BLOOD AND BODY FLUID (BBF) EXPOSURE FORM

YUKON COMMUNICABLE DISEASE CONTROL (YCDC)

FAX COMPLETED FORM TO YCDC AT 867-667-8349

Date form initiated: YYYY-MM-DD

A. EXPOSED PERSON (recipient of exposure) INFORMATION

Name	Date of birth YYYY-MM-DD	Age	Gender	☐ HCP ☐ Gen Public ☐ In-Patient
Address				
YHIS #	Home phone	Work phone	Cell phone	
Reporting person / examiner		Health care facility		

B. EXPOSURE INFORMATION

Date of exposure YYYY-MM-DD	Time of exposure	Place of exposure (city/town and location)

Body site of exposure: _____

Gloves worn: ☐ Yes ☐ No Occupational exposure: ☐ Yes ☐ No If yes, describe: _____

Other personal protective equipment: ☐ Yes ☐ No If yes, describe: _____

Type of exposure:

- ☐ Percutaneous
  - If yes, describe: _____
  - (For example, needle gauge and type, dental instrument, sharp object)
- ☐ Permucosal
- ☐ Non-intact skin
  - If yes, is wound < 3 days old? ☐ Yes ☐ No

Blood visible (on object or in bodily fluid): ☐ Yes ☐ No

Bodily fluid exposed to:

- ☐ Blood
- ☐ Semen
- ☐ Vaginal secretions
- ☐ Pleural, amniotic, synovial or cerebrospinal fluids
- ☐ Saliva
- ☐ Transplanted tissues or organs
- ☐ Breast milk
- ☐ Other: _____

☐ Sexualized assault

Condom used? ☐ Yes ☐ No ☐ Unknown

Description of exposure / assault

Examination of exposed person

C. HISTORY OF IMMUNIZATION & SEROSTATUS OF *EXPOSED* PERSON

Immunization history

	Y	N	Unk	Date
Rec'd Hep B vaccination - dose 1	☐	☐	☐	YYYY-MM-DD
Rec'd Hep B vaccination - dose 2	☐	☐	☐	YYYY-MM-DD
Rec'd Hep B vaccination - dose 3	☐	☐	☐	YYYY-MM-DD

Serostatus history

	Y	N	Unk	Date of last test	Result
HBsAg	☐	☐	☐	YYYY-MM-DD	_____
Anti-HBc	☐	☐	☐	YYYY-MM-DD	_____
Anti-HBs	☐	☐	☐	YYYY-MM-DD	_____
Anti-HCV	☐	☐	☐	YYYY-MM-DD	_____
Anti-HIV	☐	☐	☐	YYYY-MM-DD	_____

D. INFORMATION ON *SOURCE* OF BLOOD AND/OR BODILY FLUID

Name	Date of birth YYYY-MM-DD	Age	Gender	YHIS #

Are the Source's risk factors: ☐ Known (describe below) ☐ Unknown

If known, source in a high risk group for: ☐ HBV ☐ HCV ☐ HIV

(See Appendix 1, Determining a High-Risk Source and p.9 High risk for HIV source testing)

Describe risk: _____

_____

Status	Y	N	Unk	Date of last test
HBsAg +	☐	☐	☐	YYYY-MM-DD
Anti-HCV +	☐	☐	☐	YYYY-MM-DD
HCV RNA +	☐	☐	☐	YYYY-MM-DD
HIV +	☐	☐	☐	YYYY-MM-DD

E. BLOOD WORK TESTING OF EXPOSED & SOURCE PERSON

Mark *baseline* testing requisition "STAT." Indicate nature of STAT request on req. – Notify WGH Lab
For follow-up bloodwork recommendations refer to Yukon BBF Exposure Management Guideline.

EXPOSED recommended blood tests	Baseline:	_____ wk date:	_____ wk date:	_____ wk date:
	Due	Due	Due	Due
	Done	Done	Done	Done
	Baseline results	Results	Results	Results
HBsAg				
Anti-HBc				
Anti-HBs				
Anti-HCV				
Anti-HIV 1&2				

If prescribing **HIV PEP** include:	2nd week	4th week
	_____ wk date:	_____ wk date:
	Due	Due
	Results	Results
CBC + Diff		
Creatinine		
ALT		
AST		
Urinalysis		

SOURCE blood tests	Date Drawn	Results
HBsAg		
Anti-HBc		
Anti-HBs		
Anti-HCV		
Anti-HIV 1&2		

Note: If sexualized assault exposure, consider testing for: Chlamydia, gonorrhea, and syphilis, in addition to the "exposed, recommended blood tests".

F. COUNSELLING

Exposed person has been counselled as outlined in Yukon BBF Exposure Management Guideline:

Risk of transmission based on exposure information to: ☐ HBV ☐ HCV ☐ HIV
Prevention of transmission of potential infections: ☐ HBV ☐ HCV ☐ HIV

G. RECOMMENDATIONS FOR MANAGEMENT OF EXPOSED PERSON

Consultation with:
☐ MOH ☐ YCDC ☐ SART
☐ BC Centre for Excellence in HIV/AIDS (BC-CfE)

Recommendations:

H. POST-EXPOSURE PROPHYLAXIS OF EXPOSED PERSON

	Date given
☐ Hep B vaccine (HBV) Dose# ____	YYYY-MM-DD
☐ Hep B immune globulin (HBIg)	YYYY-MM-DD
☐ HIV post-exposure Prophylaxis (5 day starter kit)	YYYY-MM-DD

I. FOLLOW-UP PLAN

Indicate follow-up plan in the space below. If applicable, consider a referral to SART Clinical Coordinator, victims services, and counselling services.

If applicable, has the client given consent to have follow up care with SART? ☐ Yes ☐ No

Designated follow-up health care provider:	Phone #	Fax #

Follow-up required by designated health care provider:

☐ Hepatitis B vaccine (HBV) - further doses of HBV to complete 3 dose series (refer to YCDC, Whitehorse Health Centre or nearest community health centre).

☐ HIV 5 day starter kit has been provided. Client must be assessed within 3 days.

Note: To determine the need for remainder of one month supply of antiretrovirals, consult with YCDC or the MOH.

Signature of reporting health care provider | Name (printed) | Date

Information is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws for purposes of providing health services and public health services. Queries should be directed to the Manager of Yukon Communicable Disease Control, at (867) 667-8323 or toll free, at 1-800-661-0507

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QUICK REFERENCE GUIDE
BLOOD AND BODY FLUID EXPOSURE MANAGEMENT

Note: This document is not to be used in isolation of the **Blood and Body Fluid Exposure Management Guideline** to which all references are made https://yukon.ca/en/find-out-about-blood-and-body-fluid-exposure-management.

RISK ASSESSMENT and COMPLETION OF BLOOD AND BODY FLUID EXPOSURE FORM		
A	**Exposed Person**	• Please complete. Indicate the best way to contact the individual.
B	**Exposure Information**	**Was the individual exposed to fluid or tissue capable of transmitting infection?** (see Table 3-1) • If yes, continue with completion of **BBF Exposure Management Form**. • Choose type of exposure on BBF Form. • Specific details related to the exposure are important, please make additional notes.
C	**History of Immunization & Serostatus of Exposed Person**	• Review Meditech or call BCCDC Lab results line* for previous results. • Review Panorama for Hepatitis B vaccine history OR ask client to search immunization records on the Citizen Submission Portal, https://www.immunizationrecord.gov.bc.ca/. • Refer to APPENDIX 4: Hepatitis B Post-Exposure Prophylaxis. • Personal risks for Hepatitis C and /or HIV? Positive for either infection? » Refer to APPENDIX 1: Determining a High-Risk Source.
D	**Information on Source of Blood and/or Bodily Fluid**	• Source name, if known, may assist YCDC in determining risk and appropriate follow-up. • Obtain and document consent and collect source serology if applicable is the source high risk for HIV, HBV, HCV? • If source is known and you have consent, review Panorama for source Hepatitis B vaccine history and immune status. » Refer to APPENDIX 4: Hepatitis B Post-Exposure Prophylaxis. • If source is known and you have consent, review Meditech or call BCCDC Lab results line * for recent serology or history of HBV, HCV, HIV or syphilis (in sexualized assault). • Personal Risks for HCV and/or known HIV Infection? » Refer to APPENDIX 1: Determining a High-Risk Source, APPENDICES 2&3 for Probability of Transmission. • IF source history is highly suggestive of acute HIV infection: » Refer to High risk for HIV source testing, p.9 of guidelines. » Establish how source(s) will be contacted if any test results are positive, designate follow-up HCP.
-	**Risk Assessment Summary**	An assessment is required to determine the risk of transmission incident and to guide the decision regarding PEP and lab testing. Refer to Section 3.2, Risk Assessment. • Is the source high risk? (Section D) • Is the exposed susceptible. (Section C) • Specifically in cases of Sexualized assaults – Refer to Section 4.3, p. 11 for further assessment of exposures.
E	**Blood Work Testing of Exposed & Source Person**	• Baseline blood should be collected from the exposed and source persons. » Refer to Table 3-3, p. 8 of guidelines. • If providing HIV PEP: » Refer to section 4.3, p. 12 of guidelines. » Consider CBC, diff, LFTs, renal tests as baseline ONLY IF concerns of significant haematological, hepatic or renal disease. » Refer to APPENDIX 9 for lab requisition templates. **DO NOT DELAY HIV PEP WHILE RESULTS PENDING.**
F	**Counselling**	• Discuss reducing potential transmission to contacts. Refer to Section 5.1 • Provide reassurance around confidentiality and follow-up. Refer to Section 5.4 • Provide client “A Fact Sheet for Exposed Individuals”. Refer to APPENDIX 8 • Plan follow-up with “Letter to Follow-Up Health Care Provider”. To provide to designated HCP (https://yukon.ca/en/find-out-about-blood-and-body-fluid-exposure-management)
G	**Recommendations for Management of Exposed Person**	• If consultation has occurred, please explain the recommendations given and actions taken. If wish to have client follow up with YCDC specifically, please indicate this in recommendations.

H	**Post-Exposure Prophylaxis of Exposed Person**	**If exposure is identified as high risk for:** • HBV: Provide Hep B vaccine or HB Immune globulin as per APPENDIX 4. • HCV: There is no PEP for Hep C. Collect 3-week HCV RNA for early detection, as per APPENDIX 5. • HIV: Will you provide a 5-day HIV PEP Kit? Will you recommend the remaining 23-day kit (i.e. full 28-days). Refer to APPENDIX 6 & 7.
I	**Follow-Up Plan**	• If Sexualized assault, consider referral to SART coordinator, Victim Services, Counselling services. SART 1-844-967-7275, https://yukon.ca/en/sart ; SART Clinical Coordinator 867-332-0344; Victim Services 867-667-5800; MWSU 867-456-3838 • Indicate where follow-up will be done. (i.e. primary care, SART, YCDC) • Consider need for completion of: » Hep B vaccination » HIV PEP serology » Continuation of 23-day kit, follow-up (YCDC will coordinate dispensing of remainder of kit)
-	**Documentation**	• Fax completed Blood and Body Fluid Exposure Form to YCDC @ (867) 667-8349 (https://yukon.ca/en/find-out-about-blood-and-body-fluid-exposure-management)
-	**Decision Making Support Tools**	• Risk Assessment Stratification Protocol (RASP) (www.mdcalc.com/hiv-needle-stick-risk-assessment-stratification-protocol-rasp) • BC Centre for Excellence HIV PEP Guidelines (https://bccfe.ca/hiv-post-exposure-prophylaxishiv-pep/) • HIV/HCV Drug Therapy Guide (https://hivclinic.ca/app/)

This document is best viewed online. There are embedded hyperlinks that appear as underlined words in print versions

CONTACTS

YCDC: (867) 667-8323 | Monday - Friday 08:30-16:30
* Indicate call is regarding BBF Post-Exposure Prophylaxis Management

AFTER HOURS:
Contact WGH-ER Physician on-call: (867) 393-8700 or community physician.

OR MOH on-call
* Indicate call is regarding BBF post exposure management

BC Centre for Excellence in HIV/AIDS (BC-CfE)
Consultation service available 24 hours/day, 7 days/week
Monday – Friday (08:00 – 16:30)
Tel: 604-806-8429 | **After hours/weekends:** 604-341-1410

BCCDC Lab Results line*
Results for prior HIV, HBV, HCV, and syphilis:
Tel: 877-747-2522