



POST EXPOSURE to BLOOD and BODY FLUIDS

RISK ASSESSMENT and MANAGEMENT (provide a copy to exposed)

A. OCCUPATIONAL EXPOSURE <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete this section; If No, proceed to section B			
Name of Exposed:		Phone #:	
Name of Employer:			
If a SH-SS or Partner Organization Occupational Exposure, include:			
Facility/Program:		Phone #:	
Name of Manager/Supervisor:		Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Meeting with Exposed occurred: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Date and Time:			
Name and Signature of person completing this section:			
B. GENERAL INFORMATION ABOUT EXPOSURE:		Initials of Staff Completing this section:	
Exposure Date:		Exposure Time:	
Description of event:			
Name and Signature of person completing this section:			
C. RISK TO THE EXPOSED			Initials of Staff Completing this section:
1. Assess risk from BODY FLUIDS involved in exposure for possible transmission of Human Immunodeficiency Virus (HIV), hepatitis B virus (HBV), and/or hepatitis C virus (HCV)			
Blood, serum, or plasma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pleural, amniotic, pericardial, peritoneal, synovial, cerebrospinal fluids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Semen, vaginal secretions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Breast milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organ and tissue transplants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Donated blood and manufactured blood products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other biological fluids ONLY if visibly contaminated with blood , including saliva, urine, vomitus, feces, nasal secretions, sputum, sweat or tears.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "NO" to all of the questions in this section, NO further risk assessment and NO PEP required. Reassure exposed.			
If "YES" to any of the body fluid items above or if in doubt:			
2. Assess risk from TYPE OF EXPOSURE for possible transmission of HIV, HBV or HCV			
Sexual contacts (anal or vaginal): exposure to semen and/or vaginal secretions		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Consensual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
■ For non-consensual, follow processes for sexual assault.			
Needle sharing (e.g. injection drug use).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Percutaneous injury: needlestick or laceration of the skin that penetrates into/below the dermis.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mucous membrane exposure (mouth, nose, eyes).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mother-to-child transmission (follow established perinatal processes).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "NO" to all of the questions in this section, NO further risk assessment and NO PEP required. Reassure exposed.			
If "yes" is selected for any type of exposure listed above: (1) the exposed needs further assessment in the emergency department based on section F. and in the standard orders; AND (2) assess source status and test source (section E, page 2; Post Exposure to Blood and Body Fluids Laboratory Testing of Source CLI.4110.PL.017.FORM.03).			
➤ If assessing source status cannot be readily completed, complete as soon as possible			
but DO NOT delay providing initial HIV – post exposure prophylaxis (PEP) to the exposed and proceed to Section G			



D. SOURCE INFORMATION (from exposed):		Initials of Staff Completing this section:	
Source Known: <input type="checkbox"/> YES <input type="checkbox"/> NO		If known, Name:	
Location/address:		Phone #:	
Source aware of exposure: <input type="checkbox"/> YES <input type="checkbox"/> NO If source is aware and not a patient/resident/client, is source presenting to the emergency department (ED): <input type="checkbox"/> YES <input type="checkbox"/> NO			
If source not aware or not proceeding to the ED, contact source only if the body fluids involved and the exposure type place the exposed at risk (based on Section C). Source contacted: <input type="checkbox"/> YES <input type="checkbox"/> NO			
➤ If source risk assessment is required, use the <i>Post Exposure to Blood and Body Fluids Source Consent</i> (CLI.4110.PL.017.FORM.02) to guide the request for source to present to ED.			
Comments:			
E. RISK from KNOWN SOURCE		Initials of Staff Completing this section:	
If source not in ED: Contacted <input type="checkbox"/> YES <input type="checkbox"/> NO. Proceeding to ED: <input type="checkbox"/> YES <input type="checkbox"/> NO. Patient/Resident/Client: <input type="checkbox"/> YES <input type="checkbox"/> NO. If Source is known but not available, treat exposed as source unknown and proceed to Section G.			
1. Known infection - select: <input type="checkbox"/> HIV <input type="checkbox"/> HBV <input type="checkbox"/> HCV		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ For HIV, select "yes" if source is HIV positive and either viremic load (i.e. VL) is greater than 40 copies/mL or less than 40 with concomitant sexually transmitted infection (STI).			
2. Unknown infection status but belonging to a population with high HIV, HBV or HCV prevalence compared to the general population.			
➤ Has a sexual partner with known infection or high risk of infection of <input type="checkbox"/> HIV <input type="checkbox"/> HBV <input type="checkbox"/> HCV		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Men who have sex with men (MSM) (Risk: HIV, HCV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Has history of multiple sex partners (more than 1 sex partner within past year) (Risk: HBV, HCV) For HCV, risk increases commensurate with increasing numbers of sex partners among heterosexual persons with HIV infection and MSM		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Engages in group sex (Risk: HCV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ People who inject drugs (Risk: HIV, HBV, HCV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Has history of intranasal drug use (Risk: HCV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Has tattoo obtained in unregulated setting (Risk: HCV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Born to a mother with known infection (Risk: HCV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ In close family contact with an HBV-infected person (Risk: HBV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Received blood products prior to 1985 (Risk: HIV); 1970 (Risk: HBV); April 1992 (Risk: HCV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
➤ Has history of residence in a country or area with a high prevalence of infection (Risk: HBV)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. BACKGROUND HEALTH INFORMATION of EXPOSED:		Initials of ED Staff Completing this section:	
Community Primary Care Provider:		<input type="checkbox"/> None	
Weight: _____ Kg	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
History of (check applicable ones): <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Blood diseases			
If yes, describe:			
IMMUNIZATION STATUS: Last Tetanus, Diphtheria, Pertussis booster – Date:		<input type="checkbox"/> Unknown	
Hepatitis B vaccination received: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of last dose: <input type="checkbox"/> Unknown	
Hepatitis B Immunity Status: <input type="checkbox"/> Responder <input type="checkbox"/> Non-responder <input type="checkbox"/> Status Unknown			



G. PEP INITIATION FOR HIV ED Staff Initials:

- If source is known, the risk of transmission for consideration of PEP for HIV is based on **BOTH risk from exposure type and risk from likelihood** that source person has transmissible HIV.
- If source is unknown, recommendation for HIV - PEP is based on exposure type and PEP initiation is recommended with high and moderate risks of transmission, captured in the table below.

Recommendations for HIV – PEP

		Likelihood that Source Person has Transmissible HIV		
		Substantial Risk Source is HIV positive and either viremic load (VL) greater than 40 copies/mL or HIV status unknown but from a priority population with high HIV prevalence	Low Risk Source is HIV positive and viremic load (VL) is less than 40 copies/mL with concomitant sexually transmitted infection (STI) at time of exposure	Negligible or No Risk Source is confirmed HIV negative or HIV positive with confirmed VL less than 40 copies/mL and no known STI present at time of exposure or HIV status unknown, general population
Risk from Exposure Type	High to Moderate Risk	Initiate PEP <input type="checkbox"/> Anal <input type="checkbox"/> Vaginal <input type="checkbox"/> Needle sharing <input type="checkbox"/> Needle-stick <input type="checkbox"/> Percutaneous injury or mucous membrane exposure <input type="checkbox"/> Mother to child	Consider PEP <input type="checkbox"/> Anal <input type="checkbox"/> Vaginal <input type="checkbox"/> Needle sharing <input type="checkbox"/> Needle-stick <input type="checkbox"/> Percutaneous or mucous membrane exposure <input type="checkbox"/> Mother to child	<input type="checkbox"/> Non-Occupational exposure: PEP not required <input type="checkbox"/> Consider PEP if exposure occurred in occupational setting , unless source person is confirmed HIV negative.
	Low	PEP not required for exposures due to: Oral sex; oral-anal contact; sharing sex toys; blood on non-compromised skin		

Is HIV PEP Indicated? YES NO (Indicate which action is selected)

- If no, provide reassurance.
- If yes and lapsed time since exposure is **less than or equal to 72 hours**, initiate PEP as per **Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders – Adults (CLI.4110.PL.016.FORM.05)** OR **Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders – Pediatrics (CLI.4110.PL.016.FORM.06)**.
- If yes and lapsed time is **greater than 72 hours**, consult Medical Officer of Health (204-788-8666) or infectious disease (ID) specialist through Health Sciences Centre paging (204-787-2071).

In the event that the patient requires a full course of therapy:

- Provide either **Outpatient Prescription for Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis (PEP) – Adults (CLI.4110.PL.016.FORM.07)** OR **Outpatient Prescription for Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis (PEP) – Pediatric (CLI.4110.PL.016.FORM.08)**.

If HIV - PEP was initiated:
 Discontinue HIV - PEP if **Exposed** person has HIV infection already; **Source** person is confirmed HIV negative; source is HIV positive with viral load less than 40 copies/mL for 6 months of longer and no sexually transmitted infections; more than 72 hours of PEP have been missed.

If HIV – PEP is to be continued: full course of treatment is for a maximum of 28 days.

Consult with HIV specialist if PEP start delayed more than 72 hours; pregnancy; breastfeeding; drug toxicity; and prn.

H. RISK ASSESSMENT FOR HBV and RECOMMENDED ACTIONS	ED Staff Initials:
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If source is unknown, base HBV-PEP on the immunization and antibody status of exposed only.

Vaccination status: select 1	Recommended Action: Indicate what actions were selected
a. Completely vaccinated (see exception); responder	Regardless of source status, for exposed completely vaccinated and are responders with anti-HB antibodies greater or equal to 10 units/L, no action needed; consider immune. Exception: persons who are immunocompromised, with chronic renal failure or on dialysis cannot be considered to have lifetime immunity – require serology testing
b. Completely vaccinated (see exception); unknown response	Source infected or high risk (see section F – HBV appears next to identified risk items) Test source for anti-HBs: If results unavailable within 48 hours, give HB vaccine X 1 dose When results are known: ❖ If anti-HB is greater than or equal to 10 units/L, no action needed; consider immune If anti-HB is less than 10 units/L: ■ HBIG X 1 dose ■ HB vaccine booster X 1 (if not already given) Re-test for anti-HBs after 4-6 months. If still less than 10 units/L, complete 2 nd HB vaccine series Re-test anti-HBs in 1-2 months after completion of last HB vaccine series or 4-6 months after HBIG, whichever is later Test for HBsAg and anti-HBc at 6 months post exposure Source is uninfected or low risk: Test for anti-HBs: ❖ If anti-HBs greater than or equal to 10 units/L, no action needed; consider immune If anti-HBs less than 10 units/L: ■ HB vaccine booster X 1 (if not already given) Re-test for anti-HBs after 1-2 months. If still less than 10 units/L, complete 2 nd vaccine series. Re-test anti-HBs in 1-2 months after completion of last HB vaccine series or 4-6 months after HBIG, whichever is later.
c. Completely vaccinated (see exception), non-responder	Source infected or high risk (see section E – HBV appears next to identified risk items) ■ HBIG X 1 dose ■ HB vaccine 2nd series Re-test anti-HBs in 1-2 months after completion of last HB vaccine series or 4-6 months after HBIG, whichever is later. Test for HBsAg and anti-HBc at 6 months post exposure Source is uninfected or low risk: complete 2 nd vaccine series Re-test anti-HBs in 1-2 months (see above for qualifiers)
d. Completely vaccinated (see exception) X 2 courses, non-responder	Source infected or high risk (see section E – HBV appears next to identified risk items) ■ HBIG X 2 doses (4 weeks apart) Test for HBsAg and anti-HBc at 6 months post exposure Source is uninfected or low risk: No action needed
e. Incompletely vaccinated (see exception); unvaccinated or unknown response	Source infected or high risk (see section E – HBV appears next to applicable items) ■ HBIG X 1 dose ■ Complete vaccination Re-test for anti-HBs after 4-6 months. If still less than 10 units/L, complete 2 nd HB vaccine series Re-test anti-HBs in 1-2 months (see above for qualifiers) Test for HBsAg and anti-HBc at 6 months post exposure Source is uninfected or low risk: Complete vaccination Re-test for anti-HBs after 4-6 months. If still less than 10 units/L, complete 2 nd HB vaccine series Re-test anti-HBs in 1-2 months after completion of last HB vaccine series or 4-6 months after HBIG, whichever is later

If indicated, initiate HBV-PEP as per **Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders – Adults (CLI.4110.PL.016.FORM.05)** OR **Post Exposure Prophylaxis (PEP) to Blood and Body Fluids Standard Orders – Pediatrics (CLI.4110.PL.016.FORM.06)**

I. RISK ASSESSMENT FOR HCV and RECOMMENDED ACTIONS

No PEP is available for HCV. Recommendations are close follow-up, post-exposure testing and - if HCV transmission occurs, early treatment with direct-acting antiviral combination therapy provided by primary care provider.