



SOUTH COAST BRITISH COLUMBIA
TRANSPORTATION AUTHORITY
POLICE SERVICE

COMMUNICABLE DISEASES

Effective Date: September 12, 2005

POLICY

1. The risk to South Coast British Columbia Transportation Authority Police Service (SCBCTAPS) Members with respect to infection from communicable diseases, will be addressed through the relevant information and equipment supplied to Members so that they can carry out their duties safely.
2. Members will treat all blood and Other Potentially Infectious Materials (OPIMs) as though they are known to be infected with bloodborne pathogens, and will follow infection control precautions and procedures as specified in this policy and in training guides.
3. All Members who believe that they have been exposed to an infectious disease while on duty will seek immediate medical assistance and report the suspected exposure to a Supervisor as soon as possible.
4. Safe working practices and personal protective equipment must be used at all times when the work activity places the Member at risk for possible exposure.
5. The SCBCTAPS will provide appropriate personal protective equipment at no cost to the Member.
6. The SCBCTAPS will provide Members with the Hepatitis B vaccination (the Hepatitis B vaccination is completely voluntary).

Definitions

7. **Bloodborne Pathogens:** Pathogenic organisms present in human blood that can cause disease in humans. The bloodborne pathogens of greatest concern are the hepatitis B and C viruses (HBV, HCV) and the human immunodeficiency virus (HIV).
8. **Harmful Contact:** In connection with bloodborne pathogens, an exposure incident with blood or other potentially infectious materials through:
 1. percutaneous injury (injury through skin) from a contaminated sharp item such as a needle or a bite which breaks the skin (human or otherwise),
 2. contact with mucous membranes of the eyes, nose or mouth,
 3. contact with non-intact skin (wounds less than three days old) such as cuts, nicks, abrasions, chapped skin, eczema, or dermatitis.

9. **Occupational Exposure:** Reasonably anticipated harmful contact with blood or other potentially bio-hazardous material that may result from the performance of a worker's duties.
10. **Other Potentially Infectious Materials (OPIMs):** Materials other than blood that can be sources of blood borne pathogens, such as:
 1. Certain other human body fluids:
 - a. Semen, vaginal secretions, saliva (if it contains blood), breast milk, and
 - b. Any blood fluid that is visibly contaminated with blood,
 - c. All body fluids in situations where it is difficult or impossible to differentiate between body fluids,
 2. Unfixed human tissues or organs other than intact skin,
 3. Airborne aerosols, i.e. SARS, Tuberculosis, Anti-biotic resistant strep and pneumonia,
 4. Sputum, i.e., Tuberculosis,
 5. Mucous, i.e. SARS,
 6. Urine / Excrement, i.e. Hepatitis A,
 7. Weeping Sores, i.e. Staph infection.
11. Members will be required to comply with any directives from the Infectious Diseases Working Group (IDWG).

REASON FOR POLICY

12. To ensure that SCBCTAPS personnel are protected from occupational exposure to bloodborne pathogens, to eliminate or minimize the risk of occupational exposure to bloodborne pathogens in blood and OPIMs, and to reduce the risk of infection should exposure occur.

PROCEDURES

13. All Members and Supervisors shall observe the following procedure when a Member may have:
 1. come in contact with the blood or body fluids of any person, or
 2. received a sharps (needle stick) injury.

Members

14. The Member will:
 1. immediately advise their Supervisor that an exposure has occurred,
 2. attend at a hospital emergency ward immediately to receive appropriate medical aid. OPTIMUM TIME is within two hours following an exposure, or as soon as possible,

3. subsequent to attending the hospital, report back to the Supervisor and complete a M-180 report form, and forward the form by fax or electronically to the Manager – Corporate Safety, Coast Mountain Bus Company (CMBC).

Supervisor

15. The on duty Supervisor will:

1. upon being notified of the exposure, attend at hospital with the Member who sustained the exposure, as required,
2. conduct an evaluation of the Member's needs and mental condition, taking the extent of the exposure into consideration,
3. notify the Watch Commander when a significant exposure occurs, and advise when it appears that the needs of the Member include immediate additional follow up. The Supervisor may contact the designated Critical Incident Stress Management Team, if appropriate,
4. provide, or arrange for the provision of, any support required to assist the Member,
5. notify the Member's regular Supervisor of any significant exposures and advise of the actions taken regarding the exposed Member(s), and
6. complete along with the Member, a SCBCTA WCB claim and Accident Investigation Report Form (M-180). The Watch Commander is to ensure a full investigation is conducted, and forward the completed M-180 within 24 hours of the incident to CMBC Corporate Safety.

Corporate Safety - Coast Mountain Bus Company / Occupational Health Nurse

16. CMBC Corporate Safety will:

1. receive the completed M-180,
2. forward the completed information to WCB in the approved format,
3. process Emergency Health Services (EHS) payments for WCB related claims,
4. coordinate WCB site visits to SCBCTAPS and provide an Occupational Health Safety Officer site visits, as required.

17. Upon notification of an incident, the designated Occupational Health Nurse will provide additional follow-up/assistance, as required.

Workplace Practice Controls

18. Members should always:

1. follow Standard (Universal) precautions,
 - a. this includes: following precautions to prevent sharps injuries, wearing of personal protective equipment, following handwashing procedures, and disposing of contaminated items appropriately.
2. follow safe sharps handling procedures, such as discarding any disposable contaminated sharp items in sharps disposal containers as soon as possible,

3. wear waterproof, disposable examination gloves when there is potential contact with blood, body fluids, secretions, excretions, mucous membranes or non-intact skin, and when touching contaminated items or surfaces,
 4. replace gloves as soon as is practicable if they are torn, cut, punctured or leaking, and when they become contaminated or damaged such that their ability to function as a barrier is in question,
 5. not wash or decontaminate disposable gloves for re-use,
 6. follow posted procedures for glove removal and handwashing,
 7. follow the cleanup procedures for spills of blood and OPIMs that minimize splashing,
 8. if an exposure incident to blood or OPIMs, follow the post-exposure health management procedure in this policy,
 9. double glove if the Member has an open wound, to ensure added protection.
19. Handwashing facilities are available at police facilities and Sky Train Stations.
20. During the course of their duties, Members may experience an occupational contamination of blood and/or body fluid on their clothing or within their police units. Small amounts of blood or body fluids spattered and dropped on clothing or vehicle upholstery can be laundered while gross amounts of blood, such as large unsaturated areas, will required additional steps as outlined below.

Clothing

1. Small amounts of blood or body fluid spattered or dripped on clothing:
 - a. as soon as possible following exposure, remove the soiled garment(s) and shower or thoroughly wash the potentially contaminated skin area with soap and water,
 - b. while wearing disposable gloves place the suspected contaminated clothing in a clear plastic bag located in the temporary exhibit room and, while wearing disposable gloves, place the clear bag clothing in a RED, "Possibly Contaminated Clothing for Cleaning" bag and heat seal (using heat sealing machine in temporary exhibit room) to prevent cross-contamination,
 - c. the soiled clothing should be taken to the designated dry cleaning supplier by the member during their normal working hours and direction be provided to that establishment to wash separately from other laundry items, and
 - d. normal laundering procedures with hot water and cleaning products will be sufficient to ensure the organisms are reduced to non-infectious state.
2. Large saturated areas of blood or body fluid:
 - a. clothing saturated with blood or body fluids should be removed as soon as possible following the exposure, and the potentially contaminated skin area(s) washed thoroughly with soap and water,
 - b. while wearing disposable gloves, place suspected contaminated clothing in a clear plastic bag found in the temporary exhibit room and, while wearing disposable gloves, place the clear bag clothing in a YELLOW (Bio-hazard) bag and heat seal (using heat sealing machine in temporary exhibit room) to prevent cross-contamination,
 - c. contact an appropriate supervisor for direction on what to do with these items, which may include utilization of the process outlined in step 1, tagging to the Exhibit Office for destruction and a written request to the appropriate supervisor for a replacement, and

- d. the Exhibit Office will arrange for the destruction of the clothing items using intense heat.

Footwear

3. Boots and shoes can transmit diseases and should be cleaned regularly. The soles and upper portions of footwear that is possibly contaminated with blood or body fluids should be scrubbed with hot soapy water, rinsed clean and air dried. In the event of blood on laces, the laces should be replaced.

Gloves

4. Members who wear gloves, other than the disposable gloves, should follow disinfection measures.
 - a. Viruses can be carried on gloves and transferred to others or objects causing cross contamination. Items such as door handles, steering wheels, briefcases, etc., are touched by Members and are also subject to this problem, it is important to disinfect as follows:
 - i. Gloves (without Kevlar lining) can be dry cleaned, and
 - ii. Gloves with a Kevlar lining cannot be dry-cleaned. The gloves must be wiped with a disinfectant wipe (NOT Isagel) to clean off any contaminants then wiped again and air dried for 5 minutes to disinfect.

Vehicles

5. Small amounts of blood or body fluid on vehicle upholstery:
 - a. advise the Exhibit Custodian of the possible contamination and ask that the vehicle be taken out of service, and
 - b. follow instructions of the Exhibit Custodian on where to take the vehicle, so that the identified company can disinfect and clean the upholstery.
6. Large amount of blood or body fluid on vehicle upholstery:
 - a. advise the Exhibit Custodian of the possible contamination and ask that the vehicle be taken out of service, and
 - b. follow instructions of the Exhibit Custodian on where to take the vehicle, so that the identified company can disinfect and clean the upholstery, or follow-up as appropriate.

Procedures To Deal With Sharps

21. Members must use extreme caution at all times when dealing with hypodermic or other types of syringes or needles and must dispose of them in a designated "sharps container".
22. Extreme care should be exercised with all syringes or "sharps" and treated as though they are bio-medical hazardous material.
23. Approved containers, gloves and forceps are located in the emergency kits contained in all patrol vehicles and at designated sharps disposal locations within the police facility and TransLink facilities. In the case of a sharp found on a bus or at a bus loop, the Transit Supervisor can also be contacted for access to a sharps container.
24. Members should collect a sharps container and forceps, and bring them to the sharp.

25. At all times when dealing with syringes or other “sharps” Members must wear a pair of protective (latex or rubber) gloves and, whenever possible, use forceps or tongs. When that is not possible, Members should:
1. hold all syringes by the barrel,
 2. not bend, remove or attempt to remove the needle from the barrel,
 3. not attempt to cap or re-cap the needle,
 4. deposit the syringe, needle first, into an approved container.
26. All syringes or “sharps” shall be disposed of in an approved container.
27. Only those containers intended for the storage of bio-medical waste are approved as storage containers for “sharps”.
28. When a container is full, it should be returned to the Exhibit Custodian from where the containers will be removed for destruction by an approved company on a regular basis.
29. The SCBCTAPS Health and Safety Committee will conduct safety checks at least every six months, and ensure that emergency kits are being properly maintained and full sharps containers are replaced.

Receipt of “Sharps”

30. When a report is received of a discarded sharp, a Member should attend and seize the “sharp” using the procedures outlined above.
31. Where hypodermic equipment is delivered to any Member by a member of the public, the Member should request that the citizen place the equipment directly into an approved container, whenever practicable.
32. Should a sharp be seized as an exhibit, Members must ensure that it is handled and stored in accordance with existing policy on the handling of bio-hazardous material. If necessary, the sharp may be placed in a new sharps container and sealed.

Glove Removal

33. Waterproof, disposable gloves should be worn by Members when:
1. hand contact with blood or other potentially infectious materials can be reasonably anticipated,
 2. workers have skin abrasions and they may be in contact with contaminated items or surfaces.

Note: *It is recommended that Members cover open cuts or sores with a Band-Aid for a minimum of three days.*

34. Gloves should be changed or removed as soon as possible:
1. if they become contaminated,
 2. if they are torn, cut, puncture, or leaking, and

3. after the completion of the task requiring their use.
35. Do not wash or reuse disposable gloves. Refer to glove removal procedures posted in locker and other washing areas.

Record Keeping

36. CMBC Corporate Safety will keep permanent exposure incident records (i.e., first aid records, incident reports, incident investigation reports, WCB claims and health records) for all specific Member exposure incidents to blood or OPIMS. Copies of the exposure incident records will be retained by SCBCTAPS for at least seven years.

More Information

37. For more information on communicable diseases, Members should contact their Supervisor or SCBCTAPS Health and Safety representative.

Training

38. At least annually, Members will receive training on the communicable diseases policy and procedures.