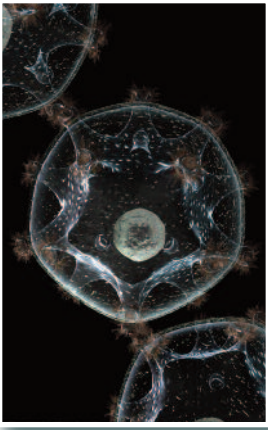


POSITION STATEMENT

***Bloodborne and
Other Infectious Pathogens***

The College of Respiratory Therapists of Ontario (CRTO), through its administration of the *Regulated Health Professions Act* and the *Respiratory Therapy Act* is dedicated to ensuring that respiratory care services provided to the public by its Members are delivered in a safe and ethical manner. The CRTO has developed this Position Statement, on the issue of Bloodborne and Other Infectious Pathogens and believes that the position outlined, and the guidance provided, serve both the interest of the public and the Members of the College, by ensuring that the appropriate health care providers do so in accordance with the legislation/regulations/policies and/or guidelines that govern their practice.

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POSITION STATEMENT

Respiratory Therapists have an **ethical obligation** to protect the public from any potential transmission of bloodborne pathogens and other infectious diseases. The College encourages all Members to take every possible precaution to prevent transmission of infection from themselves to their patients and others. It is the College's position that :

- Members must be vigilant and rigorously adhere to Routine Practices, Additional Precautions and the use of Personal Protective Equipment (PPE) when required. ^{1,2,3}
- Members providing direct patient care are encouraged to keep their immunizations up to date (e.g. Hepatitis, Influenza⁴, Measles, Mumps, Rubella, Tuberculosis, and Varicella).
- Members have an ethical obligation to know their serologic status with respect to bloodborne pathogens such as HIV and Hepatitis, although they are **not** obligated to disclose it to their patients⁵.
- Members have an ethical obligation to know their status with respect to other infectious pathogens such as Tuberculosis and Varicella, although they are **not** obligated to disclose it to their patients.
- Members who are positive for infectious pathogens should seek advice to assist with assessing the risk of transmitting infectious agents to others. The College may provide professional practice advice and links to resources (for example but not limited to, Public Health Ontario's Infectious Diseases Programs and Services), aimed at assisting Members in making safe and ethical decisions regarding their practice.
- Members who are positive for infectious pathogens (especially those who perform high risk, exposure-prone procedures⁶) should take all necessary precautions, including modifying their practice if necessary, to prevent transmission to others.

¹ See Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings 3rd Edition (PIDAC, 2012) www.oahpp.ca/resources/documents/pidac/BP_Infection_Prevention_Control_English_Final_2012-08-01_Final.pdf

² For Public Health Ontario/Provincial Infectious Disease Advisory Committee's (PIDAC) Knowledge Products (2012) www.oahpp.ca/resources/pidac-knowledge/

³ See CRTO's Clinical Best Practice Guideline Infection Prevention and Control (2011) www.crto.on.ca/pdf/PPG/Infection_Control_CBPG.pdf

⁴ "Annual influenza vaccination should be a condition of continued employment in, or appointment to, a health care organizations" (PIDAC, 2012, p.32) www.oahpp.ca/resources/documents/pidac/BP_Infection_Prevention_Control_English_Final_2012-08-01_Final.pdf

⁵ For Blood Borne Diseases Surveillance Protocol for Ontario Hospitals: [www.oha.com/Services/Health-Safety/Documents/Protocols/Blood Borne Diseases Protocol - Reviewed and Revised November 2010.pdf](http://www.oha.com/Services/Health-Safety/Documents/Protocols/Blood_Borne_Diseases_Protocol_-_Reviewed_and_Revised_November_2010.pdf)

⁶ For categories of exposure-prone procedures please see: Society for Healthcare Epidemiology of America (SHEA) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus (2010) www.shea-online.org/Assets/files/guidelines/BBPathogen_GL.pdf