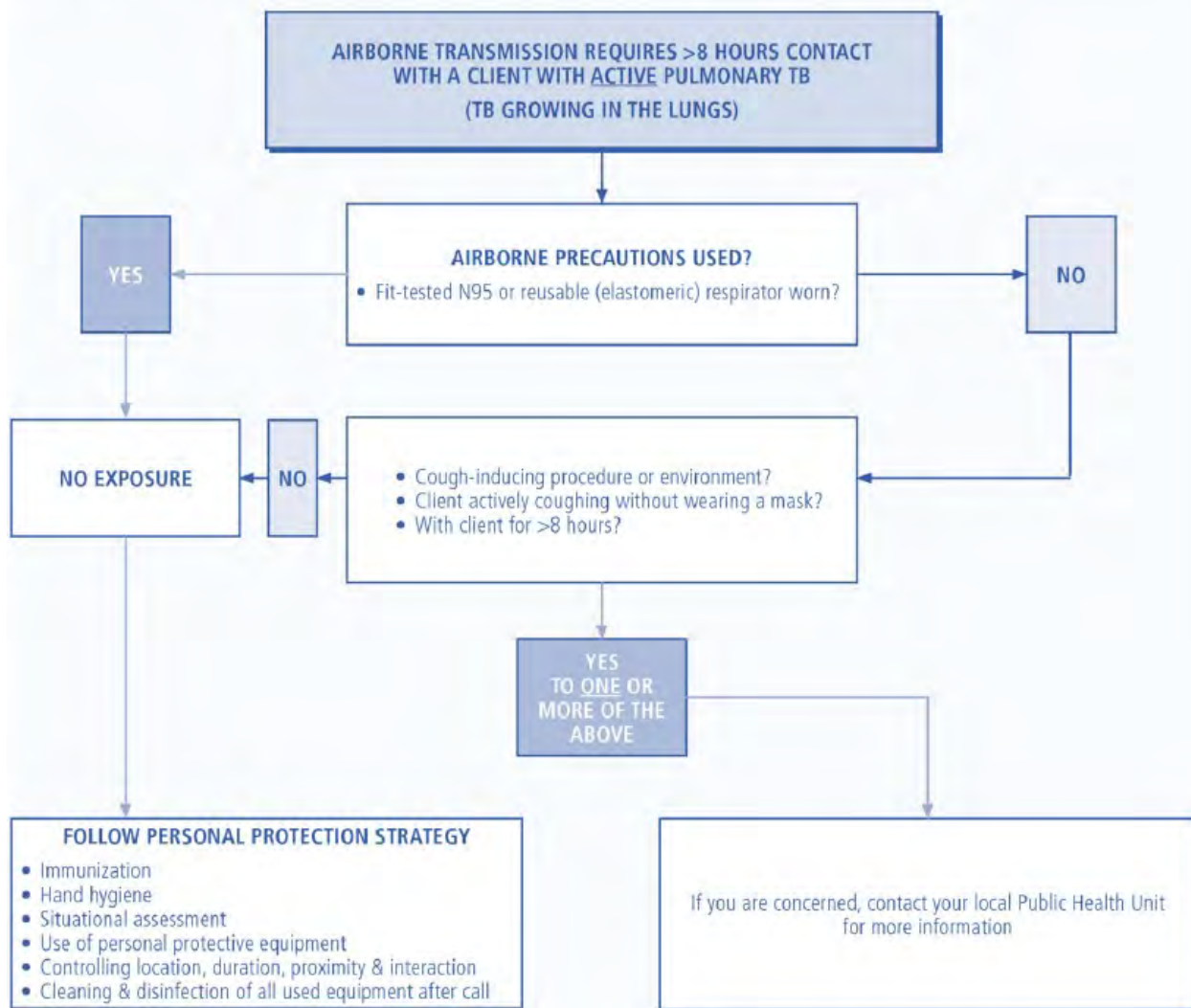
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## Tuberculosis



### NOTE

Tuberculosis is NOT easily transmitted person-to-person.  
TB infection and TB disease are both readily treatable and curable. TB medicine is free.



## 5.5 Meningitis

### What is Meningitis?

Meningitis is an inflammation of the lining of the brain and spinal cord. Many different germs cause the infection. Some of these are **viruses** and some are **bacteria**.

There are two main types of meningitis: viral meningitis and bacterial meningitis. The symptoms of both are so similar that medical tests are needed to tell the difference.

- **Viral meningitis (also known as Aseptic or Non-Bacterial Meningitis)** is the most common and least serious. It may be caused by a wide variety of common viruses including enteroviruses, herpes simplex, mumps and Epstein-barr viruses. Antibiotics have no effect. People with viral meningitis usually recover without treatment.
- **Bacterial meningitis**, although rare is an extremely serious infection. It has the potential to cause long-term complications, such as deafness or brain injury, limb loss and even death. Bacterial meningitis requires immediate treatment with antibiotics. The most common types of bacterial meningitis are caused by *Neisseria meningitides*, *Streptococcus pneumonia* and *Haemophilus influenza* type b bacteria's.

### What are the symptoms of Meningitis?

Someone with meningitis will become ill quickly. Symptoms may develop in hours to 1 or 2 days. These include fever, feeling generally unwell, headache, vomiting, stiff neck and sensitivity to light (photophobia). Persons with this disease may become drowsy, excited or confused. Sometimes a body rash develops.

### How is Meningitis spread?

Meningitis is spread when people cough, sneeze or kiss. It can also be spread through saliva of an infected person when sharing items such as; cigarettes, lipstick, cups, water bottles, toothbrushes, mouth guards, food or beverages.

### Prevention and Control of Meningitis:

- In general, people should not share anything that has been in their mouth.
- Frequent hand washing (soap and water for at least 15 seconds), covering one's mouth when coughing or sneezing and throw away any used tissues.
- If a person has had close contact with someone who is infected with bacterial meningitis, antibiotics may be required to prevent infection.
- Updated immunizations for Meningococcal, Pneumococcal and *Haemophilus influenza* b are recommended.

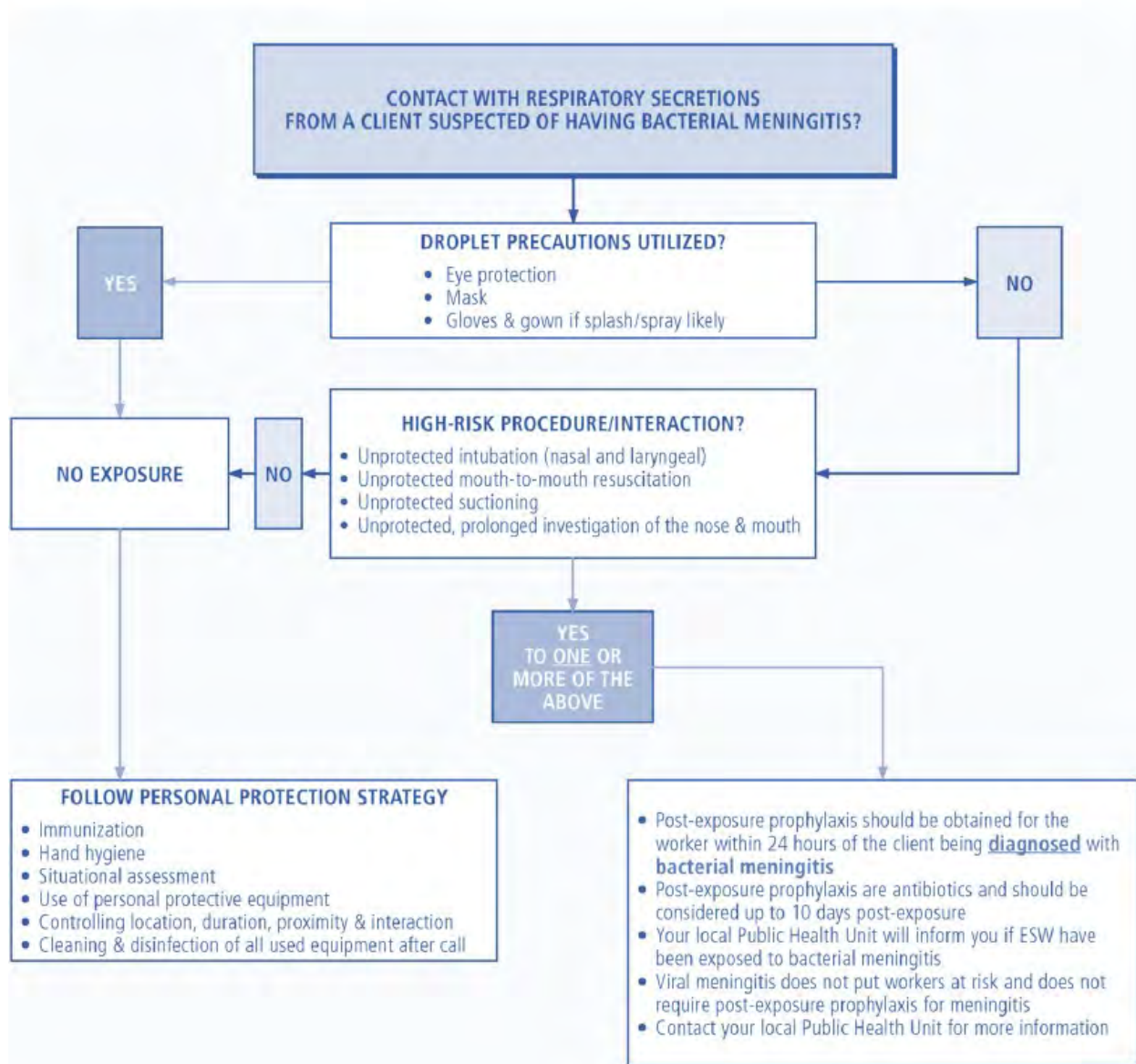
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## Bacterial Meningitis



## 5.6 Group A Streptococcus

### What is Group A Streptococcal Disease (GAS)?

GAS is a germ (bacterium) that is often found in the nose, throat and/or on the skin of healthy people. Many people may carry the germ but it doesn't cause infection or illness to them. However, for others, the germ can cause disease, ranging from a mild to serious illness.

### How does GAS Spread?

These bacteria are spread through

- direct contact with secretions from the nose or throat of people who are infected (ex: such as kissing, mouth to mouth resuscitation),
- by droplets (when someone coughs/sneezes)
- contact with infected wounds or sores on the skin.

Those who are ill and have symptoms of GAS infection are the most likely to spread it to others. People who carry the bacteria but have no symptoms are much less contagious. Treating an infected person with an antibiotic for 24 hours or longer generally eliminates the ability to spread the bacteria to others.

### What kind of illnesses are caused by GAS?

Most people who become ill from GAS will experience common infections such as sore (strep) throat, tonsillitis, scarlet fever and skin infections (such as impetigo or pyoderma).

Cellulitis (swelling of the skin, pain, redness and warmth) is sometimes due to GAS bacteria entering the skin through a cut or some other opening in the skin. This type of infection needs medical attention before it becomes severe.

### What is Invasive GAS?

GAS is sometimes found in unusual places in the body such as blood, fluid surrounding the brain and spinal cord, or in the lining of muscles and joints. GAS found in these unusual places is called "INVASIVE GAS (iGAS) disease" and can occasionally cause severe disease. The commonly called "flesh eating disease" (necrotizing fasciitis) and streptococcal shock syndrome (STSS) are some examples of severe iGAS disease.

### What are some signs and symptoms of severe invasive GAS (iGAS)?

Early signs of necrotizing fasciitis include fever, severe pain and rapid skin swelling, redness or a dark purple color to the skin.

Early signs of STSS include fever, a general feeling of unwellness, dizziness, confusion, red rash on the body and sometimes abdominal pain.

### How is GAS treated?

Mild infections are usually treated with oral antibiotics. More serious infections may require intravenous (IV) antibiotics. Occasionally, these serious infections may also



need a surgical procedure to help remove the infection.

Treating an infected person with antibiotics for 24 hours or longer generally eliminates the ability to spread the bacteria. It is very important to take ALL the antibiotics prescribed.

Anyone who is identified as a close contact of a person with severe iGAS may be given antibiotics in order to prevent a GAS infection from occurring.

### **Who is most at risk of getting iGAS?**

Few people who come into contact with GAS bacteria develop invasive disease. Although healthy people can develop iGAS, the elderly, those with chronic illnesses such as HIV, cancer, diabetes and kidney disease requiring dialysis are more at risk. Additionally, people with breaks/tears/cuts in the skin may provide the opportunity for GAS to enter the body.

Close contacts of people with iGAS may be at an increased risk of infection, however the risk of infection is low. Close contacts may include:

- people living in the same household as the sick person
- people sharing sleeping arrangements with the sick person
- people who have had direct contact with the sick person through open mouth kissing, touching draining skin sores
- injection drug users who shared needles/drug works with the sick person.

School classmates (kindergarten and older), work colleagues, as well as social or sports contacts of the sick person are not usually considered to be close contacts.

### **What can be done to help prevent GAS infections?**

- Good personal hygiene, especially frequent hand washing (using soap and water for at least 15 seconds) and bathing
- Cover your cough or sneeze with a tissue or into your sleeve
- Wounds and cuts should be well cleansed and bandaged
- Seek medical attention if a cut becomes infected.

### **Why is a Public Health Nurse Involved?**

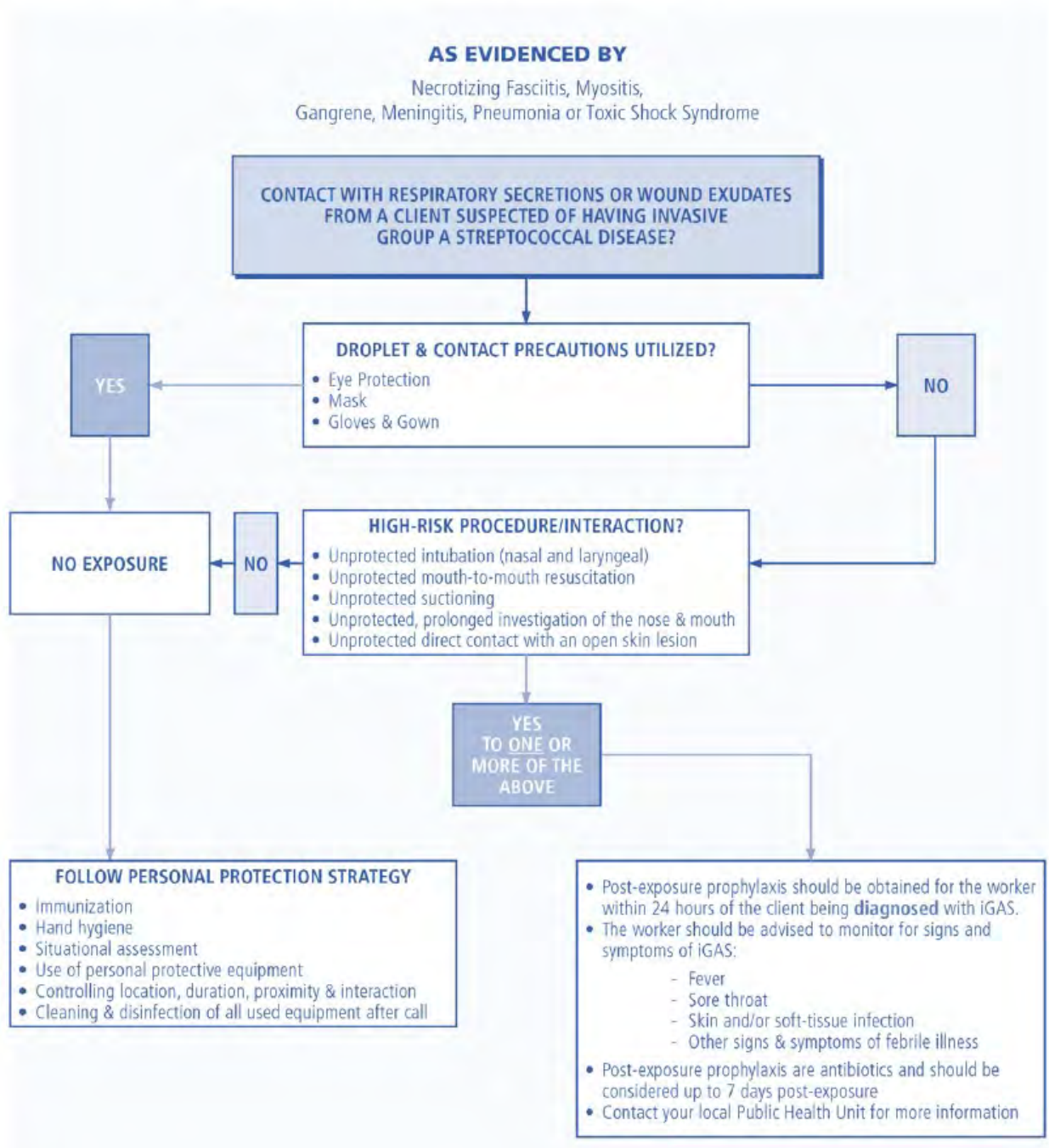
The Thunder Bay District Health Unit investigates all reports of communicable diseases, including invasive GAS disease. Our role is to investigate the circumstances of the infection, provide education to the infected person and to confidentially identify and notify close contacts of the infected person. Contacts are given information about the infection and are assessed for the need for preventive antibiotics.

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## Invasive Group A Streptococcal Disease (iGAS)



## **SECTION 6: LEGISLATION**

### **6.1 Occupational Health & Safety Act (OHSA)**

Overriding legislation that outlines responsibilities both employers and employees have in maintaining a safe working environment. For the employer, this would include measures such as providing necessary protective equipment, policies, procedures, and training. The workers responsibility is to follow the policies & procedures put into place, recognize risks, and report to their employer any unsafe work conditions.

### **7.2 Health Protection and Promotion Act (HPPA)**

Provides the legislative mandates for local Public Health Units, and essentially guides the Health Units responsibilities in organization and delivery of public health programs and services. The act enables related regulations, including the Ontario Public Health Standards, discussed in the next section.

### **7.3 Ontario Public Health Standards (OPHS)**

Under the authority of the HPPA, the OPHS specifies mandatory health programs that must be provided by local Public Health Units. These programs function to maintain the physical and mental health of local populations, with a focus on preventative and protective factors. The Standards guide the health unit's core functions, which include:

- Assessment and Surveillance;
- Health Promotion and Policy Development;
- Health Protection;
- Disease Prevention; and Emergency Management

### **7.4 Infectious Disease Protocol**

Mandates the Health Unit's role in being available to receive and respond to reports of diseases of public health significance 24/7, including reports made the by designated officer. The PHU ensures that reports are received, assessed, and responded to as soon as possible.

The protocol specifies that boards of health shall maintain a list of Designated Officers (DO) for emergency services in their region (i.e. police, firefighters, ambulance), in order to facilitate the exposure notification process. It also outlines the role of the PHU in supporting the DO in exposure assessments when needed.

The protocol ensures that the MOH or designate prioritize notification of exposures to emergency service works when identified during contact tracing and follow up on diseases of public health significance.



## **SECTION 7: CONFIDENTIALITY**

The Thunder Bay District Health Unit 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 TBDHU 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 Unit should be treated in a confidential manner at all times.**





## SECTION 8: References

Control of Communicable Diseases Manual, 2015, 20th Edition, David L. Heymann

Committee on Infectious Diseases (2012). Red Book, 29th Edition.

Health Canada. Canada Communicable Disease Report (ongoing)  
<https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr.html>

Ontario Public Health Standards, 2008 (Revised January 1, 2014)  
<https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability>

Infectious Disease Protocol (2023)  
<https://files.ontario.ca/moh-infectious-disease-protocol-en-2023.pdf>

Routine Practices and Additional Precautions  
<https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Routine-Practices-Additional-Precautions#:~:text=Routine%20practices%20refer%20to%20minimum,of%20transmitti ng%20or%20acquiring%20disease.>

Government of Ontario: Mandatory Blood Testing  
<https://www.ontario.ca/page/mandatory-blood-testing>

Mandatory Blood testing Act, 2006  
<https://www.ontario.ca/laws/statute/06m26>

Public Services Health & Safety Association: Designated Officer Manual for Infection Prevention: Reducing the Risk for Front-Line Staff (2007)



# Appendix





# Diseases of Public Health Significance

If you suspect or have confirmation of the following specified Diseases of Public Health Significance or their etiologic agents, (as per Ontario Reg. 135/18 "Designation of Diseases" and amendments under the *Health Protection and Promotion Act*) please report them to the Medical Officer of Health.

**Diseases marked \* must be reported IMMEDIATELY AS SOON AS SUSPECTED to the Medical Officer of Health by telephone. Do not wait for laboratory confirmation.**

Other diseases can be reported by the next working day by fax, phone or mail.

999 Balmoral Street, Thunder Bay, ON P7B 6E7  
Phone: 625-8318 | After Hours: (807) 624-1280 | Fax: (807) 625-4822

Acquired Immunodeficiency Syndrome (AIDS)	*Group A Streptococcal disease, invasive	Ophthalmia neonatorum
*Acute flaccid paralysis (AFP)	Group B Streptococcal disease, neonatal	Paralytic shellfish poisoning
Amebiasis	*Haemophilus influenzae disease, types, invasive	Paratyphoid Fever
Anaplasmosis	*Hantavirus pulmonary syndrome	Pertussis (Whooping Cough)
*Anthrax	*Hemorrhagic fevers, including:	*Plague
Babesiosis	*Ebola virus disease	Pneumococcal disease, invasive
Blastomycosis	*Marburg virus disease	*Poliomyelitis, acute
*Botulism	*Lassa fever and	Powassan Virus
*Brucellosis	*other viral causes	Psittacosis/Ornithosis
Campylobacter enteritis	*Hepatitis A, viral	*Q Fever
Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization	Hepatitis B, viral	*Rabies
Chancroid	Hepatitis C, viral	*Respiratory infection outbreaks in institutions and public hospitals
Chickenpox (Varicella)	Influenza (*novel strains)	Rubella
Chlamydia trachomatis infections	Legionellosis	Rubella, congenital syndrome
*Cholera	Leprosy	Salmonellosis
*Clostridium difficile infection (CDI) outbreaks in public hospitals	Listeriosis	Shigellosis
*Creutzfeldt-Jakob Disease, all types	Lyme Disease	*Smallpox
Cryptosporidiosis	*Measles	Other Orthopoxviruses including Monkeypox
Cyclosporiasis	*Meningitis, acute, including:	Syphilis
*Diphtheria	*Bacterial	Tetanus
Echinococcus multilocularis infection	Viral and	Trichinosis
Encephalitis, primary, viral	Other	Tuberculosis
Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified	*Meningococcal disease, invasive	Tularemia
Food poisoning, all causes	Mumps	Typhoid Fever
*Gastroenteritis, outbreaks in institutions and public hospitals	* Novel Coronavirus: COVID-19	Verotoxin-producing E. coli infection, including Hemolytic Uremic Syndrome (HUS)
Giardiasis, except asymptomatic cases	*MERS (Middle East Respiratory Syndrome)	West Nile Virus Illness
Gonorrhea	*SARS (Severe Acute Respiratory Syndrome)	Yersiniosis

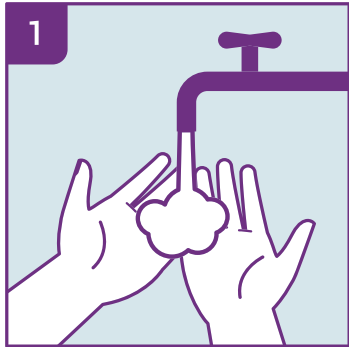
Update: July, 2023 with Anaplasmosis, Babesiosis and Powassan Virus

999 Balmoral Street, Thunder Bay, ON P7B 6E7  
Phone: (807) 625-5900 | Toll-free: 1-888-294-6630  
TBDHU.COM

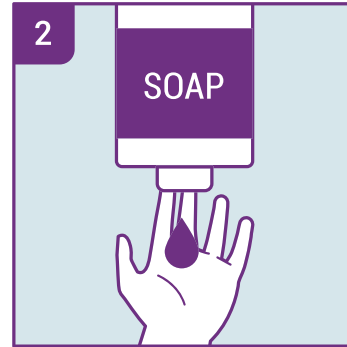


# Wash Your Hands

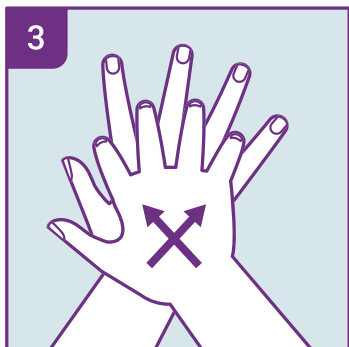
Stop the Spread of Germs!



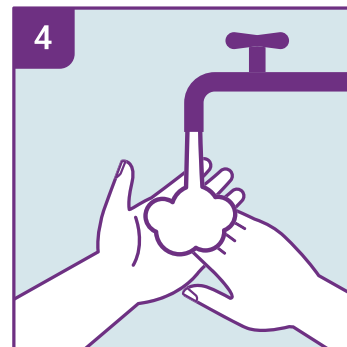
Wet hands.



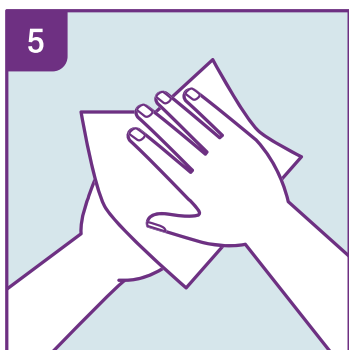
Apply soap. Lather for 15 seconds.



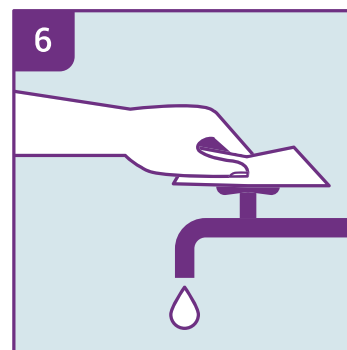
Rub between fingers, back of hands, fingertips, under nails.



Rinse well under running water.



Dry hands well with paper towel.



Turn taps off with paper towel, if available.

# How to Put On Personal Protective Equipment

**1**

**PERFORM HAND HYGIENE**



**2**

**PUT ON GOWN**



**3**

**PUT ON MASK OR  
N95 RESPIRATOR**



**4**

**PUT ON EYE PROTECTION**



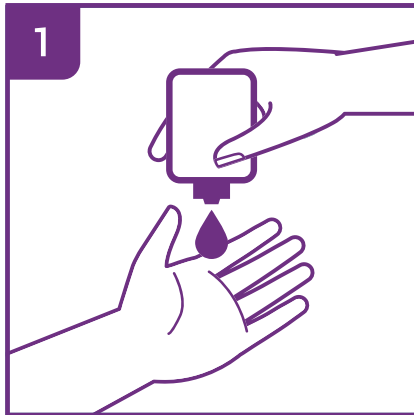
**5**

**PUT ON GLOVES**

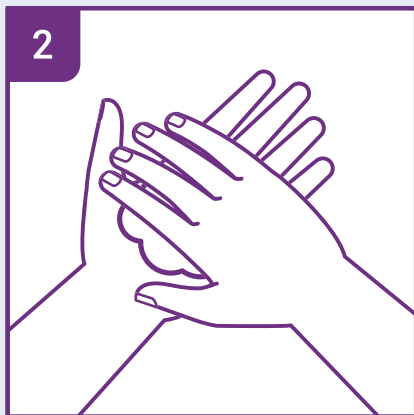


# Sanitize Your Hands

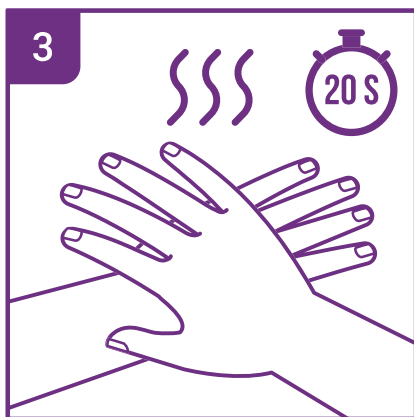
Stop the Spread of Germs!



Apply sanitizer  
(minimum 60% alcohol-based).



Rub hands together.



Work sanitizer between fingers,  
back of hands, fingertips, under nails.  
Rub hands until dry.

# How to Remove Personal Protective Equipment

**1**

REMOVE GLOVES



**2**

REMOVE GOWN



**3**

PERFORM HAND HYGIENE



**4**

REMOVE EYE PROTECTION



**5**

REMOVE MASK OR  
N95 RESPIRATOR



**6**

PERFORM HAND HYGIENE

