



Health and Social Services
Yukon Communicable Disease Control

Exposed Person's Follow up Plan for Post Exposure to Blood & Body Fluids

..... was seen at
Name Date of Birth location of Health Care facility
 on following an exposure to blood or body fluids.
Date
 Initial assessment was done by The date of exposure was
Name of initial Health Care Provider

You received the following post-exposure treatment:

- Wound cleaning
 - Tetanus Immunization
 - Hepatitis B Vaccine
 - Hepatitis B immune globulin (HBIG)
 - Initial counseling for blood and body fluid exposure
 - Other
- Started on antiretroviral starter kit (5 days)
- List medications name, dose, & instructions

You have had baseline Blood tests for: Hepatitis B Hepatitis C HIV

| | | |
|--|---|---------------------|
| Your follow up Health Care Provider is: | Location of Health Care Facility | Phone Number |
| | | |

**It is recommended that you have the following follow up:
(Check all that may apply).**

| Follow up is recommended for: | Location for follow-up | Date |
|---|-------------------------------|-------------|
| <input type="checkbox"/> Further doses of Hepatitis B vaccine | | |
| <input type="checkbox"/> Hepatitis B Immune Globulin (HBIG) | | |
| <input type="checkbox"/> You have been started on HIV antiretroviral medications. You must see your follow up Health Care Provider within 3 days to determine if you should continue taking the medication for a remaining 23 days | | |
| <input type="checkbox"/> Results of baseline blood tests. | | |
| <input type="checkbox"/> Follow up blood work | | |
| <input type="checkbox"/> Other (specify) | | |

For information related to exposure of blood and body fluids and disease specific information please visit
<http://www.healthlinkbc.ca/healthfiles/hfile97.stm>

*If you have any questions or concerns please contact your follow up Health Care Provider or
 YCDC at #4 Hospital Road Whitehorse, YT Y1A 3H8 Tel: (867) 667-8323*