A. INITIAL INCIDENT RESPONSE: The most important task is to get in touch with someone who can do the risk assessment and make an expert decision on whether to administer PEP (Post-Exposure Prophylaxis: emergency medication to prevent HIV / Hepatitis infection). These steps lay out four possible paths to that goal, depending on where the person is.
Some settings will have procedures already established: this document is intended for supervisors and others to a) evaluate their processes, and b) serve as a process where one does not exist.

0. A Human Blood & Bodily Fluid Exposure (HBBFE) is a workplace injury like any other. The priority is to get assessed by a physician. While it is entirely appropriate to go to Emergency if this assessment cannot be done for whatever reason, most workplaces where our students work have a physician or equivalent who can do the assessment.

***N.B.*** *Wherever possible, keep the injured person and the source patient together, so that both may have their blood tested. Do what you can to convince the source patient to consent to testing; although this is voluntary, and not necessary for good treatment.*

1. An exposure event is an exposure to someone else’s blood or bodily fluid (even if that person is not present). This may result from work with human clinical samples, needlesticks injuries, bites, vomit, spitting incidents, and contacts during cleanup, etc. Note that if there are no blood or bodily fluids involved, then there is no exposure. For instance, poking yourself with a clean new needle before contacting the patient is not an exposure event.

2. First aid should be:

  a. For a sharps injury

* Allow wound to bleed freely
* Wash well with soap and water or alcohol-based hand rub
* Cover area with dry dressing

    b. For a mucous membrane exposure (eyes, nose, mouth)

* Flush area well with water for 5-10 minutes

    c. For a skin exposure

* Wash area well with soap and water or alcohol-based hand rub

3. Alberta Health Services (AHS) ‘spaces’ include facilities such as the UAH, the Royal Alec, etc.

4. Alberta Health Services maintains a service to guide staff, including our students in their spaces, through the HBBFE process. Call 1-855-450-3619 for assistance. They will do the risk assessment and advise on next steps. Instruct your staff to follow their instructions.

5. Covenant Health ‘spaces’ include facilities in Banff, Bonnyville, Camrose, Castor, Edmonton (Misericordia, Grey Nuns, the Edmonton General, and others), Killam, Lethbridge, Medicine Hat, Mundare, St. Albert, Trochu and Vegreville.

6. Covenant Health maintains a service, during office hours only, to guide staff, including our students in their facilities and ‘spaces’, through the HBBFE process. Call 1-780-342-8070 for assistance. They will do the risk assessment and advise on next steps. Instruct your staff to follow their instructions.

7. A “U of A Space” would be a space on campus, supervised by University Faculty or staff, or an off-site clinic supervised and operated by University Faculty or staff.

8. The instructor or supervisor, in U of A spaces, will conduct the risk assessment (See Box 10) and issue instruction.

9. Given the potential severity of an HBBF Exposure, there is good reason to go to an Emergency Department, with the Source if possible. This is especially true if the person injured feels that they are not getting sufficient direction or assistance. In some placements, the preceptor or supervisor may not have sufficient training or understanding to adequately assess the situation, in which case the Emergency Department is the most appropriate venue for assistance.

In spaces such as pharmacies, non-U of A dental clinics, community pharmacies, independent long term care centres, prisons etc. the most appropriate step to getting expert assistance is to go to the Emergency Department.
If the person requires assistance in getting to the Emergency Department, please call UAPS at 780-492-5050 at any time and ask for assistance.

If the person is working internationally and cannot get adequate medical care where they are, have them contact their department or UAPS.

If you are contacted by a student or staff person who is not getting adequate assistance in being assessed, if possible speak to whoever is acting as a barrier to care and explain the process below, and our institutional belief that this is the best path forward. Use the same tone and phrasing that you would use for someone who prevents one of our staff or student who had a broken leg, or a heart attack.

If you require further assistance, call UAPS at 780-492-5050

B. DECISION ON PEP: At this point the expert opinion on PEP administration will be determined. AHS has a standard risk assessment, and there may, in some settings, be source patient blood to be tested as well. These steps will give the injured person some expectations as to what the physician or expert will be considering for the PEP decision.

The medical practitioner or supervisor will give certain instructions; they are to be followed. They are, in most cases, broken into four steps. Like any injury, it is incumbent on the injured party to follow those instructions to reach the best possible outcome. The University cannot monitor the compliance of each person with every instruction; it is everyone’s personal responsibility to follow physician directions.

10. If the “source” patient is available, the physician may test their blood, or check their medical records for any diagnoses.

The following requisitions can be printed and used by a student or staff-member and the source patient to requisition blood tests:
<https://drive.google.com/a/ualberta.ca/file/d/0B0CSrtAV7jRodm02VWpoMjNWaUU/>

If the source patient is unavailable, or unwilling to be tested, there is a standard series of questions to make an reasonable estimate of the risk of infection. AHS’ guidelines for determining whether a source is high risk are:

“A known source is high risk if the person comes from:

highly endemic region for HBV,

has sexual relations with multiple partners,

has a partner infected with HBV or at high risk of being so,

is in close family contact with an infected person,

uses injection drugs, or

received blood or blood products prior to 1970.

Wherever possible, the source should be tested. In the case of an unknown source, background circumstances may provide some indication of the degree of risk, e.g.:

syringe found in the street,

attendance at an STI clinic, or

detoxification or well baby clinic”

Further indicators of a high risk source are:

History of incarceration,

sharing needles or drug paraphernalia,

being a Sex Trade Worker, or

having sex with Sex Trade Workers.

More info is here: <http://www.health.alberta.ca/documents/PEP-Guidelines-2015.pdf>

11. The doctor or physician or supervisor will make a recommendation on whether PEP is required and where to access it; the University supports that this is the most reasonable and appropriate source of the PEP decision.

12. Once the injured person has received PEP or not, there are two slightly different routes to take. If the determination is made that PEP is not required, the injured person does have more responsibility to ensure they get follow-up assistance.

13. Following PEP, just like any other medical intervention, the physician will give direction for follow-up referrals, appointments, and tests. If they do not, the person can follow up with their own family physician, or with the University Health Center or with Dominion Health Services. Like physiotherapy exercises after a joint injury, following instructions is important for a successful outcome.

14. If PEP is not recommended, the physician who makes that recommendation will likely simply direct the injured person to arrange their own follow-up. This can be frightening, as the person may feel they have been ‘abandoned’ or left to figure it out on their own. This is not the case; the person can follow up with their own family physician, or with the University Health Center or with Dominion Health Services. To reach Dominion, have the person e-mail ehs.info@ualberta.ca to arrange a visit to Dominion

C. LONG-TERM FOLLOWUP: At this point, the injured person needs to complete necessary reports and take ownership of their long-term follow-up. Whether the injured person receives PEP or not, the follow-up can last for months, and should be adhered to. This may mean making time for employee medical visits, or gentle prodding to inquire if follow-up is being done. The solution to a frightening injury like an HBBFE is NOT to ignore it, and this point should be emphasized to the employee.

15. Like any workplace injury, this should be reported to EHS: the incident reporting form is on our website: ehs.ualberta.ca.

If the instructor or supervisor has not been informed at an earlier point, do so at this point.

There may also be other reports to complete:

 WCB: The University requires an injured worker to report to Worker’s Compensation Board (WCB) within 72 hours of seeing a physician due to a workplace injury or incident

 Human Resources: The University’s Human Resources (HR) department has varying reporting requirements; they are listed at hrs.ualberta.ca/healthandwellness

NOTE: There is no longer a need to complete the HBBFE-specific report; the general incident report is appropriate.

16. Complete long-term follow-up testing, safety recommendations, or other processes as recommended by a physician, EHS, OHE, or other stakeholder.

The long-term follow-up will vary from patient to patient, and will depend on the illness to which the patient was exposed. The prophylactic drugs prescribed for Hepatitis B, Hepatitis C, and HIV all have their own side-effects, contraindications and administration processes. Encourage your staff and students to ask lots of questions.

After a significant occupational exposure (a break in the skin of the health·care worker, b) fresh, still liquid blood involved and c) a hollow needle- i.e., a needle stick injury at the bedside or in the lab.) whether PEP was used or not, you should have follow-up blood tests extending up to six· months after the exposure.
If the staff or student requires more information about their tests, etc., they should follow up with the physician administering the PEP or who conducted the tests if any were done. When in doubt, direct them to follow-up with Dominion Health Centre or the University Health Centre.