

Blood and body fluid exposures in the workplace: Scenarios you may encounter in your clinic

Blood and body fluid exposures can occur in a variety of health care workplace settings. As a physician, you have different roles and responsibilities in different situations, particularly if you manage your own clinic. Below are three scenarios you might encounter in your clinic as an employer, worker, and primary care provider.

Scenario 1: A clinic assistant you employ is assisting you in a minor procedure, and they sustain a needlestick injury

In this scenario, you as the physician are the employer, which means your role begins before the exposure occurs.

For employers, preparation, planning, education, and training are key. All employers, including physicians managing clinics, must ensure resources such as personal protective equipment, safe work procedures, and worker training are available and implemented in accordance with the requirements of an exposure control plan.¹ The purpose of an exposure control plan is to prevent workers from experiencing harmful exposure to infectious diseases in the workplace.

The plan includes a statement of purpose; responsibilities of the employer, supervisors, and workers; risk identification and assessment; control measures; written safe-work procedures; education and training; and written records. In your clinic's exposure control plan, you detail your clinic's approach to events such as blood and body

fluid exposures (and, therefore, needlestick injuries).

Before scenario 1 occurs, you as the employer are expected to have done the following to prevent risk to workers at your workplace:

1. Reviewed the substance-specific requirements for biological agents in the OHS Regulation (Sections 6.33–6.40).²
2. Implemented infection prevention and control practices³ for your practice (to create your exposure control plan).
3. Provided training for all workers at your clinic.
4. Advised your workers to report incidents to you immediately to ensure timely follow-up for medical evaluation at the nearest hospital emergency room.

In the occupational needlestick scenario, let's assume your clinic assistant follows first-aid procedures in your clinic and then seeks medical care in the nearest emergency room. The treating physician then performs a risk assessment and manages your employee according to British Columbia Centre for Disease Control guidelines [Box], which includes completing a Management of Percutaneous or Per mucosal Exposure to Blood and Body Fluid/Laboratory Requisition form.⁴

In this case, the emergency room physician would submit a Physician's First Report (Form 8)⁵ to WorkSafeBC, and a claim would be started. As the employer, you would submit an Employer's Report of Injury or Occupational Disease (Form 7)⁶ and complete an Employer Incident Investigation Report (Form 52E40).⁷

Scenario 2: You are performing a minor procedure on a patient at your clinic, and you sustain a needlestick injury

In this scenario, you are an incorporated physician and are paid through your corporation. Your corporation is registered with WorkSafeBC as required by law, which gives you the status of a worker at your corporation. As a worker, you would launch a claim with WorkSafeBC by calling Teleclaim at 1 888 967-5377.

See www.worksafebc.com/physician-guide-to-registration to learn when registering with WorkSafeBC is mandatory or optional for community physicians.

Scenario 3: Your patient sustains a percutaneous/parenteral exposure through a needlestick injury in their workplace, and you see them in your clinic after their emergency room visit

In this scenario, a risk assessment was done in the emergency room, and management involved postexposure prophylaxis and baseline blood testing, as well as follow-up with their primary care provider, you.

A Management of Percutaneous or Per mucosal Exposure to Blood and Body Fluid Letter for Follow-Up Physician⁸ would be sent to you, providing guidance on next steps and testing for your patient and relevant contact information. If a WorkSafeBC claim or Physician's First Report (Form 8)⁵ was not initiated, you would fill out a Form 8 to start a claim. If a Form 8 was completed by the emergency room physician, you as the primary care provider would also submit a Form 8 for your patient.

Continued on page 134

This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.

Continued from page 133

To learn more

You can reach a medical advisor at WorkSafeBC through a RACE request by phone or app. Visit www.raceconnect.ca for more information.

If you have questions about registering with WorkSafeBC or about your coverage, contact WorkSafeBC's Assessment Department at 1 888 922-2768, Monday to Friday, 8:30 a.m. to 4:30 p.m. You may also complete a Physician Registration Application (Form 1800PHPC),⁹ and a WorkSafeBC representative will respond. ■

—**Olivia Sampson, MD, CCFP, MPH, RCPSC, ABPM**
Manager, Medical Services, WorkSafeBC

References

1. WorkSafeBC. Appendix B: Developing an exposure control plan. In: Controlling exposure: Protecting workers from infectious disease. Last updated November 2023. Accessed 21 March 2024. www.worksafebc.com/en/resources/health-safety/books-guides/controlling-exposure-protecting-workers-from-infectious-disease.
2. WorkSafeBC. OHS regulation part 6: Substance specific requirements. Accessed 21 March 2024. www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-06-substance-specific-requirements.
3. Provincial Infection Control Network of British Columbia. Infection prevention and control practices. Accessed 21 March 2024. <https://picnet.ca/guidelines/ipc-practices>.
4. BC Ministry of Health. Management of percutaneous or permucosal exposure to blood and body fluid/laboratory requisition [form]. Accessed 21 March 2024. www2.gov.bc.ca/assets/gov/health/forms/2339fil.pdf.
5. WorkSafeBC. Physician's report (Form 8/11). Accessed 25 March 2024. www.worksafebc.com/en/resources/health-care-providers/forms/physicians-report-form-811.
6. WorkSafeBC. Employer's report of injury or occupational disease (Form 7). Accessed 21 March 2024. www.worksafebc.com/en/resources/claims/forms/employers-report-of-injury-or-occupational-disease-form-7.
7. WorkSafeBC. Conducting an employer investigation. Accessed 22 March 2024. www.worksafebc.com/en/health-safety/create-manage/incident-investigations/conducting-employer-investigation.
8. BC Ministry of Health. Management of percutaneous or permucosal exposure to blood and body fluid letter for follow-up physician [form].

BOX. Guidance for health care workers on the assessment of risk and medical management of exposures.

The purpose of this article is *not* to detail the medical management of occupational blood and body fluid exposures.

For information on the appropriate risk assessment and clinical management recommendations for persons exposed to blood or body fluid in a health care or community setting, refer to the "Blood and Body Fluid Exposure Management" section in the British Columbia Centre for Disease Control *Communicable Disease Control* manual. (www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/communicable-disease-control)

For guidance on handling exposures in other settings, refer to the British Columbia Centre for Excellence in HIV/AIDS *HIV Post-Exposure Prophylaxis (PEP) Guidelines*. (www.bccfe.ca/publications/centre-documents/hiv-post-exposure-prophylaxis-pep-guidelines)

- Accessed 21 March 2024. www2.gov.bc.ca/assets/gov/health/forms/2340fil.pdf.
9. WorkSafeBC. Physician registration application (Form 1800PHPC). Accessed 21 March 2024. www.worksafebc.com/en/resources/health-care-providers/forms/physician-contracting-to-bc-health-authorities-form-1800phpc.



Via HDC Discover, you are contributing to your neighbourhood's ability to advocate for appropriate resourcing for your community's wellness.

Dr. Lawrence Yang
 Family Doctor, Surrey

HDC Health Data Coalition



Scan to Learn More

Continued from page 111

References

1. Provincial Health Services Authority, British Columbia Centre for Disease Control. Ticks and tick-borne disease surveillance in British Columbia. 2023. Accessed 7 February 2024. www.bccdc.ca/Documents/Ticks_and_Tick-Borne_Disease_Surveillance%20_BC.pdf.
2. Elmieh N., National Collaborating Centre for Environmental Health. A review of ticks in Canada and health risks from exposure. 2022. Accessed 7 February 2024. <https://ncceh.ca/resources/evidence-reviews/review-ticks-canada-and-health-risks-exposure>.
3. Washington State Department of Health. Tick-borne diseases. Accessed 13 March 2024. <https://doh.wa.gov/you-and-your-family/illness-and-disease-z/tick-borne-diseases>.
4. Morshed MG, Lee MK, Boyd E, et al. Passive tick surveillance and detection of *Borrelia* species in ticks from British Columbia, Canada: 2002–2018. *Vector Borne Zoonotic Dis* 2021;21:490-497.
5. Centre for Effective Practice. Early Lyme disease management in primary care. 2020. Accessed 7 February 2024. https://cep.health/media/uploaded/CEP_EarlyLymeDisease_Provider_2020.pdf.
6. Guillot C, Badcock J, Clow K, et al. Sentinel surveillance of Lyme disease risk in Canada, 2019: Results from the first year of the Canadian Lyme Sentinel Network (CaLSeN). *Can Commun Dis Rep* 2020;46:354-361.
7. Couper LI, Yang Y, Yang XF, Sweil A. Comparative vector competence of North American Lyme disease vectors. *Parasit Vectors* 2020;13:29.
8. BC Centre for Disease Control Public Health Laboratory. Parasitology requisition. Accessed 7 February 2024. www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/ParaReq.pdf.