



PHYSICIAN PRACTICE ENHANCEMENT PROGRAM

Assessment Standards

Infection Prevention and Control:
Exposure Control Plan for Infectious Diseases



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Assessment Standards Infection Prevention and Control

EXPOSURE CONTROL PLAN FOR INFECTIOUS DISEASES

An exposure control plan is a document that describes how workers will be protected from infectious diseases in the workplace. It includes information on the nature of the hazards and the risks associated with exposure, as well as controls such as safe work procedures that the employer will use to protect workers.

A community-based clinical office should have an exposure control plan for infectious diseases. This standard describes the requirements of this plan. In addition, a completed exposure control plan that includes some common infectious diseases and tasks/procedures to consider for a community-based physician office has been provided in Appendix B.

The following topics are part of infection prevention and control in a clinical office:

1. Hand hygiene
2. Personal protective equipment
3. Environmental cleaning
4. Sharps safety
5. Waste management
6. Soiled laundry
7. Exposure control plan for infectious diseases

Each topic listed is addressed in its own respective assessment standard.

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by a number of physicians (i.e. walk-in clinic, urgent care or multi-physician clinic), a single physician must be designated as the medical director. In a solo-physician clinic, the physician is the medical director.

For detailed information on the roles and responsibilities of the medical director, refer to:

- College standard – [Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics](#)
- Physician Practice Enhancement Program assessment standard – [Medical Director/Solo-practice Physician](#)

UNDERSTANDING THE ASSESSMENT STANDARD

An assessment standard consists of three components:

1. **Standard** – a goal statement of achievable levels of performance. An assessment standard is identified by a first level whole number ending in “.0” such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the standards that once implemented lead to the overall attainment of the standard. A criterion is identified by the first level number indicating the standard to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion Descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level standards number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

A criterion marked by an **M** indicates that the criterion is mandatory and must be met. If the registrant is assessed by PPEP, the expectation is that the registrant has met this criterion.

Criterion that is not marked by an M is based on best practices using current provincial, national and international standards and guidelines. A non-M criterion should be met, but is not required. A registrant should use their best judgement to determine whether or not the unique circumstances of their practice necessitate meeting each non-M criteria.

| No. | Standard Criterion | Reference |
|-----|-----------------------|-----------|
|-----|-----------------------|-----------|

ECP 1.0 EXPOSURE CONTROL PLAN

| ECP 1.1 The clinical office must have an exposure control plan. | | |
|---|--|-------|
| ECP 1.1.1 | M The exposure control plan is developed by a qualified person such as a medical director or delegate. According to the sections 5.64 and 6.34 of the Occupational Health and Safety Regulation, qualified means being knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof. | 1,3,4 |
| ECP 1.1.2 | M The exposure control plan document must include: <ul style="list-style-type: none"> • statement of purpose • responsibilities of the employer, supervisors, and employees • risk identification and assessment • risk controls • written safe work procedures • records of employee education and training | 1 |
| ECP 1.2 The medical director is responsible to protect employees in the clinical office. | | |
| ECP 1.2.1 | M Infectious diseases that are, or may be, in the workplace must be identified | 1,2 |
| ECP 1.2.2 | M Employees must be informed on how they may be exposed to common infectious diseases in the workplace. | 1,2 |
| ECP 1.2.3 | M Education and training must be provided to employees on safe work procedures, including: <ul style="list-style-type: none"> • hand hygiene • proper use of personal protective equipment • proper handling and disposal of sharps • cleaning up a blood or body fluid (BBF) spill • handling a needle-stick injury/BBF exposure incident | 1,2 |
| ECP 1.2.4 | M Safety-engineered medical devices must be used where appropriate . See Sharps Safety assessment standard for details. | 1 |
| ECP 1.2.5 | For risk-appropriate clinical settings, there must be access to running water for the management of needle-stick or sharps injuries as well as exposure to blood or other bodily fluids. The capability to irrigate eyes with clean water, saline or sterile irrigants should also be present. | |
| ECP 1.2.6 | M Employees must be directed to seek medical attention as required. | 1 |

| No. | Standard Criterion | Reference |
|----------------|--|-----------|
| ECP 1.2.7 | M In the event of a work-related exposure that requires medical attention, a WorkSafeBC claim form must be completed. | 1 |
| ECP 1.2.8 | Employees should be encouraged to obtain necessary vaccinations. | 1 |
| ECP 1.3 | Employees are responsible to help reduce their risk of exposure to infectious pathogens. | |
| ECP 1.3.1 | M Employees must attend education and training sessions. | 1,2 |
| ECP 1.3.2 | M Employees must follow safe work procedures, including hand hygiene and wearing appropriate PPE, when applicable. | 1,2 |
| ECP 1.3.3 | M Employees must seek immediate first aid and medical attention after an occupational exposure. | 1,2 |
| ECP 1.3.4 | M Employees must report exposure incidents to supervisors or managers. | 1,2 |
| ECP 1.3.5 | M Employees can refuse work for which they have reasonable cause to believe they are not adequately equipped or trained to do, thus potentially putting themselves or others at risk. | 1,2 |
| ECP 1.3.6 | Employees should keep a record of personal vaccinations, and ensure that their vaccinations are up to date. | 1 |

REFERENCES

1. WorkSafeBC. Controlling exposure: protecting workers from infectious disease [Internet]. Richmond, BC: WorkSafeBC; 2009. [cited 2017 Jan 10]. 84 p. Available from: <https://www.worksafebc.com/en/resources/health-safety/books-guides/controlling-exposure-protecting-workers-from-infectious-disease?lang=en>
2. Government of British Columbia. Workers compensation act, [RSBC 1996], Chapter 492: Part 3 - Occupational health and safety, Division 3 — General duties of employers, workers and others - general duties of employers (115). [Internet]. Victoria: Queen's Printer; December 28, 2016. [cited 2017 Jan 10]; [60 screens]. Available from: [http://www.bclaws.ca/civix/document/LOC/lc/statreg/--%20W%20--/Workers%20Compensation%20Act%20\[RSBC%201996\]%20c.%20492/00_Act/96492_03.xml](http://www.bclaws.ca/civix/document/LOC/lc/statreg/--%20W%20--/Workers%20Compensation%20Act%20[RSBC%201996]%20c.%20492/00_Act/96492_03.xml)
3. WorkSafe BC. Occupational health and safety regulation. Part 5: chemical agents and biological agents – section 5.64: controlling air contaminants [Internet]. Richmond, BC: WorkSafe BC; 2014 [cited 2017 Jan 10]; [55 screens]. Available from: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-05-chemical-and-biological-substances>
4. WorkSafe BC. Occupational health and safety regulation. Part 6: substance specific requirements – section 6.34: exposure control plan [Internet]. Richmond, BC: WorkSafe BC; 2014. [cited 2017 Jan 10]; [55 screens]. Available from: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-06-substance-specific-requirements>

RESOURCES

1. Government of British Columbia. Interpretation guidelines manual British Columbia employment standards act and regulations – employment standards act – part 1 – introductory provisions: ESA section 1 – definitions – employee [Internet]. Victoria: Government of British Columbia; [cited 2017 Mar 30]. Available from: <http://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/igm/esa-definitions/esa-def-employee>
2. University of British Columbia. Practicum/clinical placement student safety [Internet]. Vancouver: University of British Columbia; [cited 2017 Mar 30]. Available from: <http://rms.ubc.ca/health-safety/student-safety/practicumclinical-placement-student-safety/>
3. Provincial Health Services Authority (PHSA), LearningHub. Protect Patti: practicing personal protection [Internet]. Vancouver: Provincial Infection Control Network of British Columbia (PICNet), 2017. [cited 2017 Mar 30]. 30 min. Available from: <https://learninghub.phsa.ca/Courses/5467/protect-patti-practicing-personal-protection-picnet>
4. BC Centre for Disease Control, Clinical Prevention Services. Blood and body fluid exposure management tool [Internet]. Vancouver: BC Centre for Disease Control; 2016. [cited 2017 Mar 30]. 11 p. Available from: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/CPS_CDManual_BBF_Tool.pdf
5. Provincial Health Services Authority (PHSA), LearningHub. Provincial hand hygiene basics [Internet]. Vancouver: Provincial Infection Control Network of British Columbia (PICNet), 2017. [cited 2017 Mar 30]. 20 min. Available from: <https://learninghub.phsa.ca/Course/CourseDetail?CourseID=5360%20>
6. Provincial Health Services Authority (PHSA), LearningHub. BC infection control and hand hygiene [Internet]. Vancouver: Provincial Infection Control Network of British Columbia (PICNet), 2017. [cited 2017 Mar 30]. 45 min. Available from: <https://learninghub.phsa.ca/Courses/5789/bc-infection-control-and-hand-hygiene>

APPENDIX A

Glossary of Terms

airborne transmission

Airborne transmission occurs when airborne particles remain suspended in the air, travel on air currents and are then inhaled by others who are nearby or who may be some distance away from the source patient, in a different room (depending on air currents) or in the same room that a patient has left, if there have been insufficient air exchanges. Microorganisms transmitted by the airborne route include *Mycobacterium tuberculosis* (TB), varicella virus (chickenpox) and measles virus.

communicable disease

A disease that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or being bitten by an insect. Some examples of the reportable communicable diseases include hepatitis A, B and C, influenza, measles, and salmonella and other food-borne illnesses.

contact transmission

Contact transmission is the most common route of transmission of infectious agents. There are two types of contact transmission:

- direct contact occurs through touching
- indirect contact occurs when microorganisms are transferred via contaminated objects

Microorganisms transmitted by contact transmission include antibiotic-resistant organisms (AROs) such as methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), extended-spectrum beta-lactamase (ESBL) producing bacteria, carbapenemase-producing Enterobacteriaceae (CPE); scabies; and some agents of infectious diarrheas, such as *Clostridium difficile* and norovirus.

droplet transmission

Droplet transmission occurs when droplets carrying an infectious agent (e.g. pertussis bacteria, respiratory viruses) exit the respiratory tract of a person. Droplets can be generated when he or she talks, coughs or sneezes and through some procedures performed on the respiratory tract (e.g. suctioning, bronchoscopy or nebulized therapies). These droplets are propelled a short distance (less than two metres) and may enter the host's eyes, nose or mouth or fall onto surfaces. Studies suggest that droplets forcibly expelled from a cough or sneeze travel for up to two metres.

employee

Refer to the [Interpretation Guidelines Manual British Columbia Employment Standards Act and Regulations](#).

| | |
|--|---|
| hand hygiene | A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene for patient care may be accomplished using an alcohol-based hand rub or soap and running water. Hand hygiene includes surgical hand preparation. |
| infectious disease | An infectious disease is a disease caused by a microorganism and therefore potentially transferable to new individuals. It may or may not be communicable. An example of a non-communicable disease is disease caused by toxins from food poisoning or infection caused by toxins in the environment, such as tetanus. |
| personal protective equipment (PPE) | Clothing or equipment worn for protection against hazards (e.g. gloves, masks, protective eyewear, gowns). General work clothes (e.g. uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and not considered to be personal protective equipment. |
| safety-engineered medical device | A medical device with a built-in safety feature or mechanism that eliminates or minimizes the risk of accidental parenteral contact while or after the sharp is used. |
| sharps | Objects capable of causing punctures or cuts (e.g. needles, syringes, blades, clinical glass). |
| worker | Refer to the Interpretation Guidelines Manual British Columbia Employment Standards Act and Regulations . |

APPENDIX B

Exposure Control Plan for Infectious Diseases in the Community-based Physician Office

An exposure control plan (ECP) is a document that describes how workers will be protected from infectious diseases in the workplace. It includes information on the nature of the hazards and the risks associated with exposure, as well as controls such as safe work procedures that the employer will use to protect workers.

The following ECP may be used as your office ECP document.

A. Statement of purpose

“[Name of employer] is committed to providing a safe and healthy work place for all of our staff. A combination of measures will be used to achieve this objective, including the most effective control technologies available. Our work procedures will protect not only our workers, but also any other workers who enter our workplace. All employees must follow the procedures described in this plan to prevent or reduce exposure to infectious diseases.”

B. The medical director/delegate:

- determines which common infectious diseases are, or may be present in the clinical office
- develops and implements an exposure control plan for the most common infectious diseases in the clinical office
- determines which tasks/procedures may expose them to infectious diseases and the steps to protect themselves
- educates and trains staff on safe work procedures
- implements safety-engineered medical devices where appropriate
- directs staff to seek medical attention, as required
- reports a work-related exposure that requires medical attention to WorkSafeBC by submitting a [claim form](#)

C. Responsibilities of staff/ health-care provider

- knows the hazards of the workplace
- follows established safe work procedures as directed by the employer or supervisor
- uses any required PPE as instructed or based on their risk assessment of the task or exposure risk
- reports any unsafe conditions or acts to the supervisor
- knows how and when to report exposure incidents

D. The control measures to minimize exposure for identified infectious diseases and tasks/procedures in the clinical office

There are three different categories of control measures for the most common types of infectious diseases and task/procedures in the clinical office.

a. Engineering controls include:

- safety-engineered medical devices
- barriers
- separate room
- routine cleaning and disinfection of toys
- routine cleaning and disinfection of common area surfaces

b. Administrative controls include:

- hand hygiene
- cough/sneeze etiquette
- encouraging sick workers to remain at home
- screening patients by telephone when booking their appointment

c. Personal protective equipment (PPE) include the proper use, fit checking, and disposal of personal protective equipment (PPE) such as gloves, gowns, goggles, respirators, and face shields

In a clinical office, the most common infectious organisms that staff may be exposed to are the following:

| Organism | Mode of transmission | Engineering controls | Administrative controls | Personal protective equipment |
|---|-----------------------------|-------------------------------|--------------------------------|--------------------------------------|
| Respiratory viruses (such as influenza) | Droplet and contact | Must be considered; see above | Must be considered; see above | Must be considered; see above |
| Measles virus | Airborne and contact | Must be considered; see above | Must be considered; see above | Must be considered; see above |
| Diarrhea-like illness | Contact | Must be considered; see above | Must be considered; see above | Must be considered; see above |

| Organism | Mode of transmission | Engineering controls | Administrative controls | Personal protective equipment |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Novel virus (such as sudden acute respiratory syndrome (SARS)) | Follow direction as per Public Health | Follow direction as per Public Health | Follow direction as per Public Health | Follow direction as per Public Health |

Note: Refer to the glossary of terms for definitions of droplet, contact and airborne transmission.

What are the most common task/procedures performed by staff that may expose them to an infectious disease?

Examples:

| Task/procedure | Some considerations |
|-----------------------------|---|
| Administering a vaccine | PPE selection, sharps safety, hand hygiene |
| Collecting blood | PPE selection, sharps safety, hand hygiene |
| Performing a pelvic exam | PPE selection, hand hygiene, horizontal surfaces disinfection |
| Providing nebulized therapy | PPE, hand hygiene, dedicated space for administering therapy (engineering controls) |

E. Worker education and training

Role-specific education and training has been provided for staff on the following exposure control plan topics (includes review of safe work procedures). The education and training is documented. The safe work procedures are documented and available for all staff to assess. The education and training is provided upon hire, any time there is a change, and as a periodic refresher, and includes:

- how to put on and take off PPE
- how to perform hand hygiene
- what to do in the event of a needle-stick injury
- how to clean a blood or body fluid spill (blood, urine, feces on exam table, or on floor)

Reviewing the Plan

Review the exposure control plan at least once a year, and update it as necessary.