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aspergillosis	
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## 1.0 Purpose

If dust particles contaminated with bacteria and fungi are dispersed during construction, there may be health risks for client/patients, staff and visitors. Early planning and a collaborative approach can prevent construction or maintenance related infections, and minimize allergen load and other workplace hazards.

This policy is intended to:

- 1. Identify the hospital population at risk for construction, renovation and maintenance related infectious hazards throughout the preconstruction, construction and post-construction phases;
- 2. Provide and maintain a protective environment for susceptible individuals, including client/patients, employees, physicians, volunteers, visitors and contractors through the use of preventative measures as outlined in the <u>Risk Assessment and Preventive</u> <u>Measures Checklist for Hospital Construction and Renovation;</u> and
- Prevent construction related infectious agents (e.g. Apergillus, Legionnella) from contaminating the environment, including the ventilation and water systems

## 2.0 Persons Affected

This policy applies to any staff or affiliate of CAMH who is completing any type of construction, maintenance, millwork, or moving that creates dust (e.g. knocking down walls, moving ceiling tiles, drilling to access cables, creating shelving, etc.). This policy outlines particular roles for Infection Prevention and Control (IPAC), Plant Operations and Maintenance staff, Facilities and Planning staff, Redevelopment Office Staff, Health, Safety and Wellness Manager, Director of Quality and Patient Safety, and contracted construction workers at each of CAMH's main campuses (i.e. QS, CS, and RS sites).

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## 3.0 Policy

Infection prevention and control guidelines and standards will be adhered to during health care facility planning, design, construction, renovation, maintenance and repair within CAMH facilities. The goal is to eliminate any infectious risks where possible and minimize those risks that cannot be eliminated from agents released or augmented because of actions undertaken within the health care facility.

## 4.0 Definitions

Allergen Load: an individual's total allergic or chemical burden from exposure (Mosby, 2009).

Aspergillus: A genus of fungi that includes many common molds (The American Heritage Medical Dictionary, 2007). Aspergillius species are naturally occurring organisms found everywhere in soil, water and decaying vegetation. Along with Legionella, they are the most frequent causes of construction-related infections, especially for immunocompromised individuals. Aspergillosis is an infection caused by inhalation of fungal spores, which can lead to pneumonia following local lung tissue invasion. Construction related risk factors for Aspergillus include:

- 1. Exposure to construction activities.
- 2. Immunosuppressive conditions (e.g. bone marrow or solid organ transplantation; graft- verses- host
- 3. disease requiring treatment; prolonged neutropenia or granulocytopenia because of chemotherapy:
- 4. Prolonged use of antibiotics to treat fevers or previous infections; and steroid therapy or other immunosuppressive therapy).
- 5. AIDS, congenital immunodeficiencies.
- 6. Dialysis, renal failure.
- 7. Diabetic ketoacidosis.
- 8. Mechanical ventilation
- 9. Smokina.
- 10. Age of the patient (e.g. neonates and very old people have a greater risk)

**Immunocompromised:** an immune response that has been weakened by a disease or an immunosuppressive agent (Mosby, 2009).

**Interdepartmental Project Team:** The group of professionals responsible for collaborating on prevention of construction related infectious hazards. The team, led by the project manager includes membership from Infection Control, Plant Operations and Maintenance, Health, Safety and Wellness, and Quality and Patient

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Safety. Each member of the interdepartmental project team has the accountability for their respective areas of expertise and has the authority to stop construction if there is a significant failure to adhere to preventive measures.

**Legionella**: a genus of bacteria that normally inhabits lakes, streams, and moist soil; they have often been isolated from cooling-tower water, evaporative condensers, tap water, shower heads, and treated sewage (Dorlands' Medical Dictionary, 2007). Along with aspergillus, legionella is the most frequent causes of construction–related nosocomial infections, especially for immunocompromised individuals. Legionnaires' disease is a preventable pneumonia cased by legionella. Construction related risk factors for Legionnaires' disease include:

- 1. Exposure to soil excavation during construction and malfunction of plumbing systems
- 2. Immunosuppressive conditions (e.g. bone marrow or organ transplantation; graft- verses-host disease requiring treatment; and steroid therapy)
- 3. Advanced age
- 4. Chronic pulmonary disease
- 5. Smoking
- 6. Excessive use of alcohol
- 7. Surgery
- 8. Diabetes
- 9. Neoplastic disease
- 10. Renal Disease
- 11. Cardiac failure

**Nosocomial Infection:** an infection acquired at least 72 hours after hospitalization. Also known as a hospital-acquired infection (Mosby, 2009).

#### 5.0 Responsibilities

- 5.1 Project Manager (from Plant Operations and Maintenance, Facilities & Planning Department, or Redevelopment Office)
  - 5.1.1 Oversee and coordinate the activities of CAMH personnel and consultants involved in the construction project (including equipment installation/removal);
  - 5.1.2 Manage information flow among members of the interdepartmental project team;
  - 5.1.3 Decide who shall be represented at planning, design, construction, and commissioning meetings;
  - 5.1.4 Coordinate the completion of the <u>Risk Assessment and Preventive</u> Measures Checklist for Hospital Construction and Renovation;

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- 5.1.5 Ensure that contracted constructors have proof of awareness training in infection control during construction, renovation and maintenance in health care facilities.
- 5.1.6 Conduct environmental sampling (dust, water, air) and notify Infection Prevention and Control and the Joint Health and Safety Committee in case of any identified infectious biological agents (bacterial/fungal).
- 5.2 Infection Control Practitioner (ICP)
  - 5.2.1 Provide education to members of the Interdepartmental Project Team regarding infection prevention and control measures related to construction;
  - 5.2.2 Participate in the interdepartmental project team throughout the construction project (design phase, pre-construction, during construction, post construction);
  - 5.2.3 Ensure appropriate preventive measures are used and adhered to during the course of construction;
  - 5.2.4 Stop construction if there is a significant failure to adhere to preventive measures related to infection control

5.3 Plant Operations and Maintenance Staff (POM)

- 5.3.1 Ensure risk assessment (determination of preventive measures) has been conducted prior to maintenance work;
- 5.3.2 Ensure that preventive measures are initiated and maintained throughout the duration of maintenance activities;
- 5.3.3 Ensure that work areas are free of visible dust/debris accumulation upon completion of scheduled work activities;
- 5.3.4 Ensure that materials are kept clean and dry during delivery and installation;
- 5.3.5 Coordinate with constructor to ensure that CAMH systems at the construction site are isolated from systems in occupied areas of CAMH to prevent contamination of air, water, and other systems;
- 5.3.6 Monitor and replace air system filters, if necessary during heavy construction, to maintain the design parameters of the air handling systems;
- 5.3.7 Stop construction if there is a significant failure to adhere to preventive measures.

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5.4 Health, Safety and Wellness Manager (HSW)

- 5.4.1 Participate in the interdepartmental project team throughout the construction project (design phase, pre-construction, during construction, post construction);
- 5.4.2 Ensure that compliance with *Occupational Health and Safety Act* (1990) is met;
- 5.4.3 Stop construction if there is a significant failure to adhere to preventive measures.
- 5.5 Quality and Patient Safety Director (QPS)
  - 5.5.1 Participate in the interdepartmental project team throughout the construction project (design phase, pre-construction, during construction, post construction);
  - 5.5.2 Stop construction if there is a significant failure to adhere to preventive measures
  - 5.5.3 Monitor relevant event and near miss reporting (SCORE) and ensure that supervisor follow-up is completed
- 5.6 Joint Health and Safety Committee
  - 5.6.1 Participate in site inspection of the construction / renovation area prior to occupancy
  - 5.6.2 Review relevant reports as necessary
- 5.7 Contract Construction Personnel
  - 5.7.1 Supply, erect, and maintain integrity of all barriers between construction area and adjacent areas of CAMH.
  - 5.7.2 Maintain the construction site ventilation system.
  - 5.7.3 Keep contaminant generation at the construction site within applicable limits.
  - 5.7.4 Maintain housekeeping at the construction site.
  - 5.7.5 Account for the actions of employees and sub-trades.
  - 5.7.6 Ensure that materials are kept clean and dry during delivery and installation
  - 5.7.7 Provide proof of infection control during construction, renovation and maintenance in health care facilities awareness training

#### 6.0 Procedures

- 6.1 General
  - 6.1.1 The Project manager (or project manager once assigned) will advise

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IPAC, HSW, and QPS of any scheduled construction and renovation projects.

- 6.1.2 The Project Manager will implement the <u>Risk Assessment and</u> <u>Preventive Measures Checklist for Hospital Construction and</u> <u>Renovation</u> for all projects and will be included with all work orders and project assignments.
- 6.1.3 Departments/Programs that require service, as defined in the process algorithm for joint construction / renovation will inform Plant Operations/Facilities and Planning Department. **NB: Repairs requiring immediate action will be dealt with as an emergency situation.**
- 6.1.4 The Project manager will notify IPAC, HSW, and QPS of any emergency repairs. This includes repairs causing disruption of water supply to patient care areas for > 30 minutes.
- 6.1.5 During major capital projects, site reviews will be conducted on a regular basis, and as needed, with the Project manager, construction representative, IPAC, QPS, and HSW. A written inspection report from IPAC, QPS, and HSW to the Project manager will be provided as needed.
- 6.1.6 Prior to occupancy, a site inspection of the construction / renovation area will be performed by the Project manager, Department Manager, worker member of JH&SC for the site, IPAC, HSW, and QPS.

## 6.2 Construction, Renovation and Maintenance

- 6.2.1 Pre-Construction Phase:
  - a. The Project manager requesting service will notify IPAC, HSW, and QPS of any scheduled construction /renovation (including equipment installation/removal) projects by forwarding the following 30 days prior to the project start date unless emergency repairs:
    - A <u>Risk Assessment and Class Construction Checklist for</u> <u>Hospital Construction and Renovation</u>; and
    - Architects drawings and specifications (if available) or a brief description.
- b. IPAC and HSW will <u>liaise</u> with the project manager to determine the infection and occupational risks of all persons at CAMH.
- c. IPAC, QPS, and HSW will <u>review</u> the checklist and confirm the construction class and risk group.
- d. Procedures outlined in Appendix B will be followed depending on the class and risk group criteria.

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- e. The Project manager will follow all recommended preventative measures by IPAC, HSW, QPS (including possible temporary relocation of staff and client/patients, use of personal protective equipment, etc.)
- f. The Project manager will communicate recommendations to the following:
  - Manager of the department requiring service,
  - Contractors and vendors,
  - Trades personnel involved.
  - Site specific JH&SC

The recommendations may be communicated by the following methods:

- Written, verbal and /or electronic communication
- Posted signage in the hospital and/or the construction/renovation area.
- f. Prior to and during construction, the Project manager or IC, HSW, or QPS reserve the right to conduct inspections to determine if the recommended preventative measures are met.
- g. IPAC, HSW, or QPS may <u>communicate</u> as required (regarding the hospital construction/renovation-related health risks for patients and care providers) to contractors and other relevant personnel by educational in-service prior to the project start.

## 6.2.2 Construction Phase

- The project manager will oversee the construction personnel through regularly schedules site visits until the construction phase is completed. Relevant members of interdepartmental project team can also be included as needed. The oversight is completed to ensure that construction personnel complete responsibilities, including:
  - Maintain air systems serving the hospital and the construction/renovation area as outlined in the recommendations for the Class of construction activity.
  - Observe the appropriate precautions when leaving the construction/renovation zone.
  - Clean the construction /renovation zone and adjacent areas regularly as specified in the contract.
  - Transport and dispose of construction debris along designated routes.
  - Send out a warning advisory to any affected area(s) in the event of an (known) accidental contamination of the ventilation and or/water systems, in order to prevent any associated risks

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 Remediate immediately any damage caused by flooding, sewage backup, steam leaks, ground water infiltration or power interruptions during construction or after floods

## 6.2.3 Post-Construction Phase

- a. The project manager will oversee the construction personnel through regularly schedules site visits until the post-construction phase is completed. Relevant members of interdepartmental project team can also be included as needed. The oversight is completed to ensure that construction personnel complete responsibilities, including:
  - Assess the air system serving the construction/renovation zone at the end of the project to determine cleaning requirements prior to use.
  - Flush all water systems thoroughly prior to use. Disinfect as needed.
  - Terminally clean the construction/renovation zone prior to occupancy.
- b. Prior to occupancy the project manager will schedule a final site inspection with the IPAC, HSW, and QPS; JH&SC will be informed. The Project manager, IPAC, HSW, and QPS are responsible for the final site inspection where determined appropriate. If construction is greater than 30 days inspection team will include worker members from site JH&SC.
- c. The Project manager, IPAC, HSW, and QPS will evaluate the effectiveness of the infection control, and occupational health and safety measures; identify deficiencies, and make recommendations for future improvements.

## 7.0 <u>References</u>

- Canadian Standards Association. (2003). Infection control during construction, renovation or maintenance of health care facilities. Available at: http://www.hepacart.com/SiteResources/data/files/CSA%20doc.pdf
- Dorland's Medical Dictionary for Health Consumers (2007). Available at: <u>http://www.dorlands.com/</u>
- Health Canada. (2001). Construction-related nosocomial infections in patients in health care facilities: Decreasing the risk of aspergillus, legionella and other infections. Available on the Public Health Agency of Canada website at: <u>http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/01vol27/27s2/index.html</u>

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Mosby (2009). Mosby's medical dictionary. (8th Ed). Elsevier.

Occupational Health and Safety Act, 1990, R.S.O., c.O.1. Available at: <u>http://www.e-laws.gov.on.ca/html/statutes/english/elaws\_statutes\_90001\_e.htm</u>

Sehulster, L., & Chinn, R.Y.W. (2003). Guidelines for environmental infection control in health-care facilities. *Center for Disease Control and Prevention Morbidity and Mortality Weekly Report*, 52(RR10), 1-42.

The American Heritage® Medical Dictionary. (2007). Houghton Mifflin Company.

## 8.0 Links/Related Documents

Appendix A: Background Appendix B: Class I, II, III, & IV Procedures Risk Assessment and Preventive Measures Checklist for Hospital Construction and Renovation Infection Control Inspection Form

CSA Standards Tables 2 and 3 (available through Manager, Plant Operations and Maintenance)

## 9.0 <u>Review/Revision History</u>

Date	Revision	Revision Type	Reference Section(s)
	No.	(minor edit, moderate revision,	
		complete revision)	
April 2011	1.0	New policy	moved from internal to centre wide
			policy; new forms and procedures

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## Appendix A: Background

Healthcare facilities are frequently undergoing construction and renovations. Due to the increased awareness of potential exposure to infectious agents during construction related projects within health care and long-term care facilities, several organizations have recently published guidelines and standards for these facilities to use as a resource. In July 2001, Health Canada released the Canada Communicable Disease Report (CCDR) entitled "Construction-related Nosocomial Infections in Patients in Health Care Facilities: Decreasing the Risk of Aspergillus, Legionella and Other Infections". Within this report are guidelines for risk assessment and specifications for control measures during construction. The U.S. Centers for Disease Control (CDC) released a recommendations report in June 2003 titled "Guidelines for Environmental Infection Control in Health-Care Facilities". Within this report, specific recommendations were made with respect to the use of dust-control procedures and barriers during construction. In order to provide a guideline for preventing and controlling constructionrelated fungal and bacterial infections during the construction phase of projects, the Canadian Standards Association (CSA) released CSA Standard Z317.13-07, titled "Infection Control during Construction, Renovation or Maintenance of Health Care Facilities". This Standard, based largely on the CCDR document, describes precautionary and remedial measures for preventing exposure to agents released or augmented because of actions undertaken during health care facility construction, renovation, maintenance, and repair work. This Standard applies not only to hospitals, but to all locations that support the delivery of health-related services, such as outpatient clinics, long-term care facilities, and physician's offices. This policy has been developed based on information provided in CSA Standard Z317.13-07.

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## CAMH

## Procedures for Class I – Yellow

- Construction Activity: Type A
- Population Risk Group: Group 1 2 3
- General Set-up Requirements: Polyethylene drop sheet (i.e. no enclosure).
- Protective Clothing Requirements: None.

## **Pre-Construction Activities**

- 1. Review area of work and confirm that Class I Yellow is appropriate for the type of work to be performed and population present in adjacent areas.
- 2. Inform appropriate hospital personnel in work area of scope of work and potential impact on area.
- 3. Establish traffic pattern for workers and debris removal with hospital staff.
- 4. Identify any additional activities that may be necessary to safely perform work and take appropriate measures. This may include relocation of patients or disruption of ventilation, electrical or plumbing systems.
- 5. Ensure all necessary equipment & materials for set-up, work and clean-up activities are present.

## Set-up Activities

- 1. Disable and seal ventilation system (supply/return) if located in immediate work area.
- 2. Put down and secure polyethylene sheeting in area of work.
- 3. Seal any windows, unused doors or other openings inside the work area with Duct tape/Tuk tape.
- 4. Place walk-off mats at entrance/exit to work area.
- 5. Adequately separate work area from other hospital areas with caution tape, etc.

## **Work Activities**

- 1. Lightly mist area of ceiling if cutting is required for access.
- 2. Immediately place debris created to gain access into ceiling in polyethylene bag for disposal.
- 3. Access ceiling space for inspection/work and visually inspect for signs of moisture damage/mould growth. If mould growth is suspected, stop work and advise supervisor.
- 4. Clean accessible surfaces above ceiling of any settled dust & debris using a HEPA vacuum and/or clean, damp rags prior to performing any work that may disturb this material.
- 5. Lightly mist area of work if activities have the potential to create dust.
- 6. Perform work activities in a manner that will minimize debris generation.
- 7. Place any debris created during work into polyethylene bags for disposal.

- 1. Seal ceiling space as required (replace tiles/temporarily seal/repair).
- 2. Clean all tools/equipment of debris using HEPA-vacuum and/or damp rags or seal in a polyethylene bag for transport to next location.
- 3. Clean any debris on floor and polyethylene drop sheet with HEPA-vacuum.
- 4. Clean any debris from clothing and bottom of shoes using HEPA-vacuum.
- 5. Clean bottom of shoes using walk-off mats.
- 6. Remove polyethylene drop sheets, walk-off mats and tape sealing doors/windows, etc.
- 7. Seal all debris (including drop sheets) within polyethylene bags.
- 8. Clean floor around work area with a clean and damp mop and/or HEPA-vacuum.
- 9. Remove debris following pre-established route.
- 10. Re-establish ventilation system if required.



## CAMH

## Procedures for Class II – Orange

- Construction Activity: Type B or C
- Population Risk Group: Group 1 or 2
- General Set-up Requirements: Temporary or portable enclosure to false ceiling.
- Protective Clothing Requirements: None.

## **Pre-Construction Activities**

- 1. Review area of work and confirm that Class II Orange is appropriate for the type of work to be performed and population present in adjacent areas.
- 2. Inform appropriate hospital personnel in work area of scope of work and potential impact on area.
- 3. Establish traffic pattern for workers and debris removal with hospital staff.
- Identify any additional activities that may be necessary to safely perform work and take appropriate measures. This may include relocation of patients or disruption of ventilation, electrical or plumbing systems.
- 5. Ensure all necessary equipment & materials for set-up, work and clean-up activities are present.

#### Set-up Activities

- 1. Disable and seal ventilation system (supply/return) if located in immediate work area.
- 2. Construct air-tight temporary enclosure or erect portable enclosure.
- 3. Seal any windows, unused doors or other openings inside the enclosure with Duct tape/Tuk tape.
- 4. Place walk-off mats at entrance/exit to enclosure.
- 5. Adequately separate work area from other hospital areas with caution tape, etc.
- 6. Ensure that adequate negative pressure (0.03 inches w.c.) is being maintained in the enclosure.

## **Work Activities**

- 1. Lightly mist area of ceiling if cutting is required for access.
- 2. Immediately place debris created to gain access into ceiling in polyethylene bag for disposal.
- 3. Access ceiling space for inspection/work and visually inspect for signs of moisture damage/mould growth. If mould growth is suspected, stop work and advise supervisor.
- 4. Clean accessible surfaces above ceiling of any settled dust & debris using a HEPA-vacuum and/or clean, damp rags prior to performing any work that may disturb this material.
- 5. Lightly mist area of work if activities have the potential to create dust.
- 6. Perform work activities in a manner that will minimize debris generation.
- 7. Place any debris created during work into polyethylene bags for disposal.
- 8. Continually inspect enclosure for integrity and stop work/repair if integrity is lost.

- 1. Seal ceiling space as required (replace tiles/temporarily seal/repair).
- 2. Clean debris from floors & walls of enclosure using HEPA-vacuum and/or clean, damp rags.
- 3. Clean all tools/equipment of debris using HEPA-vacuum and/or damp rags or seal in a polyethylene bag for transport to next location.
- 4. Clean any debris from clothing and bottom of shoes using HEPA-vacuum and clean bottom of shoes using walk-off mats when exiting enclosure.
- 5. Remove temporary/portable enclosure and other materials (tape, walk-off mats, etc.) and seal all debris within polyethylene bags.
- 6. Clean floor around work area with a clean and damp mop and/or HEPA-vacuum.
- 7. Remove debris following pre-established route.
- 8. Re-establish ventilation system if required.



## CAMH

Procedures for Class III – Blue

- Construction Activity: Type A B C or D.
- Population Risk Group: Group 1 2 3 or 4.
- General Set-up Requirements: Temporary or portable enclosure to false ceiling and upper seals from false ceiling to true ceiling.
- Protective Clothing Requirements: Dust impermeable suits (such as Tyvek).

## **Pre-Construction Activities**

- 1. Review area of work and confirm that Class III Blue is appropriate for the type of work to be performed and population present in adjacent areas.
- 2. Inform appropriate hospital personnel in work area of scope of work and potential impact on area.
- 3. Establish traffic pattern for workers and debris removal with hospital staff.
- Identify any additional activities that may be necessary to safely perform work and take appropriate measures. This may include relocation of patients or disruption of ventilation, electrical or plumbing systems.
- 5. Ensure all necessary equipment & materials for set-up, work and clean-up activities are present.

## Set-up Activities

- 1. Disable and seal ventilation system (supply/return) if located in immediate work area.
- 2. Construct air-tight temporary enclosure or erect portable enclosure.
- 3. Seal any windows, unused doors or other openings inside the enclosure with Duct tape/Tuk tape.
- 4. Place walk-off mats at entrance/exit to enclosure.
- 5. Adequately separate work area from other hospital areas with caution tape, etc.
- 6. Ensure that adequate negative pressure (0.03 inches w.c.) is being maintained in the enclosure and exhausted to building exterior (away from intake vents) or as approved by IPCS.

## **Work Activities**

- 1. Lightly mist area of ceiling if cutting is required for access.
- 2. Immediately place debris created to gain access into ceiling in polyethylene bag for disposal.
- 3. Access ceiling space for inspection/work and visually inspect for signs of moisture damage/mould growth. If mould growth is suspected, stop work and advise supervisor.
- 4. Clean accessible surfaces above ceiling of any settled dust & debris using a HEPA vacuum and/or clean, damp rags prior to performing any work that may disturb this material.
- 5. Erect upper seals from false ceiling to true ceiling.
- 6. Lightly mist area of work if activities have the potential to create dust.
- 7. Perform work activities in a manner that will minimize debris generation.
- 8. Place any debris created during work into polyethylene bags for disposal.
- 9. Continually inspect enclosure for integrity and stop work/repair if integrity is lost.

- 1. Remove upper seals and seal ceiling space as required (replace tiles/temporarily seal/repair).
- 2. Clean debris from floors & walls of enclosure using HEPA-vacuum and/or clean, damp rags.
- 3. Clean all tools/equipment of debris using HEPA-vacuum and/or damp rags or seal in a polyethylene bag for transport to next location.
- 4. Clean any debris from protective clothing and bottom of shoes using HEPA-vacuum and clean bottom of shoes using walk-off mats when exiting enclosure.
- 5. Remove temporary/portable enclosure and other materials (protective clothing, tape, walk-off mats, etc.) and seal all debris within polyethylene bags.
- 6. Clean floor around work area with a clean and damp mop and/or HEPA-vacuum.
- 7. Remove debris following pre-established route.
- 8. Re-establish ventilation system if required.



## Procedures for Class IV – Magenta

- Construction Activity: Type B C or D.
- Population Risk Group: Group 1 2 3 or 4.
- **General Set-up Requirements:** Temporary or portable enclosure to false ceiling, including an anteroom. Upper seals from false ceiling to true ceiling.
- Protective Clothing Requirements: Dust impermeable suits and boot covers (such as Tyvek).

## Pre-Construction Activities

- 1. Review area of work and confirm that Class IV Magenta is appropriate for the type of work to be performed and population present in adjacent areas.
- 2. Inform appropriate hospital personnel in work area of scope of work and potential impact on area.
- 3. Establish traffic pattern for workers and debris removal with hospital staff.
- 4. Identify any additional activities that may be necessary to safely perform work and take appropriate measures. This may include relocation of patients or disruption of ventilation, electrical or plumbing systems.
- 5. Ensure all necessary equipment & materials for set-up, work and clean-up activities are present.

## Set-up Activities

- 1. Disable and seal ventilation system (supply/return) if located in immediate work area.
- 2. Construct air-tight temporary enclosure or erect portable enclosure, including an anteroom at entrance.
- 3. Seal any windows, unused doors or other openings inside the enclosure with Duct tape/Tuk tape.
- 4. Place walk-off mats inside and immediately outside the anteroom.
- 5. Adequately separate work area from other hospital areas with caution tape, etc.
- 6. Ensure that adequate negative pressure (0.03 inches w.c.) is being maintained in the enclosure and exhausted to building exterior (away from intake vents) or as approved by IPCS.

## **Work Activities**

- 1. Lightly mist area of ceiling if cutting is required for access.
- 2. Immediately place debris created to gain access into ceiling in polyethylene bag for disposal.
- 3. Access ceiling space for inspection/work and visually inspect for signs of moisture damage/mould growth. If mould growth is suspected, stop work and advise supervisor.
- 4. Clean accessible surfaces above ceiling of any settled dust & debris using a HEPA vacuum and/or clean, damp rags prior to performing any work that may disturb this material.
- 5. Erect upper seals from true ceiling to false ceiling.
- 6. Lightly mist area of work if activities have the potential to create dust.
- 7. Perform work activities in a manner that will minimize debris generation.
- 8. Place any debris created during work into polyethylene bags for disposal.
- 9. Continually inspect enclosure for integrity and stop work/repair if integrity is lost.

- 1. Remove upper seals and seal ceiling space as required (replace tiles/temporarily seal/repair).
- 2. Clean debris from floors & walls of enclosure using HEPA-vacuum and/or clean, damp rags.
- 3. Clean all tools/equipment of debris using HEPA-vacuum and/or damp rags or seal in a polyethylene bag for transport to next location.
- 4. Clean any debris from protective clothing using HEPA-vacuum, remove protective clothing and boot covers in anteroom and clean bottom of shoes using walk-off mats when exiting enclosure.
- 5. Remove temporary/portable enclosure and other materials (anteroom, protective clothing, boot covers, tape, walk-off mats, etc.) and seal all debris within polyethylene bags.
- 6. Clean floor around work area with a clean and damp mop and/or HEPA-vacuum.
- 7. Remove debris following pre-established route.
- 8. Re-establish ventilation system if required.



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## **Policy Statement**

Prevention and control of Hospital Associated Illnesses (nosocomial illnesses) and exposure to infectious diseases and their spread among individuals who live, work and/or visit the Centre for Addiction and Mental Health (CAMH) is the primary goal of the CAMH Infection Control program.

Infection control activities shall involve policy development and reviewing, investigation, surveillance, monitoring and effective management of communicable infestations, infections and illnesses, waste management, cleaning, disinfection and sterilization of equipment and of the environment, ventilation, hand hygiene, use of appropriate personal protective equipment (PPE), and client and staff education and training.

All Monitoring, Evaluation and Reporting Standards as outlined in this policy are to be known and strictly followed by the appropriate personnel.

All staff, and/or persons engaged in activities at CAMH particularly those engaged in direct patient care will be instructed in correct infection prevention techniques and be familiar with all infection control policies and procedures.

Managers/supervisors are responsible for ensuring that all staff have documented up-to-date training.

Patient Care Services Practice Guidelines are to be developed utilizing infection control principles.

Client antibiotic usage will be monitored in relation to quality improvement in client care, and the prevention of antibiotic resistance.

## Scope/Responsibility

## A. Quality improvement program maintenance

Infection control is part of CAMH's Quality Improvement Program.

Continuous Quality Improvement involves an organized and methodical range of activities and processes to implement practice guidelines and/or standards of care.

Performance indicators are monitored to identify breaches in infection control practice and when corrective interventions are required, and are evaluated for effectiveness. Key Infection Control indicators will include:

- 1. Staff Pre-placement
- 2. Communicable Diseases Outbreak rate

- 3. Influenza immunization rates (client, staff)
- 4. Tuberculosis conversion rate.
- 5. Annual Infection Control staff education/training
- 6. Staff Mask Fit Testing

Surveillance/monitoring is done on:

- 1. Emerging Communicable Diseases Infections & Infestations (clients/staff)
- 2. Staff Sharps Injuries and blood and body fluid exposures
- 3. Client Antibiotic Usage

4. Antibiotic Resistance Organisms (AROs) specifically, Methicillin Resistance Staphylococcal Aureus (MRSA) and Vancomycin Resistance Enterococcus (VRE)

- 5. Clostridium dificille
- 6. Staff and client hand hygiene.

## **B**. Role Definitions

## 1. Infection Control Committee

will make recommendations and reports on all infection prevention and control matters to the Medical Advisory Committee through its chair.

## 2. Infection Control Practitioner (ICP).

1. serves as a consultant to staff on infectious diseases and patient placement relating to infections and outbreaks, staff and patient exposures, and epidemiological investigations of exposures of infectious diseases to patients, staff and outbreak investigation; available 24/7/365

2. serves as a resource for staff to contact for questions relating to the Ministry of Health and Long term Care, Health Canada, Public Health, OHSA & Regulations and Guidelines, and other regulatory agencies.

3. Develops, reviews and revises infection control policies and procedures.

4. the Infection Control Assistant (ICA) serves as a designate to the ICP and serves as well as a consultant/resource person to staff.

## 3. Clinical Programs Staff

1. supervise, instruct and advise patients on daily activities to ensure appropriate precautions/techniques are observed,

2. implement and role model Standard Precautions techniques for client care, and specific Transmission-based Precautions (Airborne, Contact, Droplet/contact) in addition whenever necessary.

3. assess the patient's isolation needs, initiate appropriate precautions per recommended/suggested and/or written Infection Control procedures and guidelines as found in the CAMH Infection Control Manual. Please note that initiation of isolation and/or precautions DOES NOT require a physician's order.

4. consult the Infection Control Practitioner or designate for information regarding isolation and infection control issues;

5. consult the Infection Control Practitioner or designate for information regarding infectious and communicable diseases.

6. demonstrate competence in techniques and procedures in infection prevention and control.

7. appropriately disinfect, remove and discard patient bodily wastes using Standard (previously Universal) Body Substance Precaution (BSP) techniques, and advise housekeeping staff to assist in final cleaning and disinfection of the affected area(s).

8. will demonstrate competence in procedures according to current CAMH guidelines for Patient CareServices.

9. will use the appropriate Personal Protective Equipment for procedures in accordance with existing practice guidelines.

10. will avoid eating at their work stations while on duty and shall use only designated places for their snacks and/or meals.

11. Managers/supervisors are responsible to ensure all staff have up-to-date documented training.

## 4. Housekeeeping staff

1. will seek and receive advice and instruction from program staff prior to commencement of any non-routine cleaning procedure.

2. will use the appropriate Personal Protective Equipment for cleaning/disinfecting procedures in accordance with existing housekeeping practice and infection control protocols.

3. will routinely implement and role model Standard Precautions techniques, and specific Transmission-based Precautions (Airborne, Contact, Droplet/contact) whenever needed.

4. will appropriately disinfect, remove and discard patient bodily wastes using Universal Body Substance Precaution (UBSP) techniques.

5. consult the Infection Control Practitioner or designate for any information regarding infectious disease situations.

6. demonstrate competence in techniques and procedures in infection prevention and control.

7. will avoid eating at their work stations while on duty and will use only designated places for their snacks and/or meals.

8. access and implement environmental cleaning procedures accordingly and as appears in departmental (housekeeping) manuals

9. Managers/supervisors are responsible to ensure all staff have up-to-date documented training.

C. All Staff

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## 1. Communicable Disease Screening and Immunization:

1. Staff will be screened for tuberculosis, hepatitis B, measles, mumps, rubella, tetanus and varicella (chickenpox) at the beginning of employment.

2. Volunteers will be screened for Tuberculosis.

3. Agency Staff should have been screened by their respective agencies and will be immune to the same vaccine-preventable communicable diseases (as listed in item 1 above), and tuberculosis, prior to working at CAMH.

4. Influenza vaccine will be offered to all staff annually.

5. Tetanus-Diphtheria vaccine will be offered, as needed.

6. Hepatitis B vaccine will be offered to all staff who may lack protection.

7. Staff who are serologically non-immune to varicella will be advised to be immunized (note that CAMH Occupational Health Services does not carry this vaccine).

8. All staff with a previous negative history to tuberculin skin test and with direct contact with patients, in the Emergency Department, the Admissions Triage Unit (ATU) of the Law & Mental Health program, those working in/from the Homeless Shelters, and those performing sputum induction procedures such as dental clinic, shall be tested for TB at least annually. See **TB Surveillance policy # I 4.10 of the Infection Control Manual.** 

## 2. Illness, Injuries & Exposures:

Staff will report to Occupational Health & Safety Services or the Nursing Supervisor during after-hours and/or on public holidays, when:

1. staff becomes febrile and/or appears to be in the infectious stages of an illness.

2. staff becomes ill and/ or diagnosed with gastroenteritis and will stay off work until 48 hours after the last episode of nausea, diarrhoea and/or vomiting.

3. upon returning to work after an illness from an infectious/communicable disease, and will present a medical note of clearance to and be assessed by the Occupational Health Nurse.

4. staff experiences a <u>significant</u> exposure to the blood/body fluid of any patient and/or staff. "Significant exposure" is defined as a splash of blood or body fluid onto a mucous membrane or non-intact skin or a puncture with a contaminated sharp instrument.

5. Occupational Health & Safety, in consultation with Infection control will -recommend chemoprophylaxis when needed as the result of an exposure to communicable diseases, and/or any fluid or bloodbourne pathogens

6. Occupational Health & Safety and Infection Control staff will coordinate screening procedures whenever a staff becomes exposed to any infectious person(s), disease(s) or substances while on the job.

7. A SCORE event file will be completed for all work-related injuries illnesses and exposures.

## 3. Hand Hygiene:

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1. All staff and/or persons engaged in activities at CAMH will wash or cleanse their hands when coming on duty, between patient contacts, after handling contaminated objects, <u>after glove removal</u>, and before going off duty.

2. All staff and persons engaged in activities at CAMH will habitually wash and/or cleanse their hands before performing patient care procedures.

3. For routine patient care, staff will wash their hands with soap and water or a waterless alcohol-cleansing agent before and after patient contact.

## 4. Mask Fit Testing:

1. Staff involved in direct patient care activities will undergo an annual N95 Mask Fit Testing in accordance with the MOHLTC directives.

2. All other staff will be tested every 2 years.

3. Managers/supervisors are responsible to ensure all staff have up-to-date documented training.

## D. Patients

1. Each patient will be assessed at the time of admission. Room assignments will be made with regard to the patient's diagnosis and condition.

2. Routine Precautions are observed for all patients.

3. In addition to Routine Precaution, Transmission-based Precautions (such as Airborne, Contact, Droplet (- see definitions) will be implemented in accordance with the specific diagnosis.

4. A patient with an infection, infestation or infectious disease will be placed on special precaution as recommended in the Infection Control Manual and/or similar communicable disease guidelines such as the CDC Guidelines for Isolation Precautions in Hospitals. (Note- the manual is available on/at all program/clinical areas and also available on the *CAMH INSITE*).

5. All current diagnosed Communicable Diseases must be documented on the "ALERTS" page in client's health record.

6. When a patient on isolation precautions must leave the patient care unit/area, the unit/area staff will communicate to all involved departments/ programs (local and outside), the nature of the isolation and will prepare the patient for transport accordingly.

7. Tuberculosis patients require specific isolation precautions. Special negative pressure rooms are required. For information on negative pressure rooms, see **policy # I 2.9** in theCAMH Infection Control Manual.

8. Immunocompromised patients will be placed in a private room if possible and will not be placed with any patient(s) having an infectious disease.

9. Any patient exposed to blood/body fluid of another patient or staff, will be assessed for any associated potential risks by the program/unit doctor; and the infection control practitioner and/or designate will be notified.

10. A SCORE event must be completed for every exposure or risk situation.

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## E. Equipment

- 1. All reusable patient care items will be appropriately cleansed, and/or disinfected and/or sterilized before using on other patients.
- 2. All patient care equipment will be dedicated to a particular patient during isolation situations. Any dedicated patient care item will be thoroughly and effectively cleaned and disinfected prior to use with other patients.
- 3. All reusable items and equipment requiring special cleaning, disinfection or sterilization will be handled appropriately and in accordance with recommended standards, specifications and guidelines.
- 4. Reusable items potentially contaminated with infectious material will be handled and processed appropriately and in accordance with recommended standards, specifications and guidelines before being used on other patients.
- 5. All Single Use Devices (SUD) are to be used only <u>once</u>, and will be appropriately discarded immediately after use as per policy # I 2.10 of the CAMH Infection Control Manual.
- 6. Syringes/needles and all sharps will be safely and appropriately discarded into sharps disposal containers. Sharps disposal containers will be sealed when they are <sup>3</sup>/<sub>4</sub> full, appropriately packaged and housekeeping department contacted for their removal.
- 7. All autoclavable items will be processed to the recommended specifications (temperature, pressure and time), and will have an associated effective monitoring program to ensure efficacy.
- 8. All disposable items will be discarded in a waste receptacles lined with a plastic bag unless listed as an exception.
- 9. Respiratory Therapy equipment such as the Continuous Positive Airway Pressure (CPAP) and nebulizers will be managed by the respective programs or units, and will be appropriately cleansed, disinfected or sterilized in accordance with applicable recommended guidelines.
- 10. All other equipment (semi-critical and non-critical) such as glucometers, computer keyboards, etc., in clinical and all other areas will be cleaned, sanitized or disinfected with the appropriate hospital-grade disinfectants, regularly and as needed.

## F. Supplies

1. Sterile supplies will be appropriately packaged and sterilized or purchased pre-packaged and sterile from the manufacturer.

2. Sterile supplies are routinely checked for expiration dates and are replaced as necessary by those in charge and/or their users.

3. All Crash Carts and other supplies will be checked for outdated sterile items as per the CAMH Resuscitation Program Protocol (Code Blue).

4. Pre-packaged sterile items are considered sterile until opened, damaged, or passed the recommended expiry dates. Packaging will be inspected prior to use.

5. Clean linen will be delivered to the patient units on covered or closed linen carts. Clean linen will be stored on all units and in clinics covered or closed in carts, cabinets, shelves, drawers, or linen closets.

6. Soiled linen will be collected and placed in the prescribed linen bag accordingly. Linen bags must be only half-filled. When a chute is involved, linen will be double-bagged, tied securely and placed in the chute (where applicable), or soiled utility cart or room. Housekeeping staff will not handle linen unless it is bagged properly.

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7. Any linen grossly soiled with blood waste will be placed in a **RED** plastic bag and then in a clear plastic bag, tied, labelled and placed with other soiled linen.

## G. Patient/Family Education:

1. Patients/significant others will be educated at their level of understanding and encouraged to improve personal hygiene and implement effective hand hygiene practices.

2. Patient/significant Other(s) will be educated at their level of understanding, on the rationale for isolation precautions (of residents), behaviours required of them in observing these precautions, and conditions for which to notify the health care team.

3. Brochures on various infectious diseases are available from the Infection Control Resources on the units, and they can be requested from the Infection Control office.

4. During disease outbreaks situations, warning signs and other relevant information on the particular disease will be posted at the appropriate entrances and places

## H. Documentation:

I. At the time of admission, patients will be screened for any communicable diseases, using the following; CLIENT/PATIENT COMMUNICABLE DISEASE INFORMATION RECORD and the Febrile Respiratory Diseases Illness Screening Tool.

2. All Current diagnosed Communicable Diseases must be documented on the "ALERTS" page in client's medical chart.

3. Isolation Precautions are to be documented at least once per shift or daily for the duration of their use per documentation guidelines applicable to the individual program/unit/area.

4. All diagnosed infections, infestations and diseases will be reported to Infection Control via Form **B.60** on the day diagnosis is made by the attending medical staff.

5. All Febrile Respiratory Illnesses (FRI) including Influenza-Like Illnesses (ILI) must be reported to Infection Control on FRI forms Appendix 1 and 2, by fax

I. Waste Management

1. All regular waste will be collected into the appropriate waste containers lined with transparent garbage bags. Housekeeping staff will remove such waste in their liners, double knot and store them in designated storage areas for transportation to the waste disposal bins.

2. Housekeeping department is responsible for recycling initiatives adopted by CAMH which includes the proper separation, collection and recycling of regular paper, confidential paper, glass, tin cans, plastics, and cardboard.

3. The Biomedical waste should be properly collected, stored, transported and disposed. Housekeeping Service will transport the packaged biomedical waste containers to the biomedical waste storage area for disposal by a biomedical waste contractor.

## J. Ventilation System

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1. For a hospital to operate at its maximum potential, it must have all systems working at the optimum including ventilation system. Hospital ventilation system should be able to clean the air by filtration, and zone pressurization to prevent cross-contamination. Plant Operations and Maintenance Departments are responsible for keeping the ventilation system in proper working condition to ensure they do not become sources of airborne infections such as *Aspergillus*, and *Tuberculosis*. The Heating Ventilation and Air Conditioning (HVAC) and cooling systems will be maintained according to the applicable Ministry of Health and Environmental regulations and standards.

2. Negative-Pressure Isolation Room will be used for virulent and contagious diseases such as TB, SARS, Ebola, and any other, as ordered by the attending physician and/or approved by infection control practitioner or designate.

2.1 Maintenance Department will be responsible for efficient functioning of the Negative Pressure Isolation Room and all associated equipment; this includes the appropriate functional documentation.

2.2 Negative pressure should always be the greatest (most negative) in the isolation room, followed by the Ante Room. This allows the airflow to go from the corridor into the Ante Room and then into the Isolation Room.

The level of negative flow is preset to: Isolation Room = -0.006 per inch (minimum acceptable level) with 20 second alarm delay.

It is highly recommended that air from the Negative Pressure Isolation Room (Hepa-filtered or not), be vented outside via a separate vent and not to be re-circulated through the main system.

#### K. Construction and Infection Control

Nosocomial (Hospital Associated) Infections related to construction or renovation projects in health care facilities are often found responsible for outbreaks. If dust particles contaminated with bacteria and fungi are dispersed during construction, there may present as health risks for patients, staff, and visitors.

1.Early planning in construction and renovation projects must integrate infection prevention and control, engineering services, and building design to prevent hospital-acquired infections, and minimize allergen load and other workplace hazards.

2. Infection Prevention and Control must be notified and be included in all matters of construction that may have potential and/or actual infection control implications for clients, staff and visitors, by the Construction Project Manager(s).

3. Prior to each project, Project Managers shall conduct a risk assessment of the activity to be performed to identify patient populations that may be at risk.

4. BEFORE any construction takes place, the areas must be cordoned off. A plastic sheet, plywood, drywall or other similar alternatives must be used to create a separation barrier between the construction project site and clinical and non-clinical working areas.

5./The construction/project site should be maintained under negative pressure at all times in relation to the adjacent occupied areas of the Hospital to prevent dust and airborne pathogens from entering the occupied areas of the hospital. Air systems serving only the place of work will be shut down and all supply, return, and exhaust openings will be sealed with impervious material or HEPA filters to prevent dust and debris from entering the air system.

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6. Any debris must be removed using a different traffic route other than that used by the hospital staff and patients, in order to minimize disruption and exposure of dust to patient care areas.

The construction work area(s) must be thoroughly cleaned at the completion of work as follows:

i). Construction cleaning prior to reopening a supply air duct during construction.

ii). Construction cleaning prior to the removal of any barriers and cleaning after the removal of any barrier.

III). Final cleaning by Environmental Services prior to occupancy.

## L. Water testing

1. Hot water systems, cooling towers, and water distribution systems are always susceptible to *legionella* colonization leading to life-threatening outbreaks. Hospital-acquired Legionnaires' disease should be prevented through periodic disinfection of hospital water systems as per ministry guidelines.

Plant Operations and Maintenance are responsible for water testing procedure (Plant Operations and Maintenance Policy D-15). Plant Operations and Maintenance must arrange for the testing of water samples from all CAMH cooling towers for *Legionella*.

Microbiological Water testing should be done yearly. Copies of all Microbiological Test results must be sent to infection control as soon as they become available and/or upon request.

2. If water samples are found to contain *Legionella* the cooling water system should be treated with the most effective water treatment products or procedures to control biological activity as per the Plant Operations and Maintenance Policy D-15.

## Definitions [if applicable]

## 1. Health Care Associated Infection- Hospital Associated Infection (HAI):

Also known as Nosocomial Infection. An infection acquired by a patient in a health care facility other than the infection that patient was admitted for, in whom the infection was not present or incubating at time of admission.

## 2. Nosocomial Infections and Diseases:

Same as HAI in item # 1 above.

## 3. Standard Precautions (SP) or Routine Precaution (RP):

These are basic infection control/prevention measures instituted by health care workers (HCW) for all patients at all times regardless of their known or presumed infectious status, to provide high-level protection to patients, health care workers and visitors. It is the precaution strategy designed to minimize exposure to biological agents from <u>all</u> body fluids including blood and other body fluids in the work place. Standard (Routine) Precaution includes hand hygiene, use of personal protective equipment (PPE), appropriate handling of equipment, waste and prevention of sharp injuries.

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#### 4. Additional (Transmission-Based) Precautions:

These are additional precautions taken while ensuring standard precautions are maintained. Additional Precautions include 1) *Airborne*, 2) *Droplet* 3) *Contact* precautions.

#### 1. Airborne Precaution

Used to reduce transmission of airborne disease causing bacteria usually <5 microns in size. A Negative Pressure Isolation Room is needed with the use of a fitting N95 mask. Diseases that spread by this mode include: Pulmonary TB, SARS, and Severe Respiratory Illnesses (SRI), Measles/Rubeola, Varicella (including disseminated zoster). A Surgical mask is required for the patient during transportation outside of his/her room.

## 2. Droplet Precaution

This strategy is always combined with contact precaution. This strategy should be used to reduce transmission of pathogens of >5 microns as in the case of measles, mumps and influenza. Droplets are released when speaking, coughing, crying, or during procedures such as bronchoscopy or dental procedures. They are propelled short distances through the air, and can settle and contaminate surfaces and objects in the immediate environment. Droplet-borne organisms can be transmitted by unwashed hands as well. Droplets do not remain in the air. Barrier precaution surgical mask, goggles or face shield should be worn to protect the mucous membrane of the eyes, nose and mouth, together with gloves. A mask should be worn when attending to patients, and patients should be masked during transport, and whenever needed. Patients should be placed in private room where possible., If a shared room must be used, the curtain should be pulled and at least 3 feet maintained between the beds. Staff should wear surgical mask, eye protection and gloves, within 3 ft (1 meter) of the patient.

Use this precaution strategy for cases of pneumonia and sepsis, pertussis, pharyngitis due to Group. A Strep, Diphtheria, and for serious Viral infections such as; Adenovirus, Influenza, para-influenza, RSV, Febrile Respiratory Illness (FRI), Mumps, Rubella, Parvovirus B19 (Fifth Disease) and any respiratory infection of unknown origin.

## 3. Contact Precaution (CP)

In addition to Standard Precaution. Contact Precaution is used for patients known or suspected to have serious illnesses that are easily transmitted by direct patient contact or by contact with items in the patient's environment.

Gloves are usually used during patient care and the handling of soiled linen and equipment. Gowns are used when there is anticipation of soiling personal clothing or uniform. Examples of illnesses requiring CP include: all Gastrointestinal, Respiratory, Skin, or Wound infections (draining wounds); colonizations with Multi drug-resistant Organisms, scabies, impetigo. Strict hand hygiene, particularly handwashing is essential in-between patients, before and after patient care activities. Patients on Contact Precautions should be placed in a private room or may be cohorted with other confirmed cases of the same infectious disease and preferably at the same stage of the illness.

## 6. Febrile Respiratory Infection (FRI):

A term used to describe a wide range of droplet –spread respiratory infections, such as colds, influenza, influenza-like illnesses, and pneumonia, with usually present with symptoms of a fever of greater than 38C and new or worsening cough or shortness of breath

## 7. Regular waste:

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11.3 Infection Control and Quality Management, page 10 of 12

Regular waste is all waste that is not biomedical, recyclable, or chemical. Regular waste includes food waste, non-recyclable packaging and so on.

## 8. Biomedical waste:

Biomedical waste includes all cultures, stock or specimens submitted for microbiological analysis, live or attenuated vaccines, cell lines, human or animal cell cultures used in research and material that has come into contact with the above. All human liquid blood or semi-liquid blood and blood products, items contaminated with blood that would release liquid or semi-liquid blood if compressed, body fluids contaminated with blood and body fluids removed during treatment, or for diagnosis, **but not necessarily including urine and feces**; all sharps including needles, blades and glass or other materials capable of causing punctures or cuts.

## 9. Legionnaires' Disease:

Legionnaires' disease is a lung infection (pneumonia) caused by a bacterium named *Legionella pneumophila*. The major source is water distribution systems of large buildings including hotels and hospitals. Cooling towers have long been thought to be a major source for *Legionella*, but new data suggest that this is an overemphasized mode of transmission. Other sources include mist machines, humidifiers, whirlpool spas, and hot springs. Air conditioners are not a source for Legionnaires' disease.

## Links/References

1. CAMH Outlook: All Public Folders/Archive Public Folders/Policies and Procedures/Infection Control/Terms of reference and Quality measurement

http://insite.camh.net/policiesandforms/policies/infection\_control\_manual/terms\_of\_reference\_generaldefinitio

- 1. 1. APIC Guidelines for Handwashing and Hand Antisepsis in Healthcare Settings. www.apic.org
- 2. WHO (2003). Practical Guidelines for Infection Control in Health Care Facilities.

3. HICPAC. <u>Guidelines for Isolation Precautions in Hospitals</u>. *American Journal of Infection Control* 1996; 24: 24-52.

4. DRAFT Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Hospital Settings, 2004. HICPAC

5. Bolyard EA, Tablan OC, Williams WW, Pearson ML, Shapiro CN, Deithman SD. HICPAC. Guidelines for Infection Control in Health Care Personnel, 1998. *American Journal of Infection Control*, 1998; 26 (3); 289-354

6. Health Canada (1998). Infection Control Guidelines: Hand Washing, Cleaning, Disinfection and Sterilization in Health Care. *Canada Communicable Disease Report (Supplement)*. Vol. 24S8

7. Control (CDC) Hospital Infection Control Practices Advisory Committee. MMWR. 2002; 1 (RR10):1-26

8. PIDAC; Best Practices for Cleaning, Disinfection, and Sterilization in all health care settings (April 2006)

9. PIDAC –Best Practice for Infection Prevention and Control of Resistant Staphylococcus aureaus and Enterococci

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I 1.3 Infection Control and Quality Management, page 11 of 12

10. Healthcare waste management. Retrieved May 2007 from World Health Organisation official website <a href="http://www.healthcarewaste.org/en/340\_manag\_medium.html">http://www.healthcarewaste.org/en/340\_manag\_medium.html</a>

11. Guidelines for Environmental Infection Control in Health-Care Facilities (2003). Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee

#### **Cross References:**

A. Infection Control Manual http://insite.camh.net/policiesandforms/policies/infection\_control\_manual7152.html

http://insite.camh.net/policiesandforms/policies/infection\_control\_manual/infection\_control\_in\_occupational\_health\_

http://insite.camh.net/policiesandforms/policies/infection\_control\_manual/communicable\_disease\_reporting\_manage

http://insite.camh.net/policiesandforms/policies/infection\_control\_manual/specific\_infections8102.html

CAMH Isolation Room Procedures Policy # I 2.9

CAMH Policy D-15

#### Reviewed by:

Infection Control Committee - Date: June 21, 2007

Joint Occupational Health & Safety Committees- Date .....July 30, 2007

APPROVED: MAC - Date: November 6, 2008

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## CAMH Queen Street Site Redevelopment Program

## **Infectious Control Procedures**

## Questions To Contractors (When Applicable)

- 1) What Classification Matrix are you applying to each of the works to be performed?
- 2) Please confirm the pertinent sections of Health Canada and CSA standards being applied, for example CSA 2317.13-07 or CCDR etc.
- 3) Please confirm the DOP testing (and date) of your Hepa vacuums being used.
- 4) Please confirm the procedures for drilling of concrete for fasteners etc.



POLICY TITLE: Health and Safety Policy		POLICY #: AHR 3.11.3	
<b>ORIGINATOR:</b> Occupational Health and Safety		TOTAL PAGES: 2	
Services		APPROVAL DATE: March 2009	
REVIEW FREQUENCY: X 1 YR		NEXT REVIEW DATE:	
□ 2 YRS		March 2010	
□ 3 YRS			

## POLICY STATEMENT

CAMH is committed to providing a safe and healthy workplace environment for all its employees, physicians, volunteers, contract workers, students, clients, visitors, the community and other stakeholders in accordance with the Occupational Health and Safety Act and regulations. CAMH will comply with all local, provincial and federal occupational health and safety legislative requirements.

## SCOPE/RESPONSIBILITY:

CAMH, through its Board of Trustees and Chief Executive Officer, shall implement and maintain a comprehensive, effective Occupational Health & Safety Program, as required by legislation.

CAMH and its Officers and Directors will take all reasonable precautions to protect the health and safety of employees by integrating safety into all organizational activities and by establishing responsibilities at all levels of management and staff for implementing the Occupational Health & Safety policy, thus ensuring the Internal Responsibility System is maintained.

Directors/managers/supervisors are held accountable for the health and safety of workers under their direction and those workplaces under their charge. Directors/managers/supervisors are responsible to

- a) ensure that employees receive proper training on safe workplace practices such as the use of equipment, machinery, sanitation and Workplace Hazardous Matieral Information System (WHMIS). Training will include all relevant appropriate health and safety policies and completion of training will be documented and reviewed as required
- b) ensure that employees have a safe work environment,
- c) ensure workers work in compliance with established legislation, safe work practices and procedures, and CAMH policies and procedures,
- d) ensure workers are acquainted with the potential hazards of the job,
- e) investigate all hazards of which they become aware and take appropriate

Health and Safety	Page 2 of 2	Policy # AHR 3.11.3

corrective action, and

f) take every precaution reasonable in the circumstances for the protection of their workers.

Every worker must protect his/her own health and safety. All workers are charged with the responsibility to

- a) work in compliance with legislation, safe work practices and procedures, and CAMH policies and procedures,
- b) know, understand and follow the specific safety requirements governing their specific workplace, and
- c) report any workplace health and safety hazard or any contravention of the Ontario Occupational Health & Safety Act and its Regulations.

The Occupational Health & Safety Program will be monitored to ensure its effectiveness and compliance with applicable legislation and regulations.

Management will be accountable for regular reports to the Board of Trustees on the status of the Program.

## **DEFINITIONS** [if applicable]:

**Director/Manager/Supervisor:** A person who has charge of a workplace or authority over a worker.

IRS: Internal responsibility system

**Worker:** A person who performs work or supplies services for monetary compensation but does not include an inmate of a correctional institution or like institution or facility who participates inside the institution or facility in a work project or rehabilitation program.

## LINKS/REFERENCES:

Occupational Health and Safety Act and its Regulations



<b>POLICY TITLE:</b> Internal Responsibility System, Occupational Health and Safety Act			POLICY #: 3.11.4
<b>ORIGINATOR:</b> Occupational Health and Safety Services			TOTAL PAGES: 2 APPROVAL DATE: March 2009
REVIEW FREQUENCY:	X □ □	1 YR 2 YRS 3 YRS	NEXT REVIEW DATE: March 2010

## **POLICY STATEMENT:**

CAMH is committed to providing a safe and healthy work environment for all its employees; physicians, volunteers, contract workers, students, clients, visitors, the community and other stakeholders in accordance with the Occupational Health and Safety Act and regulations. CAMH will take every reasonable precaution to provide a safe and healthy workplace and is dedicated to reducing the risk of workplace injuries and illnesses.

## SCOPE/RESPONSIBILITY:

The Occupational Health and Safety Act is based on the concept of the internal responsibility system. The internal responsibility system is based on the principle that every individual in the workplace is responsible for health and safety. Under the internal responsibility system workplace parties have duties and rights.

Duties for employers, supervisors and workers are described in the Occupational Health and Safety Act. The "prime duties" are outlined below. For additional information refer to Sections 25-28 of the Occupational Health and Safety Act.

Employers	Managers/Supervisors	Employees/Workers
Ensure equipment materials and protective devices as prescribed are provided	Ensure that a worker works in a manner and with the protective devices, measures and procedures required by the Occupational Health & Safety Act and its Regulations	Work in compliance with the provision of the Occupational Health & Safety Act and its Regulations
Ensure equipment, materials and protective devices provided are maintained in good working condition	Ensure that a worker uses or wears the equipment, protective devices or clothing that the employer requires to be used or worn	Use or wear the equipment, protective devices or clothing that the employer requires to be used or worn
Ensure equipment, materials and protective devices		Report to his/her employer or supervisor the absence of or

Internal Responsibility System, Occupational Health	Dogo 2 of 2	
and Safety	Fage 2 01 2	

provided are used as prescribed		defect in any equipment or protective device of which the worker is aware and which may endanger him/herself or another worker
Ensure measures and procedures prescribed are carried out in the workplace	Provides training on policies and procedures and follows the Occupational Health and Safety Act	Report to his/her employer or supervisor any contravention of Occupational Health & Safety Act or its regulations or the existence of any hazard of which he/she knows.
	Advise a worker of the existence of any potential or actual danger to the health and safety of the worker of which the supervisor is aware	
	Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for the protection of the worker	
	Take every precaution reasonable in the circumstances for the protection of the worker	

## **DEFINITIONS** [if applicable]:

**Employer:** Person who employs one or more workers or contracts for the services of one or more workers and includes a contractor or subcontractor who performs work or supplies services and a contractor or subcontractor who undertakes with an owner, constructor, contractor or subcontractor to person work or supply services (Occupational Health and Safety Act, S 1(1))

**Supervisor:** Person who has charge of a workplace or authority over a worker (Occupational Health and Safety Act, S 1(1))

**Worker:** Person who performs work or supplies services for monetary compensation but does not include an inmate of a corrections institution or like institution or facility who participates inside the institution or facility in a work project or rehabilitation program (Occupational Health and Safety Act, S 1(1))

## LINKS/REFERENCES:

Occupational Health and Safety Act and Regulations CAMH Policy and Procedure Manual



POLICY TITLE: Hazardous Waste Disposal		POLICY #: AHR 3.12.1		
ORIGINATOR:	Occup	ationa	I Health &	TOTAL PAGES: 3
Salety Services				APPROVAL DATE: March 2009
REVIEW FREQUE	NCY:	x □ □	1 YR 2 YRS 3 YRS	NEXT REVIEW DATE: March 2010

## POLICY STATEMENT:

CAMH is committed to providing a safe and healthy work environment for all employees; physicians, volunteers, contract workers, students, clients, visitors, the community and other stakeholders in accordance with the Occupational Health and Safety Act and regulations. CAMH will take every reasonable precaution to provide a safe and healthy workplace and is dedicated to reducing the risk of workplace injuries and illnesses.

CAMH will safely dispose of all hazardous waste generated in accordance with the required municipal, provincial and federal legislation.

## SCOPE/RESPONSIBILITY:

## Purpose:

The Centre for Addiction and Mental Health is committed to the proper management of hazardous waste. Proper management of waste will minimize the risk to employees and members of the public, reduce the risk of release of hazardous material to the environment and enable CAMH to better manage the cost of disposal.

## Procedure:

Common examples of hazardous waste requiring disposal under this policy include but are not limited to: laboratory research chemicals, spent solvents, acids and bases, chemical waste generated from experiments, waste silica gel, non-returnable gas cylinders, paint materials, lead-acid batteries, and unusable or broken mercury thermometers or barometers. Radioactive and biohazardous waste are not covered under this policy. Radioactive waste should be disposed of through the CAMH's Radiation Safety Officer. Biohazardous waste should be disposed of in accordance with the Infection Control Manual Biohazardous Waste Policy (Policy # Appendix A.2)

Hazardous liquids **must not be flushed** down drains as a method of disposal. This practice is illegal in accordance with Toronto By-law and provincial legislation and may lead to dangerous

Hazardous Waste Disposal	Page 2 of 3	Policy # AHR 3.12.1
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reaction, damage to the drainage system as well as creating a potential hazard to personnel working on the system. Hazardous waste **must not be mixed** with general garbage.

Departments/Programs/Labs/Units shall purchase and use hazardous materials in quantities that minimize waste generation but are consistent with operational needs. As well, they will be responsible for disposing of aging containers promptly.

Hazardous disposal rooms exist at the Queen Street Site and the Russell Street Site. Programs/departments/labs at the College Street Site will be required to use the hazardous disposal room at the Russell Street Site. Housekeeping Supervisors are responsible for these rooms. These rooms are designated "High Risk" by the Joint Occupational Health and Safety Committees and are subject to inspections at least twice a year.

## To Dispose of Hazardous Waste

- 1. Departments/Programs/Labs/Units are responsible for identifying and organizing hazardous waste in their area(s).
- 2. Departments/Program/Labs/Units are responsible for ensuring that hazardous waste material is packaged and labelled in a manner that will allow them to be stored and transported without the danger of spillage, explosion or hazardous vapours escaping. Any hazardous waste that is improperly packaged or labelled will not be accepted.
  - All containers used for storing hazardous waste must be sealed and undamaged.
  - Liquid waste containers should only be filled to 70-80% capacity to allow for vapour expansion and to minimize the potential for spills occurring.
  - Waste must be stored in containers compatible with the hazards stored. For example, hydrofluoric acid waste must not be stored in glass containers, corrosive chemicals must not be stored in metal containers.
  - Waste material must be labelled in a manner that allows the hazards to be clearly and accurately identified.
  - Hazardous waste sent for disposal should not be mixed with biohazardous or radioactive waste.
  - In order to avoid explosions, fires or spills, incompatible combinations of chemicals must not be mixed in a single container.
  - Waste should be segregated according to compatibility groups such as acids, bases, flammables, oxidizers and waste reactives and not according to alphabetical order.
- 3. Departments/Programs/Labs/Unit are responsible for completing the Hazardous Waste Inventory form (Appendix A).
- 4. The Departments/Programs/Labs/Units are responsible for properly and safely transporting their hazardous waste to the appropriate hazardous waste disposal room. This must be done in collaboration with the Housekeeping Supervisor who is responsible for the room.

Once hazardous waste is properly packed and labelled, and the Hazardous Waste Inventory form is properly completed, the Department/Program/Lab/Unit must contact the Housekeeping Supervisor to arrange a time to bring the waste to the disposal room.

Hazardous Waste Disposal	Page 3 of 3	Policy # AHR 3.12.1

## Departments/Programs/ Labs/Units are required to give the Housekeeping Supervisor 48 hours notice prior to initiating disposal of hazardous waste.

- 5. Housekeeping Supervisor will meet the department/program/lab/unit staff at the hazardous waste disposal room. The Housekeeping Supervisor will verify and sign the inventory form, as well as ensure the waste is properly packaged and labelled. If the Housekeeping Supervisor overseeing the disposal has any doubts about proper packaging techniques and/or labelling, the waste will not be accepted. The Housekeeping Supervisor will keep the original of the Hazardous Waste Inventory form and the department/program/lab/unit should maintain a copy of the form. As well, a copy of the inventory form will be placed with CAMH's WHMIS inventory by the Housekeeping Supervisor.
- 6. The Housekeeping Supervisor will monitor the hazardous waste disposal room, and will call in the external disposal company when appropriate.
- 7. The Housekeeping Manager/supervisor will be responsible for handling the manifests from the disposal company and for auditing the disposal company.

Occupational Health and Safety Services are available for consultation.

## **DEFINITIONS** [if applicable]:

WHMIS: Workplace Hazardous Material Information System

## LINKS/REFERENCES:

Infection Control Manual Biohazardous Waste Policy (Policy # Appendix A.2) Municipal By-Laws Provincial Legislation





## OCCUPATIONAL HEALTH AND SAFETY SERVICES CENTRE FOR ADDICTION AND MENTAL HEALTH

## Produced by: Occupational Health & Safety

## GENERAL

The Centre for Addiction and Mental Health (the Centre) is committed to providing and promoting a safe and healthy environment for all staff and patients. All work at the Centre must be performed in accordance with the Ontario Occupational Health and Safety Act, and its Regulations; and the occupational health and safety policies and procedures of the Centre. This applies to all Centre staff, contractors and subcontractors. Everyone working within the Centre must adhere to safe workplace practices and procedures.

## ID BADGES

The CAMH Photo Identification Badge MUST be worn at all times by any workers while on hospital property or at off-site locations. It must be own on the upper front portion of the person with the photo visible. The ID Badge is available from the program/department you are working under.

#### AGGESSIVE BEHAVIOUR

Although not common, workers may encounter the aggressive behaviour of patients or disgruntled members of the public. Workers should remain friendly and contact Security or Clinical Staff if the situation leads to concern and/or escalates. For further information, please read the pamphlet entitled *Contractor Safety: Dealing with Aggressive Behaviour*.

#### TOOLS AND OTHER POTENTIALLY DANGEROUS OBJECTS

All workers must be particularly careful with items that could be used by an aggressive person as a potential weapon to threaten or inflict injury. Individuals working in public areas must ensure that items such as hammers, knives and screwdrivers are not left in the open. Waste materials such as broken tiles or rusted nails might also be used as weapons. Discretion and appropriate judgement are to be exercised with respect to the risk of items that could be used as potential weapons. Electrical Tools must meet C.S.A. Standards and be in good repair.

## EMERGENCY CODES

Emergency codes will be announced over the Centre's Public Address System. These include:

Red	FireActivate nearest Key or Pull Station	Green	Evacuation Report to nearest department
(with your fire key)		Grey	External Air Contamination
Blue	Medical Emergency	Purple	Hostage Taking
Orange	External Disaster	Yellow	Missing Person
Black	Bomb ThreatReport to nearest department	White	Disruptive Behaviour
Brown	Hazardous Spill		

#### If you discover a fire or need Emergency Assistance for any of the codes- Dial 5555

## SMOKING POLICY

In accordance with the Tobacco Control Act (1994), smoking is not permitted within 9 meters (30 feet) of any entrance and is prohibited in the building at all Centre sites for Staff, Contractors, Volunteers, etc. Patient/clients may smoke in the designated smoking rooms.

#### WHMIS (Workplace Hazardous Materials Information System)

MSDS must be provided to Occupational Health & Safety Services prior to the product coming on-site. All WHMIS controlled products are to be transported, handled, used, stored and disposed of in accordance with WHMIS requirements. Proper labels and material safety data sheets (MSDS's) are required for all of these substances. All workers who handle or are likely to handle controlled products of the Centre are required to have undergone WHMIS training on an annual basis. Flammable liquids must be authorized by the Centre's Fire Marshall at the appropriate site.

## CAMERAS

Cameras are prohibited unless permission is procured from Public Affairs (Marketing & Communication) at ext. 4250.

## ASBESTOS

Asbestos is present at the Centre. The Plant Operations and Maintenance Department keeps detailed records with respect to its location and condition. All questions and concerns with respect to asbestos should be directed to the Plant Operations and Maintenance Department at the appropriate site.

#### WASTE MATERIAL

All waste material must be disposed of in a safe and environmentally responsible manner in accordance with Federal, Provincial and Municipal environmental legislation or as indicated by the Director Support Services, Director Occupational Health & Safety/Risk Management and/or Director Facilities Planning & Development.

#### EMPLOYEE INCIDENT REPORTS

**PURPOSE:** The Employee Incident Report is a tool for reporting of hazardous situations in which an accident **may or may not** have occurred. If an accident occurs it serves as a record of the event in case the worker experiences health problems related to the incident at a later date. All incident reports must be submitted to Occupational Health and Safety within 24 hours of the incident occurring

#### Occupational Health and Safety Offices

**College site** Telephone: 535-8501 ext. 6212 2<sup>nd</sup> Floor Mon. – Fri.: 7:30 a.m. – 3:30 p.m.

**Queen Site** Telephone: 535-8501 ext. 2141 or 2140 Unit 4 -1 Mon. - Fri.: 7:30 a.m. – 3:30pm

Date: January 2010



## **Contractor Safety**

## **DEALING WITH AGGRESSIVE BEHAVIOUR**



## Produced by: Occupational Health & Safety

Although not common, contractors may encounter aggressive behaviour while working at the Centre for Addiction and Mental Health. Aggressive behaviour can be in many forms including anger, threats, intimidation, and acting-out.

It is best to refer an aggressive person to the Centre staff in charge of your work site and your supervisor. All occurrences, whether major or minor, must be report to your supervisor.

In order to defuse the situation or, at the very least, not escalate the situation, the worker should use the following tools when dealing with aggressive behaviour. Each situation is unique so not all these tools always apply.

## COMMUNICATION

- Be friendly & polite
- Greet person by name
- Introduce yourself
- Smile
- Listen
- Don't raise your voice. Speak in a clear, calm and low volume voice
- Respond professionally
- Don't put person down
- Don't argue
- Control your own emotions; don't get upset or angry.
- Be helpful. Even if you can't solve the problem you can have a helpful attitude

- Recognize and acknowledge person is upset
- Offer an alternative to the person. For example, ask if they like to speak with your supervisor
- Show empathy and be sincere. You don't have to agree with the reason the person is angry to empathize with their feelings
- Share information. Communicate with the person the reason for procedure

## BODY LANGUAGE

- Maintain a supportive stance
- Do not evade person's personal space
- Stand with arms uncrossed, palms open, hands out of pockets
- Maintain casual eye contact

## ENVIRONMENT

- Stand 6-8 feet away
- Be careful with items that could be used by an aggressive person as a potential weapon to threaten or inflict injury

## IF SITUATION WORSENS

- Contact Security (ARF Site ext. 6360; college Site ext. 4846;
- Queen Street Site ext. 2122) and/or clinical staff
- Disengage. Tell person why leaving

Date: January 2010



## WHMIS

## WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM



## Produced by: Occupational Health & Safety

## INTRODUCTION

WHMIS: The initials stand for Workplace Hazardous Material Information System.

WHMIS is a Canada-wide system that is legislated both federally and provincially. The **purpose** of WHMIS is to give everyone the "Right to Know" about hazards of materials and substances used in the workplace so that they use the information to protect themselves and others. The **goals** of WHMIS are to eliminate or at least reduce the incidences of injuries & illness resulting from exposure to hazardous materials, and to create a safe workplace by ensuring:

- All employers & employees receive information on hazardous materials
- All hazardous materials in the workplace are identified
- Information is standard in all Canadian workplaces

#### RESPONSIBILITIES

WHMIS regulations are part of the Occupational Health & Safety Act (OH&SA) and set out responsibilities for all those involved with hazardous materials.

**Suppliers** are companies that manufacture, process, package, sell and/or import a hazardous material for use in the workplace. The supplier is responsible for:

- Classifying material as hazardous
- Providing labels and material safety data sheets (MSDS).

The Employer, in our case the Centre for Addiction and Mental Health, is responsible for:

- Conducting a regular workplace inventory of hazardous materials,
- Ensuring that products are properly labeled at all times,
- Make easily accessible to all workers current MSDS
- Provide training to all staff on hazardous materials.

Workers have a number of responsibilities under the WHMIS legislation. These include:

- Participate in training
- Apply what you learn to work safely with hazardous materials
- Learn about MSDS and where to find them
- Be aware of what potential hazards exist in your work area(s)
- Report hazards such as missing labels and/or MSDS to your supervisor/ manager
- Work with hazardous materials in a correct & safe manner

#### INFORMATION DELIVERY SYSTEM

Under the OH&SA and the WHMIS regulation you have the "right to know" about hazardous material. This is done through an **information delivery system** and there are 3 components to this system. They are labels (supplier & workplace), MSDS, and education/training.

#### a) Labels

**Labels** are the first warning that one will see alerting that a hazard exists. Labels gives a warning that is easy to see & read, and tell a bit about the hazard present. No one should use a product unless it has a proper label on it. Labels should not ever be removed, altered or destroyed, and need to be replaced if they are. There are 2 types of labels, supplier & workplace.

- i. A **Supplier Label** is one that is put on before the product is delivered to the Centre. A supplier label must have a hatched border, and be in English & French. There are no specific rules regarding size, shape and colour but a supplier label must be easily seeable and readable. A supplier label must have the following 7 items on them:
  - Product identifier: name of product
  - Supplier identifier: name & phone # of the supplier of material
  - Hazard symbol(s): Could be more than 1
  - Statement that a MSDS is available
  - Risk phrases: brief description of the hazard and the effects of harmful exposure, i.e. eye irritant
  - Precautionary measures: brief instructions for safe use. For example, wear hand protection, store away from heat
  - First aid measures: how to treat persons who have been exposed to the material
- ii. A **Workplace Label** is one that The Centre places on a product after it arrives at the hospital. This is usually done when a product is transferred from its original container into a smaller container. These labels are also used when supplier labels are unreadable, destroyed or missing. There are no design requirements for a workplace label as long as it is easily seen and readable. Workplace labels do not require as much information on them as supplier labels. A workplace label must have the following information on it:
  - Product identifier: name of product
  - Statement that a MSDS is available
  - Safe handling instructions.

#### Piping systems that contain hazardous materials must also be labeled.

Labels can be glued, stenciled or embossed on but they must be durable enough to stay on. No product should be used unless it is properly labeled. Report any defects in labels to your supervisor/manager.

#### b) Material Safety Data Sheets

**Material Safety Sata Sheets**, otherwise known as **MSDS**, are the 2<sup>nd</sup> component of the information delivery system. MSDS are supplements to labels and provide additional important information on hazardous materials. MSDS must be less than 3 years old and must be readily accessible to all staff. The information on an MSDS is expected to be comprehensive. It must be provide in English and another language. There is no specific format for MSDS so be prepared for variations.

MSDS must have the following information:

- Hazardous ingredients: name & amount of hazardous material
- Preparation information: name, phone number of person who prepared the MSDS. **Must include the date MSDS completed and updated**.
- Product information: name of product & what used for, as well as name, address & phone number of supplier.
- Physical data: what form does product come in (liquid, gas, solid). Explains what material looks & smells like, i.e. yellow liquid.
- Fire/explosion data: how flammable or explosive is the product
- Reactivity data: how stable is the product. Does it react to light, heat, moisture, etc?
- Toxicology properties What kind of health effects can it cause. How it enters the body & what conditions/diseases it may cause
- Preventative measures: instructions for safe use, handling, storage and disposal of the product
- First aid measure: instructions for treatment of those exposed to the hazardous material

## You need to know where the MSDS binders are kept in your work area(s). Ensure your supervisor/manager informs you about these binders.

## c) Education/Training

Education/training is the 3<sup>rd</sup> component of the WHMIS information delivery system. Education provides the knowledge needed by workers to work safely. All workers must be trained and this training must be done at least annually or when a new hazardous product is introduced into the work area. There are 2 components to WHMIS education. General (generic) WHMIS training discusses the purposes of WHMIS, how to understand labels and MSDS, what are the hazardous classes and symbols, and provides general information on health hazards. Department-specific training shall go over the actual hazardous materials involved in your work areas, as well as discuss work routine, emergency procedures and give personal protective equipment (PPE) training. All workers are required to receive WHMIS training.

## WORKPLACE INVENTORY

The **Workplace Inventory** is a list of all hazardous materials in your workplace. You should ensure that you know where this inventory is available. Ask your supervisor/manager.

## HAZARDOUS CLASSES AND SYMBOLS

**Hazardous symbols** help workers identify hazardous materials and assist in working safely with the materials. There are 6 classes running from A to F with D being divided into 3 sections, so there are 8 symbols. It is important for you to know that each of these symbols means.



CLASS A: Compressed gas e.g. oxygen



CLASS B: Flammable & Combustible Materials – this is a substance that burns if exposed to a flame. E.g. gasoline



CLASS C: Oxidizing Material – a substance that causes another substance to burn. E.g. compressed oxygen, chromic acid



CLASS D: Poisonous & Infection Material: Immediate and serious toxic effects – these things cause illness (even death) in a short period of time E.g. sulphuric acid

CLASS D: Other Toxic Effects - these things cause illness; days, months or years after exposure. Hazardous materials that cause cancer are in this group. E.g. mercury, lead



CLASS D: Bio-hazardous Infection – these are organisms that cause infection diseases. E.g. anthrax, HIV, Hepatitis B

CLASS E: Corrosives – substances that can eat through metal, and even skin. E.g. chlorine, chromic acid



CLASS F: Dangerously Reactive Material – this is a substance when mixed with water becomes a poisonous gas or when heated or mixed has a reaction. E.g. benzoyl peroxide

#### OCCUPATIONAL HEALTH OF HAZARDS

**Physical States:** Hazardous materials come in different physical states. These are solids such as dust, fumes and smoke, liquid such as mist and vapour, and gas form. What physical state a hazardous material is in may determine how a worker might be exposed to it.

Route of Entry: There are 4 ways that a hazardous material can enter your body. These are:

- 1) Inhalation: breathing in the hazardous material
- 2) Absorption: getting the hazardous material on the skin so that it can be absorbed into the skin and then into the rest of the body.
- 3) Ingestion: swallowing the hazardous material through the mouth, by getting it on your hands, your cigarettes or food that you put in your mouth,
- 4) Injection: needle prick

Effects: The effects of a hazardous material can either be acute or chronic.

**Acute** effects appear either immediately or soon after exposure to a hazard. They can be sudden and dramatic. Even though most acute effects are treatable they can be life threatening. Some acute effects are headaches from fumes, skin irritation from corrosive material.

**Chronic** effects may take years to develop and usually occur with long term exposure to a hazard. Most chronic effects are not treatable and can include cancer, lung damage, and blood disorders.

#### SAFETY PROCEDURES

Your department/program has department/program-specific safety policies and procedures, which you must understand. You shall receive training in health and safety procedures. Talk with your supervisor/manager about health and safety.



How to make your workplace safe

- Know the hazards in your work area(s)
- Ensure labels exist & are legible
- Know where your MSDS binders are
- Read all labels and MSDS
- Use product for intended purpose only
- > Properly handle, store, & dispose of all hazardous materials
- Know where to find first aid & emergency assistance
- Use personal protective equipment as required & correctly
- > Talk to your supervisor/manager about health & safety



 $\leq$  The WHMIS Program at the Centre of Addiction and Mental Health is an integral part of the Occupational Health & Safety/Risk Management Services. This program is implemented in accordance to the requirements of the WHMIS regulations under the Ontario Occupational Health and Safety Act and its regulations.

In the workplace there are resources available to assist you with WHMIS. These resources include but are not limited to:

- WHMIS Coordinator (ext. 1946)
- Material Safety Data Sheets
- Labels: supplier and workplace
- Supervisors/Managers
- Colleagues
- Unions
- Joint Occupational Health and Safety Committees
- Occupational Health & Safety
- Libraries

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# Table 1Preventive measures analysis

(See Clauses 6.5.1, 6.5.2, 7, and 7.1.4.2 and Figure A.1.)

	Construction activity type <sup>*</sup>			
Population risk group*	Туре А	Туре В	Туре С	Type D
Group 1	Ι	II	II	III/IV§
Group 2	I	II	III	IV
Group 3	Ι	III	III/IV§	IV
Group 4	I–III‡	III/IV§	III/IV§	IV

\*See Table 2 to determine the population risk group.

*†See Table 3 to determine the construction activity type.* 

‡When the population risk group is Group 4 and the construction activity is Type A, the infection prevention and control department shall be consulted to determine the appropriate preventive measure (I, II, or III).

§When the preventive measure is III/IV, a multidisciplinary team shall determine the appropriate prevention measure (see Clause 7.1.4.2).

## Table 2

**Population risk groups and geographical areas** (See Clauses 6.5.2, 6.8.8.1, and 7.2.3.5, Table 1, and Figure A.1.)

Population risk group	Typical areas
Group 1 Lowest risk	Office areas Unoccupied wards Public areas Laundry and soiled linen cleaning areas Physical plant workshops and housekeeping areas
Group 2 Medium risk	Patient care areas, unless listed in Group 3 or Group 4 Outpatient clinics (except oncology and surgery) Admission and discharge units Waiting rooms Autopsy and morgue Occupational therapy areas remote from patient care areas Physical therapy areas remote from patient care areas
Group 3 Medium to high risk	Emergency (except trauma rooms) Diagnostic imaging Labour and birthing rooms (non-operating) Nurseries for healthy newborns Nuclear medicine Hydrotherapy Echocardiography Laboratories General medical and surgical wards Pediatrics Geriatrics Long-term care Food preparation, serving, and dining areas Respiratory therapy Clean linen handling and storage areas
Group 4 Highest risk	Intensive care units (ICUs) Operating rooms (including prep, induction, post-anaesthetic care unit (PACU), and scrub areas) Anaesthesia storage areas and workrooms Oncology units and outpatient clinics for cancer patients Transplant units and outpatient clinics for transplant patients Wards and outpatient clinics for patients with AIDS or other immunodeficiency diseases Dialysis units Critical care nurseries (NICU) Labour and delivery operating rooms Cardiac catheterization and angiography areas Cardiovascular and cardiology patient areas Endoscopy Pharmacy admixture rooms Sterile processing rooms Sterile supply areas Burn care units Animal rooms Trauma rooms Protective environment isolation rooms Tissue culture laboratories Bronchoscopy Qxytoscopy Pacemaker insertion rooms Dental procedure rooms

## Table 3 **Construction activity type** (See Clauses 3, 6.5.2, 6.6.2.2, and 6.8.8.1, Table 1, and Figure A.1.)

Construction activity type	Description
Туре А	<ul> <li>Inspection and non-invasive activities. These include, but are not limited to,</li> <li>(a) activities that require removal of not more than one ceiling tile or require wall or ceiling panels to be opened;</li> <li>(b) painting (but not sanding) and wall covering;</li> <li>(c) electrical trim work;</li> <li>(d) minor plumbing work that disrupts the water supply to a localized patient care area (i.e., one room) for less than 15 min; and</li> <li>(e) other maintenance activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.</li> </ul>
Туре В	<ul> <li>Small-scale, short-duration activities that create minimal dust. These include, but are not limited to,</li> <li>(a) activities that require access to chase spaces;</li> <li>(b) where dust migration can be controlled, cutting of walls or ceilings for installing or repairing minor electrical work, ventilation components, telephone wires, or computer cables;</li> <li>(c) sanding or repair of a small area of a wall; and</li> <li>(d) plumbing work that disrupts the water supply of more than one patient care area (i.e., two or more rooms) for less than 30 min.</li> </ul>
Туре С	<ul> <li>Activities that generate a moderate to high level of dust, require demolition, require removal of a fixed facility component (e.g., sink) or assembly (e.g., countertop or cupboard), or cannot be completed in a single work shift. These include, but are not limited to,</li> <li>(a) activities that require sanding of a wall in preparation for painting or wall covering;</li> <li>(b) removal of floor coverings, ceiling tiles, and casework;</li> <li>(c) new wall construction;</li> <li>(d) minor ductwork;</li> <li>(e) electrical work above ceilings;</li> <li>(f) major cabling activities; and</li> <li>(g) plumbing work that disrupts the water supply of more than one patient care area (i.e., two or more rooms) for more than 30 min but less than 1 h.</li> </ul>
Туре D	<ul> <li>Activities that generate high levels of dust, and major demolition and construction activities requiring consecutive work shifts to complete. These include, but are not limited to,</li> <li>(a) activities that involve heavy demolition or removal of a complete cabling system;</li> <li>(b) new construction that requires consecutive work shifts to complete; and</li> <li>(c) plumbing work that disrupts the water supply of more than one patient care area (i.e., two or more rooms) for 1 h or more.</li> </ul>