



MANAGEMENT OF BLOOD AND BODY FLUID EXPOSURE LETTER TO FOLLOW-UP HEALTH CARE PROVIDER

Dear health care provider,

_____ D.O.B _____ was seen
LAST NAME FIRST NAME YYY/YY/YY

at _____ on _____ following
HEALTH CARE FACILITY YYY/YY/YY

an exposure to blood or body fluids that occurred on _____. The initial assessment was completed
YYY/YY/YY

by _____
NAME OF HEALTH CARE PROVIDER PHONE NUMBER

THIS PERSON RECEIVED THE FOLLOWING POST-EXPOSURE TREATMENT:

<input type="checkbox"/> Wound cleaning	<input type="checkbox"/> Started on 5-day antiretroviral starter kit
<input type="checkbox"/> Tetanus immunization	<input type="checkbox"/> List medications name, dose and instructions: _____
<input type="checkbox"/> Hepatitis B vaccine (one dose)	_____
<input type="checkbox"/> Hepatitis B immune globulin (HBIG)	_____
<input type="checkbox"/> Preliminary counselling for blood and body fluid exposure	
<input type="checkbox"/> Other _____	

The following baseline blood tests were performed:

HIV Ag/Ab HBsAg anti-HBs anti-HBc Total anti-HCV Other: _____

(Results of the above tests will determine the need for further follow-up)

The follow up health care provider is:	Location of health care facility	Phone number

RECOMMENDED FOLLOW-UP (check all that may apply)	LOCATION FOR FOLLOW-UP	DATE
<input type="checkbox"/> Further doses of Hepatitis B vaccine		
<input type="checkbox"/> Hepatitis B Immune Globulin (HBIG)		
<input type="checkbox"/> Follow-up with health care provider within 3 days to determine if you should continue taking HIV antiretroviral medication for a remaining 23 days		
<input type="checkbox"/> Results of baseline blood tests		
<input type="checkbox"/> Follow up blood work (refer to <i>Blood and Body Fluid Exposure Guideline</i> located at www.hss.gov.yk.ca/exposure_management.php)		
<input type="checkbox"/> Other (specify)		

If you have any questions or concerns please contact Yukon Communicable Disease Control at #4 Hospital Road Whitehorse, YT Y1A 3H8 Tel: (867) 667-8323

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