



POST EXPOSURE to Blood and Body Fluids REFERRALS

Date: _____ ED Staff Signature: _____

Refer the exposed and source for follow-up care to appropriate care provider based on (select 1):

- For Southern Health-Santé Sud (SH-SS) and Partner Organizations' employees, physicians, students, or volunteers Occupational exposures:**

If *Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders - Adult* are initiated in the emergency department (ED), refer the **exposed** and **source** to a regional Infection Control Practitioner (ICP).

Fax referral and other documents to applicable ICP (see table below):

ICP for Geographical area	Phone Number	Fax number
*BRHC & Area East	204-326-6411 ext. 2254	204-346-0236
*BTHC & Area West	204-331-8888	204-331-8983
*PDGH & Area North	204-239-2264	204-239-2298

*BRHC = Bethesda Regional Health Centre;

*BTHC = Boundary Trails Health Centre;

*PDGH = Portage District General Hospital

- Community exposures** (occupational and non-occupational) when the **source is known**, refer to Public Health-Healthy Living Central Intake (**Communicable Diseases [CD]/Immunization Coordinator**) and **Fax** information to: **Fax #: 1-204-428-2734**
CD/Immunization Coordinator follows-up with **Source** to ensure testing is completed, connects with their primary care provider, prepares requisition if required, and shares results with **Exposed** health care team.
- Community exposures** (occupational and on-occupational) when the **source** is unknown, refer to **Primary Care Provider** in community.

For all referrals, fax:

- Post Exposure to Blood and Body Fluids Risk Assessment and Management (CLI.4110.PL.016.FORM.01)
- Post Exposure to Blood and Body Fluids **Source** Consent (CLI.4110.PL.016.FORM.02)

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