

March 2013

**Introduction and Purpose:**

Reporting of student and/or PSI Educator injury in a practice education environment is important for immediate and follow-up care and insurance coverage if necessary. Additionally, tracking the nature of injuries identifies hazards and informs the need for change to promote a safe practice environment.

The purpose of this guideline is to outline immediate response actions to student or PSI Educator injury or exposure to blood and body fluids (BBF) experienced in the practice education setting and the necessary reporting and follow-up requirements. Roles and responsibilities for are outlined for all partners in to ensure complete, timely, accurate documentation that may occur during the practice education experience.

**Definitions:**

*Also refer to: Standardized Guideline definitions in Practice Education Guideline (PEG) Introductory Module.*

*Blood and Body Fluid Exposure:* an event where blood or other potentially infectious body fluid comes into contact with skin, mucous membranes (permucosal) or subcutaneous tissue (via percutaneous injury)<sup>1</sup>.

*Skin Exposure (non-intact):* blood or body fluid comes into contact with a wound less than 3 days old or with skin that has compromised integrity (i.e. dermatitis, scratches, burns)<sup>2</sup>.

*Skin Exposure (intact):* a LARGE amount of blood or body fluid comes in contact with intact skin for a PROLONGED period of time<sup>3</sup>.

*Permucosal Exposure:* blood or body fluid from one person is introduced into the bloodstream through permucosal contact (i.e. contact with mucous membranes lining body cavities such as eyes, nose, mouth, vagina, rectum and urethra)<sup>4</sup>.

*Percutaneous Exposure:* blood or body fluid from one person is potentially introduced into the bloodstream of another person through the skin via needle stick, tattooing, body piercing, electrolysis, acupuncture or other sharps injury<sup>5</sup>.

**Practice Guideline Standards:**

*Response ~ Medical Care:*

In the event of student or PSI Educator injury within the HCO, the individual should seek appropriate medical care from the HCO First Aid Attendant, Emergency Department, PSI medical services or family doctor.

In the event of student or PSI Educator exposure to blood and body fluids (BBF), the individual **must:**

- take immediate care of self by flushing mucous membranes with water or normal saline, wash skin with soap and water (no other products) and be directed to not promote bleeding by

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<sup>1</sup> BC Centre for Disease Control. (2010). Communicable disease control. Blood and body fluid exposure management. Available at: <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap1.htm>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

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- cutting, scratching, squeezing or puncturing the skin.
- seek immediate medical care within 2 hours of exposure in an emergency department or medical stations where prophylactic treatment for HIV can begin as soon as possible, in accordance with the HCO protocols for BBF Exposure (See Appendix A: Sample: Blood and Body Fluid Exposure Protocol).

### *Reporting:*

The student and/or PSI Educator must report the injury or BBF exposure to their Post Secondary Institution.

The student and/or PSI Educator must inform the HCO unit manager/director of the injury or BBF exposure.

The PSI is responsible to submit the appropriate documentation to the designated accidental injury and disability insurer (eg: WorkSafeBC or private insurer);

A student or PSI Educator exposed to potentially infectious blood or body fluids must complete specific reporting documents (See Appendix B: Guidelines for completing HLTH 2339 and 2340 forms)

HCOs must communicate any additional health authority specific reporting requirements for injury or BBF exposure to PSIs.

### **Roles, Responsibilities and Expectations:**

#### *Student:*

For personal injury (other than BBF):

- Seek appropriate medical care from HCO First Aid Attendant, Emergency Department, PSI medical services or family doctor.
- Promptly report injury to Post Secondary Institution. Complete required injury documentation forms as directed by PSI (includes WorkSafeBC documents).
- Inform HCO Unit Manager/Director of injury.

For personal injury involving BBF:

- Take immediate self care as outlined in the guideline standards.
- Seek immediate medical care within 2 hours of exposure in an emergency department or medical station where prophylactic treatment for HIV can begin as soon as possible, in accordance with the HCO protocols for BBF Exposure (See Appendix A: Sample: Blood and Body Fluid Exposure Protocol).
- Complete required forms for BBF Exposure. See Appendix B: Guidelines for completing HLTH 2339 and 2340 forms.
- Promptly report the exposure to the Post Secondary Institution. Complete required PSI reporting forms.
- Inform HCO Unit Manager / Director of exposure.
- Complete any required HCO specific reporting requirements.

#### *PSI Educator:*

In the event of an injury or BBF exposure to the PSI Educator, follow the same protocol as outlined above for students.

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In the event of a student injury or BBF exposure under your supervision in the practice setting:

- Provide assistance to the student to seek appropriate medical care in response to the injury or BBF exposure as outlined above under student responsibilities.
- Provide support to the student to complete all necessary reporting processes and forms.

*HCO Educator (term includes all practice education supervisory roles):*

In the event of a student injury or BBF exposure under your supervision in the practice setting:

- Provide assistance to the student to seek appropriate medical care in response to the injury or BBF exposure as outlined above under student responsibilities.
- Provide support to the student to complete necessary reporting processes and forms.
- Inform the HCO Unit Manager/Director of injury or BBF exposure.

*Post Secondary Institution:*

Have appropriate accidental injury and disability insurance coverage for students and PSI Educators learning/supervising in the practice education setting, as per the educational affiliation agreement<sup>6</sup>.

Establish and communicate a policy/process for student and PSI Educator injury or BBF exposure reporting.

Ensure all required documentation is complete and submitted in accordance with the PSI, WorkSafeBC, Accidental Injury and Disability Insurer policies/protocols.

Maintain database of reported injuries. Monitor the type and frequency of incidents that occur during practice education experiences in order to identify, analyze, and take action for correction and prevention of similar events in future.

*Health Care Organization:*

Provide immediate response medical care for student or PSI Educator injury or BBF exposure as required through on site First Aid Attendant or Emergency Department.

Maintain record/track student or PSI Educator injury or BBF exposures as reported to the HCO Unit/Department Manager or Director, or other HCO specific reporting mechanisms, by the student or PSI Educator at the time of the event, in accordance with HCO specific reporting protocols.

## Resources and References:

BC Academic Health Council. (2007). Education institution affiliation agreement template. Available at: [www.hspanada.net/docs/aam/aa\\_template.pdf](http://www.hspanada.net/docs/aam/aa_template.pdf)

BC Centre for Disease Control. (2010). *Communicable disease control. Blood & body fluid exposure management*. Available at: [www.bccdc.ca/dis-cond/comm-manual/CDManualChap1.htm](http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap1.htm)

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<sup>6</sup> BC Academic Health Council. Educational affiliation agreement template. Available at: [www.hspanada.net](http://www.hspanada.net)

# Practice Education Guidelines for BC Injury and Exposure to Blood/Body Fluids

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Ministry of Advanced Education, Innovation and Technology. (2012). *Procedures for submitting WorkSafeBC claims for injured practicum or apprenticeship students at eligible public post-secondary institutions and at ITA-designated public or private post-secondary institutions*. Government of British Columbia: Victoria, BC.

Ministry of Advanced Education, Innovation and Technology. (2012). *Policy: WorkSafeBC coverage for post-secondary students deemed to be employees of the Crown*. Government of British Columbia: Victoria, BC.

Vancouver Coastal Health Authority Occupational Health Nursing Program. (2007). *BBF standardized procedure*. Vancouver, BC.

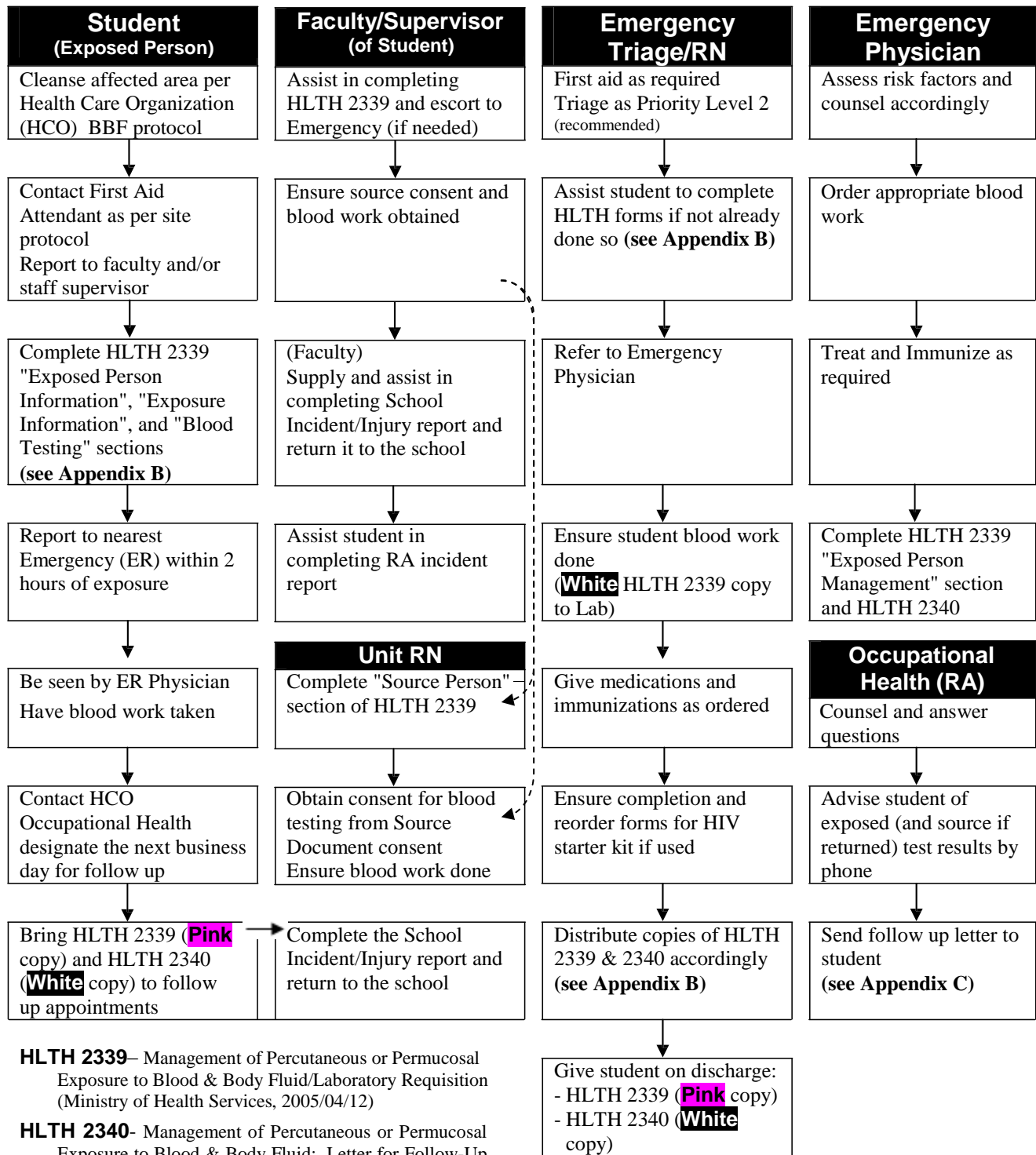
Vancouver Island Health Authority. (2012). Employee health program. Blood & body fluid exposure (BBFE) protocol. Available at: [www.viha.ca/.../0/protocol\\_bbf\\_exposure.pdf](http://www.viha.ca/.../0/protocol_bbf_exposure.pdf)

## Guideline Review History:

Revision #	Date	Author(s)	Brief Description of Change (reason for change)
Original	March 2007		
1	March 2013	Diana Campbell (VIHA), Heather Straight (VCH), Andrea Starck (NHA), Debbie McDougall (BCAHC), Carmen Kimoto (VCC)	Created as new guideline, separate from adverse event reporting. Refined content to align with title of response and reporting Updated content/process References updated, including PSI policies for injury reporting

**Appendix A:**

**Sample: Blood/Body Fluid (BBF) Exposure Protocol for Students**



**HLTH 2339**– Management of Percutaneous or Permucosal Exposure to Blood & Body Fluid/Laboratory Requisition (Ministry of Health Services, 2005/04/12)

**HLTH 2340**- Management of Percutaneous or Permucosal Exposure to Blood & Body Fluid: Letter for Follow-Up Physician (Ministry of Health Services, 2004/08/20)

Flowchart adapted from Fraser Health Authority BBF Exposure Protocol for Staff, January 2004.

**Appendix B**

**Guidelines for completing HLTH 2339 and 2340 forms  
Student (or Faculty) BBF Exposure**

**HLTH 2339**

BRITISH COLUMBIA Ministry of Health Services

**Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid/Laboratory Requisition**

NOTE: If exposed and tested, identify only the nominal HIV refer to back of form for guidelines.

**Exposed Person**

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ DATE OF BIRTH (YYYY / MM / DD): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE & TIME OF EXPOSURE: \_\_\_\_\_ HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE?  NO  UNKNOWN  YES: # OF DOSES \_\_\_\_\_

WAS THIS AN OCCUPATIONAL EXPOSURE?  YES  NO IF YES, SPECIFY OCCUPATION: \_\_\_\_\_ INDUSTRY: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ EMPLOYER'S PHONE NUMBER: \_\_\_\_\_ DATE BLOOD COLLECTED (YYYY / MM / DD): \_\_\_\_\_

Annotations: Red boxes highlight 'HLTH 2339', 'Enter School and Program name (not health authority or worksite name)', 'Enter "Student discipline"', and 'Enter Faculty supervisor's or school's phone number'. Red circles highlight 'EMPLOYER'S NAME' and 'EMPLOYER'S PHONE NUMBER'.

**Blood Testing (HBsAg, Anti-HBs, Anti-HBc, Anti-HCV, Anti-HIV are done routinely.)**

LAB RESULTS TO BE FAXED/PHONED TO:

SOURCE PERSON:  SOURCE PERSON'S FOLLOW-UP PHYSICIAN: \_\_\_\_\_ PHONE # \_\_\_\_\_ NAME \_\_\_\_\_

EXPOSED PERSON:  EXPOSED PERSON'S FOLLOW-UP PHYSICIAN: \_\_\_\_\_ PHONE # \_\_\_\_\_ NAME \_\_\_\_\_

EXPOSED PERSON:  EXPOSED PERSON'S WORKSITE OCC HEALTH: \_\_\_\_\_ PHONE # \_\_\_\_\_

EXPOSED PERSON:  EXPOSED PERSON'S FOLLOW-UP PHYSICIAN: \_\_\_\_\_ PHONE # \_\_\_\_\_

EXPOSED PERSON:  EXPOSED PERSON'S WORKSITE OCC HEALTH: \_\_\_\_\_ PHONE # \_\_\_\_\_

WHITE - To accompany blood to BCCDC Laboratory Services/UBC Virology  
HLTH 2339 Rev. 2005/04/12

YELLOW - Exposed Person's Worksite Occupational Health

PINK - WCB (if occupational exposure)  
WCB FAX (LOWER MAINLAND): (604) 276-3195  
OR TOLL FREE: 1-888-922-3292

SOURCE PERSON'S PHYSICIAN

EXPOSED PERSON'S PHYSICIAN

EXPOSED PERSON'S WORKSITE OCCUPATIONAL HEALTH

Annotations: Red boxes highlight 'Enter Student's family doctor', 'Enter health authority or worksite Occupational Health Send Yellow copy to this office', and 'Student to take Pink copy and submit to school and/or school's student health services (if they have one) ER staff may also fax it to WorkSafeBC prior to discharge'. Red circles highlight 'PHONE #' fields and 'YELLOW - Exposed Person's Worksite Occupational Health'.

**HLTH 2340**

BRITISH COLUMBIA Ministry of Health Services

**Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid  
Letter for Follow-Up Physician**

Dear Health Care Provider,

\_\_\_\_\_ D.O.B. \_\_\_\_\_ was seen in the \_\_\_\_\_  
Surname Given name Year/Mo./Day

Emergency Department of \_\_\_\_\_ Hospital on \_\_\_\_\_ following an exposure  
Year/Mo./Day

to blood or body fluid.

WHITE: Client

YELLOW: Exposed Person's Worksite Occupational Health

PINK: Exposed person's chart

HLTH 2340 2004/08/20

Annotations: Red boxes highlight 'HLTH 2340', 'Give Student White copy to take to follow up appointments Send Yellow copy to health authority or worksite Occupational Health', and 'NOTE: At no time is Source Person information to be released to either the student or the school'. Red circles highlight 'WHITE: Client' and 'YELLOW: Exposed Person's Worksite Occupational Health'.



Appendix C

Sample Follow up Letter to Student

Date:

*Student Name*

*Address*

Dear *student's name*,

**Re: Blood and Body Fluid Exposure Post Exposure Management**

Please give your school's student health services department a copy of this report so that they can provide you with post exposure follow up.

If you do not have student health services, please take this letter to your family doctor. Advise the doctor that you were involved in a BBF (Blood and Body Fluid) and you require follow up. For current information regarding antiretroviral drugs, please advise your doctor to call the B.C. Centre for Excellence in HIV/AIDS at: 1-800-665-7677 (Physician Hotline).

As I advised you by phone on \_\_\_/MM \_\_\_/DD \_\_\_/YYYY, your **baseline test results** collected on \_\_\_/MM \_\_\_/DD \_\_\_/YYYY were as follows:

Anti-HIV	
Anti-HCV	
HbsAg	
Anti-HBs	
Anti-HBc	

The **source patient results** are as follows based on blood work drawn on \_\_\_MM \_\_\_DD \_\_\_YYYY:

Anti-HIV	
Anti-HCV	
HbsAg	
Anti-HBs	
Anti-HBc	

Sincerely,

*Name of clinic nurse or OHN*

Encl. PC of 2339 (excluding sources identity)