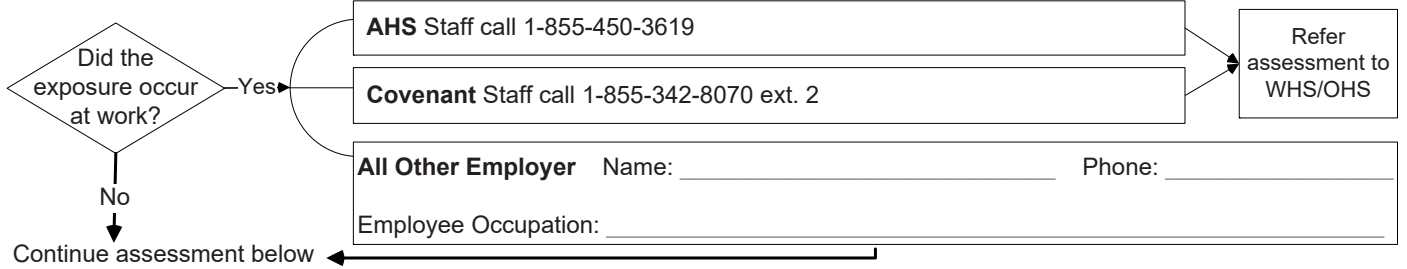


Risk Assessment Blood and Body Fluid Exposure Central Zone

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>yyyy-Mon-dd</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:

- | | |
|---|--|
| <input type="checkbox"/> 1) Contact with non-intact skin
<input type="checkbox"/> 2) Contact with mucous membranes
<input type="checkbox"/> eyes
<input type="checkbox"/> mouth
<input type="checkbox"/> nasal
<input type="checkbox"/> vagina
<input type="checkbox"/> rectum | Choose type of fluid →
<input type="checkbox"/> blood/serum/plasma
<input type="checkbox"/> emesis with visible blood
<input type="checkbox"/> saliva/sputum with visible blood
<input type="checkbox"/> vaginal
<input type="checkbox"/> semen fluid
<input type="checkbox"/> urine/feces with visible blood
<input type="checkbox"/> other body fluid _____ |
| <input type="checkbox"/> 3) Human bite - broken skin
<input type="checkbox"/> 4) Percutaneous injury
<input type="checkbox"/> Hollow bore <input type="checkbox"/> Solid bore <input type="checkbox"/> Other (<i>Sharp</i>) _____
Visible Blood (<i>fresh on device/syringe</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes
Depth of Injury <input type="checkbox"/> Superficial <input type="checkbox"/> 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>yyyy-Mon-dd</i>)
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ULI	Contact Phone	Other Phone
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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*)
- | | |
|---|--|
| <input type="checkbox"/> Source has used IV drugs | <input type="checkbox"/> Source has used non-IV drugs (<i>snorting, sharing pipes</i>) |
| <input type="checkbox"/> History of incarceration | <input type="checkbox"/> Multiple sexual partners or sex with sex trade workers |
| <input type="checkbox"/> Other risk _____ | <input type="checkbox"/> 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>yyyy-Mon-dd</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

Recipient <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) If given HIV PEP, order <input type="checkbox"/> CBC <input type="checkbox"/> Creatinine <input type="checkbox"/> HCG For Sexual Assaults order <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Trichomonas <input type="checkbox"/> Syphilis	Source <input type="checkbox"/> Hepatitis B antigen (HBs Ag) Order only if recipient 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.

Assessment Completed by:

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

Resources

For more information refer to the *BBFE Know the Facts Brochure* at www.ahs.ca/czmoh.

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