

## EMPLOYEE BLOOD AND BODY FLUID EXPOSURE PROTOCOL CHECKLIST

*Templates are provided as an example and it is intended that a physician/manager/owner of a worksite will tailor it to their own operation to help meet the requirement under the OHS Act that they will ensure the health, safety, and welfare of workers at their worksite.*

DEFINITIONS
EW: Exposed Worker BBFE: Blood and Body Fluid Exposure HR: Human Resources
CHECKLIST
<input type="checkbox"/> EW treats the exposure site. <sup>1</sup>
<input type="checkbox"/> EW reports the incident to their manager. <sup>1</sup>
<input type="checkbox"/> EW reports incident to a clinic physician ( <i>source patient's physician, if available</i> ). <sup>2</sup>
<input type="checkbox"/> EW provides physician with BBFE package ( <i>envelope at the back of the OHS binder</i> ).
<input type="checkbox"/> Physician obtains consent from source patient, completes a Source Consent to Disclose Individually Identifying Health Information for the Purpose of Assessing a Blood/Body Fluid Exposure form. <sup>3</sup>
<input type="checkbox"/> Physician completes BBFE Source Risk of Infection Assessment form with the source patient.
<input type="checkbox"/> Physician obtains consent from source patient to participate in BBFE STAT Testing Requisition (i.e., blood work) and provides patient. Physician ensures the results are copied to the CWC PCN's Primary Care Centre (fax 403.249.9976).
<input type="checkbox"/> Clinic physician makes copy of the completed forms and inserts a copy in the patient's chart.
<input type="checkbox"/> Clinic physician places original consent form and original BBFE Source Risk of Infection Assessment in an envelope marked "Source patient consent form and risk questionnaire – for Healthcare professionals involved in treating the Exposed Worker".
<input type="checkbox"/> EW takes sealed envelope and Confirmation of Assessment for Blood/Body Fluid Exposure form with them to urgent care or emergency department.
<input type="checkbox"/> EW asks attending physician at urgent care/emergency to complete Confirmation of Assessment for Blood/Body Fluid Exposure form.
<input type="checkbox"/> Physician monitors source patient's lab results and communicates results to EW when they are received. If source requires treatment, follow usual clinic protocols.
<input type="checkbox"/> EW submits completed Confirmation of Assessment for Blood/Body Fluid Exposure form to their manager.

<sup>1</sup> EW enlists assistance if needed.

<sup>2</sup> If the incident takes place at CWC PCN's Main Office or other non-clinical site, the EW's manager and HR work together to ensure the proper protocol steps are taken with regard to source patient permission, reporting, and follow-up.

<sup>3</sup> If source patient refuses consent, clinic physician completes the form by writing "DECLINED" on the form.

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|--------------------------|---|
| <input type="checkbox"/> | EW and manager complete Employee Incident and Investigation Report. Manager submits to their director, HR, and Medical Director with all forms and documents. |
| <input type="checkbox"/> | EW books an appointment with their primary care provider for follow-up or visits a walk-in clinic if unattached.  |