



POST EXPOSURE to BLOOD and BODY FLUIDS LABORATORY TESTING of SOURCE

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

Automatically Activated; if not in agreement, cross out and initial

Activated by checking the Box

INVESTIGATIONS

- Cadham – Post-Exposure: Source Panel (includes HbsAg, HBsAb, HbCAb, HCVAb)
 - Clearly label the requisition with **STAT**
 - **Include the name of the primary care provider on the requisition.**
 - If this exposure involves an employee, physician, student or volunteer from Southern Health-Santé Sud (SH-SS) or a Partner Organizations, Infection Control Practitioner (ICP) at the regional centre maintains the link between the **exposed** and the **source**; accesses laboratory results in eChart; connects with primary care provider.
 - If this exposure occurred in the community (for both occupational and non-occupational), the Communicable Diseases/Immunization Coordinator maintains the link between the **exposed** and the **source**; accesses results from eChart; connects with primary care provider
- For sexual exposure – screen for syphilis (VDRL), gonorrhoea and chlamydia.

If initial HIV testing results are negative but the source person is strongly suspected of having acute HIV infection **and** only after consultation with physician on-call at Cadham Lab:

- HIV ribonucleic acid nucleic acid amplification test (RNA NAAT)

- Normal results of lab work involving occupational exposures for SH-SS and partner organizations employee, physician, student or volunteer may be shared with the **source** and **exposed** by the Infection Control Practitioner (ICP) providing follow up.
- Normal results of lab work of **exposed** and **source** involved in an exposure that occurred in community (for both occupational and non-occupational) are communicated by their respective primary care providers (i.e. the primary care provider for the exposed and the primary care provider for the source).
- Abnormal lab results for **ALL** exposures are communicated to **exposed** and **source** by the emergency department physician/alternate.

Other (list): _____

Prescriber Signature:

Date: