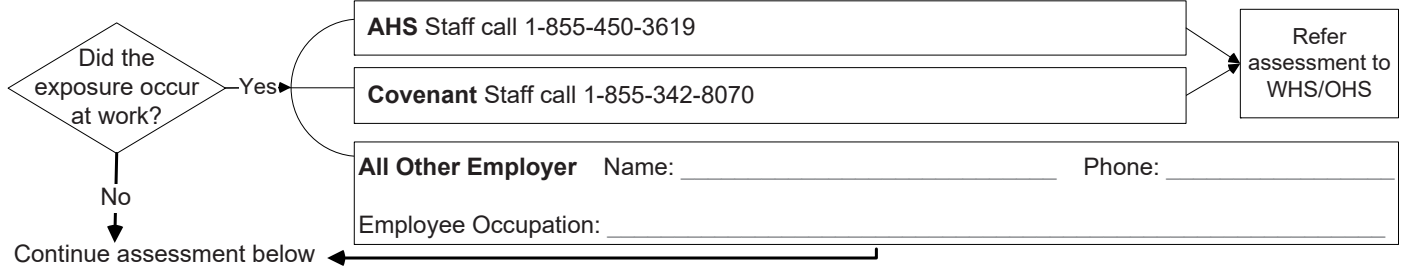


## Risk Assessment Blood and Body Fluid Exposure Central Zone

Last Name ( <i>Legal</i> )		First Name ( <i>Legal</i> )	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB( <i>dd-Mon-yyyy</i> )	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	



### General Exposure Information

Date of Exposure ( <i>dd-Mon-yyyy</i> )	Time of Exposure ( <i>hh:mm</i> )	Patient Phone Number
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Was the Patient exposed to blood, blood-containing body fluid, semen or vaginal fluid via broken skin or on mucous membranes?

- No → No Risk - discontinue this assessment.
- Yes → Choose type of exposure from the 4 options below:
- 1) **Contact with non-intact skin** → Choose type of fluid →
    - blood/serum/plasma
    - emesis with visible blood
    - saliva/sputum with visible blood
    - vaginal
    - semen fluid
    - urine/feces with visible blood
    - other body fluid \_\_\_\_\_
  - 2) **Contact with mucous membranes** →
    - eyes
    - mouth
    - nasal
    - vagina
    - rectum
  - 3) **Human bite - broken skin**
  - 4) **Percutaneous injury**
    - Hollow bore  Solid bore  Other (*Sharp*) \_\_\_\_\_
    - Visible Blood (*fresh on device/syringe*)  No  Yes
    - Depth of Injury  Superficial  Deep puncture

Details of Exposure (*Location, other pertinent information*)

### Source Risk Assessment

Is source known? <input type="checkbox"/> Yes → <input type="checkbox"/> No (skip section)	Name	DOB ( <i>dd-Mon-yyyy</i> )
ULI	Contact Phone	Other Phone

If present at the time of assessment, is source willing to be tested?  No  Yes

### Risk Factors

- Source known to be positive for  Hepatitis B  Hepatitis C  HIV  Unknown
- Presence of symptoms consistent with an acute sero-conversion illness with HIV/Hep C (*fever, headache, rash, lymphadenopathy, nausea, vomiting, abdominal pain or jaundice*)
- Source has used IV drugs  Source has used non-IV drugs (*snorting, sharing pipes*)
- History of incarceration  Multiple sexual partners or sex with sex trade workers
- Other risk \_\_\_\_\_  None identified

## Low Risk Assessment Information

Assessing the risk of transmission of blood borne diseases includes consideration of both the risk that the source is infected/infectious and the risk carried by the exposure. Some examples of lower risk exposure to blood borne pathogens would include, but are not limited to:

- Source has no risk factors
- Solid bore percutaneous injury has less risk than hollow bore
- Superficial injury has less risk than deep injury
- Mucous membrane exposure to small volume blood or visible blood-stained bodily fluids has less risk than large volume of frank blood on mucous membranes

Published literature indicates the following probabilities of blood borne pathogen transmission in various scenarios **when the source is known to be infected by the following pathogens:**

### HIV

- Injection drug use 1/150
- Needlestick (health care) 1/333 **Note:** *There have been no reported instances of transmission of HIV from needles found incidentally in the community outside of health care settings.*
- Receptive anal intercourse 1/100 to 1/3
- Insertive anal intercourse 1/1000 to 1/10
- Receptive vaginal exposure 1/1000 to 1/10

### Hepatitis B

- Needlestick (health care) 37-62%
- Sexual exposure is estimated to be transmitted 8.6 fold more efficiently than HIV

### Hepatitis C

- Needlestick (health care) 1.8%
- Transmission sexually is very low, but is higher with multiple sexual partners or if blood is present

Last Name ( <i>Legal</i> )		First Name ( <i>Legal</i> )	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB( <i>dd-Mon-yyyy</i> )	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

## Risk Assessment Blood and Body Fluid Exposure Central Zone

### Immunization Status

Hepatitis B Immunization  Unknown, see recommended lab testing section below.  
(*Verified in Meditech/Netcare by Clinician*)  Yes **→**  1 Dose  2 Dose  3 Dose

Prior HBsAb serology posted in Netcare?  No, see recommended lab testing below  
 Yes **→** Is HBsAb result greater than or equal to 10 IU/L?  
 Yes, Hep B testing of recipient and source **not** required  
 No, see recommended lab testing below.

### Consultation (if applicable) and HIV PEP Approval

If exposure risk assessment is low (see bottom of page 1 and reverse of page 1), consultation is **not** required.  
For consultations and/or HIV PEP approval, contact:

- Daily between 08:30 and 16:00 hrs  
Provincial Communicable Disease Control Intake  
Pager: 1 (833) 493-8822
- Afterhours: Daily between 16:00 and 08:30 hrs.  
Medical Officer of Health (MOH) On-Call  
Phone: (403) 356-6430

A CDC nurse will follow-up on serology results if you fax this form to (403) 356-2053

If the exposed patient lives on a First Nations reserve, contact:

- First Nations and Inuit Health Branch (FNIHB) MOH on call at phone: (780) 218-9929

MOH/CDC Nurse consulted <input type="checkbox"/> No <input type="checkbox"/> Yes	Last Name, First Name	Date ( <i>dd-Mon-yyyy</i> )	Time ( <i>hh:mm</i> )
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Prophylaxis Recommended (*choose all that apply*)

HIV PEP released by MOH/CDC

**Kit 1:** tenofovir/emtricitabine (Truvada®) and dolutegravir (Tivicay®)

**Kit 2:** tenofovir/emtricitabine (Truvada®) and darunavir (Prezista®) and ritonavir (Norvir®)

Other \_\_\_\_\_

HBIG & Hep B Vaccine Recommended

### Recommended Laboratory Testing

<b>Recipient</b> <input type="checkbox"/> Hepatitis B antibody (HBs Ab) <input type="checkbox"/> Hepatitis B antigen (HBs Ag) <input type="checkbox"/> Hepatitis C antibody (HCV Ab) <input type="checkbox"/> HIV antibody (HIV Ab) <b>If given HIV PEP, order</b> <input type="checkbox"/> CBC <input type="checkbox"/> Creatinine <input type="checkbox"/> HCG <b>For Sexual Assaults order</b> <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Trichomonas <input type="checkbox"/> Syphilis	<b>Source</b> <input type="checkbox"/> Hepatitis B antigen (HBs Ag) Order only if <b>recipient</b> has no serology, or not immune <input type="checkbox"/> Hepatitis C antibody (HCV Ab) <input type="checkbox"/> HIV antibody (HIV Ab)
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You can find a completed lab test requisition example at [www.ahs.ca/czmoh](http://www.ahs.ca/czmoh).

### Assessment Completed by:

Last Name	First Name
Signature	Date ( <i>dd-Mon-yyyy</i> )
	Time ( <i>hh:mm</i> )

### Resources

For more information refer to the *BBFE Know the Facts Brochure* at [www.ahs.ca/czmoh](http://www.ahs.ca/czmoh).

**FAX** completed form to Central Zone CDC **403-356-2053** to enable patient follow up on baseline serology.