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GUIDELINES 800-8

In Effect: 2015-04-27

Due for Review: 2017-04-27

Post-Exposure Prophylaxis Protocol for Managing Significant Exposure to Blood and/or Other Body Fluids

PROGRAM ALIGNMENT	Custody
OFFICE(S) OF PRIMARY INTEREST	Human Resource Management Sector and Health Services Sector
ONLINE @	<ul style="list-style-type: none"> • http://infonet/cds/cds/800-8-gl-eng.pdf • http://infonet/cds/cds/800-8-gl-fra.pdf • http://www.csc-scc.gc.ca/text/plcy/cdshtm/800-8-gl-eng.shtml • http://www.csc-scc.gc.ca/text/plcy/cdshtm/800-8-gl-fra.shtml
AUTHORITIES	<ul style="list-style-type: none"> • Corrections and Conditional Release Act (CCRA), section 70 • Canada Labour Code, Part II • Canada Occupational Health and Safety Regulations, Part XV – Hazardous Occurrence Investigation Recording and Reporting • Government Employees Compensation Act
PURPOSE	<ul style="list-style-type: none"> • To provide a prompt and consistent response, in order to protect the health and safety of employees and offenders who have had a <i>significant exposure</i> to another person’s blood and/or other body fluids
APPLICATION	Applies to all employees
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RESPONSIBILITIES AND PROCEDURES

National Headquarters

1. The Human Resource Management Sector, Labour Relations, Compensation and Wellness Branch, Occupational Health and Safety, at National Headquarters, is responsible for reimbursing the cost of post-exposure prophylaxis (PEP) medication for CSC employees in:
 - a. jurisdictions where the treatment is not provided free of charge by the province
 - b. situations where the medication is not covered by the Workers' Compensation Board.
2. The operational unit head is responsible for:
 - a. effective implementation of the PEP Protocol
 - b. ensuring that arrangements have been made with a nearby hospital/clinic to:
 - i. perform PEP assessments
 - ii. have the appropriate PEP medication available for the treatment of employees and offenders.
 - c. ensuring that the institutional Health Services medication room has a stock of PEP medications for inmates
 - d. ensuring that one pharmacy in the area has a supply of PEP medications and any other medications required for employees and that they are aware of these arrangements
 - e. ensuring that an inmate who has had [significant exposure](#) receives medical follow-up by the institutional Physician and is offered counselling by the institutional Psychologist
 - f. ensuring that an employee who has had a significant exposure is offered the services of the Employee Assistance Program.

Individuals with a Significant Exposure to Blood and/or Other Body Fluids

3. The employee/offender who has had a significant exposure will ***immediately***:
 - a. remove all contaminated clothing
 - b. allow immediate bleeding of the wound
 - c. wash the injured area well with soap and water
 - d. if the eyes, nose or mouth are involved, flush them with large amounts of water.
4. The employee will report the significant exposure to the [Officer in Charge](#).
5. The offender will report the significant exposure to a Nurse if on site and if not, to the Officer in Charge.
6. The employee and/or offender will obtain medical follow-up with a Physician or through a hospital/clinic.

Officer in Charge

7. The Officer in Charge will ***immediately*** take the following actions:
 - a. arrange for the employee/offender who has had a significant exposure to be accompanied to the nearest hospital/clinic, where arrangements have been made for a PEP assessment, **or**
 - b. if it is an inmate who has had the significant exposure and a Nurse is on site, the Nurse may make an assessment of the degree of exposure and, if the exposure is deemed significant, the institutional Physician may direct the immediate initiation of treatment at the institution
 - c. where the significant exposure involves an employee and for jurisdictions where the treatment is not provided free of charge and not covered by the Workers' Compensation Board, the Officer in Charge will:
 - i. complete and sign the form [Certification of Payment for Post-Exposure Prophylactic Treatment for Employees of the Correctional Service of Canada](#) (CSC/SCC 1249)
 - ii. provide the completed copy of the form [Certification of Payment for Post-Exposure Prophylactic Treatment for Employees of the Correctional Service of Canada](#) (CSC/SCC 1249) to the employee for presentation to the hospital/clinic Physician and pharmacy. Occupational Health and Safety at National Headquarters will ensure that all expenses related to the PEP are reimbursed to the pharmacy or employee ***if*** not covered by the Workers' Compensation Board ***or*** the provincial health care plan

- d. notify the receiving hospital/clinic of the pending arrival of the individual
 - e. contact the Nurse if on site in order to activate the reporting requirement in paragraph 8.
8. If a Nurse is on site and if there is documented serological status of the source person, the Nurse will notify the emergency services or Infectious Diseases Physician at the hospital/clinic of the serological status of the source person.
 9. If the serological status of the source person is unknown, the Officer in Charge will ensure every effort is made to encourage the source person to be tested for HIV, hepatitis B and hepatitis C. Testing of the source person will only be done with his/her informed consent.
 10. Where an employee is involved in a significant exposure incident and the PEP Protocol has been implemented, the Officer in Charge will:
 - a. submit to Occupational Health and Safety at National Headquarters a copy of the completed form [Certification of Payment for Post-Exposure Prophylactic Treatment for Employees of the Correctional Service of Canada](#) (CSC/SCC 1249) along with the Public Service Health Care Plan (PSHCP) form
 - b. complete the [Hazardous Occurrence Investigation Report](#) (LAB 1070) for the injured employee and send a copy to the Workplace Health and Safety Committee/representative. Depending on the type of incident, the Officer in Charge will send a copy of the [Hazardous Occurrence Investigation Report](#) (LAB 1070) to the local Labour Program office of Employment and Social Development Canada (ESDC)
 - c. complete the Employer's Report of Injury or Illness and submit it to ESDC Labour Program (Injury Compensation Unit) who will forward it to the provincial Workers' Compensation Board.

ENQUIRIES

11. Strategic Policy Division
National Headquarters
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Assistant Commissioner,
Health Services

Assistant Commissioner,
Human Resource Management

Original signed by:
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Elizabeth Van Allen

ANNEX A

CROSS-REFERENCES AND DEFINITIONS

CROSS-REFERENCES

[CD 800 – Health Services](#)

[Sexually Transmitted Infection Guidelines](#)

[Post-Exposure Prophylaxis \(PEP\) Guidelines for Inmates After a Significant Exposure](#)

[Management of Viral Hepatitis Guidelines](#)

DEFINITIONS

Officer in Charge:

- a. an employee designated by the Institutional Head to exercise the powers, perform the duties or carry out the functions in the absence of the Institutional Head
- b. the local manager or senior staff member present at a parole office or Community Correctional Centre.

Significant exposure: an exposure in which an individual has:

- a. come into direct contact with human blood and/or other body fluids capable of transmitting HIV, hepatitis B or hepatitis C, including any body fluids visibly soiled or contaminated by blood, such as urine, feces, uterine/vaginal secretions, semen and saliva
- b. one of these fluids comes into direct contact with:
 - i. tissues under the skin (i.e. needle stick injury, stab wounds, or human bites breaking the skin)
 - ii. non-intact skin (eczema, cut, chapped or scraped skin), or
 - iii. mucous membranes (eyes, nose, mouth, vagina, anus or rectum).

Note: Blood or other body fluids coming into contact with intact skin are **not** a significant exposure.