

Laurentian University Health Services - AIDS POLICY

- 1. The existence of HIV infection will not be a factor in the admission or enrolment of students.*
- 2. The existence of HIV infection will not be a factor in the hiring, promotion, or dismissal of employees.*
- 3. Employees of the University who suffer from AIDS and who, by objective standards, become incapable of carrying out their jobs will be treated through the disability provisions of the University.*
- 4. There will be no mandatory testing or screening of students, faculty, or staff for HIV infection.*
- 5. The University will not attempt, by questionnaire or screening techniques, to identify students or employees who have tested positive for HIV antibodies.*
- 6. Students and employees of the University who are HIV positive or who have AIDS will not be restricted in their access to recreational or athletic facilities.*
- 7. Residents, guests, and other consumers of university services and facilities who are HIV positive or have AIDS will not be restricted in their access to university facilities.*
- 8. The University will refuse to tolerate discrimination or harassment of employees, students, residents, or other users of university facilities with HIV infection.*
- 9. The University shall accommodate students, residents, employees, and university guests as required by the Ontario Human Rights Code.*
- 10. Persons who have HIV infection or are concerned about having HIV infection are encouraged to present themselves to the University Health Services.*

POLICY (CONT'D...)

11. *All information concerning HIV status or HIV testing will be held in the strictest confidence.*
12. *No information concerning HIV status or HIV testing will be released to anybody outside the University Health Services without the expressed written permission of the patient.*
13. *Persons who have or might have the HIV virus are obligated ethically and legally to conduct themselves responsibly.*
14. *Health Services shall be the designated contact on campus for issues relating to any communicable disease including HIV.*
15. *University Health Services will develop an educational program to promote a greater understanding of the nature of HIV infection, the prevention of HIV infection, and the need to respect the human rights of all members of the university community.*
16. *University Health Services, in conjunction with the Occupational Health and Safety Committee, will identify risk areas and provide educational programs and appropriate procedures to minimize the risks of HIV infection to those areas.*

LAURENTIAN UNIVERSITY
AIDS (HIV) POLICY

*Acquired Immune Deficiency Syndrome/
Human Immunodeficiency Virus*

INTRODUCTION

AIDS describes the most serious form of an infection caused by a virus called the Human Immunodeficiency Virus. Individuals with the Human Immunodeficiency Virus are capable of spreading the infection but do not necessarily show symptoms of any disease.

The HIV virus is transmitted in four main ways:

- 1. through intimate sexual contact where there is an exchange of infected blood, semen, or vaginal fluids;*
- 2. through the use of contaminated needles or syringes;*
- 3. through the transfusion of infected blood or blood products (almost eliminated by present screening methods used in hospitals and blood banks);*
- 4. from an infected mother to her unborn child.*

The HIV virus is very fragile and survives outside the human body for only short periods of time. It is not spread through every day contact. NO safety risks are present in the usual work place or academic environment.

Students or employees with any form of HIV infection do not pose a health risk to other students or employees in an academic environment.

**LAURENTIAN UNIVERSITY
AIDS (HIV) POLICY**

INTRODUCTION (CONT'D...)

The University is committed to providing members of the University community, who are affected with HIV and/or HIV-related illness, the opportunity to remain integral members of the community and to maintain their academic, employment, and social relationships.

UNIVERSAL PRECAUTIONS

IN THE WORKPLACE

Preamble

It is not possible to reliably identify persons infected with HIV, HBV or other blood-borne pathogens.

Adopting universal precautions represents the best way to reduce the risk of transmission of HIV, HBV or other blood-borne pathogens in humans.

Policy

Health Care professionals, laboratory personnel, technicians, professors, students and custodian personnel may be potentially at risk of coming into contact with HIV, HBV or other blood-borne pathogens and should adopt universal precautions.

We must use these barrier methods to prevent parenteral, mucous membrane and non-intact skin exposure to blood and certain body fluids.

UNIVERSAL PRECAUTIONS

Will apply to: *Blood and blood components*
Semen
Vaginal secretions
Synovial fluid
Peritoneal fluid
Human breast milk
Amniotic fluid
All tissues

Do not apply to the following "unless they contain visible blood".

Sweat
Tears
Urine
Faeces
Saliva
Nasal secretions
Sputum
Vomit

NOTE: *Some of these fluids may present a potential source for other "non-blood-borne" pathogens. Therefore, immediate and thorough "hand washing" is indicated following contact with "all" fluids and substances. Gloves must be worn to prevent gross microbial contamination of hands. Hands must be washed after removing gloves.*

AT-RISK SITUATIONS

On a practical basis, there would only be three at-risks situations that would normally arise at the University. These are described with appropriate precautions.

1. PERFORMING VENIPUNCTURE

When anybody in laboratories is asked to draw blood from another person, there is the possibility of contact with human blood. To minimize the exposure, all blood taking must be done under carefully supervised conditions. All people taking the blood should wear disposable latex or rubber gloves. All students should be given the opportunity to refuse to take blood, particularly if they have any open cuts or lesions on their hands. An appropriate receptacle should be provided for disposable bloodletting equipment and a second container should be provided for disposing of disposable gloves. Disposal of these containers should be arranged by calling the Occupational Health & Safety Dept. Needles should not be recapped. They should be disposed directly into a special puncture-resistant container.

2. CLEAN UP OF ACCIDENTAL SPILLS OR BLOOD OR BODY SUBSTANCE

Whenever staff is asked to clean up accidental spills of blood or other body substances, they should follow body substance precautions. This means they should be gloved with disposable latex or rubber gloves and they should dispose of the spilled substance into a specially identified container or plastic bag. They should not allow their skin to come into direct contact with any of the spill. After the spilled materials have been cleaned up and deposited into an appropriate container, the area should be cleaned with an approved bleaching solution.

The cleaner should continue to wear gloves while disinfecting this area with bleach. The employee should call his or her Supervisor or the Director of Occupational Health & Safety to arrange for proper disposal of the contaminated materials, which would include the gloves and the blood or body substance.

AT-RISK SITUATIONS (CONT'D...)

- 3.** *There is a theoretical danger during resuscitation procedures of possible infection with a blood-borne pathogen. Disposable or personal mouthpieces will be made available in areas where resuscitation is more likely to be required. These will include areas such as the swimming pool and Health Services.*

There is no documented transmission of HIV during resuscitation procedures. However, no one should be forced to perform resuscitation measures. It is up to the individual rescuer to assess the situation and proceed within his or her ethical guidelines.

1. Choosing The Appropriate Barrier Equipment

The type of barrier method chosen depends on the situation. In selecting the type of barrier equipment one should consider the following:

- 1) the probability of exposure to blood or body fluids*
- 2) the type of body fluid contacted*
- 3) the amount of blood or body fluid likely to be encountered*
- 4) the probable route of transmission*

Work practices and barrier techniques that reduce the transmission of HIV, HBV and other blood-borne pathogens should be used in Health Services, laboratories and where sports are practiced.

The basic principle for prevention is to prevent any of these substances from entering the body by openings in the skin or through the mucus membrane.

This can be accomplished by the following five strategies:

- 1. Hands should be washed frequently including after removing disposable gloves.*
- 2. One should wear a mask and/or eye protection when it is possible to be splashed in the face with a body substance.*
- 3. Disposable gloves should be worn for all contact with body substances, mucus membranes or non-intact skin.*
 - A. Disposable gloves should be changed after each procedure*
 - B. Hands should be washed after gloves are removed.*
 - C. Gloves are not necessary for contact of intact skin*
- 4. Needles and other sharp items should be discarded in a puncture-resistant container placed near the area of use. Recapping, bending or breaking needles is not recommended.*
- 5. A plastic apron or gown should be worn when clothing or skin is likely to be soiled by body substance.*

2. Personal Protection

Glove use is indicated:

- a) *when in direct contact with blood and body fluids, secretions and excretions which apply*
- b) *when in direct contact with mucous membrane and/or non-intact skin*
- c) *when in contact with surfaces or articles contaminated with blood and body fluids*
- d) *when performing venipuncture, finger or heel sticks or other vascular access procedures*
- e) *when carrying out housekeeping chores or decontamination procedures or disposing of contaminated equipment or instruments*
- f) *when health care workers have cuts, scratches, weeping dermatitis or other lesions on their hands*

Choosing the correct glove is determined by the task to be performed.

Latex Gloves - *prevent the transmission of viruses used in health care and laboratory work*

Rubber Utility Gloves
-disinfecting, decontamination or housekeeping chores

Heavy Canvas or Leather Gloves

-handling of waste

DO'S AND DON'TS OF GLOVE USE

Do change Gloves: -*when gloves are torn or punctured*
-*after each client contact*

Do not wash latex or vinyl gloves or reuse

Do wash hands immediately after removing gloves

(A) *Mask and Protective Eye Wear/Face Shields*

Mask and protective eye wear/face shields will reduce the incidence of blood contamination of mucous membranes in the mouth, nose and eyes.

Situations that warrant the use of these would involve any possible splashing of blood or fluids to mucous membranes in the mouth, nose and eyes.

(B) *Protective Apparel*

Gowns, aprons and other protective apparel can reduce the possibility of blood contamination or exposed skin and soiling of clothing.

These can be worn during decontamination or cleaning procedures when there is a great probability that exposed skin will be contaminated and that clothing will be soiled.

(C) *Resuscitation Devices*

Disposable or personal mouthpieces should be made available for use to all personnel who can anticipate performing resuscitation in an emergency.

Emergency mouth-to-mouth resuscitation should be avoided if possible.

Mouthpieces should be cleaned according to manufacturer's directions.

3. Housekeeping and Spills

- 1) *Horizontal surfaces such as laboratory benches and hard surface flooring should be cleaned -*
 - *on a regular basis*
 - *after each lab.*
 - *when soiling or spills occur*
- 2) *Cleaning and decontamination of blood and body fluid spills.*

Gloves must be worn when cleaning and decontaminating a spill.

- a) *A small to moderate spill is soaked up with paper towels and the area is then cleaned with a chemical germicide: diluted phenoral or 1:10 dilution of sodium hypochloride. Discard paper towels in appropriate bag.*
- b) *A large spill is first flooded with a liquid germicide then physically cleaned and decontaminated with a fresh germicidal chemical.*
- c) *Appropriate bags for disposal of contaminated articles and spill kits will be available through the Dept. of Occupational Health & Safety.*

4. Sharps Handling and Disposal

- a) *Only **sterile disposable** sharps (needles - lancets, scalpel blades, etc.) should be used.*
- b) ***"Do not recap, bend or break used needles"**.*
- c) *All sharps are discarded in a puncture proof container labeled **"Sharps"** provided by the Dept. of Occupational Health & Safety and placed near the areas of work.*
- d) *Pick-up and disposal of these **"Sharps"** containers is arranged through the Dept. of Occupational Health & Safety.*

REPORT OF EXPOSURE INCIDENTS

Anyone who has been involved in a possible exposure to body substances, should contact the Director of Occupational Health & Safety or the Supervisor of the University Health Services. The incident will be recorded and appropriate therapy and follow-up will be undertaken by the Dept. of Occupational Health & Safety and University Health Services. We will be able to evaluate the appropriateness of the management of the incident and work towards reducing the risks to any employee or student of body substance exposure.

SUMMARY

The chances of transmission of a blood-borne pathogen in the University setting are extremely low, under normal circumstances. Procedures have been outlined which will reduce the risk to the smallest level possible. If any employee or student has questions about the procedures, they should feel free to contact the Director of Occupational Health & Safety or the Supervisor of the University Health Services.

December 16, 2002