Blood and Body Fluid Exposure Policy
for
UNIVERSITY OF TORONTO
POSTGRADUATE MEDICAL TRAINEES

POLICY

Each of the hospitals fully or partially affiliated with the University of Toronto Faculty of Medicine have policies and procedures to follow when sustaining a percutaneous or mucous membrane exposure to blood or body fluids. In order to ensure safety of themselves and their colleagues, **Program Directors** must:

a) ensure that, at the beginning of the rotation/assignment to a new site, trainees know the initial contact point for reporting of "sharps" injuries at the site, in order to access intervention (Post-Exposure Prophylaxis - PEP) if required

b) include blood and body fluid exposure management protocol in the program's academic curriculum sessions.

Program Directors must further ensure that residents in training outside Toronto's affiliated teaching hospitals (clinics, elective rotations) are provided with blood and body fluid exposure policies and procedures specific to their training site.

The Toronto **PGME Office** will maintain records of trainees' HBV immunity as part of mandatory immunization record, and will share this information with Hospital Occupational Health or Delegate as required. *(see PGME Office Procedural Memorandum on Responsibility of Notice to Programs and Hospitals for Postgraduate Medical Trainees who are Hepatitis B Positive, March 31, 2000)*

PROCEDURAL GUIDELINES FOR OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS:

1. Know your immune status to the Hepatitis B Virus (HBV)
   RESPONSIBILITY: MEDICAL TRAINEE

2. Apply first aid: allow the wound to bleed freely. Wash wound and skin sites which have been in contact with blood or body fluids with soap and water; mucous membranes should be flushed with water. A tetanus shot may be required if the injury is deep and significant time has lapsed since the last tetanus booster.
   RESPONSIBILITY: MEDICAL TRAINEE

3. Note details of occupational exposure; ie: type of injury, underlying disease(s) of source, past medical history, risk factors for bloodborne pathogen infection
   RESPONSIBILITY: MEDICAL TRAINEE, HOSPITAL'S OCCUPATIONAL HEALTH OR DELEGATE, DEPENDING ON PARTICULAR HOSPITAL'S PROTOCOL.

4. Report immediately to hospital's Occupational Health Service or delegate, eg: the Infectious Disease consultant, Emergency Department, or the appropriate hospital administrator depending on the hospital's protocol.
   RESPONSIBILITY: MEDICAL TRAINEE

5. History-taking and Assessment of Risk, eg:

   (a) by characteristics of source: for example: high risk source includes known positive patients with HIV, HBV, HCV and patients at epidemiologic risk of HIV, HBV, HCV

   (b) by nature of exposure: for example, high risk exposure would be deep percutaneous injury with hollow bore needle which had been in blood vessel of source

   (c) by susceptibility of trainee, for example: not immune to HBV

   RESPONSIBILITY (a) and (b): HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE
   RESPONSIBILITY (c): MEDICAL TRAINEE

6. Management of follow-up including counseling, baseline and follow-up serology and post-exposure prophylaxis as required.
   RESPONSIBILITY: HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE

7. Report incident to:
   (a) Postgraduate Office
   RESPONSIBILITY: HOSPITAL OCCUPATIONAL HEALTH OR DELEGATE

   (b) Program Director
   RESPONSIBILITY: MEDICAL TRAINEE

8. Report incident to: WSIB (according to WSIB directives)
   RESPONSIBILITY: POSTGRADUATE OFFICE OR HOSPITAL OCCUPATIONAL HEALTH, DEPENDING ON EMPLOYER OF RECORD

Approved at PGMEAC, November 29, 2002
University of Toronto
Faculty of Medicine
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