
Protocol for Managing Blood and Body Fluid Exposure (BBFE)

TABLE OF CONTENTS

Purpose	3
Definitions	3
Blood and Body Fluids:	3
Blood and Body Fluid Exposures (BBFE):	3
Custodian:	3
Exposed Worker (EW):	3
Manager:	3
Source Patient:	4
BBFE package	4
Procedures	4
<i>Step one: Treat exposure site</i>	5
<i>Step two: Report incident</i>	5
<i>Step three: Obtain consent from source patient, complete source's risk assessment form, and organize baseline lab testing for source patient</i>	5
<i>Step four: EW provides contact information and consent</i>	7
<i>Step five: Seek care at emergency or urgent care centre</i>	8
<i>Step six: Monitor and communicate source lab results</i>	9
<i>Step seven: Document the incident</i>	10
<i>Step eight: Ensure appropriate follow-up</i>	11
Reference documents	11
Authorities	11
This protocol was originally created in consultation with:	11
This protocol was originally reviewed by:	12
Locating testing sites	12
Emergency and urgent care centres in Calgary:	12

Purpose

The purpose of these procedures is to clearly outline the steps that shall be followed if a CWC PCN employee, contracted employee, or contracted physician is exposed to blood and/or body fluids. The goal is to reduce the Exposed Worker's (EW) risk of transmission and associated medical consequences related to the exposure of blood and body fluids (such as hepatitis and HIV).

Definitions

Blood and Body Fluids:

Means any blood or bloody body fluid/tissue, vaginal secretions, seminal secretions, cerebrospinal fluid, synovial fluid, pleural fluids, peritoneal fluid, pericardial fluid, amniotic fluid, non-bloody saliva, tears, nasal secretions, sputum, sweat, vomitus, and urine and feces.

Blood and Body Fluid Exposures (BBFE):

Includes, but is not limited to, percutaneous injury, contact with mucous membranes, contact with non-intact skin (e.g., dermatitis, abrasion, or open wound), or bites resulting in blood exposure to the worker.

Custodian:

An individual or organization authorized under the Health Information Act (HIA) to collect, use, and disclose health information. Custodians are responsible for protecting the privacy and confidentiality of that information and ensuring it is used only for authorized purposes. This includes the CWC PCN's Medical Director (Lead custodian), a CWC PCN contracted physician, emergency or urgent care centre attending physician.

Exposed Worker (EW):

CWC PCN employee or contracted physician in a PCN-managed clinic who has been exposed to blood and/or body fluids.

Manager:

Refers to the individual in a management position who has a reporting relationship with the Exposed Worker, as indicated in the current organizational chart.

For contracted physicians at a PCN-managed clinic, the Manager refers to the Manager of Access and Attachment Services or the Assistant Manager of Access and Attachment Services, whichever is onsite.

Source Patient:

The person whose blood or body fluids were involved in the exposure. This is the individual who may be tested to help determine the risk of infection for the exposed worker (EW).

BBFE package

Each clinic with CWC PCN employees will be provided with a BBFE package located in the back of the OHS binder, which contains:

- Protocol steps and map
- Source Consent to Disclose Individually Identifying Health Information for the Purpose of Assessing a Blood/Body Fluid Exposure form
- BBFE Source Risk of Infection Assessment
- BBFE STAT Testing Requisition (frm-21150)
- Withdrawal of consent forms
- Employee consent form (consent to create patient chart for disclosure of lab results related to a BBFE event)
- Envelopes for the source patient consent forms and source patient risk assessment
- Liability waivers
- Confirmation of Assessment for Blood/Body Fluid Exposure forms

These documents and the incident reporting form are available on MyPCN through the [Occupational Health & Safety](#) page.

Procedures

The EW is responsible for the initiation and adherence to the BBFE procedures.

See also Appendix 1, “Managing BBFE: Process Map”.

Step one: Treat exposure site

The purpose of treating the exposure site is to remove any excess blood or body fluids as well as gently cleaning the area. DO NOT use caustic agents including disinfectants, or irritate or break the integrity of the skin or mucous membranes through vigorous scrubbing or injecting antiseptics or applying antibiotic eye drops, etc. Such actions may increase the risk of transmission rather than decrease it.

EW seeks assistance from colleagues if necessary.

- Remove any clothing that is grossly contaminated with blood or body fluids if exposed to non-intact skin.
- Allow the site to bleed freely if appropriate.
- Use soap and water to gently wash areas exposed to potentially infectious fluids as soon as possible after exposure (e.g., needlestick injuries and cuts on the skin).
- Flush exposed mucous membranes with water (e.g., mouth and nose).
- Flush or irrigate eyes with sterile water or saline solution.

Step two: Report incident

Immediately report the incident to your manager. The manager takes note of pertinent information (date and time of exposure along with a brief description of the incident) and advises the employee on next steps.

If the EW is a CWC PCN employee in a physician member clinic, the EW (or manager if necessary) also reports the incident to the physician of record, the physician site lead, or a physician onsite. If the BBFE occurs at a home visit, the EW (or manager if necessary) also calls the Primary Care Centre at 403.249.9907 for assistance from the physician and manager onsite.

For all BBFE events, the manager also notifies the Manager of Access and Attachment Services or the Assistant Manager of Access and Attachment Services (whichever is onsite), as they are responsible for facilitating after-hours support.

Step three: Obtain consent from source patient, complete source's risk assessment form, and organize baseline lab testing for source patient

See also Appendix 2, "Counselling Source Patient".

- If the source is known, the physician informs the source patient of the incident and the risks associated with the worker's exposure to blood/body fluids. After an incident has occurred, the patient should be asked to stay on the premises.

No matter the site, the EW asks the physician of record, the attending physician, or the physician site lead, whomever is applicable, to talk to the source patient.¹²

- The physician asks the source patient to:
 1. Consent to providing their Personal Health Number and contact information for the purposes of assessing EW's risk and determining treatment. The physician and patient complete the consent form, including patient information. The physician leaves a copy of the consent form in source patient's chart (or scans it into the chart).
- Note:** If the physician is counselling the patient over the phone (e.g., home visit patient), the EW can provide the patient with the required hard copy forms from their OHS binder; the physician can note verbal consent in the chart.
- Complete BBFE Source Risk of Infection Assessment form with the physician. The physician saves a copy of the risk questionnaire in the patient's chart (or scans it into the chart).
 - Participate in BBFE STAT Testing Requisition (i.e., blood work). The physician fills out the patient demographics, ensures the results are copied to the CWC PCN's Primary Care Centre (fax 403.249.9976) and gives the source patient a requisition form or sends it directly to the lab of the patient's choice.
 - The ordering physician is responsible for monitoring the source patient's results and contacting the EW and advising them of follow up actions based on the source patient lab results. If lab results are received after hours (4 p.m. to 9 a.m. weekdays, weekends and holidays) the Primary Care Centre physician will review the results and determine the level of urgency required for informing the EW. If appropriate, the physician will contact the EW immediately to advise them on treatment options.
 - The physician inserts the original copy of the completed consent form and risk questionnaire in an envelope, seals the envelope, marks the envelope with "Source patient consent form and risk questionnaire – for Healthcare professionals involved in treating the Exposed Worker," and gives the sealed envelope to EW.
 - The EW takes the sealed envelope and a Confirmation of Assessment for Blood/Body Fluid Exposure form with them to the emergency or urgent care centre, and later to their primary care provider (if follow-up care is needed related to the BBFE).

¹ If the incident takes place at CWC PCN's main office or other non-clinical site, the manager and Human Resources will work together to ensure the proper protocol steps are taken with regard to source patient permission, reporting and follow up.

² If the EW is unable to contact a physician, another clinician may talk to the source patient. If no other clinician is available, the EW worker may talk to the source patient.

If consent is not obtained, the physician writes “DECLINED” on the consent form and places it in the patient’s chart. The EW still proceeds to emergency or urgent care centre for assessment.

- If consent is refused or consent cannot be obtained, and the incident occurred while providing emergency patient care, the EW works with their physician to determine whether obtaining a testing order is necessary or appropriate in accordance with the *Mandatory Testing and Disclosure Act (Alberta)*. If a testing order is appropriate, the EW must work with their physician to submit an application to the Medical Officer of Health within 30 days of the event.

If consent is revoked by the source patient, and the source patient completes a Withdrawal of Consent Form, revocation of consent takes effect immediately upon receipt by the custodian.

- If the source patient wishes to withdraw consent, they must return to the same clinic where the incident occurred and complete a Withdrawal of Consent Form. The original form is filed in the patient’s chart, and a copy is faxed to CWC PCN Human Resources (fax: 587.390.0207). HR will notify the Medical Director, who will contact the emergency or urgent care centre attending physician who assessed the BBFE.
- Once the sealed consent package (with the source’s *previously obtained consent*) is given to the exposed worker to deliver to another healthcare provider (e.g., emergency or urgent care centre), the original clinic no longer controls that record. The receiving clinician or facility becomes its own custodian under the Health Information Act (HIA).
- Withdrawal of consent cannot require the return or destruction of information already shared. It only stops the original custodian from making further disclosures.
- If the consent form or related information has already been provided to another healthcare provider, the withdrawal takes effect immediately upon receipt by the custodian. The custodian will document the revocation and, where possible, ask any known recipients to stop using or destroy any copies. The CWC PCN cannot compel other custodians under the HIA to do so but will take reasonable steps to limit further use or disclosure.

Step four: EW provides contact information and consent

The EW provides their contact information (e.g., phone number) to:

- The physician responsible for receiving the source patient’s lab results
- The Manager of Access and Attachment Services or the Assistant Manager of Access and Attachment Services, whichever is onsite

The EW provides consent to create a patient chart for disclosure of lab results related to a BBFE event.

The Manager of Access and Attachment Services or the Assistant Manager of Access and Attachment Services obtains consent from the EW to create a patient chart at the CWC PCN's Primary Care Centre Electronic Medical Record (EMR) system. This chart will be used by a physician to document relevant information and clinical guidance provided to EW based on the source patient's lab results related to the BBFE event (if incident occurred at Primary Care Centre, home visit, or if results are received after-hours).

If consent is revoked by the EW, and the EW completes a Withdrawal of Consent Form, revocation of consent takes effect immediately upon receipt by the custodian.

- If the EW wishes to withdraw consent, they must complete a Withdrawal of Consent Form and submit it to the the Manager refers to the Manager of Access and Attachment Services or the Assistant Manager of Access and Attachment Services, whichever is onsite. The original form is filed in the EW's chart by the physician onsite, and a copy is faxed to CWC PCN Human Resources (fax: 587.390.0207).

Withdrawal of consent cannot require the return or destruction of information saved within the PCN's EMR, it only stops the original custodian from further use. The created patient chart for the EW will be annotated as 'archived', taking reasonable steps to limit further use or disclosure in alignment with the Health Information Act (HIA).

Step five: Seek care at emergency or urgent care centre

The EW immediately makes their way to the closest emergency or urgent care centre for initial assessment.

Should the EW refuse further medical attention, the EW completes the liability waiver and submits it to their manager immediately.

- If appropriate, provide transportation for the EW. If necessary, a second employee accompanies the EW.
- The EW provides the sealed envelope to the emergency or urgent care centre attending physician.
- The EW asks the urgent care/emergency attending physician to complete the BBFE assessment confirmation form. The EW returns the completed BBFE assessment confirmation form to their manager who submits it to HR.
- If medical treatment is prescribed or if follow up is recommended, the EW books an appointment with their primary care provider at a later date for follow-up or visits a walk-in clinic if they are unattached. The EW brings the sealed envelope with them to provide to their primary care provider if needed for BBFE follow up.

Any missed work hours that result from seeking care immediately following a BBFE incident will *not* be deducted from a CWC PCN employee's wages or salary. Additional follow-up appointments must be reported to their manager.

Step six: Monitor and communicate source lab results

1. Lab result entry

- Source lab results are expected to enter the EMR electronically.
- Ideally, results will be clearly labelled (e.g., indicating they are from BBFE) to ensure proper identification.

2. Monitoring results

- The ordering physician is responsible for monitoring incoming results and communicating them to both the source patient and the EW (regardless of the result).
- If the result is positive, it triggers a clinical response. The ordering physician should manage care of the source patient and provide follow-up recommendations to the EW.

3. Primary Care Centre and after-hours protocol

- The Manager of Access and Attachment Services (or the Assistant Manager of Access and Attachment Services) will inform the CWC PCN's Primary Care Centre on-call physician or on-shift physicians that a lab result related to a BBFE event is expected to arrive and needs to be communicated to the EW.
- If results arrive after hours, the CWC PCN's Primary Care Centre on-call physician is alerted.
- The on-call physician will review the results and determine the level of urgency required for informing the EW. If appropriate, the physician will contact the EW immediately to advise them on treatment options.

4. Communication to EW

- The ordering physician (or on-call physician after hours, which is 4 p.m. to 9 a.m. weekdays, weekends and holidays) is responsible for:
 - Contacting the EW directly with the source's results
 - Prescribing treatment to the source patient, if indicated
 - Recommending follow-up actions to the EW

5. Documentation and follow-up

- All actions (e.g., alerts, contacts, prescriptions) should be documented in the EMR.

- Follow-up should be coordinated to ensure:
 - The EW receives appropriate care
 - The family physician is informed, if needed
- 6. Close the loop
 - Once the source patient's results are communicated to the EW, the physician should inform the Manager and the Manager of Access and Attachment Services (or the Assistant Manager of Access and Attachment Services) that they have informed EW.

Step seven: Document the incident

The EW and manager complete and submit an incident report within 24 hours of the incident occurring. Use the Employee Incident and Investigation Report form to document the following:

- Date and time of exposure.
- Details of the incident, including where and how the exposure occurred, exposure site(s) on EW's body, as well as type and brand of sharps device if applicable (e.g., hollow bore or solid).
- Details of the exposure, including the type and amount of fluid or material, severity of exposure.

Do not include source patient information in the incident report.

The manager submits the Employee Incident and Investigation Report and the Confirmation of Assessment for Blood/Body Fluid Exposure form to their Human Resources department within 24 hours.

Human Resources completes the employer portion of the WCB claim if appropriate.

If the EW has refused further medical attention, the completed liability waiver must be attached to the report. The manager is responsible for reporting the incident to their director. The director informs the Medical Director of the incident.

Step eight: Ensure appropriate follow-up

The EW should receive clear instructions for long-term follow-up care from their treating provider at the emergency or urgent care centre and/or from the Primary Care Centre Physician. They should be advised to follow up with their healthcare team to determine the appropriate timeline for repeat testing, monitoring, and treatment as required. During this period, caution is advised, including practicing safer sex, avoiding blood or tissue donation, and promptly reporting any new or concerning symptoms to a healthcare provider.

The concerns around the BBFE for the EW (often as well, the source patient) include psychological and emotional issues as well as the risk of viral transmission. The manager encourages EW to seek confidential counselling available through the CWC PCN's Employee Assistance Program (for employees) or the Physician Family Support Program (1.877.SOS.4MDS) for contracted physicians and physician members on shift in a CWC PCN-managed clinic.

Reference documents

[AHS BBFE Decision Chart](#)

[Alberta Guidelines for non-occupational, occupational and mandatory testing and disclosure act post-exposure management and prophylaxis](#)

[Centre for Disease Control and Prevention](#)

[GoA's guidelines for post-exposure management and prophylaxis](#)

Authorities

This protocol was originally created in consultation with:

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Dr. Rudy Zimmer

Dr. Ross MacDonald

Wil Pulfer, Wilco Health & Safety

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This protocol was originally reviewed by:

Shelly Ptollemy, Occupational Health Nurse, Ptolemy & Associates
Duncan Taylor, Barrister and Solicitor, Radke & Associates

Policy update (October 2025):

This policy was updated to include protocols for source testing following blood and body fluid exposure, in alignment with the *Post-Exposure Prophylaxis (PEP) Guidelines for Health Care Workers Exposed to Blood/Body Fluids* (Government of Alberta, 2019).

Locating testing sites

Emergency and urgent care centres in Calgary:**Sheldon M. Chumir Health Centre**

1213 4 St. S.W.
Calgary, Alberta, T2R 0X7
Telephone: 403.955.6200

Foothills Medical Centre

1403 29 St. N.W.
Calgary, Alberta, T2N 2T9
Telephone: 403.944.1110

Peter Lougheed Centre

3500 26 Ave. N.E.
Calgary, Alberta, T1Y 6J4
Telephone: 403.943.4555

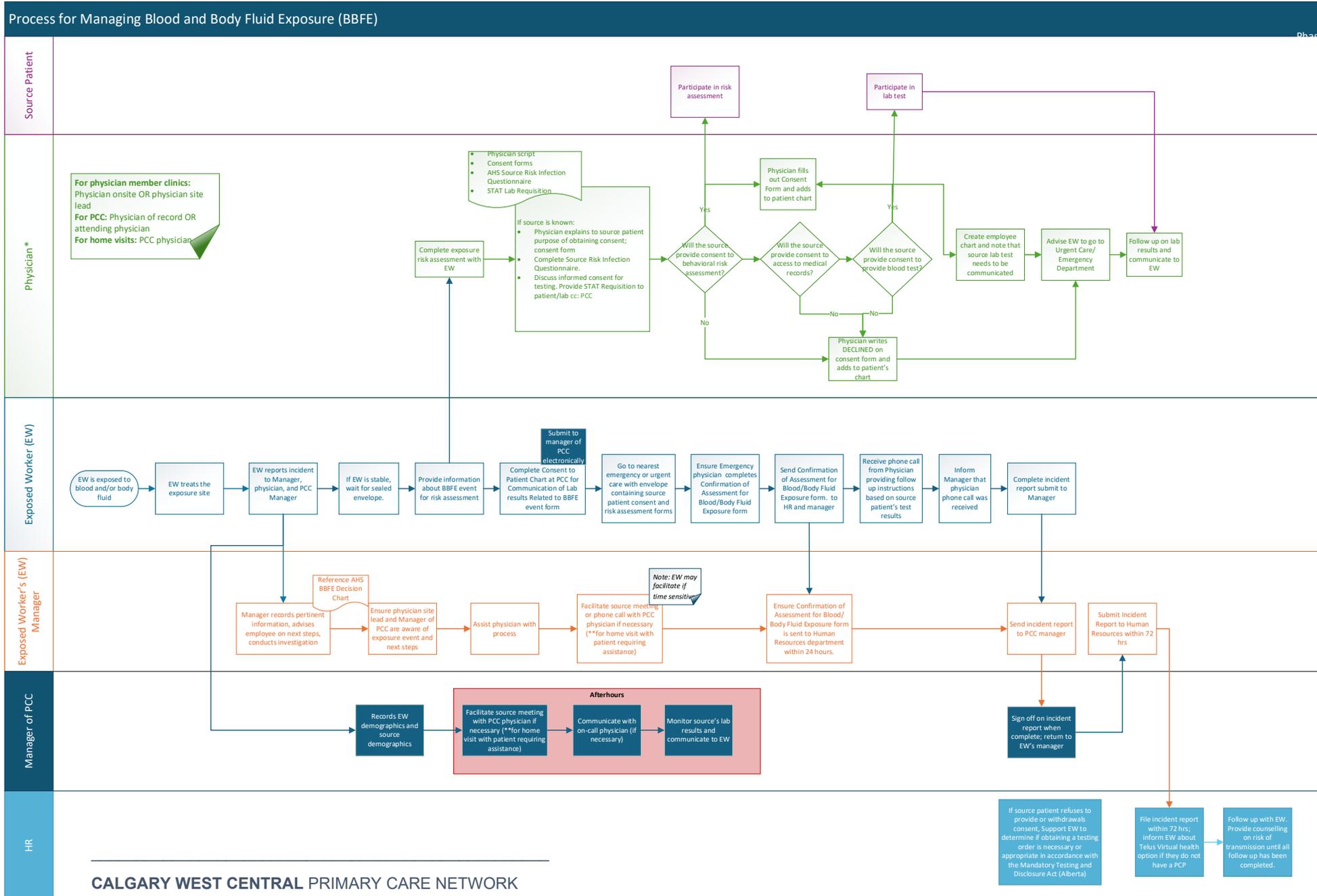
Rockyview General Hospital

7007 14 St. S.W.
Calgary, Alberta, T2V 1P9
Telephone: 403.943.3000

South Health Campus

4448 Front St. S.E.
Calgary, Alberta, T3M 1M4
Telephone: 403.956.1111 Switchboard

Appendix 1 – Process map for managing BBFE



Appendix 2: Counselling Source Patient

A BBFE event can cause a significant amount of anxiety, fear, embarrassment or anger. It's important to provide reassurance around confidentiality and the follow-up process, and accurate information and resources, in a nonjudgmental way.

An approach should be taken that does not stigmatize or negatively judge individuals' lifestyle choices. Gender identity, sexual orientation, and sexual and drug-use behaviours should be respected following principles of equity, cultural safety and trauma informed practice.

Sample script

Hello [Patient's Name], I'm [Your Name/Role]. I want to talk with you about something that happened during your care today. A staff member was accidentally exposed to your blood/body fluid. I'd like to explain what this means, what we're asking of you, and answer any questions you may have.

Sometimes in healthcare, accidents can happen — such as a needlestick injury or contact with blood/body fluids. To protect the safety of both patients and healthcare workers, we follow a standard protocol after these incidents.

As part of this process, we ask the source patient — meaning the person whose blood or body fluids were involved — if they are willing to complete a risk assessment and have bloodwork done. This helps us know whether the exposed staff member is at any risk of infection, and guides whether they need preventive treatment.

This testing is voluntary, and your decision will not affect your care in any way. If you agree, the results are kept confidential and are only shared with those who need to know for your care and the staff member's medical follow-up.

The risk assessment asks questions to assess your risk of exposure to transmissible diseases and the blood test checks for bloodborne infections like HIV, hepatitis B, and hepatitis C. This does not mean we think you have these infections — it's simply the standard way we manage these situations for everyone.

Would you be comfortable participating in the risk assessment?

Would you be comfortable with us arranging this blood test today?"