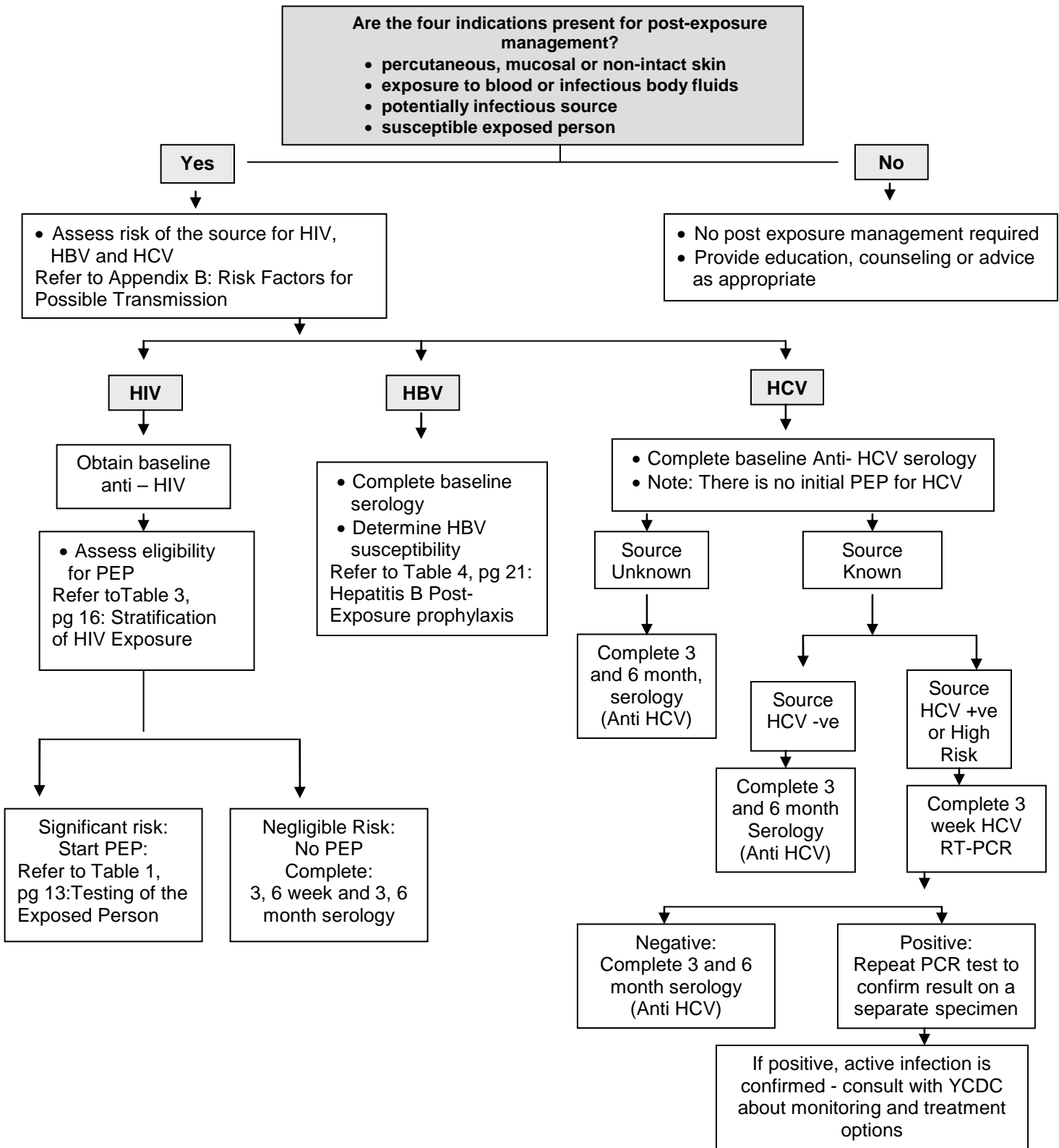


## Quick Reference Sheets—Blood and Body Fluid Exposure Management

January 2010

<b>Where to access care</b>	<b>Whitehorse:</b> <b>YCDC</b> #4 Hospital Rd. Whitehorse M-F Hours: 0830-1630 Phone: (867) 667-8323			<b>WGH ER</b> #5 Hospital Rd. Whitehorse Phone: (867) 393-8700	<b>WGH Occupational Health Practitioner ( WGH employees/in-patients)</b> M-F Hours: 0800-1600 Phone: (867) 393-8933
	<b>Outside of Whitehorse:</b> Local Community Health Centre/Clinic/ER				
<b>Who to consult and when</b> Please consult <i>whenever questions arise on how to proceed with post-exposure management and when exposure is beyond the scope of guidelines.</i>	<b><u>Yukon RNs Consult:</u></b>  YCDC: (867) 667-8323 Monday - Friday 0830-1630hrs *Indicate call is regarding BBF post exposure management. <b><u>After Hours</u></b> Contact <b>WGH-ER Physician on call:</b> (867) 393-8700, or Community physician. <b>MOH</b> may be consulted after calling ER physician Work (867) 456-6136 or cell (867) 332-1160		<b><u>Yukon Physicians Consult:</u></b>  YCDC: (867) 667-8323 Monday - Friday 0830-1630hrs *Indicate call is regarding BBF post exposure management  or  <b>MOH</b> work (867)456-6136 or cell (867) 332-1160		
	<b>BC Centre for Excellence in HIV/AIDS (consultation service available 24 hours a day 7 days a week)</b> 24 Hour Pharmacist Hotline: (604) 341-1410 Tel: (604) 806-8477 Fax: (604) 806-9044				
	<b>Management</b>				
<b>Cleanse</b>	<ul style="list-style-type: none"> <li>• Mucous membrane or eye: Rinse well with water and/or normal saline</li> <li>• Skin: Wash well with soap and water.</li> <li>• Allow injury/wound site to bleed freely, and then cover lightly.</li> <li>• Do not promote bleeding of percutaneous injuries by cutting, scratching, squeezing, or puncturing the skin.</li> <li>• Do not apply bleach to the injury/wound or soak it in bleach.</li> </ul>				
<b>Triage</b>	Are the four indications present for post-exposure management? See attached algorithm pg. 2				
<b>Refer to attached charts</b>	<ul style="list-style-type: none"> <li>• <b>Exposed Person: Blood and body fluid exposure management algorithm; See attached pg. 2</b></li> <li>• <b>Stratification of HIV Exposures; See attached pg. 4</b></li> <li>• <b>Hepatitis B Post Exposure Prophylaxis; See attached pg. 5</b></li> <li>• <b>Testing Schedule for a person exposed to HCV; See attached pg. 3</b></li> </ul>				
<b>Assess risk of transmission from the source</b>	If source is known attempts should be made to have source person tested Obtain source person's consent and test for: anti-HIV, anti-HCV, HBsAg, Anti-HBs, Anti-HBc Refer to attached table: <b>Indicators for increased risk of transmission from the source to the exposed person; See attached pg. 8</b>				
<b>Determine status of the exposed person</b>	<b>DO NOT WAIT FOR TEST RESULTS BEFORE COMMENCING TREATMENT (if indicated)</b> Obtain consent for baseline testing which may include: anti-HIV, anti-HCV, HBsAg, Anti-HBs, Anti-HBc				
<b>Counsel</b>	Refer to Counselling Guidelines: Management of Blood and Body Fluids Post Exposure pg. 28 and Probability of Transmission pg. 38				
<b>Access HBIG</b>	<b>Whitehorse:</b> Physicians request HBIG from the WGH laboratory for administration in WGH ER Afterhours: call WGH A&D to have the on-call laboratory personnel paged <b>Outside of Whitehorse:</b> A supply of HBIG is kept in the following communities: Beaver Creek, Ross River, Haines Junction, Dawson City, Old Crow, Mayo, Watson Lake <i>If HBIG is not stocked in the community requiring it, arrangements will be made to have it provided from the most feasible location</i>				
<b>Availability of antiretroviral starter kits</b>	<b>Whitehorse:</b> Starter kits (5 day supply) of therapy are available at the WGH ER and YCDC <b>Outside of Whitehorse:</b> One starter kit is supplied in each community health centre *To arrange for remainder of 23 day antiretroviral therapy – call YCDC (867) 667-8323				
<b>Arrange lab F/U for exposed person</b>	Refer to attached Chart: <b>Testing of the Exposed Person; See attached pgs. 3 &amp; 6</b> <ul style="list-style-type: none"> <li>• Complete last page of the Blood and Body Fluid Exposure Form (BBFE) form and give to client; See attached pg. 9</li> </ul>				
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Complete the Blood and Body Fluid Exposure Form (BBFE); see attached pgs. 10 &amp; 11                      Captures: exposure details, examination of injury, management of exposed, information on source, recommendations made, follow up plan of care</li> <li>• Occupational Exposure: Worker's Compensation Board (WCB) Forms</li> </ul>				
<b>Where to send BBFE form</b>	<ul style="list-style-type: none"> <li>• Copy to YCDC Fax: (867) 667-8349</li> <li>• Copy to exposed person's follow up physician</li> <li>• Provide client with the last page—summary of initial management and plan for follow up; see attached pg. 9</li> </ul>				

**Blood and Body Fluid Exposure Management Algorithm:  
Exposed Person: Guidelines pg. 8**



**Testing of the Exposed Person ❶** : Guidelines pg. 13

TIME SINCE EXPOSURE	Anti-HIV	Anti-HCV	HCV PCR	HBsAg ❷	Anti-HBs ❷	Anti-HBc ❷	RATIONALE FOR TESTING OF THE EXPOSED PERSON
ASAP	√	√		√	√	√	To check baseline status of the exposed person. Negative or non-reactive test results suggest no prior infection.
3 weeks after exposure	√		√				If source is HCV+ or in a high risk group, test exposed person for HCV infection by RT-PCR ❸ If HCV RT-PCR +, early treatment may be beneficial. If the exposed person is confirmed PCR+, active infection is present and there is no need to test for anti-HCV.
6 weeks after exposure	√						To check whether seroconversion has occurred. A change from the initial negative (or non-reactive) test result to a positive (or reactive) result indicates that seroconversion has occurred. Seroconversion following a blood or body fluid exposure does not definitively establish that the exposure was the source of the virus if the exposed person has other risk factors.
3 months after exposure	√	√		❷	❷	❷	
6 months after exposure	√	√		❷	❷	❷	

- ❶ If the source person tests negative for HBV, HCV, and HIV and is not in a high-risk group, only baseline testing of the exposed person is indicated.
- ❷ See Table 4: Hepatitis B Post-Exposure Prophylaxis
- ❸ If PCR+, a second sample needs to be tested to confirm the result.

**Note:** If the exposed person is a pregnant woman, request HBV testing as close to delivery as possible.

**Stratification of HIV Exposures:** Guidelines pg. 16

EXPOSURE RISK	TYPE OF EXPOSURE	RECOMMENDATION
<p><b>SIGNIFICANT RISK:</b></p> <ul style="list-style-type: none"> <li>Infectious body fluid and an HIV positive source or a known high-risk source. See Appendix B.</li> </ul>	<p>Any percutaneous exposure to infectious body fluids ❶</p> <ul style="list-style-type: none"> <li>Mucous membrane or non-intact skin exposure (3 or more drops for 3 or more minutes)</li> <li>In the event of a large prolonged exposure of blood on intact skin, assess the integrity of the skin. If appropriate, treat as a significant risk exposure.</li> </ul>	<p>Antiretroviral starter kit (5 day kit)</p> <p><b>Consult:</b> <b>YCDC Weekdays 0830-1600hrs.</b> <b>Tel: (867)667-8323</b></p> <p><b>Medical Officer of Health:</b> <b>Dr. Brendan Hanley</b> <b>Tel: (867) 456-6136</b> <b>Cell: (867) 332-1160</b></p> <p><b>BC Centre for Excellence in HIV/AIDS</b> <b>24 hour Pharmacist hotline (604) 341-1410</b></p> <p><i>* Community Nurses – When using BC-CfE consultation service, please be advised that should HIV post exposure prophylaxis be recommended, this should be discussed and prescribed by a licensed Yukon Physician.</i></p>
<ul style="list-style-type: none"> <li>Source known or presumed to be HIV negative</li> <li>OR</li> <li>Injury not known to transmit HIV</li> <li>OR</li> <li>Body fluid not known to transmit HIV</li> </ul>	<ul style="list-style-type: none"> <li>Percutaneous, mucous membrane or skin exposure to non-infectious body fluid – source HIV positive or negative.</li> <li>Bites unless there has clearly been transmission of infected blood.</li> <li>A superficial scratch that does not bleed.</li> <li>Injuries received in fights would rarely be appropriate indications for prophylaxis unless it is clear that transfer of infected blood has occurred.</li> </ul>	<ul style="list-style-type: none"> <li>No antiretrovirals recommended.</li> <li>Offer counselling clarifying the negligible risk of HIV infection and advise re: risk prevention (i.e. preventing recurrences of exposure incidents).</li> </ul>

❶ Antiretrovirals (ARTs) are not provided free to persons exposed to HIV as part of their personal lives (i.e. consensual adult sex, or sharing drug injection equipment). However, the assessing physician may elect to prescribe ARTs for these situations and should consult with YCDC or the BC Centre for Excellence in HIV/AIDS regarding which ARTs to prescribe.

**Note:** Prophylaxis is not recommended for needlesticks from abandoned needles when they are outside the healthcare setting or when there is no history of the needle or the time of abandonment.

### Hepatitis B Post-Exposure Prophylaxis: Guidelines pg. 21

Vaccination history of exposed person	Test exposed person for: HBsAg, anti-HBc & anti-HBs.	If source is known HBsAg positive <u>or</u> high risk <u>or</u> tests positive within 48 hours of exposure <sup>②</sup>	If source is unknown <u>or</u> not tested <u>or</u> low risk <u>or</u> tests HBsAg neagative within 48 hours of exposure <sup>②</sup>	Post-exposure re-testing
Documented anti-HBs level ( $\geq 10$ IU/L) on prior testing	Test for all three markers for medical-legal purposes	No action required.	No action required.	No action required.
Unvaccinated	Test for all 3 markers	Give Hepatitis B Immune Globulin (HBIG) <sup>③</sup> and Hepatitis B vaccine series <sup>④</sup>	Give Hep B vaccine series  Give 2 <sup>nd</sup> Hep B vaccine series	Re-test for HBsAg at 3 months & for all 3 markers at 6 months <sup>⑤</sup>
Known non-responder <sup>①</sup> to one Hep B series	Test for all 3 markers			
Received 1 dose of Hep B vaccine, anti-HBs status unknown	Test for all 3 markers	Give HBIG & complete Hep B vaccine series.	Complete Hep B vaccine series.	Re-test for HBsAg at 3 months & for all 3 markers at 6 months <sup>⑤</sup>
Received 2 doses of a 3 dose Hep B series, anti-HBs status unknown	Test for all 3 markers. If anti-HBs is $< 10$ IU/L, then →	Give HBIG & 3 <sup>rd</sup> dose of Hep B vaccine. Repeat 3 <sup>rd</sup> dose if given too early in series.	Give 1 dose of Hep B vaccine & retest for anti-HBs in 4 wks; if $< 10$ IU/L repeat series.	Re-test for HBsAg at 3 months & for all 3 markers at 6 months <sup>⑤</sup>
	Test for all 3 markers. If anti-HBs is $\geq 10$ U/L, then →	Do not give HBIG. Complete Hep B vaccine series.	Do not give HBIG. Complete Hep B vaccine series.	No re-testing required.
Complete Hep B vaccination (2 or 3 dose series) and anti-HBs status unknown <u>or</u> anti-HBs $< 10$ when tested $> 6$ months post-series	Test for all 3 markers. If anti-HBs is $< 10$ IU/L, then →	Give HBIG and 1 dose of vaccine.	1 dose Hep B vaccine & retest for anti-HBs in 4wks; if $< 10$ IU/L complete second series.	Re-test for HBsAg at 3 months & for all 3 markers at 6 months <sup>⑤</sup>
Known non-responder <sup>①</sup> after two courses of Hep B vaccine	Test for HBsAg & anti-HBc. Do not test for anti-HBs.	Give HBIG only & give another dose of HBIG in 1 mo.	No action required.	Re-test for HBsAg at 3 months & for HBsAg & anti-HBc at 6 months.

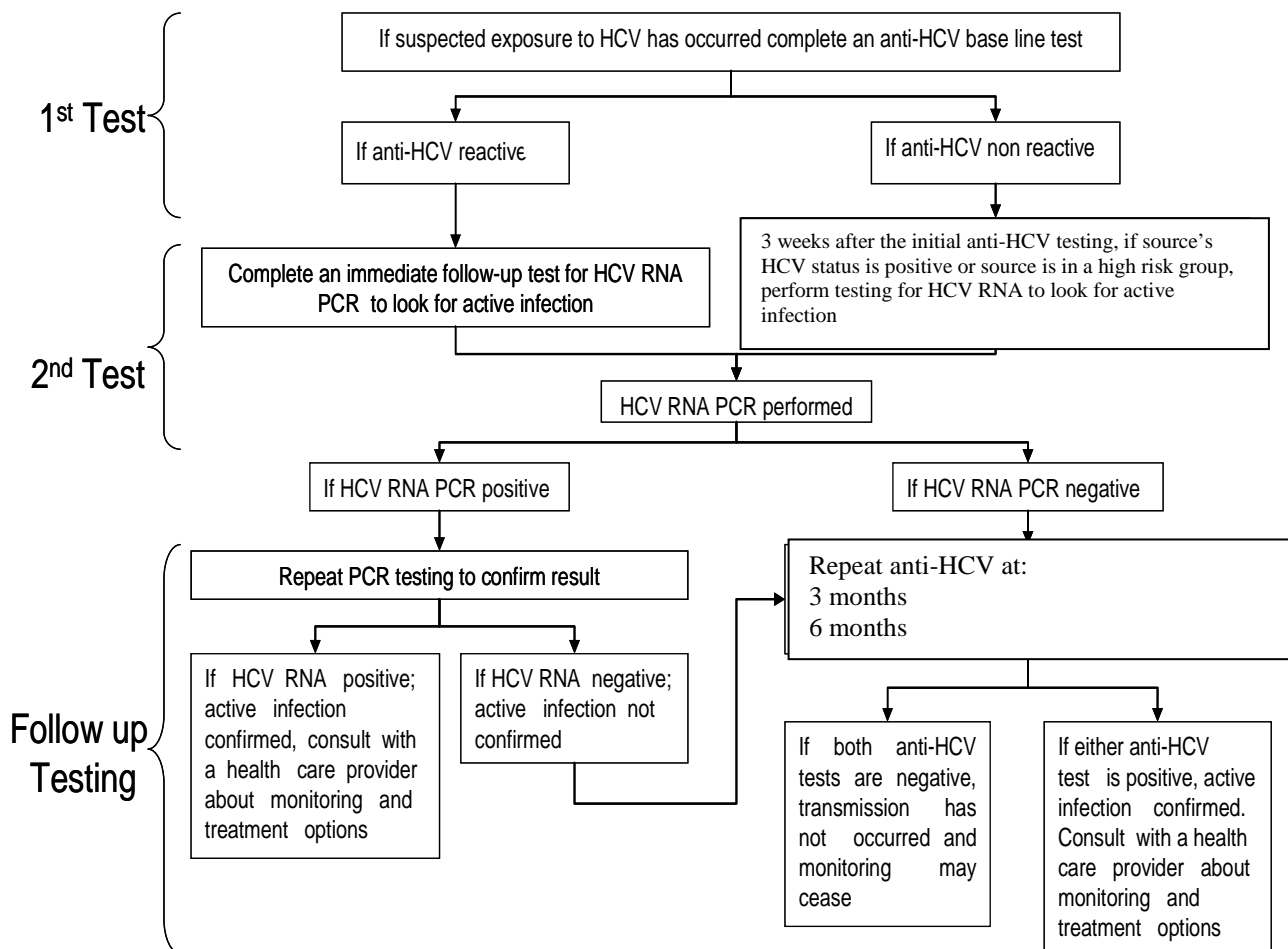
- ① A non-responder to a series of Hepatitis B vaccine is someone who demonstrates an anti-HBs level of  $< 10$  IU/L, when measured 1 to 6 months post-vaccination.
- ② Consensual adult sex with known Sex Trade Worker or IDU is not generally an indication for HBIG, nor is a community acquired needlestick injury; where the risk of transmission is low and the number needed to treat to prevent infection is extremely high. However, in the case of sexual assault or if one of the individuals is known to have acute or chronic Hepatitis B infection, HBIG is indicated.
- ③ HBIG dose for all clients  $\geq 8.3$ kg is 0.06ml/kg. Give HBIG as soon as possible, preferably within 48 hours of the exposure. For a percutaneous exposure, HBIG may be given up to 7days following the exposure. If the client presents  $> 7$  days following a percutaneous exposure, give Hepatitis B vaccine only. For permucosal or sexual exposures, HBIG may be given up to 14 days following the last exposure. If the client presents  $> 14$  days following a permucosal or sexual exposure, give Hepatitis B vaccine only.
- ④ Hepatitis B vaccine schedule is 0, 1 and 6 months for post-exposure prophylaxis.
- ⑤ A second series of Hepatitis B vaccine should be offered to non-responders

**Note: This table does not apply to post-exposure management of immunocompromised persons. This group requires consultation with a physician specializing in infectious diseases.**

**HCV Exposure:** Guidelines pg. 23

At the present time, no immediate post-exposure treatment is recommended for HCV. However, the anti-HCV status of the exposed person should be determined to assess whether the person has been infected with HCV in the past.

**Testing schedule for a person exposed to HCV:**



**Fluids and Tissues Capable of Transmitting Bloodborne Pathogens:** Guidelines pg. 24

FLUID	HIV	HBV	HCV
Blood and fluids visibly contaminated with blood	Yes	Yes	Yes
Semen	Yes	Yes	Rare
Vaginal secretions	Yes	Yes	Rare
Pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids and inflammatory exudates	Yes	Yes	Yes
Saliva	No, unless contaminated with blood	Yes	No, unless contaminated with blood
Transplanted tissue or organs	Yes	Yes	Yes
Breast milk	Yes	Plausible, particularly if nipples are cracked or bleeding <b>or</b> if the mother is HBeAg positive	Plausible, particularly if nipples are cracked or bleeding
Faeces Nasal secretions Sputum Sweat Tears Urine Vomit	No, unless they contain visible blood.		

**Risk Factors for Possible Transmission from the Source to the Exposed Person: Guidelines pg. 25**

<b>HIGHER RISK</b>		
<b>HIV</b>	<b>HBV</b>	<b>HCV</b>
<b>The source is a person who has ever had:</b>	<b>The source is a person who has ever had:</b>	<b>The source is a person who has ever had:</b>
<ul style="list-style-type: none"> <li>injection drug use</li> </ul>	<ul style="list-style-type: none"> <li>injection drug use</li> </ul>	<ul style="list-style-type: none"> <li>Illicit drug use</li> </ul>
<ul style="list-style-type: none"> <li>high-risk sexual behaviour (i.e., multiple sex partners, anal sex)</li> </ul>	<ul style="list-style-type: none"> <li>high-risk sexual behaviour (i.e., multiple sex partners, anal sex)</li> </ul>	<ul style="list-style-type: none"> <li>blood contact with a known case of HCV infection</li> </ul>
<ul style="list-style-type: none"> <li>a sexual partner who is an injection drug user (IDU), or who is HIV+ ❶</li> </ul>	<ul style="list-style-type: none"> <li>a sexual partner who is an IDU, or who has acute or chronic HBV ❶</li> </ul>	
<ul style="list-style-type: none"> <li>blood contact with a known case of HIV infection</li> </ul>	<ul style="list-style-type: none"> <li>blood contact with a known case of HBV infection for which there was no provision of post-exposure prophylaxis</li> </ul>	
<b>MODERATE RISK</b>		
<b>HIV</b>	<b>HBV</b>	<b>HCV</b>
<ul style="list-style-type: none"> <li>emigration from a country where HIV is endemic</li> </ul>	<ul style="list-style-type: none"> <li>emigration from a country where HBV is endemic</li> </ul>	<ul style="list-style-type: none"> <li>high-risk sexual behaviour (i.e. multiple sex partners, anal sex)</li> </ul>
		<ul style="list-style-type: none"> <li>a sexual partner who is an IDU, or who is HCV+ ❶</li> </ul>
<ul style="list-style-type: none"> <li>a history of multiple transfusions of blood or blood products prior to Nov. 1985 ❶ OR a history of receipt of blood-derived coagulation products before July 1988 ❷</li> </ul>	<ul style="list-style-type: none"> <li>a history of multiple transfusions of blood or blood products prior to Jan. 1972 ❶ OR a history of receipt of blood-derived coagulation products before January 1972</li> </ul>	<ul style="list-style-type: none"> <li>a history of multiple transfusions of blood or blood products prior to May 1992 ❶ OR a history of receipt of blood-derived coagulation products before July 1988 or a history of receipt of IV immunoglobulin products prior to 1997 ❷</li> </ul>
<b>LOWER RISK</b>		
<b>HIV</b>	<b>HBV</b>	<b>HCV</b>
<ul style="list-style-type: none"> <li>a diagnosis of sexually transmitted disease(s)</li> </ul>	<ul style="list-style-type: none"> <li>a diagnosis of sexually transmitted disease(s)</li> </ul>	
<ul style="list-style-type: none"> <li>tattoo, body piercing, electrolysis, acupuncture</li> </ul>	<ul style="list-style-type: none"> <li>tattoo, body piercing, electrolysis, acupuncture</li> </ul>	<ul style="list-style-type: none"> <li>tattoo, body piercing, electrolysis, acupuncture</li> </ul>
<ul style="list-style-type: none"> <li>a history of dialysis</li> </ul>	<ul style="list-style-type: none"> <li>a history of dialysis</li> </ul>	<ul style="list-style-type: none"> <li>a history of dialysis</li> </ul>

❶ In Canada, testing of donated blood for anti-HIV began in November 1985; for HBsAg in January 1972; and for anti-HCV first generation in June 1990 and anti-HCV second generation in May 1992.

❷ All factor concentrates distributed in Canada were heat treated after July 1988. IV immunoglobulin products were either PCR tested for HCV or had solvent detergent virucidal treatment after 1997





### Blood & Body Fluid Exposure Form

Guidelines: pg 30

Disclaimer: This information is being collected for the purposes of determining appropriate service.

A. Exposed Person (recipient of exposure) information				Date Form Initiated _____	
Name	D.O.B.	Age	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Address	City/town	Province	Postal code	HCW	<input type="checkbox"/>
PHIS #	Contact phone #	Home	Work	Cell	Gen Public <input type="checkbox"/>
Reporting person	Health care facility				In-Patient <input type="checkbox"/>

B. History of exposure		
Date of exposure _____ <small>YYYY/MM/DD</small>	Time of exposure _____ <small>(24 hr)</small>	Location of exposure _____

C. Type of exposure (check all that apply)	
Percutaneous injury (specify) <input type="checkbox"/> needlestick (specify type & gauge) _____ <input type="checkbox"/> cut by sharp object (type of instrument) specify instrument _____ <input type="checkbox"/> gloves worn <input type="checkbox"/> Bite - breaks the skin <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> Contact with exposed mucous membranes (specify) _____ <input type="checkbox"/> Contact with exposed non-intact skin (specify) _____ <input type="checkbox"/> (wound < 3 days) <input type="checkbox"/> cut skin <input type="checkbox"/> chapped/abraded skin Body site _____	Type of bodily fluid exposed to <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Plasma Bodily fluid substance visibly contaminated w/ blood (specify) _____ Other bodily fluid or substance (specify) _____

Description of circumstances surrounding the exposure (as provided by exposed person)	Examination of exposed person Findings related to the exposure including assessment of injuries (e.g. depth/type of injury).

D. History of Immunization & Serostatus of exposed person						
Immunization history	History	UNK	N	Y	Date of last test	Result
UNK N Y      Date	HBsAg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rec'd Hep B vaccination - dose 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Anti-HBc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rec'd Hep B vaccination - dose 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Anti-HBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rec'd Hep B vaccination - dose 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Anti-HCV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tetanus vaccination (date of last immunization) _____	Anti-HIV 1&2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

E. Information on source of blood and/or bodily fluid					
Name	D.O.B.	Age	Gender M <input type="checkbox"/> F <input type="checkbox"/>		
<input type="checkbox"/> Source risk factors unknown <input type="checkbox"/> Not considered high risk <input type="checkbox"/> High risk lifestyle or other concern for high risk (specify) _____ _____ See High Risk Page 25 of Guidelines	Status	UNK	N	Y	Date of last blood test
	HIV +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	HBsAg +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	HCV +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**F. Blood work testing of exposed & source person**  
 (mark *baseline* testing requisition "STAT" Indicate nature of STAT request on req. - Notify WGH Lab)  
 F/U BW recommendations refer to page 14 of Guidelines

EXPOSED recommended blood tests	Baseline :		___ Wk Date:		___ Wk Date:		___ Wk Date:		___ Wk Date:		___ Wk Date:	
	DUE		DUE		DUE		DUE		DUE		DUE	
	DONE		DONE		DONE		DONE		DONE		DONE	
Baseline Results:		Results:		Results:		Results:		Results:		Results:		
HBsAg												
Anti-HBc												
Anti-HBs												
Anti-HCV												
Anti-HIV 1&2												

SOURCE blood tests	Date Draw n	Results	Lab results to be sent to:		Name
			Source person	Exposed person	
HBsAg			Source person's follow -up Health Care Provider:		
Anti-HBc			Yukon Communicable Disease Control		
Anti-HBs			Exposed person's Follow -up to Health Care Provider:		
Anti-HCV			Yukon Communicable Disease Control		
Anti-HIV 1&2					

**G. Counseling**

Exposed person has been counseled as outlined in Yukon Blood & Body fluid Exposure Guidelines (see page 30)

yes       no (specify reason) \_\_\_\_\_

**H. Recommendations for Management of exposed person**

Recommendations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Consult with:  BCCFE    MOH    YCDC   Other \_\_\_\_\_

**I. Post-exposure prophylaxis of exposed person**

	Date given
<input type="checkbox"/> Hep B vaccine (HBV) Dose# _____	_____
<input type="checkbox"/> Hep B immune globulin (HBIG)	_____
<input type="checkbox"/> HIV post-exposure Prophylaxis (5 day starter kit)	_____
<input type="checkbox"/> Tetanus Immunization	_____

**J. Follow-up Plan:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Designated Follow -up Health Care Provider: _____ (CLINIC)	Phone # _____	FAX # _____
--	---------------	-------------

The following will be required by Follow-up Health Care Provider:

- |   |   |
|---|---|
| <input type="checkbox"/> Further post exposure counseling (specify) _____<br><input type="checkbox"/> Hepatitis B Vaccine (HBV) - further doses of HBV to complete 3 dose series (0,1,6MOs) (Refer to YCDC, WHC, CHC)<br>Other: _____ | <input type="checkbox"/> HIV 5 day starter kit has been provided. Client must be assessed w/in 3 days. Determine need for remainder of one months supply of antiretroviral. Consult YCDC, MOH & BC Centre for Excellence HIV/AIDS.<br><input type="checkbox"/> Follow -up Blood work as per section F.<br><input type="checkbox"/> - Baseline Lab results will be sent to you<br><input type="checkbox"/> - Please follow-up with the client for results. |
|---|---|

\_\_\_\_\_  
Signature of Reporting Physician or RN

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date YYYY/MM/DD