Protocol for incidents of medical student workplace injury and exposure to infectious disease in clinical settings

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Overview
The University of Toronto Undergraduate Medical Education program is committed to promoting medical student safety and to facilitating appropriate support for students who become injured or potentially exposed to infectious disease in the course of their studies or training. The clinical sites affiliated with the University of Toronto are likewise committed to risk reduction among medical students and to the timely and effective management of incidents of medical student injury or potential exposure that occur on their premises. The Academy base hospitals play a special role in providing follow-up care to students of that Academy who incur such an injury or potential exposure at another site. Together, the UME program, the Academies, and all the clinical affiliates ensure that medical students receive the assistance they require in the aftermath of an injury or potential exposure to infectious disease.

This Protocol defines the roles and responsibilities of every party involved in the handling of incidents of injury and potential exposure, and is divided into three parts:

Part A: Financial responsibility

Part B: Administrative responsibilities

Part C: Detailed protocol
  a. Flowchart
  b. Responsibilities of students
  c. Responsibilities of supervising physicians
  d. Responsibilities of health professionals who provide initial care
  e. Responsibilities of follow-up health care providers
  f. Responsibilities of Academy Directors
  g. Responsibilities of U of T WSIB Administrator
  h. Responsibilities of Associate Dean Health Professions Student Affairs
Part A: Financial responsibility

The Ministry of Training, Colleges and Universities ensures that any UME students who are injured or exposed to an environmental or infectious hazard while participating in required clinical training as part of the program (including transcripted electives) are eligible for coverage of claims at no cost to the students. This coverage is provided by either the Workplace Safety and Insurance Board (WSIB) or ACE INA (a private insurer), depending on whether the site of the incident is a participant in a WSIB program or not. Students who incur an injury or exposure while participating in an activity that is not part of the required clinical training of the UME program are not eligible to submit a claim to the WSIB or ACE INA.

In addition, all UME students at the University of Toronto are strongly encouraged to purchase disability insurance in every year of the program. Through this insurance, costs that are incurred due to incidents that occur during activities other than required clinical training may be covered. Furthermore, private disability insurance may in some cases provide additional and/or broader financial support for incidents that are also covered by the WSIB. Students are encouraged to educate themselves about their disability insurance options to determine the plan and provider that best meet their needs.

All costs stemming from injury or exposure to infectious disease that are not borne by the WSIB or private insurance shall be borne by the student.
Part B: Administrative responsibilities

A claim to the Workplace Safety and Insurance Board (WSIB) or ACE INA should be made in all cases in which post-exposure prophylaxis (PEP) has been initiated or whenever other costs are incurred by the site of initial treatment, the site of follow-up treatment, and/or the student, following an incident that occurred in the course of required clinical training.

A claim may also be warranted in other situations where medical treatment or modified duties are required. The WSIB Administrator at the University of Toronto can provide advice if there is uncertainty as to whether to proceed with paperwork.

Note: The Ministry of Training, Colleges, and Universities may incur a fine for claims submitted to the WSIB later than three business days after the incident. Timeliness is therefore essential.

The responsibility to complete documentation in support of a claim rests with a variety of parties. The student’s Academy Director is responsible for liaising with all parties to ensure timely completion of the documentation and to facilitate communication among the parties as necessary.

For clarity, the following documentation is typically required from each party:

- The student:
  a. After receiving treatment and ensuring an appropriate incident report form or equivalent (as per Section d(1)) has been completed, the student should inform his/her Academy Director of the incident.
  b. Documentation may be requested directly by the WSIB after the claim (if any) has been submitted by the University of Toronto WSIB Administrator; there is not generally any documentation for the student to complete beforehand

- Faculty Registrar:
  a. Written confirmation that the student’s injury or exposure occurred during the course of a legitimate, unpaid placement that represented part of the student’s academic program
  b. A copy of the affected student’s signed Student Declaration of Understanding regarding WSIB and private insurance coverage through the MTCU
  c. A copy of the MTCU Letter of Authorization to Represent Employer, with the top portion completed by the Registrar on behalf of the University

- Representative at the site of the incident:
  a. The bottom half of the MTCU Letter of Authorization to Represent Employer obtained from the Faculty Registrar (see above).
  b. For sites with WSIB coverage: a U of T Accident Report Form, if none was completed at the time of the incident. The University will make this form available to all affiliated sites.
  c. For sites without WSIB coverage: an ACE INA Accident Report Form. The University will make this form available to all affiliated sites.

- Occupational Health staff or other representative at the site(s) of treatment:
  a. All records related to the incident and the treatment provided to the student

- WSIB Administrator at the University of Toronto
  a. Consolidated submission

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1 If the incident did not occur during required clinical training as part of the UME program, then the student is not eligible to make a claim to the WSIB or ACE INA. However, compensation may be sought through the student’s disability insurance provider.

2 If an incident occurs at an Academy hospital, the Academy Director himself/herself may act as the representative of the hospital for the purposes of incident documentation, if this is deemed appropriate by the hospital leadership.
Part C: Detailed protocol

a. Flowchart

MEDICAL STUDENT experiences an injury in a clinical setting

Immediate Response:
STUDENT ... informs SUPERVISOR
SUPERVISOR ... arranges for sample testing in cases of potential exposure to infectious disease (e.g. needle-stick)
... contacts Academy Director, course director, or site director if student is incapacitated (e.g. major injury)

0-2 Hours After Accident:
STUDENT ... accesses emergency care as follows, depending on their location:

If Accident Occurs in an Affiliated Hospital:
STUDENT ... is considered to have suffered a "workplace injury"
... goes to Occ Health (or equivalent) in the hospital
→ outside business hours, follow the hospital's after-hours protocol
... presents badge to intake staff
HEALTH CARE PROVIDER ... completes workplace incident report
... gives copy of all reports to STUDENT

If Accident Occurs in the Community/Outside GTA:
STUDENT ... goes to the Emergency Department of the nearest hospital
... informs the health care providers that they are a U of T medical student
... asks for a workplace incident report to be completed, or a suitable alternative
... asks for copies of any completed incident report

0-3 Days After Accident:
STUDENT ... follows treatment regimen prescribed by initial care provider (e.g. PEP in the case of potential exposure)
... liaises with SUPERVISOR regarding whether sample was obtained from patient (in cases of potential exposure)
... informs their ACADEMY DIRECTOR of the accident
ACADEMY DIRECTOR ... opens confidential file on the accident (even if follow-up is not required)
... assesses STUDENT's non-medical needs
... confirms with STUDENT that an appropriate referral has been obtained (if relevant)
→ if not, makes arrangements for this to occur with OCC. HEALTH UNIT OR OTHER SERVICE
... ensures that contact with U of T WSIB Administrator has been made (possible claim)
... ensures coordination and distribution and completion of paperwork for claim (if relevant)
... coordinates submission of paperwork for claim to U of T WSIB Administrator (if relevant)
→ NB: Paperwork may be needed from FACULTY REGISTRAR, OCC. HEALTH UNIT,
HOSPITAL SENIOR ADMINISTRATOR, STUDENT, etc.
... may contact ASSOCIATE DEAN HPFA if additional student support is needed

Subsequently:
STUDENT ... attends follow-up referral and care as arranged
... comply with instructions from WSIB or other insurer regarding documentation required
FOLLOW-UP CARE PROVIDER ... liaises with the accident/site of initial care regarding need and/or outcome of sample testing, initial treatment prescribed, etc.
ACADEMY DIRECTOR ... maintains contact with student regarding emerging or unresolved concerns
ASSOCIATE DEAN HPFA ... coordinates support for student as requested

Tracking:
ACADEMY DIRECTOR ... records incident for statistical tracking
... reports the incident (in non-identifying way) to the ACADEMY DIRECTORS' CTEE
ALL ACADEMY DIRECTORS ... collaborate on Annual Report on Student Injury in Clinical Settings

In the Event that the Exposure Leads to a Confirmed Infection:
STUDENT ... is required to report infection to
ASSOC DEAN HPFA or ACAD DIRECTOR
→ this is for patient safety
ACADEMY DIRECTOR ... shares information with
ASSOC DEAN HPFA
ASSOC DEAN HPFA ... refers case to EXPERT PANEL ON INFECTION CONTROL
EXPERT PANEL ON INFECTION CONTROL ... responds as per Infectious Diseases and Occupational Health for Applicants to and Trainees of the Faculty of Medicine Academic Programs

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Institutional Response:
ALL ACADEMY DIRECTORS ... develop recommendations as warranted related to student injury and exposure
VICE-DEAN UME ... reviews Annual Report on Student Injury in Clinical Settings
... responds to any concerns highlighted in report by introducing appropriate measures
b. Responsibilities of STUDENTS who are injured or potentially exposed to infectious disease in a clinical setting

i. Immediately following the incident, the student is expected to:

1. Inform his/her supervising physician or other teacher of the incident to ensure that patient care can be transferred as appropriate.

2. Request that steps be taken to seek consent from the patient to draw a sample, in the case of potential exposure to infectious disease (e.g. a needle-stick injury).

3. Seek immediate treatment (within a maximum of two hours) from one of the following:
   a. The Occupational Health Unit (or site-specific equivalent) if one is present where the incident occurred, and it is during office hours.
   b. The site’s off-hours substitute for the Occupational Health Unit (or equivalent) if the incident occurred outside of office hours.
   c. The local Emergency Department if the incident occurred somewhere in the community.

4. Inform the health care provider who attends to the incident of his/her status as a medical student at the University of Toronto. If the incident has occurred in a hospital setting, the student should present his/her identification badge.

5. Request that a workplace incident report be filled. If the incident has occurred in the community and care is sought at a local Emergency Department where a workplace incident report may not be available, an alternative document indicating the nature of the incident and the medical treatment that was administered should be completed.

6. Obtain a copy of all incident reports and other paperwork.

ii. Subsequent to receiving initial treatment, the student is expected to:

1. Report any incident of injury or exposure to his/her Academy Director as soon as possible, regardless of where the incident took place.

2. Follow the course of treatment prescribed by the site of initial care, if any.

3. Obtain follow-up care and/or support, as arranged by Academy Director.

4. Follow the course of treatment (if any) prescribed by the designated treatment site’s Occupational Health Unit.

5. Comply in a timely manner with any requests to fill out paperwork related to the incident from the Academy Director, the Occupational Health Unit, the U of T WSIB Administrator, the WSIB or ACE INA (the private insurer used for certain clinical training sites), the MTCU, or others.

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3 Students should be informed of this at the commencement of each rotation. In some cases, this will be defined as the Emergency Department.
(6) If necessary, make appropriate arrangements with course directors, the Preclerkship/Clerkship Director, and/or the Associate Dean HPSA for special accommodations, absences, or other matters arising from the incident.

iii. In the event that treatment is unsuccessful and the student contracts an infectious disease, he/she is expected to:

(1) Share this information confidentially with either his/her Academy Director or the Associate Dean Health Professions Student Affairs, who will arrange for the Expert Panel on Infection Control to convene. The Panel will determine what measures must be enacted to safeguard patients' well-being, as per the Policy on Infectious Diseases and Occupational Health for Applicants to and Trainees of the Faculty of Medicine Academic Programs.

Note: Information on the student’s status and health will be shared strictly on a need-to-know basis.
c. Responsibilities of SUPERVISING PHYSICIANS or other teachers when a student under their supervision is injured or potentially exposed to infectious disease in a clinical setting.

Immediately following the incident, the supervising physician is expected to:

1. Assist the student in accessing immediate care as necessary. The site-specific workplace injury protocol should be applied.

2. Facilitate the obtaining of consent for samples to be drawn from the patient, in cases of potential exposure to infectious disease.

3. (If the student is unable to speak for himself/herself)
   a. Describe the incident to the health professionals who provide initial care to the student.
   b. Inform the health professionals who provide initial care to the student that he/she is a medical student from the University of Toronto.

Contact at least one of the student’s Academy Director, course director, or site director to inform them of the incident.
d. Responsibilities of HEALTH PROFESSIONALS WHO PROVIDE IMMEDIATE TREATMENT to medical students who experience an injury or potential exposure to infectious disease

The health professionals who provide immediate treatment to a medical student who has experienced an injury or potential exposure to infectious disease are expected to:

(1) Complete AT LEAST one of:
   a. A local institutional incident report form,
   b. The U of T Accident Report Form for students
   c. The Physician’s First Report (“Form 8”)
   d. An alternative record of the incident and the treatment administered, only if the other documents named above are not available

(2) Provide a copy of all such forms and other documentation to the student.

(3) (If the immediate treatment is provided at the site of the incident, and that site is an affiliate of the University of Toronto)
   a. Report the incident to the Academy Director (if applicable) or other senior official of the hospital with designated oversight of undergraduate medical trainees.

(4) (If arrangements are made for follow-up care to be provided elsewhere)
   a. Provide the service or consultant designated for follow-up care with sufficient details regarding the student’s initial treatment and also, in the case of a potential exposure to infectious disease, non-identifying information regarding the health status and risk factors of the patient or other individual(s) involved in the incident.

Instruct staff to provide a copy of all incident records to the University of Toronto WSIB Administrator and/or the student’s Academy Director if requested in support of an insurance claim.
e. Responsibilities of the FOLLOW-UP HEALTH CARE PROVIDER

The Academy Director will ensure that the student is connected with appropriate follow-up care. The health care provider designated to provide that care is expected to:

1. Liaise with the providers of initial care, if different, to ensure that information relevant to the case is appropriately shared. Relevant information includes details of the student’s initial treatment, in the case of a potential exposure to infectious disease, non-identifying information regarding the health status and risk factors of the patient or other individual(s) involved in the incident.

2. Contact the student to update him/her on the need for follow-up.

3. Initiate and/or continue whatever treatment is deemed to be necessary.

Complete any paperwork requested by the Academy Director, the Vice-President Education, the U of T WSIB Administrator, or others, in keeping with the Affiliation Agreement and the WSIB Agreement between the hospital and the University.
f. Responsibilities of ACADEMY DIRECTORS, in the event of a student in their Academy incurring an injury or potential exposure to infectious disease in a clinical setting.

Note: In order to ensure immediate responsiveness to student injury or potential exposure to infectious disease, every Academy Director is responsible for maintaining an up-to-date, site-specific protocol for handling various types of such incident, as appropriate for their Academy. This protocol must include a means by which students can be readily referred for timely follow-up care with an appropriate clinician.

i. Upon being notified that a student of the Academy has been injured or potentially exposed to infectious disease, the Academy Director is expected to:

   1. Make contact with the student to assess his/her needs.
   2. If relevant, confirm with the student that the appropriate health care provider for follow-up care and administration of the case have been arranged.
   3. If relevant, and if the student indicates that follow-up care and administration of the case have not been arranged, liaise with the Academy base hospital’s Occupational Health Unit or other appropriate service to ensure that this is done.
   4. Liaise with the Associate Dean Health Professions Student Affairs to advise him/her of any additional support required for the student arising from the incident (e.g., counselling, special accommodations, advocacy, etc.)
   5. Ensure that all required paperwork is completed and submitted by liaising with the appropriate parties, including Occupational Health Units and the U of T WSIB Administrator, as required. (See Part B of this Protocol for details.)
   6. Follow-up with the student periodically to ensure that he/she receives a response regarding the claim (if applicable), to offer assistance with additional paperwork that may be required, and to verify that his/her needs arising from the incident have been met.

ii. In the event that treatment is unsuccessful and the student informs the Academy Director that he/she has contracted an infectious disease, the Academy Director is expected to:

   1. Meet with the student to assess his/her needs.
   2. Contact the Associate Dean Health Professions Student Affairs, who will inform the Chair of the Expert Panel on Infection Control.

   Note: Information on the student’s status and health must be shared strictly on a need-to-know basis.

iii. To ensure that the University and Hospital comply with expectations regarding tracking and analysis of incidents of medical student injury, the Academy Director is expected to:

   1. Maintain a complete record of every incident of injury or potential exposure to infectious disease involving a medical student from their Academy, with details minimally including:
      a. the type of incident
      b. the site of the incident
c. the student’s immediate supervisor on the rotation at the time of the incident

d. the activity in which the student was engaged at the time of the incident

e. the follow-up that was received

f. the documents that were submitted and to whom

g. the student’s level of study and the course

(2) Report incidents as they arise through the regular Academy Directors’ Committee meetings.

(3) As a Committee, produce an annual consolidated student injury and exposure report for the Vice-Dean UME and the UME Executive Committee using data collected by the four Academies and data from the U of T WSIB Administrator, indicating overall frequency of incidents, distribution of incidents across sites and other parameters (courses, activities, etc.), follow-up received, and longitudinal trends.

Propose recommendations as warranted to reduce the number or severity of incidents, or to improve the response that students receive.
9. Responsibilities of the WSIB ADMINISTRATOR at the University of Toronto, with respect to incidents of medical student injury or potential exposure to infectious disease

i. Upon being notified that a medical student has been injured or potentially exposed to infectious disease, the WSIB administrator is expected to:

(1) Confirm the required documentation with the Academy Director.

(2) Review the documentation that is submitted regarding the incident.

(3) Follow-up with the relevant individuals regarding any additional paperwork that is required.

(4) Submit the completed documentation to either the WSIB or ACE INA as appropriate.

(5) Inform the Academy Director and the student that the claim has been submitted.

ii. To ensure that the University complies with expectations regarding tracking and analysis of incidents of medical student injury, the WSIB Administrator is expected to:

(1) Maintain a complete record of every incident involving a medical student that is reported to the WSIB administrative office at the University of Toronto, with details minimally including:
   a. the type of incident
   b. the site of the incident (the Academy hospital, other hospital, non-hospital)
   c. the date and details of the claim
   d. the recipient of the claim (WSIB or ACE INA)

(2) Provide data for an annual student injury and exposure report to the Associate Dean Health Professions Student Affairs.

(3) Perform other tracking functions as required by the University, legislation, etc.
h. Responsibilities of the Associate Dean Health Professions Student Affairs

i. If contacted by an Academy Director or a student himself/herself regarding an injury or potential exposure to infectious disease, the Associate Dean Health Professions Student Affairs is expected to:

(1) Meet with the student to determine if there are any gaps in their required or desired follow-up (medical, administrative, or well-being-related).

(2) Advocate for the student if appropriate follow-up is not forthcoming in a reasonable timeframe.

(3) Follow-up with the student periodically regarding the status of the claim and any newly arising support they require.

(4) Liaise with the Academy Director, other UME leaders, and/or others to develop solutions to problems arising from the incident.

ii. In the event that treatment is unsuccessful and the student or the student’s Academy Director informs the Associate Dean Health Professions Student Affairs that he/she has contracted an infectious disease, the Associate Dean is expected to:

(1) Meet with the student to assess his/her needs.

(2) Contact the Chair of the Expert Panel on Infection Control. The Chair will determine whether the Panel should convene. If so, the Panel will determine what measures must be enacted to safeguard patients’ well-being, as per the Policy on Infectious Diseases and Occupational Health for Applicants to and Trainees of the Faculty of Medicine Academic Programs.

Note: Information on the student’s status and health must be shared strictly on a need-to-know basis.