



QUICK REFERENCE SHEET BLOOD AND BODY FLUID EXPOSURE MANAGEMENT

Please 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 http://www.hss.gov.yk.ca/health_professionals_guidelines.php

Where to access care	Whitehorse:		
	YCDC: #4 Hospital Road M-F Hours: 0830-1630 Phone: (867) 667-8323	WGH ER: #5 Hospital Road Phone: (867) 393-8700	Infection Prevention Control/Occupational Health Practitioner: M-F Hours: 0800-1600 Phone: (867) 393-8933
Outside of Whitehorse: Local Community Health Centre/Clinic/ER			
Contacts Please consult when questions arise or when exposure is beyond the scope of the Yukon BBF exposure management guideline .	Yukon RNs Consult: YCDC: (867) 667-8323 Monday - Friday 0830-1630hrs *Indicate call is regarding BBF post exposure management After Hours: Contact WGH-ER Physician on call: (867) 393-8700 or community physician. MOH may be consulted after calling ER physician Work (867) 456-6136 or cell (867) 332-1160		Yukon Physicians Consult: YCDC: (867) 667-8323 Monday - Friday 0830-1630 *Indicate call is regarding BBF post exposure management or MOH work (867) 456-6136 or cell (867) 332-1160
	BC Centre for Excellence in HIV/AIDS (BC-CfE) consultation service available 24 hours a day 7 days a week Monday – Friday (0800 – 1630) Tel: 604-806-8429. After hours & weekends Phone: 604-341-1410		
Management of a person with a BBF exposure			
Initial follow-up care	<ul style="list-style-type: none"> Allow wound to bleed freely, do not promote bleeding by squeezing the wound Wash well with soap and water Irrigate mucous membrane or eye with water or normal saline Do not apply bleach to wound or mucosa 		
Risk Assessment	Does the incident meet exposure criteria? (Refer to Section 3.2, Risk Assessment) <ul style="list-style-type: none"> Is the fluid/tissue the person exposed to capable of transmitting infection? Is the exposed susceptible? Is the source high risk? 		
Assessment of the Exposed	<ul style="list-style-type: none"> Hepatitis B vaccination history and immune status? (Refer to Appendix 4) Personal risks for Hepatitis C and /or HIV? Positive for either infection? (Refer to Appendix 1) Obtain consent for baseline serology (Refer to Table 3-3) Complete BBF Exposure Management Form 		
Assessment of the Source	<ul style="list-style-type: none"> Obtain consent for baseline serology if source known Hepatitis B vaccine history and immune status? (refer to Appendix 4) Personal risks for HCV and/or HIV? Known infection? (Refer to Appendix 1) Establish how source will be contacted if any test results are positive, designate follow-up HCP 		
Laboratory Testing	<ul style="list-style-type: none"> Baseline blood should be collected from the exposed and source persons (Refer to Table 3-3) 		
Documentation	<ul style="list-style-type: none"> Fax completed Blood and Body Fluid Exposure Form to YCDC @ (867) 667-8349 http://www.hss.gov.yk.ca/health_professionals_guidelines.php 		
Post Exposure Treatment	Is exposure is identified as high risk for: <ul style="list-style-type: none"> HBV (Refer to Appendix 4) HCV (Refer to Appendix 5) HIV (Refer to Appendix 6 & 7) 		
Decision Making Support Tools	<ul style="list-style-type: none"> Risk Assessment Stratification Protocol (RASP) www.mdcalc.com/hiv-needle-stick-risk-assessment-stratification-protocol-rasp 		
Counselling Guidelines	<ul style="list-style-type: none"> 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" http://www.hss.gov.yk.ca/health_professionals_guidelines.php 		