



## HOMES AND SENIORS SERVICES

### **POLICY & PROCEDURE NUMBER: 4.19**

**DEPARTMENT:** *Infection Control*

**SUBJECT:** *Hepatitis B*

**APPROVAL DATE:** April 2004

**REVISION DATE:** Dec. 2019, Jan. 2021; Nov. 2022

**REVIEW DATE:** Mar. 2017; Nov. 2018; Dec. 2020

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### **WHAT IS HEPATITIS B?**

Hepatitis B Virus (HBV) is a blood borne virus that infects the liver and causes acute and chronic infection. Infection with HBV may be acute or chronic.

Symptomatic disease resulting from acute HBV infection occurs in 30–50% of adults; symptoms may include jaundice, fatigue, loss of appetite, nausea, joint and abdominal pain. Chronic HBV infection may, over time, result in liver cirrhosis, liver cancer, decompensated liver disease and premature death, adolescents and adults' risk of becoming a HBV carrier is 3 – 10 %.

### **HOW IS HBV TRANSMITTED?**

Transmission of HBV occurs through contact with infected blood and body fluids, most commonly through sexual or close personal contact with an infected person, use of contaminated drug injection equipment, and vertical (mother-to-child) transmission during pregnancy or birth. HBV can survive outside the body for at least 7 days and has been implicated in both nosocomial transmission (via contaminated medical or dental equipment) and occupational exposure among health care workers.

Occupational transmission of HBV typically occurs through exposure to contaminated sharp instruments (e.g. needle stick injuries), or splash or spray to the mucous membranes.

### **WHO IS AT RISK IN THE WORKPLACE?**

In health care facilities, the risk of HBV 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.

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

### **HEPATITIS B PREVENTION OF IN THE WORKPLACE**



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**HBV is a vaccine-preventable disease** and HBV vaccine has been widely available since 1983. The vaccine is safe and effective, and immunization is recommended to be initiated at the earliest opportunity for all persons who may have occupational exposure to HBV (see Immunization below).

### **PREVENTION AND CONTROL PROGRAM**

- Residents will not be screened for hepatitis B 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. Residents with a known positive HBV infection will be made available to staff in their personal care record.
- Use of routine practices at all times and perform a Point of Care risk Assessment prior to resident interaction for all tasks (eg. protective eyewear, a mask or face shield and a gown during any procedure where droplets of blood or other body fluids may be produced); e 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, and any shared items must be properly cleaned and disinfected between residents and prior to each resident interaction.

### **IMMUNIZATION**

Susceptible staff that has the potential for exposure to the blood and/or body fluids of residents will be encouraged to receive the hepatitis B vaccine. This should include staff that may not be in direct contact with residents or gross blood, but may be at risk for sharps injuries (e.g., laundry, housekeeping, etc.). Immunization is the primary method of preventing the transmission of HBV. For all full time staff, the vaccine may be covered by the Employee Benefits Plan. For all part time staff, the vaccine is available through Southwestern Public Health.

Refer to the Ontario Hospital Association/Ontario Medical Association “Blood-Borne Diseases Surveillance Protocol for Ontario Hospitals” for additional immunization and preventive measures to reduce the risk of transmission of hepatitis B in employees who are at risk of exposure.



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### 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.
- Do not recap used needles. Dispose of used needles and other contaminated sharp instruments and tools in puncture-resistant sharps containers. Do not overfill sharps containers (e.g. No more than  $\frac{3}{4}$  full).
- 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.
- Follow policy 4.1 for any Biological Spills

### REPORTING AND FOLLOW-UP 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**.

#### References:

Centers for Disease Control. (2016). Viral Hepatitis – Hepatitis B Information. Available online at:

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