

# CWC PCN Blood and Body Fluid Exposure

## Source Risk of Infection Assessment

### This assessment is to be used immediately after a Blood and Body Fluid Exposure (BBFE).

The information is required urgently without delay to make decisions about preventive treatments and to ensure appropriate follow-up of the Exposed Worker.

- The completed assessment should be enclosed in a sealed envelope for confidentiality and given to the exposed worker to bring with them to the emergency/urgent care centre **and primary care provider** as needed for treatment related to the BBFE.
  - A copy should be filed in the Source's health record.
1. **DESIGNATE The physician on site or** a regulated healthcare professional to assist with the assessment. Ideally, the Exposed Worker should not complete the assessment.
  2. **COMPLETE** the assessment by having the delegate interview the Source Patient using the questions on Page 2. Page 3 can be completed by reviewing the Source Patient's health record. If the Source Patient is unresponsive or unable to be interviewed, then it is appropriate to ask the family, support person, or decision-maker about the Source Patient's history to complete the assessment.
  3. **FILE** a copy in the Source's health record.
  4. **SEND** the original in a sealed envelope for confidentiality with the exposed worker to the emergency/urgent care centre where they are seeking care.

### Source patient's information *Affix patient label or enter information here*

Name: _____	PHN: _____	DOB (yyyy/mm/dd): _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Other: _____		
Address (include city and postal code): _____		
Phone (H): _____ (C): _____		
Preferred pronouns: <input type="checkbox"/> She/her/hers <input type="checkbox"/> He/him/his <input type="checkbox"/> They/them/theirs <input type="checkbox"/> Other: _____		
Email: _____		
Preferred contact person (if applicable): _____		Relationship: _____
Preferred contact number (H): _____ (C): _____		
Location of exposure: _____		
Date of exposure (yyyy/mm/dd): _____		Time of exposure: _____
Physician: _____		Phone: _____
Current location: _____		

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## Source Risk of Infection Assessment

### Source Patient Interview Instructions

The designate should interview the source patient in as private a setting as possible. Read this script aloud to the Source Patient:

*“One of our Workers has been exposed to your blood or body fluid. It is our practice to assume that all blood or body fluids may be harmful. I am going to ask you a series of routine questions, which may or may not be relevant to you. Your responses will help us to determine the best care for the Worker who was exposed to your blood or body fluid(s). I assure you that any information you provide will be treated in a respectful and confidential manner. Please be reassured that your answers will not adversely affect your personal medical care, and that you can choose not to answer. Feel free to nod for yes or to shake your head no to answer your questions to ensure your privacy.”*

The designate should read the following questions aloud to the Source Patient and then ask the Source Patient to nod, comment, or write on the form.

### Source Patient Questionnaire

1. Do you (the Source Patient) have any of the following Infections? (check all that apply)

HIV  Hepatitis B  Hepatitis C  No

2a. In the past 6 months, have you (the Source Patient) ever participated in drug use using shared equipment such as needles or nasal straws?

No  Yes **If yes, specify how recently** \_\_\_\_\_

2b. In the past 6 months, have you (the Source Patient) ever spent time in prison, jail, or a correctional facility?

No  Yes **If yes, specify how recently** \_\_\_\_\_

2c. Which best describes your sexual activity in the past 6 months?

- Two or more sexual partners-proceed to question 2d
- Single monogamous relationship-proceed to question 2e
- No sexual partners-proceed to question 3

2d. Please specify, when was your last sexual encounter? \_\_\_\_\_

In the past 6 months, have you had sex with a known HIV, Hepatitis B, or Hepatitis C infected partner?

No  Yes **If yes, specify how recently** \_\_\_\_\_

In the past 6 months, have you had sex with a man who has sex with men?

No  Yes **If yes, specify how recently** \_\_\_\_\_

In the past 6 months, have you exchanged sex for goods or services?

No  Yes **If yes, specify how recently** \_\_\_\_\_

2e. In the past 6 months, have you had sex with a known HIV, Hepatitis B, or Hepatitis C infected partner?

No  Yes **If yes, specify how recently** \_\_\_\_\_

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### 3. If Yes to any of the previous questions (2a-e):

Within the last 6 weeks, have you (the Source Patient) had any new illness that is not yet diagnosed, such as “mono”, a mononucleosis illness, a fever, a rash, swollen glands, sore throat, headache with stiff neck for which the cause is not yet known?

No  Yes

### Designate Assessment

4. Did this blood or body fluid exposure occur in a **high risk setting** (e.g., *Sexual Health/Sexual Transmitted Infection Clinics, Community Outreach for the Homeless, Viral Hepatitis Clinics, HIV Clinics, Corrections Facilities, Forensic facilities, Substance Abuse Clinics, and Needle Exchange Clinics*)?

No  Yes

5a. Prior to this incident, was the Source Patient suspected to have or previously diagnosed with HIV, Hepatitis B, and/or Hepatitis C?

No - proceed to question 6.

Yes - proceed to question 5b.

### 5b. If Yes to question 5a:

Indicate the applicable infection(s) that the Source Patient is suspected to have or has previously been diagnosed with (check all that apply):

HIV  Hepatitis B  Hepatitis C

Did the source patient receive treatment for the applicable infection(s)?  No  Yes

6. Is the Source Patient suspected or known to be infected with a communicable disease **excluding** HIV, hepatitis B and hepatitis C (e.g., *syphilis, group A strep, etc.*)?

No  Yes

If yes, specify communicable disease \_\_\_\_\_

Indicate how this information was obtained (check all that apply):

Healthcare record review

Interview with Source Patient

Interview with Source Patient family, support person, or decision-maker

Other (*specify*) \_\_\_\_\_

Was a translator used?

No  Yes

If yes, specify \_\_\_\_\_

Designate name (*print*): \_\_\_\_\_ Phone: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_