



Management of Percutaneous or Permu-cosal Exposure to Blood and Body Fluid/ Laboratory Requisition

NOTE: If exposed and/or source person(s) choose non-nominal HIV testing, identify only by initials, sex, and date of birth. Refer to back of form for guidelines for obtaining informed consent.

Exposed Person Information

Form with fields for SURNAME, GIVEN NAME, GENDER, PHN, DATE OF BIRTH, ADDRESS, HOME PHONE NUMBER, WORK PHONE NUMBER, DATE & TIME OF EXPOSURE, HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE?, SEROCONVERSION?, PREGNANT?, WAS THIS AN OCCUPATIONAL EXPOSURE?, IF YES, SPECIFY OCCUPATION, INDUSTRY, JOB ACTIVITY AT TIME OF ACCIDENT, EMPLOYER'S NAME, EMPLOYER'S PHONE NUMBER, DATE BLOOD COLLECTED.

Exposure Information

Form with fields for TYPE OF BODY FLUID, PLACE OF EXPOSURE, TYPE OF EXPOSURE, BODY SITE WHERE EXPOSURE OCCURRED, TYPE OF INSTRUMENT, IF PERCUTANEOUS EXPOSURE, WAS: BLOOD VISIBLE ON INSTRUMENT?, INSTRUMENT RECENTLY IN SOURCE'S ARTERY OR VEIN?

Source Person (source of blood or body fluid to which the exposed person was exposed)

Form with fields for KNOWN?, GENDER, SURNAME, GIVEN NAME, DATE OF BIRTH, PHN, INFECTIOUS STATUS OF SOURCE, KNOWN MEMBER OF A HIGHER RISK GROUP FOR: HIV, HBV, HCV, DATE BLOOD COLLECTED.

Exposed Person Management - The Exposed Person Was Given:

Form with fields for HBIG, HEPATITIS B VACCINE, POST EXPOSURE TETANUS BOOSTER, TETANUS IMMUNE GLOBULIN, ANTIRETROVIRAL STARTER KIT, TIME STARTED.

Blood Testing (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV, HIV Ag/Ab are done routinely.)

LAB RESULTS TO BE FAXED/PHONED TO:

Table with columns for SOURCE PERSON and EXPOSED PERSON, including fields for SOURCE PERSON'S FOLLOW-UP PHYSICIAN, EXPOSED PERSON'S FOLLOW-UP PHYSICIAN, WORKSITE OCC HEALTH, PHONE #, FAX #, NAME, MSC #.

It is the responsibility of the requesting health care provider to obtain consent from the exposed and/or source person for all laboratory testing as indicated below and for release of information on this form to public health authorities, WorkSafeBC (if exposure is occupational), and those people listed above. Refer to back of form for guidelines for obtaining informed consent.

NAME OF HEALTH CARE PROVIDER COMPLETING ABOVE SECTION OF FORM AND REQUESTING BLOODWORK (PRINT) DATE (YYYY / MM / DD)

WORKSAFEBC PURPOSES ONLY MSC # SIGNATURE OF PHYSICIAN

WORKSAFE BC BILLING CODE

19909

FOR LABORATORY USE ONLY

Put a line through the tests that are not to be done

Form with columns for DATE RECEIVED AT LABORATORY, TIME RECEIVED, RECEIVED BY, SAMPLE, TESTS (BY EIA), HBsAg, ANTI-HBs, ANTI-HBc Total, ANTI-HCV, HIV Ag/Ab, SOURCE PERSON LAB ID ONLY, EXPOSED PERSON'S NAME, EXPOSED PERSON'S LAB ID, TIME, DATE, INITIALS, REVIEWED BY, DATE.

RESULTS FAXED / PHONED TO

EXPOSED PERSON'S PHYSICIAN EXPOSED PERSON'S WORKSITE OCCUPATIONAL HEALTH SOURCE PERSON'S PHYSICIAN



HEALTH FACILITY STAMP / EXPOSED PERSON'S ADDRESSOGRAPH ▼

Management of Percutaneous or Permu-cosal Exposure to Blood and Body Fluid/ Laboratory Requisition

NOTE: If exposed and/or source person(s) choose non-nominal HIV testing, identify only by initials, sex, and date of birth. Refer to back of form for guidelines for obtaining informed consent.

Exposed Person Information

NOMINAL HIV TESTING NON-NOMINAL HIV TESTING

Form section for Exposed Person Information including fields for SURNAME, GIVEN NAME, GENDER, PHN, DATE OF BIRTH, ADDRESS, HOME PHONE NUMBER, WORK PHONE NUMBER, DATE & TIME OF EXPOSURE, HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE?, SEROCONVERSION?, PREGNANT?, WAS THIS AN OCCUPATIONAL EXPOSURE?, IF YES, SPECIFY OCCUPATION, INDUSTRY, JOB ACTIVITY AT TIME OF ACCIDENT, EMPLOYER'S NAME, EMPLOYER'S PHONE NUMBER, DATE BLOOD COLLECTED.

Exposure Information

Form section for Exposure Information including fields for TYPE OF BODY FLUID, PLACE OF EXPOSURE, TYPE OF EXPOSURE, BODY SITE WHERE EXPOSURE OCCURRED, TYPE OF INSTRUMENT, IF PERCUTANEOUS EXPOSURE, WAS: BLOOD VISIBLE ON INSTRUMENT?, INSTRUMENT RECENTLY IN SOURCE'S ARTERY OR VEIN?

Source Person (source of blood or body fluid to which the exposed person was exposed)

NOMINAL HIV TESTING NON-NOMINAL HIV TESTING

Form section for Source Person including fields for KNOWN?, GENDER, SURNAME, GIVEN NAME, DATE OF BIRTH, PHN, INFECTIOUS STATUS OF SOURCE, KNOWN MEMBER OF A HIGHER RISK GROUP FOR, DATE BLOOD COLLECTED.

Exposed Person Management - The Exposed Person Was Given:

Form section for Exposed Person Management including fields for HBIG, HEPATITIS B VACCINE, POST EXPOSURE TETANUS BOOSTER, TETANUS IMMUNE GLOBULIN, ANTIRETROVIRAL STARTER KIT, TIME STARTED.

Blood Testing (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV, HIV Ag/Ab are done routinely.)

LAB RESULTS TO BE FAXED/PHONED TO:

Table for Lab Results to be faxed/phoned to, with columns for SOURCE PERSON and EXPOSED PERSON, and rows for FOLLOW-UP PHYSICIAN and WORKSITE OCC HEALTH.

It is the responsibility of the requesting health care provider to obtain consent from the exposed and/or source person for all laboratory testing as indicated below and for release of information on this form to public health authorities, WorkSafeBC (if exposure is occupational), and those people listed above. Refer to back of form for guidelines for obtaining informed consent.

Form section for Name of Health Care Provider, Date, WorksafeBC Purposes Only (MSC #, Signature of Physician, Worksafe BC Billing Code # 19909).

FOR LABORATORY USE ONLY

Put a line through the tests that are not to be done

Form section for Laboratory Use Only including fields for DATE RECEIVED AT LABORATORY, TIME RECEIVED, RECEIVED BY, SAMPLE, TESTS (BY EIA), HBsAg, ANTI-HBs, ANTI-HBc Total, ANTI-HCV, HIV Ag/Ab, EXPOSED PERSON'S NAME, EXPOSED PERSON'S LAB ID, TIME, DATE, INITIALS, REVIEWED BY, DATE, RESULTS FAXED / PHONED TO.



HEALTH FACILITY STAMP / EXPOSED PERSON'S ADDRESSOGRAPH ▼

Management of Percutaneous or Permu-cosal Exposure to Blood and Body Fluid/ Laboratory Requisition

NOTE: If exposed and/or source person(s) choose non-nominal HIV testing, identify only by initials, sex, and date of birth. Refer to back of form for guidelines for obtaining informed consent.

Exposed Person Information

Form with fields for SURNAME, GIVEN NAME, GENDER, PHN, DATE OF BIRTH, ADDRESS, HOME PHONE NUMBER, WORK PHONE NUMBER, DATE & TIME OF EXPOSURE, HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE?, SEROCONVERSION?, PREGNANT?, WAS THIS AN OCCUPATIONAL EXPOSURE?, IF YES, SPECIFY OCCUPATION, INDUSTRY, JOB ACTIVITY AT TIME OF ACCIDENT, EMPLOYER'S NAME, EMPLOYER'S PHONE NUMBER, DATE BLOOD COLLECTED.

Exposure Information

Form with fields for TYPE OF BODY FLUID, PLACE OF EXPOSURE, TYPE OF EXPOSURE, BODY SITE WHERE EXPOSURE OCCURRED, TYPE OF INSTRUMENT, IF PERCUTANEOUS EXPOSURE, WAS: BLOOD VISIBLE ON INSTRUMENT?, INSTRUMENT RECENTLY IN SOURCE'S ARTERY OR VEIN?

Source Person (source of blood or body fluid to which the exposed person was exposed)

Form with fields for INFECTIOUS STATUS OF SOURCE, KNOWN MEMBER OF A HIGHER RISK GROUP FOR, DATE BLOOD COLLECTED.

Exposed Person Management - The Exposed Person Was Given:

Form with fields for HBIG, HEPATITIS B VACCINE, POST EXPOSURE TETANUS BOOSTER, TETANUS IMMUNE GLOBULIN, ANTIRETROVIRAL STARTER KIT, TIME STARTED.

Blood Testing (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV, HIV Ag/Ab are done routinely.)

Form with table for LAB RESULTS TO BE FAXED/PHONED TO, including SOURCE PERSON and EXPOSED PERSON details.

It is the responsibility of the requesting health care provider to obtain consent from the exposed and/or source person for all laboratory testing as indicated below and for release of information on this form to public health authorities, WorkSafeBC (if exposure is occupational), and those people listed above. Refer to back of form for guidelines for obtaining informed consent.

Form with fields for NAME OF HEALTH CARE PROVIDER, DATE, WORKSAFE BC PURPOSES ONLY, SIGNATURE OF PHYSICIAN, WORKSAFE BC BILLING CODE.

FOR LABORATORY USE ONLY Put a line through the tests that are not to be done

Form with table for LABORATORY USE ONLY, including DATE RECEIVED, TIME RECEIVED, RECEIVED BY, SAMPLE, TESTS, HBsAg, ANTI-HBs, ANTI-HBc Total, ANTI-HCV, HIV Ag/Ab, EXPOSED PERSON'S NAME, TIME, DATE, INITIALS, REVIEWED BY.



HEALTH FACILITY STAMP / EXPOSED PERSON'S ADDRESSOGRAPH ▼

Management of Percutaneous or Permu-cosal Exposure to Blood and Body Fluid/ Laboratory Requisition

NOTE: If exposed and/or source person(s) choose non-nominal HIV testing, identify only by initials, sex, and date of birth. Refer to back of form for guidelines for obtaining informed consent.

Exposed Person Information

Form section for Exposed Person Information including fields for SURNAME, GIVEN NAME, GENDER, PHN, DATE OF BIRTH, ADDRESS, HOME PHONE NUMBER, WORK PHONE NUMBER, DATE & TIME OF EXPOSURE, HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE?, SEROCONVERSION?, PREGNANT?, WAS THIS AN OCCUPATIONAL EXPOSURE?, IF YES, SPECIFY OCCUPATION, INDUSTRY, JOB ACTIVITY AT TIME OF ACCIDENT, EMPLOYER'S NAME, EMPLOYER'S PHONE NUMBER, DATE BLOOD COLLECTED.

Exposure Information

Form section for Exposure Information including fields for TYPE OF BODY FLUID, PLACE OF EXPOSURE, TYPE OF EXPOSURE, BODY SITE WHERE EXPOSURE OCCURRED, TYPE OF INSTRUMENT, IF PERCUTANEOUS EXPOSURE, WAS: BLOOD VISIBLE ON INSTRUMENT?, INSTRUMENT RECENTLY IN SOURCE'S ARTERY OR VEIN?

Source Person (source of blood or body fluid to which the exposed person was exposed)

Form section for Source Person including fields for INFECTIOUS STATUS OF SOURCE, KNOWN MEMBER OF A HIGHER RISK GROUP FOR, DATE BLOOD COLLECTED.

Exposed Person Management - The Exposed Person Was Given:

Form section for Exposed Person Management including fields for HBIG, HEPATITIS B VACCINE, POST EXPOSURE TETANUS BOOSTER, TETANUS IMMUNE GLOBULIN, ANTIRETROVIRAL STARTER KIT, TIME STARTED.

Blood Testing (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV, HIV Ag/Ab are done routinely.)

Form section for Blood Testing including LAB RESULTS TO BE FAXED/PHONED TO table with columns for SOURCE PERSON and EXPOSED PERSON, and fields for NAME, PHONE #, FAX #, WORKSITE, MSC #.

It is the responsibility of the requesting health care provider to obtain consent from the exposed and/or source person for all laboratory testing as indicated below and for release of information on this form to public health authorities, WorkSafeBC (if exposure is occupational), and those people listed above. Refer to back of form for guidelines for obtaining informed consent.

Form section for WORKSAFE BC PURPOSES ONLY including fields for NAME OF HEALTH CARE PROVIDER, DATE, MSC #, SIGNATURE OF PHYSICIAN, WORKSAFE BC BILLING CODE # 19909.

FOR LABORATORY USE ONLY Put a line through the tests that are not to be done

Form section for LABORATORY USE ONLY including fields for DATE RECEIVED AT LABORATORY, TIME RECEIVED, RECEIVED BY, SAMPLE, TESTS (BY EIA), HBsAg, ANTI-HBs, ANTI-HBc Total, ANTI-HCV, HIV Ag/Ab, SOURCE PERSON LAB ID ONLY, EXPOSED PERSON'S NAME, EXPOSED PERSON'S LAB ID, TIME, DATE, INITIALS, REVIEWED BY, DATE, RESULTS FAXED / PHONED TO.

GUIDELINES FOR OBTAINING INFORMED CONSENT

Obtaining informed consent and maintaining confidentiality of information is an integral part of all post-exposure testing procedures. Therefore, appropriate pre- and post-test discussion must accompany testing for blood and body fluid exposures.

The following should be discussed with the **SOURCE** person:

- Why/how their test results are needed for post-exposure management of the exposed person
- That consent is needed for disclosure of their test results to:
 - Their own follow-up physician
 - The exposed person's follow-up physician
 - The exposed person's worksite occupational health and to WorkSafe BC (in the instance of an occupational exposure)
 - The exposed person will not be informed of their test results, or their identity. (The exposed person will only be told whether or not to continue HIV post exposure prophylaxis.)
- How they choose to be contacted in the event of a positive test result.

(The above enables appropriate post-test follow-up management and support - especially in the event of a positive test result)

Obtain consent from the **EXPOSED** person for disclosure of their lab results to their:

- Worksite occupational health and WorkSafe BC
- Follow-up physician

Inform the **SOURCE** and **EXPOSED** person that:

- HIV testing may be done:
 - Nominally – in which the test is conducted and reported using the client's full name, address and contact information
- Or
- Non-nominally – in which the test is conducted using initials as per agency standards
- Positive HIV results will be reported to the Medical Health Officer using the nominal or non-nominal identifiers. Non-nominal HIV reporting is identified through checking a tick box on the laboratory requisition form.
- For all HIV positive results (nominal or non-nominal), a case report will also be sent to public health. A public health nurse with specialized training will be responsible for the required follow-up by calling the testing physician to offer support for the newly positive client, and assisting with partner counseling or other identified needs. Follow-up will occur whether testing is ordered by either the nominal or non-nominal option.
- Testing for HBV and HCV can only be done nominally.
- Positive HBV and HCV test results will be forwarded to public health for appropriate follow-up and management.