



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.22

DEPARTMENT: *Infection Control*

SUBJECT: *Hepatitis C*

APPROVAL DATE: April 2004

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

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WHAT IS HEPATITIS C?

Hepatitis C Virus (HCV) is a bloodborne virus that causes both acute and chronic infection of the liver. It is estimated that in Canada there are 242,500 individuals infected with HCV. About 1 in 5 people who are infected with HCV are unaware of their infection, but they are still infectious.

Approximately 15% to 50% of individuals will spontaneously clear and recover from their infection. Spontaneous clearance has been found to occur more often among those who experience symptomatic HCV infection, which is thought to signal a more robust immune response. Symptoms of acute HCV infection include fatigue, loss of appetite, abdominal pain and nausea.

Approximately 50% to 85% of individuals with persistent HCV will progress to chronic infection and will remain asymptomatic for decades. Many of those people will have chronic liver disease, which can range from mild to severe, including cirrhosis and liver cancer.

HOW IS HEPATITIS C TRANSMITTED?

HCV is transmitted through blood-to-blood contact. The majority of new HCV infections in Canada occur in illicit drug users as a result of sharing injection or inhalation equipment. Occupational exposures primarily occur as a result of a sharps injury; however, there have been rare case reports of infection related to a mucosal exposure (eye splash). Sharing equipment that might have blood on it such as razors, nail clippers and toothbrushes are potential vehicles for HCV transmission. Hepatitis C is NOT spread by casual contact such as hugging, kissing or shaking hands. The virus is not found in food or water. HCV can survive outside the body at room temperature, on environmental surfaces, for up to 3 weeks.

WHO IS AT RISK IN THE WORKPLACE?

In health care facilities, the risk of HCV transmission to health care workers exists from needle-stick injury or puncture wound with a sharp object, contact with blood or infectious body fluids through broken or non-intact skin (rashes, chapped, eruptions) or through the mucous membranes of the eye, nose or mouth. The existence of these risks in resident care requires health care workers to use routine practices in performing all duties.



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When trying to determine which employees may be at risk, you must look beyond the job titles and identify the actual job tasks through which an employee may come into contact with blood and body fluids. Employees at risk must remember they cannot always identify persons with HCV. Many people appear to be healthy while their blood may still carry the virus. For this reason, employees should treat all blood and body fluids as being possibly contaminated with HCV.

HEPATITIS C PREVENTION OF IN THE WORKPLACE

There is no vaccine or other immunity against hepatitis C, so the only way to prevent hepatitis C is by avoiding the virus.

PREVENTION PROGRAM:

- Residents will not be screened for hepatitis C on admission to the home.
- If a resident is admitted with a known history of hepatitis, the Manager of Resident Care shall consult public health and the physician to consider repeat serology; and review precautions with public health.
- A known hepatitis C positive resident will have a red logo placed on the visual care plan over their bed and on the spine of their chart to indicate to staff an infectious disease exists. The red logo represents a blood borne infection – privacy and confidentiality shall be maintained in regards to the type of infection.
- Staff should use routine practices to prevent exposure to blood and body fluids: equipment must be cleaned and disinfected after use; use proper personal protective equipment (i.e. protective eyewear, a mask or face shield and a gown during any procedure where droplets of blood or other body fluids may be produced); employ safe sharp handling and use safety engineered medical devices where available. Refer to policy and procedure “Infection Control 2.2 a) Routine Practices and 2.2 b) Routine Practices -Additional Precautions”.
- Staff should not allow sharing of razors, nail clippers and toothbrushes among residents.

OTHER PRECAUTIONS

- Wash hands before and after all contact with residents or their blood/body fluids.
- Wash all body surfaces exposed to blood or body fluids with soap and water as soon as possible after contact.



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- Do not recap used needles. Dispose of used needles and other contaminated sharp instruments and tools in puncture-resistant sharps containers.
- Place materials soiled with blood or body fluids in leak-proof, appropriately labelled waste bags/containers.
- Clean all potentially contaminated or contaminated surfaces, such as floors, walls, beds and large equipment, with approved disinfectant or a 1:10 solution of household bleach.

REPORTING AND FOLLOW-UP OF EXPOSURE:

Employees must report all incidents of exposure to contaminated or potentially contaminated blood or body fluids to their supervisor. The employer must keep appropriate records of employee's exposures, and follow up as per policy Infection Control policy 4.3 Sharps Injury or Mucosal Exposure to Blood or Bodily Fluids.

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