

# Practice Education Guidelines for BC Incident Reporting

GL#3-3

## Practice Guideline

March 23, 2007

Students and faculty are to promptly report any real or potential accidents, injuries, incidents or adverse events that they witness, discover or are involved in.

## Guideline Details

### Witnessed or Discovered Incident:

The person who witnessed or discovered the incident (student, faculty) must report the incident\* or potential incident\* ('near miss') to the Receiving Agency. (Examples: patient abuse, improper carrying out of procedures, incorrect use of equipment, patient falls, lost possessions, security incidents, theft)

### Directly involved in incident:

When the student or faculty is responsible for an incident involving others and/or self, report the incident to both the Receiving and Placing Agency as soon possible.

Regardless of whether witnessed, discovered, or directly involved, Receiving Agency incident/injury reporting form(s) must be completed as soon as possible after the event.

When a student or faculty is injured (accidental or patient-induced), seek medical attention and complete forms according to the Placing Agency process.

If the individual is accidentally exposed to potentially infectious blood or body fluids\* (BBF), seek medical attention in the nearest emergency department within 2 hours of exposure. In this case, complete all required forms for both Placing and Receiving Agency. (For specific guidelines for BBF exposure – see **APPENDIX A, B & C**)

Incident reports are used for quality improvement not punitive purposes.

## Roles & Responsibilities

Student:

- Promptly report any accident or incident to supervising staff or on site faculty.
- Determine correct process, policy, and procedure to follow within the Receiving Agency.
- Request and complete the appropriate form(s) concisely, accurately, and objectively.
- Participate in the investigation.
- Follow own Placing Agency procedures for accidents, injuries and incidents.

For incidents\*/potential incidents\*:

- Take action to intervene if necessary.
- Complete relevant Receiving Agency forms.
- Clearly indicate student designation and school/program after name.
- Have the form cosigned by the person who assisted in the completing of the form (on site faculty or Receiving Agency staff).

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For personal injury (other than BBF):

- Seek first aid and/or medical attention (Receiving Agency First Aid Attendant, Emergency Department, Placing Agency medical services, or family doctor if needed).
- Complete Receiving Agency employee injury report forms and Placing Agency injury report forms (i.e. WorkSafeBC).

For personal injury involving BBF:

- Determine if exposure has occurred based on \*Definitions.
- Refer to **APPENDIX A:** Blood/Body Fluid Exposure Protocol for Students, **APPENDIX B:** Guidelines for completing HLTH 2339 and 2340 forms, and **APPENDIX C:** Sample Notification letter

Faculty/Staff:

- Intervene in care or service as appropriate.
- Report to manager or designate.
- Help the student complete the required forms and co-sign the form.
- Follow both Receiving and Placing Agency process.

Placing Agency:

- Have appropriate accidental injury and disability insurance coverage for both faculty and students as per the educational affiliation agreement.
- Establish a process for student incident reporting and record keeping.
- Inform the students and faculty the procedure for reporting both incidents and injuries.
- Follow up on student/faculty accidents/incidents/injuries.
- Make changes to teaching based on analysis of past student incidents.
- Work collaboratively with the Receiving Agency on concerns related to incidents, trends and causes.

Receiving Agency:

- Have system in place to monitor incidents and injuries, with the ability to differentiate those involving students and those involving staff.
- Make sure documentation is completed and co-signed by supervising staff or faculty.
- Analyze, monitor and follow up on trends and contributing factors in student incidents.
- Inform the Placing Agency of changes to system, process, equipment or practice factors.
- Work collaboratively with the Placing Agency on need for changes to teaching based on analysis of student incidents.

## Consequences of Non-compliance

Not recognizing, acknowledging, reporting and/or following-up on a real or potential incident could result in serious, undesirable, or unexpected outcomes for patients or staff/student; inaccurate data on incidents and injuries; and/or legal action.

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## Rationale or Background

Reporting of incidents is essential from the perspective of accountability of the student, the Placing and the Receiving Agency. Careful documentation of incidents is important for overall systems improvement (continuous quality improvement, learning from mistakes and managing risk, etc.) and in case of a complaint or legal action.

The Placing Agency should monitor the type and frequency of incidents that occur during practice education experiences in order to identify, analyze, and take action. Incidents serve as an educational tool to assist faculty in detecting gaps in knowledge and skills, and can help direct changes in curriculum as well as assist faculty to work collaboratively with Receiving Agencies to address system factors.

The Receiving Agency should monitor student injuries as part of tracking all injuries. When student injuries are not included, any assessment of organizational systems, equipment, or processes may be based on incomplete data. Students are to complete the Employee injury report form for quality improvement purposes only. The form is sent to the Occupational Health and Safety office/Claims Management for tracking and trending within the Receiving Agency. The school or student's family doctor should provide any medical care needed. Only when there has been a special arrangement with the Placing Agency should the Receiving Agency First Aide/Occupational Health designate get involved in ongoing care and support of students (for example rural and remote communities).

BC Placing Agencies are to submit the appropriate documentation to accidental injury and disability insurer (WorkSafeBC or private insurer). It helps to clearly identify whether the injured person is a student or Placing Agency employee or a Receiving Agency employee. The insurer should then be able to provide statistics that differentiate student from employee injury rates.

Students who are from outside the province or country are to submit any documentation to their insurer directly or through their Placing Agency.

## Definitions

**Incident/Accident:** any happening that is not in accord with the routine operation of the institution or the routine care. It may involve a patient, staff member, student, visitor or all four. It could also involve supplies, equipment, procedures, or particular services or programs. Incidents include such things as falls, drug errors, situations of violence, and stolen articles or equipment.

**Potential Incident/Near Miss:** those events that might have resulted in significant consequences for patients, staff member, student, visitor or all four but the mistake was picked up and corrected before any harm was done. Many times 'near misses' can be decreased or avoided by improving the appropriate system. But to improve the system, the 'near misses' need to be identified and brought to the attention of those who are charged with improving the system.

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**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). (3)

**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). (3)

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

**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, urethra, or rectum). (3)

**Percutaneous Exposure:** blood or body fluid from one person is potentially introduced into the bloodstream of another person through the skin via needle stick, or other sharps injury. (3)

## References

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\* indicates term is defined under 'Definitions' section

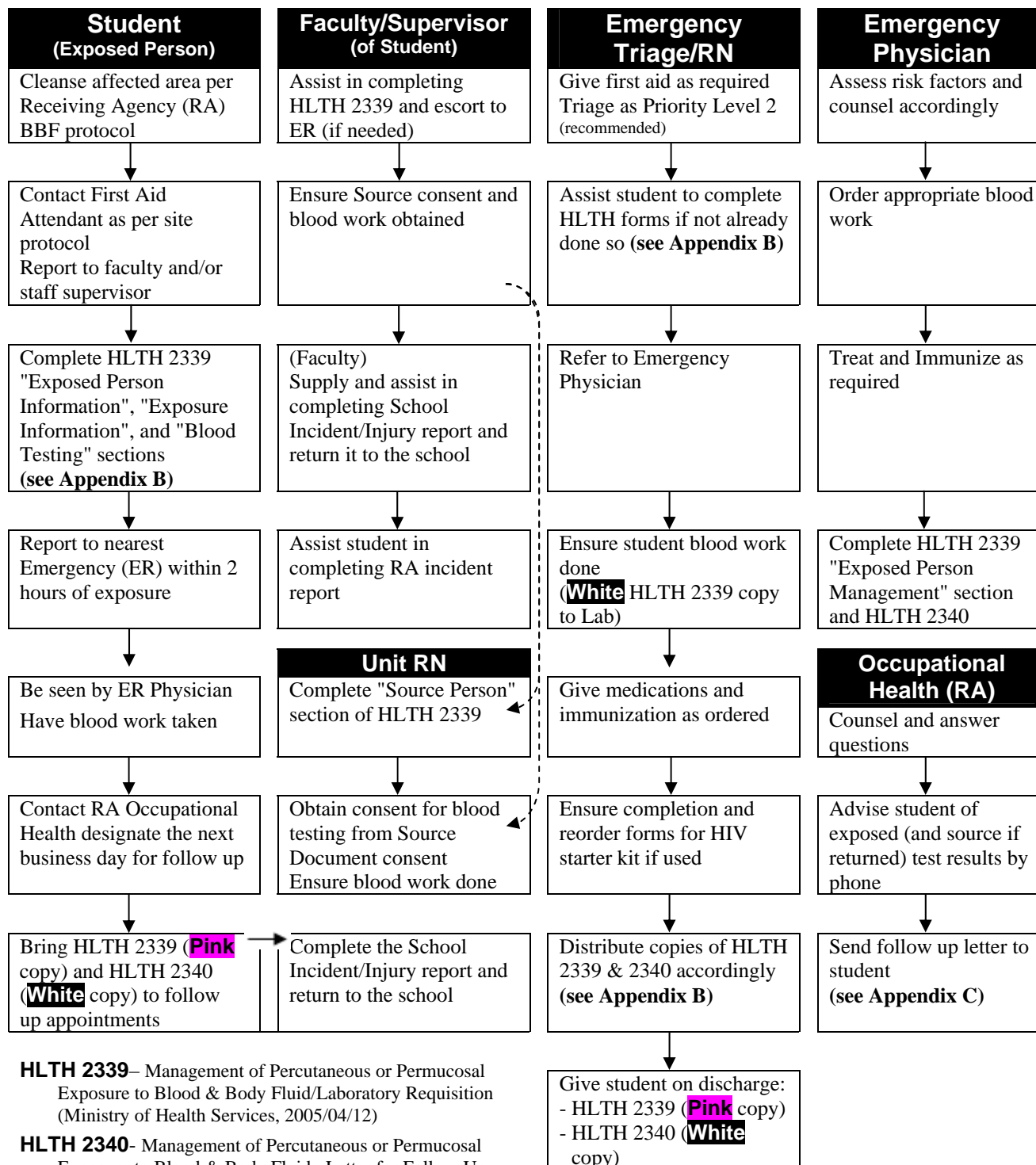
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## Appendix A

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### Blood/Body Fluid 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.

\* indicates term is defined under 'Definitions' section

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## Appendix B

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### 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 source person on this form for guidelines.

Exposed Person

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

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

DATE & TIME OF EXPOSURE (YYYY / MM / DD): \_\_\_\_\_ HOUR: \_\_\_\_\_

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): \_\_\_\_\_

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

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

EXPOSED PERSON

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

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: 1-888-922-3239

**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

\* indicates term is defined under 'Definitions' section

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## Appendix C

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### Sample Follow up Letter to Student

Date:

*Student Name*  
*Address*

Dear *Students name*,

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

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

If you do not have a 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 anti-retrovirals, 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)