

Date: October 9, 2014
To: South Zone Physicians, Nursing Unit Managers, Nursing Educators, Workplace Health and Safety, Community Health and Wellness
From: AHS Laboratory Services
Re: New Standard Blood and Body Fluid Requisition and Order Entry set up

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

- Updated AHS Provincial Standards for testing and follow up of blood and body fluid exposure was introduced in 2013. South Zone Laboratory in conjunction with Workplace Health and Safety developed a new Requisition for Blood & Body Fluid Exposure (BBFE) testing based on the recommendations in these standards.
- Testing on exposed individuals includes: **CBC, ALT, HCVAB , HIV1&2**
 - Hepatitis B Ag/Ab will be tested if the prompt “Hepatitis B Immune?” is answered “No” or “Unknown”. This eliminates unnecessary testing for persons with documented immunity.
- Testing on source individuals if known includes: **HBSAB, HBSAG, HIV1&2, Rapid HIV.**
- Currently, rapid HIV testing for source individuals is available at Medicine Hat Regional Hospital and Chinook Regional Hospital only.

Effective: November 4 2014

- The new Blood & Body Fluid Exposure Requisition FC-1906 is available for order. (See Reverse)
- The new requisition incorporates a standard patient demographic header that all laboratories in Alberta will use as requisitions come up for renewal. The field “Healthcare Provider ID” does not need to be completed. This field is not used in South Zone.
- **Order Entry and Lab order changes will be in effect.**
- Testing within the panels has been changed.
- Meditech test mnemonics have changed.

Action Required:

- Order new BBFE forms using your standard practices in SZE and SZW.
- Discard any old BBFE forms.
- **A completed BBF form must accompany all requests for testing including orders placed in OE**

Inquiries and feedback may be directed to:

- Fran Pratt, Manager, AHS Medicine Hat Regional Hospital Laboratory 403-502-8648 ext 1209
- Sheryl Harper, Occupational Health Nurse, AHS Workplace Health & Safety 403-388-6104

This bulletin has been reviewed and approved by:

Dr. Barbara Popma, AHS Zone Clinical Department Head (Co-Lead), Laboratory Medicine, South Zone
Dr. Michael O'Connor, AHS Zone Clinical Department Head (Co-Lead), Laboratory Medicine, South Zone
Dr. Vivien Suttorp, South Zone Medical Officer of Health


Blood and Body Fluid Exposure Requisition

 Accession # *(lab only)*

Patient	PHN	Alternate Identifier			Date of Birth <i>(yyyy-Mon-dd)</i>	
	Last Name	First Name	Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone	
	Address	City/Town	Prov	Postal Code	Location	
Requestor (s)	Requestor Name <i>(last, first)</i>	Copy to <i>(last, first)</i>		Copy to <i>(last, first)</i>		
	Location/Facility/Address	Location/Facility/Address		Location/Facility/Address		
	Phone	Phone		Phone		
	Healthcare Provider ID	Healthcare Provider ID		Healthcare Provider ID		
Collection	Date <i>(yyyy-Mon-dd)</i>	Time <i>(24 hr)</i>	Location		Collector ID	

Exposed Person Baseline Testing		
AHS Employee (employed by AHS, NOT a contracted position)		
<input type="checkbox"/> BBFHCW1 (Hep C, HIV 1&2)	<input type="checkbox"/> CBC	<input type="checkbox"/> ALT
Community Member non-AHS employee (eg. Police, Nursing Home Employee, Funeral Home Employee, Citizen)		
<input type="checkbox"/> BBFC1 (Hep C, HIV 1&2)	<input type="checkbox"/> CBC	<input type="checkbox"/> ALT
Hepatitis B Immune?		Source known?
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
<input type="checkbox"/> No/Unkown (order both of the following tests based on your Meditech Ring)		<input type="checkbox"/> No
Chinook Meditech	Palliser Meditech	High risk for HIV?
<input type="checkbox"/> HBSAB (Hep B surface Ab)	<input type="checkbox"/> HBSABRO (Hep B surface Ab)	<input type="checkbox"/> Yes
<input type="checkbox"/> HBSAG1 (Hep B surface Ag)	<input type="checkbox"/> HBSAGRO (Hep B surface Ag)	<input type="checkbox"/> No

Source Baseline Testing	
<input type="checkbox"/> BBFS1 (Hep C Ab, HIV 1&2)	
Chinook Meditech	Palliser Meditech
<input type="checkbox"/> HBSAB (Hep B surface Ab)	<input type="checkbox"/> HBSABRO (Hep B surface Ab)
<input type="checkbox"/> HBSAG1 (Hep B surface Ag)	<input type="checkbox"/> HBSAGRO (Hep B surface Ag)
<input type="checkbox"/> HVR (Rapid HIV) Currently available at Chinook Regional Hospital or Medicine Hat Regional Hospital	
Exposed person is <input type="checkbox"/> AHS employee <input type="checkbox"/> Community member	

Follow up Testing of Exposed Person	
No follow-up required if the source is not high risk and/or is negative for blood borne viruses (BBV)	
Source History (if any are YES, order follow up testing)	6 week test date <i>(dd-Mon-yyyy)</i>
<input type="checkbox"/> High Risk Source	} <input type="checkbox"/> BBFF1 (HIV 1 & 2, HCV RNA)
<input type="checkbox"/> Source positive for blood borne pathogens	
<input type="checkbox"/> Unknown Source	
<input type="checkbox"/> Exposed person symptomatic	
	12 week test date <i>(dd-Mon-yyyy)</i>

FC-1906 (Rev2014-07)