POLICY & PROCEDURE NUMBER: 4.24

DEPARTMENT: *Infection Control* **SUBJECT:** *HIV/AIDS*

APPROVAL DATE: April 2004 **REVISION DATE:** Dec. 2019, November 2022
REVIEW DATE: March 2017; Nov 2018; Dec. 2020

DEFINITION:

Acquired Immune Deficiency Syndrome (AIDS) is a severe, life threatening clinical condition and is an advanced Human Immunodeficiency Virus (HIV) related disease. This syndrome represents the late clinical stage of HIV infection resulting from progressive damage to the immune system, leading to one or more of many opportunistic infections and cancers of which bacterial pneumonia is one of the common presentations.

Symptoms of acute HIV infection, while difficult to diagnose and non-specific, may include fever, arthralgia or myalgia, rash, lymphadenopathy, sore throat, fatigue, headache, oral ulcers and or genital ulcers, weight loss, nausea, vomiting or diarrhea. Acute symptoms, if present, occur two to four weeks after the initial infection and last from one to two weeks or as long as several months. The time from HIV infection to diagnosis of AIDS has an observed range of less than one year to 15 years or longer.

TRANSMISSION:

HIV is transmitted though unprotected sexual intercourse with an infected partner, perinatal from mother to infant and possibly through breastfeeding and through exposure to infected blood/blood products. Through epidemiologic evidence, only blood, semen, vaginal secretions and possibly breast milk have been implicated in transmission. HIV can only be passed on if a sufficient concentration of the virus enters the bloodstream. HIV is not highly contagious and is very fragile outside the body. The virus can be easily destroyed with drying heat, chlorine bleach, rubbing alcohol, hydrogen peroxide, etc.

WHO IS AT RISK IN THE WORKPLACE?

In health care facilities, the risk of HIV 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 bloodborne

infections. 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 HIV.

HIV AIDS PREVENTION OF IN THE WORKPLACE

There is no vaccine or cure for HIV, so the only way to prevent HIV is by avoiding the virus.

PREVENTION PROGRAM:

- Residents will not be screened for HIV on admission to the home.
- If a resident is admitted with a known history of HIV, the Manager of Resident Care shall consult public health to review precautions.
- A known HIV positive resident will have a red logo placed 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. **Residents with a known positive 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 (e.g. 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 handing 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 (these items may have small traces of blood on them not visible to the eye).

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.
- Avoid recapping 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. Do not fill pass 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 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.

References:

Ontario Hospital Association. (2018). Blood-Borne Diseases Surveillance Protocol for Ontario Hospitals. Available online at: https://www.oha.com/Documents/Blood%20Borne%20Diseases%20Protocol%20(November%202018).pdf

Ontario Infectious Disease Protocol. (2022). Appendix 1: Disease Specific Chapter AIDS.