1. **PURPOSE**

This policy sets out the process related to infectious exposures and injuries, in order to protect the learner’s health and that of patients and facility staff.

2. **DEFINITIONS**

2.1. **Infectious exposure** – significant contact with an infectious agent (e.g., hepatitis B, measles, tuberculosis) that has the potential of leading to infection in the learner. Infectious exposures include but are not limited to: puncture wounds or scratches due to a potentially contaminated needles or sharp instruments; splashes of blood or body fluid to non-intact, abraded or chapped skin or mucous membrane; bites.

2.2. **Injury** – significant contact with an environmental hazard (i.e., a substance, state or event) which has the potential to threaten the health of the learner. Injuries may include but are not limited to lacerations, burns, crush injuries, and chemical exposures.

2.3. **Environmental Health and Safety Office (EHSO)** – an office of the University of Manitoba.

2.4. **Learner** – a health professional student enrolled in the Rady Faculty of Health Sciences at the University of Manitoba.

2.5. **Occupational and Environmental Safety and Health (OESH)** – a program of the Winnipeg Regional Health Authority.

2.6. **Visiting student** – a student from another university participating either in an elective or
2.7. **Workplace Hazardous Materials Information System (WHMIS)** – a system for providing information on the safe use of hazardous products in Canadian workplaces, via product labels, material safety data sheets, and worker education.

3. **POLICY STATEMENTS**

3.1. All registered learners in the MD and MD/PhD Program shall receive instruction related to infection control and environmental hazards as early as practicable following registration; attendance shall be mandatory for these sessions.

3.2. All learners shall comply with the immunization and testing requirements of the Max Rady College of Medicine, posted online in the Student Manual (found at: [http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/immunestatus.html](http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/immunestatus.html)).

3.3. All learners will be provided a copy of hepatitis B serological results demonstrating immunity, if such is possible for the learner to achieve. Learners shall have hepatitis B serological test results readily available at all times (e.g., kept digitally on a phone, or as a pocket card in a purse or wallet), in the event of an exposure to blood or bodily fluids. An example of a hepatitis B pocket card is shown in Appendix 1. Learners who are hepatitis B non-responders will be provided instructions on what to do in the event of an exposure to blood or bodily fluids.

3.4. Learners shall comply with clinical teaching sites’ respective policies related to infection control and exposure to infectious and environmental hazards, in order to protect the learner’s health and that of patients and facility staff.

3.5. All learners shall receive Workplace Hazardous Materials Information System (WHMIS) training. If a learner has taken WHMIS training in the past this training may carry forward as long as the learner retains a record or certificate of proof. Note that with the new provincial WHMIS legislation learners are required to receive training for “WHMIS 2015”. Students and staff at the university can access this training and certification by enrolling in the online course available on UMLearn. The following link provides instructions on how to self-register (UMNetID and password) for the training: [http://umanitoba.ca/admin/vp_admin/risk_management/ehso/chemical_safety/6336.html](http://umanitoba.ca/admin/vp_admin/risk_management/ehso/chemical_safety/6336.html).

3.6. A learner who sustains an infectious exposure or injury shall comply with the following procedures:

3.6.1. The learner shall perform or receive from another person immediate first aid:

3.6.1.1. For a puncture injury or laceration the learner shall wash the injury site thoroughly with soap and water, and cover the area with a sterile dressing if necessary.

3.6.1.2. For an eye or mucosa splash, or exposure to non-intact, abraded or chapped skin, the learner shall flush the injury with water for 15 minutes.

3.6.1.3. For other infectious exposures or injuries the immediate first steps will depend on the nature of the incident.
3.6.2. The learner shall immediately inform the learner's clinical supervisor (e.g., attending physician) about the infectious exposure or injury. The clinical supervisor will assist the learner in determining appropriate next steps, which will depend on the nature of the infectious exposure or injury, as well as the time of day it occurred. Some incidents (e.g., lacerations; exposure to blood or bodily fluids) require immediate follow-up; follow-up for certain infectious exposures (e.g., exposure to tuberculosis) may be delayed until the next business day.

3.6.3. The learner shall notify the occupational health service of the clinical or educational institution in which the incident occurred. As the learner may be anxious or confused by the incident, and/or not familiar with how to access the local occupational health service, the clinical supervisor is responsible for assisting the learner with this notification. The occupational health service will provide access to immediate medical assessment and ongoing investigation of the incident. If the occupational health service is not available (e.g., after hours) and immediate follow-up is warranted, the learner shall be directed to the nearest emergency department immediately.

3.6.4. Site occupational health contacts for infectious exposures or injuries are as follows:

3.6.4.1. **Infectious exposures or injuries which occur at the University of Manitoba Bannatyne Campus or Health Sciences Centre (HSC):**

- Occupational and Environmental Safety & Health (OESH)
- SR149-700 William Avenue
- Office hours Monday to Friday: 7:00 am to 3:00 pm
- Call 204-787-3312 and ask to speak to the Occupational Health Nurse regarding the infectious exposure or injury.
- If the incident occurs outside the above stated hours, call 204-787-3312 and leave a message stating the name of the learner, contact phone number, and circumstances of the incident. Then report to the HSC Adult Emergency Department as soon as possible (700 William Ave, Winnipeg, 204-787-3167).

3.6.4.2. **Infectious exposures or injuries which occur at the St. Boniface General Hospital or St. Boniface Research Centre:**

- St. Boniface Occupational Health and Safety Department
- Room TG002B, 409 Tache Avenue
- Office hours Monday to Friday: 7:45 a.m. to 4:00 p.m.
- Call 204-237-2439 and ask to speak to the Occupational Health Nurse regarding the infectious exposure or injury.
- If the incident occurs outside the above stated hours, call 204-237-2439 and leave a message stating the name of the learner, contact phone number, and circumstances of the incident. Then report to the St. Boniface General Hospital Emergency Department as soon as possible (409 Tache Ave, Winnipeg, 204-233-8563).

3.6.4.3. **Infectious exposures or injuries which occur at another facility:**
contact the occupational health office of the appropriate facility (for
3.6.5. As soon as practical the learner shall notify the University of Manitoba Environmental Health and Safety Office (EHSO) Occupational Health Coordinator (204-474-6633, EHSO@umanitoba.ca) for all infectious exposures or injuries requiring medical follow-up. The EHSO will assist the learner with reporting the incident to Workers Compensation if required. If reporting is necessary the EHSO will assist the learner with completion of the Notice of Injury Form (http://www.umanitoba.ca/admin/vp_admin/risk_management/ehso/occ_health_comp/aiwcb.html).

3.6.6. The learner has the option of notifying the office of Student Affairs Medicine at the University of Manitoba regarding the incident. Student Affairs Medicine can provide the learner the following services as needed: counseling regarding the incident; assistance with completion of documentation that may be required; liaison with EHSO and the occupational health services of the institution in which the infectious exposure or injury occurred; liaison with the learner’s program if there is a need to alter the curriculum or clinical rotation as a result of the incident.

3.7. Documentation of the learner’s immune status will be relevant for many post-exposure assessments involving infectious diseases, and therefore a copy of this documentation should be brought to the assessment, or requested immediately. Such documentation may include the learner’s status regarding measles, mumps, rubella, tetanus, diphtheria, pertussis, polio, hepatitis B, varicella, influenza, and tuberculosis infection:

3.7.1. A learner should bring hepatitis B serologic results (e.g., pocket card) to the assessment (see section 3.3 and Appendix 1).

3.7.1.2. A learner or an individual providing care to a learner can request the learner’s immune status record through the Immunization Program office: tel. 204-480-1305, fax. 204-480-1333, immune@umanitoba.ca, P127 Pathology Building, Bannatyne Campus; office hours Monday to Friday 7:30 a.m. – 3:45 p.m.

3.7.1.3. Learners and visiting students attending a host school can access their Association of Faculties of Medicine of Canada (AFMC) Student Portal Immunization and Testing Form online through the AFMC Portal (https://afmcstudentportal.ca); learners are also encouraged to keep a copy of their records handy while visiting a host school.

3.8. The clinician providing an assessment following significant contact with an infectious agent may require additional details regarding the source of an exposure; for example, the risk level or serologic status of a client to whose blood or bodily fluids the learner was exposed. The clinician providing the assessment should liaise with the clinical supervisor for any necessary information regarding the source or incident. A learner should not approach a client or review the clinical chart to obtain information necessary for a post-exposure assessment, and a learner should not be involved with arranging testing of a client for this purpose.
3.9. If an infectious exposure or injury occurs outside of Winnipeg or Manitoba learners should promptly access all necessary care locally. If additional follow-up is warranted this can be provided by contacting WRHA OESH upon the learner's return to Manitoba (see contact information in section 3.6.4.1). EHSO should be notified of all infectious exposures or injuries requiring medical follow-up occurring in the course of the learner's training regardless of at which site the exposure occurred.

3.10. Manitoba's Testing of Bodily Fluids and Disclosure Act enables a person who has come into contact with a bodily fluid of another person to apply for a court order requiring the other person to provide a blood sample which will be tested to determine if that person is infected with hepatitis B, hepatitis C or HIV. For more information on this legislation see https://www.gov.mb.ca/health/publichealth/tbfd.html.

3.11. This policy shall apply equally to all visiting students. Of note:

   3.11.1. Visiting students have access to all local post-exposure services including occupational health offices and emergency departments.

   3.11.2. Visiting students are expected to receive instruction related to infection control and environmental hazards prior to attending the University of Manitoba for an elective.

3.12. This policy is consistent and complimentary to the University of Manitoba Biosafety Guide (March 2005), produced by EHSO and available at: http://umanitoba.ca/campus/health_and_safety/biosafety/Biosafety%20Guide%20March05.pdf. Note: occupational health contact information and business hours found in the current policy are more up-to-date.

3.13. This policy will be reviewed on the first anniversary of its original passage and every five years thereafter.

4. PROCEDURES

RESPONSIBILITIES OF THE PRE-CLERKSHIP AND CLERKSHIP ADMINISTRATORS, UGME

4.1. In each academic year Undergraduate Medical Education will provide instruction related to infectious exposures and injuries as follows:

   4.1.1. Year I learners will participate in a mandatory Infection Control and Prevention session that is in accordance with the Winnipeg Regional Health Authority program for healthcare workers.

   4.1.2. The UGME Administrator, Enrolment will ensure that at the beginning of Year 1 all learners receive a card outlining the procedure following infectious exposures or injuries. Learners are to wear this card on their lanyard and are expected to keep it for the full duration of their time in UGME Program (Appendix 2).
RESPONSIBILITIES OF THE IMMUNIZATION PROGRAM

4.2. Ensure learners comply with the immunization and testing requirements of the Max Rady College of Medicine; advise the Associate Dean Undergraduate Medical Education when learners are not meeting requirements.

4.3. Provide learners with a copy of hepatitis B serological results and provide advice to learners who are hepatitis B non-responders.

4.4. Provide learners an immune status orientation session, which includes information on infectious exposures and injuries.

RESPONSIBILITIES OF THE LEARNER

4.5. All learners shall attend the mandatory sessions related to infection control and environmental hazards offered following registration.

4.6. All learners shall comply with the immunization and testing requirements of the Max Rady College of Medicine. Learners who may have a medical or health condition necessitating a possible exemption from a specific immunization or test requirement must notify the Immunization Program of this.

4.7. A learner who experiences an infectious exposure or injury shall:

4.7.1. perform or receive from another person immediate first aid, including referring to WHMIS as appropriate;

4.7.2. notify the clinical supervisor of this immediately;

4.7.3. notify the occupational health service of the clinical or educational institution in which the incident occurred, or equivalent (e.g., emergency department) as appropriate;

4.7.4. notify EHSO (for all incidents requiring medical follow-up);

4.7.5. follow instructions provided by the entities listed above.

RESPONSIBILITIES OF THE CLINICAL SUPERVISOR

4.8. All clinical supervisors shall be familiar with their responsibilities under this policy.

4.9. All clinical supervisors who are contacted by a learner regarding an infectious exposure or injury shall without delay provide the learner all necessary support; this includes:

4.9.1. assisting the learner in determining appropriate next steps, which will depend on the nature of the infectious exposure or injury and the time of day it occurred.

4.9.2. assisting the learner in determining the most appropriate location for an evaluation and assessment, if one is indicated.
4.9.3. providing the learner time off from clinical duties, as necessary, to obtain an evaluation and assessment if one is indicated.

4.10. Clinical supervisors shall understand that the learner may be anxious or confused, and/or not familiar with how to access the necessary services, and therefore additional supports may be necessary.

4.11. Clinical supervisors shall be available to correspond with the clinician providing the post-exposure assessment, if additional information regarding the source or incident is necessary.

RESPONSIBILITIES OF THE ASSOCIATE DEAN UGME STUDENT AFFAIRS

4.12. The Associate Dean UGME Student Affairs is available to provide counseling as needed to learners regarding infectious exposures and injuries, liaison with the institution in which the infectious exposure or injury occurred, and support the learner in obtaining and completing all EHSO appropriate forms. It is not necessary for the learner to contact the Associate Dean UGME Student Affairs for all types of infectious exposures or injuries, however support is available for learners who require it.

4.13. If, as determined by the clinician assessing the learner, a leave of absence from the scheduled curriculum is required because of an infectious exposure or injury, the Associate Dean UGME Student Affairs should be contacted, and can confer with the appropriate faculty to develop an appropriate alternate schedule.

RESPONSIBILITIES OF THE ADMINISTRATOR, ELECTIVES, UGME

4.14. Provide each visiting student a link to this policy when the visiting student is accepted for a clinical placement at the University of Manitoba.

5. POLICY CONTACT

5.1. Contact the Associate Dean, UGME Student Affairs with questions respecting this policy.

6. REFERENCES

6.1. Liaison Committee on Medical Education: Functions and Structure of a Medical School. Medical Students: Standard MS-30.


Appendix 1

All learners will be provided a copy of hepatitis B serological results demonstrating immunity, if such is possible for the learner to achieve. Learners will be encouraged to keep hepatitis B serological test results readily available at all times, in the event the information is needed due to an exposure to blood or bodily fluids. Learners who are hepatitis B non-responders will be provided instructions on what to do in the event of an exposure to blood or bodily fluids. Pocket cards stating hepatitis B serologic results (sample shown below) should be kept in the learner’s purse or wallet at all times.

**<Last Name>, <First Name> (DOB: YYYY MMM DD)**

This individual has a complete, documented hepatitis B series on file (available on request). **Post-immunization test results:**

- **Date:** YYYY MMM DD
- **Test:** Antibody to hepatitis B surface antigen (anti-HBs)
- **Result:** POSITIVE (indicates a level that is at or above 10 IU/L)
- **Interpretation:** Immune to hepatitis B virus

- **Date:** YYYY MMM DD
- **Test:** Hepatitis B surface antigen (HBsAg)
- **Result:** NEGATIVE
- **Interpretation:** No evidence of current hepatitis B infection

Name of Director of Immunization, MD, University of Manitoba
Tel. 204-470-1355, Fax. 204-470-1333

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If you experience an exposure to blood or bodily fluids:

1. **End** the procedure, safely dispose of any sharps.
2. **Wash** the affected area with soap and water; for the eyes, nose, or mouth, flush with water for 15 minutes.
3. **Report** the event immediately to your supervisor, who will provide additional information on where to obtain a post-exposure assessment.
4. **If** a post-exposure assessment is indicated, **present this card** to the clinician performing the assessment.

Your hepatitis B test results are listed on the reverse.
Appendix 2

The UGME Administrator, Enrolment will ensure that at the beginning of Year 1 all learners receive a card (shown below) outlining the procedure following infectious exposures or injuries. Learners are to wear this card on their lanyard and are expected to keep it for the full duration of their time in UGME Program.

EXPOSURE AND INJURY ASSESSMENT
1. Obtain immediate first aid as required for the injury:
   - Puncture injuries and lacerations: Wash thoroughly with soap and water; cover area with sterile dressing if necessary.
   - Eye/mucosa splash or exposure to non-intact, abraded or chapped skin: Flush with water for 15 minutes.
   - Chemical exposure: Refer to Workplace Hazardous Materials Information System (WHMIS) materials.
2. Report incident to parties listed on reverse; participate in post exposure protocols as may be required.
3. To obtain immune status record contact Immunization Program office: 204-474-6633, immune@umanitoba.ca.

NOTIFICATION
1. Clinical supervisor: all blood/bodily fluid exposures, exposures to infectious diseases, chemical exposures, severe injuries.
2. Occupational health for medical assessment and incident investigation:
   - Bannatyne Campus or WRHA facility: Occupational and Environmental Safety & Health, 204-787-3312
   - St. Boniface Hospital: 204-337-0439
   - After hours: Leave name, phone number, description of exposure; attend local emergency department if necessary.
   - Outside of Winnipeg: discuss with clinical supervisor where to obtain assessment.
3. U of M Environmental Health and Safety Office: report all injuries requiring medical assessment, regardless of nature of exposure or setting. 204-474-6633, EHSO@umanitoba.ca.