Provincial Health Services Authority
Province-wide solutions. Better health.

Occupational First Aid (OFA)	Exposed Employee	Manager/Supervisor	Emergency Physician
	Follow immediate steps in BBF protocol		Assess wound, exposure risk and treat. Obtain exposed person's consent as per enclosed guidelines.
	Report BBF exposure to supervisor and print BBF package from POD	Print BBF package from POD and help employee fill out all forms in BBF package	
	Contact the OFA		Order treatment/ immunization as required following BCCDC Blood and Body Fluid Exposure Management Guidelines.
Ensure employee/ supervisor prints BBF package	Obtain 2 copies of the SOURCE name & DOB (e.g. addressograph) 1. Give a copy to your supervisor 2. Save second copy for the "Early BBF Exposure Notification" Form	Obtain source info from exposed employee	
Assess & treat	Receive first aid treatment	Arrange for source blood work or delegate to the appropriate party e.g. in-patient unit	Complete employee's HLTH 2339 & HLTH 2340. Include any treatment/ immunizations given.
Ensure employee fills out all forms with supervisor before transporting to ER.	With supervisor, complete the Early BBF Exposure Notification form & attach source information. Give to unit clerk and fax to PWHCC 604-953-5138	Obtain source consent for blood work as per enclosed guidelines. Document in patient's chart. If source is ≤ 6 months old, the mother is the source. Blood work must be obtained from the mother.	Provide initial counselling regarding treatment/follow up to exposed employee.
	Complete remainder of package		Give HLTH 2340 to employee. EE to give to family physician.
Ensure the supervisor fills out source copy of the HLTH 2339 form. Inform supervisor that collection of source's bloodwork is **time sensitive**	**Go to closest ER** with forms 2339 & 2340 for treatment & blood collection. Lab tech draws blood and uses HLTH 2339 as lab requisition for baseline testing.	Complete highlighted areas of the source copy HLTH 2339 requisition.	Arrange for blood collection. State that collection is time sensitive. Submit employee HLTH 2339 with blood collection. DO NOT use any other lab requisition.
Arrange for immediate transport of employee/ victim to **closest ER** with forms 2339 and 2340	Call the **PWHCC** 1- 866-922-9464 to report the incident and to receive follow up of your blood work results.	Arrange for blood collection. State that collection is **time sensitive**. Submit source HLTH 2339 with blood collection. DO NOT use any other lab requisition.	
	Follow up with your family physician and give HLTH 2340 if necessary	Complete the "Worker Injury and Incident Report Form"—will be sent by email	Complete WorkSafeBC Physician's Report form 8/11. This is for payment. Send to ER Admin Coordinator for processing.

Reference Information:
BCCDC: 1-604-707-2400 or www.bccdc.ca

BC Centre of Excellence HIV/AIDS:
Pharmacy: 1-888-511-6222
Physician's Hotline: 1-800-665-7677

Provincial Workplace Health Call Centre:
PHSA/FHA/PHC/VCH: 1-866-922-9464
Fax: 604-953-5138
Email: OHN@WHCallCentre.ca

Updated: 08/07/2020

Provincial Health Services Authority
Province-wide solutions. Better health.

I've Just Had a Needle-Stick Injury or Blood/Body Fluid Exposure

Now What?

1) Follow your site specific BBF protocol posted at your worksite and found on POD.

2) Report your exposure to the Workplace Health Call Centre at 1-866-922-9464. After reporting your injury you will be transferred to the Occupational Health Nurse who will provide post exposure follow up management.

What can you expect from the Occupational Health Nurse?

- After your exposure, you and the source person, if known, will be tested for Hepatitis B, Hepatitis C and HIV antibodies. The Occupational Health Nurse will provide you with your results and will provide follow up recommendations based on the source results.
- When the source is high risk or unknown you will be sent laboratory requisitions for follow up blood-work for the next 9 months.
- If you need to be revaccinated for Hepatitis B you will be advised by the nurse when she reports your blood test results.
- You may have received HBIG (Hepatitis B Immune Globulin), Hepatitis B, Tetanus booster and/or anti-retrovirals in the Emergency Department at the time of injury. Please inform the Occupational Health Nurse which medications/immunizations you received.
- If anti-retroviral medication starter kit is ordered by the physician in the Emergency Room and you decide to take it, you must contact your personal physician within two days to have the rest of the medication ordered and to have baseline blood tests done. Your physician will reorder the anti-retrovirals from St. Paul's Hospital Centre for Excellence in HIV/AIDS.

What precautions should you take until you are informed that the source person's tests are negative or you have been tested for 9 months and all results are negative?

- Inform your personal physician, dentist and other health care providers that you are being tested for Hepatitis and HIV. Remember, as well, to inform them when testing is finished and you have the final result.
- Do not donate blood, body fluids, breast milk, tissue, sperm or organs for 9 months after the injury.
- Practice safe sex – use latex condoms with a water-based lubricant for all acts of sexual intercourse
- Do not become pregnant. If you are pregnant or do become pregnant, see your doctor or call the Oak Tree Clinic at BC Women's Hospital at 604-875-2212 or toll-free at 1-888-711-3030.
- Discontinue breast feeding or express and discard the milk.
- Do not share toothbrushes/dental floss, razors, needles or other implements that may be contaminated with blood or body fluids.

If you have any further questions, please contact the Occupational Health Nurse at 1-866-922-9464

Updated June 2018

Provincial Health Services Authority
Province-wide solutions. Better health.

Early Blood & Body Fluid Exposure Notification

Date: _____ Time: _____
DD/MM/YYYY

Facility: _____ Department: _____

Employee Name: _____

Employee Contact Number: _____

PHN: _____ DOB: _____

Source Information:

Source sticker provided by unit

FAX TO PROVINCIAL WORKPLACE HEALTH CALL CENTRE AT 604-953-5138

If source info available, Occupational First Aid attendant ensures this form is faxed to PWHCC.

Updated: 11/12/2019

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EMPLOYEE COPY

BRITISH COLUMBIA | Ministry of Health

Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid/ Laboratory Requisition

NOTE: If exposed and/or source person(s) choose non-nominal HIV testing, identify only by initials, sex, and date of birth. ***Refer to back of form for guidelines for obtaining informed consent.***

HEALTH FACILITY STAMP / EXPOSED PERSON'S ADDRESSOGRAPH ▶

Workplace Health PHSA(C09120)
400 - 13450 102nd Avenue
Surrey, BC V3T 0H1

Tel 1-866-922-9464 **Fax**: 604-953-5138

HOSPITAL

SPECIMEN SENT TO
☐ BCCDC LABORATORY SERVICES (PHSA) ☐ UBC VIROLOGY LABORATORY

Exposed Person Information

☐ NOMINAL HIV TESTING ☐ NON-NOMINAL HIV TESTING

SURNAME	GIVEN NAME	GENDER ☐ M ☐ F	PHN	DATE OF BIRTH (YYYY / MM / DD)

ADDRESS	HOME PHONE NUMBER	WORK PHONE NUMBER

DATE & TIME OF EXPOSURE (YYYY / MM / DD / HOUR)	HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE?	SEROCONVERSION?	PREGNANT?
	☐ NO ☐ UNKNOWN ☐ YES: # OF DOSES _____	☐ NO ☐ UNKNOWN ☐ YES	☐ YES ☐ NO

WAS THIS AN OCCUPATIONAL EXPOSURE? ☐ YES ☐ NO	IF YES, SPECIFY OCCUPATION	INDUSTRY	JOB ACTIVITY AT TIME OF ACCIDENT

EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER	DATE BLOOD COLLECTED (YYYY / MM / DD)

Exposure Information

TYPE OF BODY FLUID	PLACE OF EXPOSURE (CITY/TOWN) (E.G. BEACH, PARK, HOSPITAL)	TYPE OF EXPOSURE
		1. ☐ PERCUTANEOUS 3. ☐ SEXUAL 2. ☐ PERMUCOSAL 4. ☐ NON-INTACT SKIN
BODY SITE WHERE EXPOSURE OCCURRED		TYPE OF INSTRUMENT

IF PERCUTANEOUS EXPOSURE, WAS:	YES	NO	UNKNOWN
BLOOD VISIBLE ON INSTRUMENT?	☐	☐	☐
INSTRUMENT RECENTLY IN SOURCE'S ARTERY OR VEIN?	☐	☐	☐

Source Person (source of blood or body fluid to which the exposed person was exposed)

☐ NOMINAL HIV TESTING ☐ NON-NOMINAL HIV TESTING

KNOWN? ☐ YES ☐ NO	GENDER ☐ M ☐ F	SURNAME	GIVEN NAME	DATE OF BIRTH (YYYY / MM / DD)	PHN

INFECTIOUS STATUS OF SOURCE	YES	NO	UNKNOWN
HIV+	☐	☐	☐
HBsAg+	☐	☐	☐
HCV+	☐	☐	☐

KNOWN MEMBER OF A HIGHER RISK GROUP FOR:	YES	NO
HIV	☐	☐
HBV	☐	☐
HCV	☐	☐

DATE BLOOD COLLECTED (YYYY / MM / DD)

Exposed Person Management - The Exposed Person Was Given:

☐ HBIG (YYYY / MM / DD)	☐ HEPATITIS B VACCINE (YYYY / MM / DD)	☐ POST EXPOSURE TETANUS BOOSTER (YYYY / MM / DD)	☐ TETANUS IMMUNE GLOBULIN (YYYY / MM / DD)	☐ ANTIRETROVIRAL STARTER KIT (YYYY / MM / DD) TIME STARTED

Blood Testing (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV, HIV Ag/Ab are done routinely.)

LAB RESULTS TO BE FAXED/PHONED TO:

		PHONE #	FAX #	NAME	MSC #
SOURCE PERSON	☐ SOURCE PERSON'S FOLLOW-UP PHYSICIAN:				
	☐ EXPOSED PERSON'S FOLLOW-UP PHYSICIAN:				
	☐ EXPOSED PERSON'S WORKSITE OCC HEALTH:	1-866-922-9464	604-953-5138	WORKSITE: Provincial Workplace Health Call Centre	
EXPOSED PERSON	☐ EXPOSED PERSON'S FOLLOW-UP PHYSICIAN:				
	☐ EXPOSED PERSON'S WORKSITE OCC HEALTH:	1-866-922-9464	604-953-5138	WORKSITE: Provincial Workplace Health Call Centre	

It is the responsibility of the requesting health care provider to obtain consent from the exposed and/or source person for all laboratory testing as indicated below and for release of information on this form to public health authorities, WorkSafeBC (if exposure is occupational), and those people listed above. Refer to back of form for guidelines for obtaining informed consent.

NAME OF HEALTH CARE PROVIDER COMPLETING ABOVE SECTION OF FORM AND REQUESTING BLOODWORK (PRINT)	DATE (YYYY / MM / DD)

WORKSAFEBC PURPOSES ONLY

MSC #	SIGNATURE OF PHYSICIAN	WORKSAFE BC BILLING CODE
		# 19909

FOR LABORATORY USE ONLY

Put a line through the tests that are not to be done

DATE RECEIVED AT LABORATORY (YYYY / MM / DD)	TIME RECEIVED	RECEIVED BY (INITIALS)

SAMPLE	TESTS (BY EIA) ▶	HBsAg	ANTI-HBs	ANTI-HBc Total	ANTI-HCV	HIV Ag/Ab
SOURCE PERSON LAB ID ONLY	RESULTS ▶					
	TRANSCRIBED BY (INITIALS) ▶					
	DATE (YYYY / MM / DD) ▶					
EXPOSED PERSON'S NAME	RESULTS ▶					
EXPOSED PERSON'S LAB ID	TRANSCRIBED BY (INITIALS) ▶					
	DATE (YYYY / MM / DD) ▶					

TIME	DATE (YYYY / MM / DD)	INITIALS	REVIEWED BY	DATE (YYYY / MM / DD)

RESULTS FAXED / PHONED TO
☐ EXPOSED PERSON'S PHYSICIAN ☐ EXPOSED PERSON'S WORKSITE OCCUPATIONAL HEALTH ☐ SOURCE PERSON'S PHYSICIAN

PG 1 / WHITE - To accompany blood to BCCDC Laboratory Services (PHSA) *PG 2 / YELLOW - Exposed Person's Worksite Occupational Health* *PG 3 / PINK - WorkSafeBC (if occupational exposure)* *PG 4 / GOLDENROD - Exposed Person's Chart*

HLTH 2339 Rev. 2016/06/27

WorkSafeBC FAX (LOWER MAINLAND): (604) 276-3195
OR TOLL FREE: 1-888-922-3299

PRINT RESET

GUIDELINES FOR OBTAINING INFORMED CONSENT

Obtaining informed consent and maintaining confidentiality of information is an integral part of all post-exposure testing procedures. Therefore, appropriate pre- and post-test discussion must accompany testing for blood and body fluid exposures.

The following should be discussed with the **SOURCE** person:

- ☐ Why/how their test results are needed for post-exposure management of the exposed person
- ☐ That consent is needed for disclosure of their test results to:
  - ☐ Their own follow-up physician
  - ☐ The exposed person's follow-up physician
  - ☐ The exposed person's worksite occupational health and to WorkSafe BC (in the instance of an occupational exposure)
  - ☐ The exposed person will not be informed of their test results, or their identity. (The exposed person will only be told whether or not to continue HIV post exposure prophylaxis.)
- ☐ How they choose to be contacted in the event of a positive test result.

(The above enables appropriate post-test follow-up management and support - especially in the event of a positive test result)

Obtain consent from the **EXPOSED** person for disclosure of their lab results to their:

- ☐ Worksite occupational health and WorkSafe BC
- ☐ Follow-up physician

Inform the **SOURCE** and **EXPOSED** person that:

- ☐ HIV testing may be done:
  - ☐ Nominally – in which the test is conducted and reported using the client's full name, address and contact information

  Or
  - ☐ Non-nominally – in which the test is conducted using initials as per agency standards
- ☐ Positive HIV results will be reported to the Medical Health Officer using the nominal or non-nominal identifiers. Non-nominal HIV reporting is identified through checking a tick box on the laboratory requisition form.
- ☐ For all HIV positive results (nominal or non-nominal), a case report will also be sent to public health. A public health nurse with specialized training will be responsible for the required follow-up by calling the testing physician to offer support for the newly positive client, and assisting with partner counseling or other identified needs. Follow-up will occur whether testing is ordered by either the nominal or non-nominal option.
- ☐ Testing for HBV and HCV can only be done nominally.
- ☐ Positive HBV and HCV test results will be forwarded to public health for appropriate follow-up and management.

PRINT RESET

SOURCE COPY

BRITISH COLUMBIA | Ministry of Health

Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid/ Laboratory Requisition

NOTE: If exposed and/or source person(s) choose non-nominal HIV testing, identify only by initials, sex, and date of birth. ***Refer to back of form for guidelines for obtaining informed consent.***

HEALTH FACILITY STAMP / EXPOSED PERSON'S ADDRESSOGRAPH ▶

Workplace Health PHSA(C09120)
400 - 13450 102nd Avenue
Surrey, BC V3T 0H1

Tel 1-866-922-9464 **Fax**: 604-953-5138

HOSPITAL

SPECIMEN SENT TO
☐ BCCDC LABORATORY SERVICES (PHSA) ☐ UBC VIROLOGY LABORATORY

Exposed Person Information

☐ NOMINAL HIV TESTING ☐ NON-NOMINAL HIV TESTING

SURNAME	GIVEN NAME	GENDER ☐ M ☐ F	PHN	DATE OF BIRTH (YYYY / MM / DD)

ADDRESS	HOME PHONE NUMBER	WORK PHONE NUMBER

DATE & TIME OF EXPOSURE (YYYY / MM / DD / HOUR)	HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE? ☐ NO ☐ UNKNOWN ☐ YES # OF DOSES	SEROCONVERSION? ☐ NO ☐ UNKNOWN ☐ YES	PREGNANT? ☐ YES ☐ NO

WAS THIS AN OCCUPATIONAL EXPOSURE? ☐ YES ☐ NO	IF YES, SPECIFY OCCUPATION	INDUSTRY	JOB ACTIVITY AT TIME OF ACCIDENT

EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER	DATE BLOOD COLLECTED (YYYY / MM / DD)

Exposure Information

TYPE OF BODY FLUID	PLACE OF EXPOSURE (CITY/TOWN) (E.G. BEACH, PARK, HOSPITAL)	TYPE OF EXPOSURE 1. ☐ PERCUTANEOUS 2. ☐ PERMUCOSAL 3. ☐ SEXUAL 4. ☐ NON-INTACT SKIN	IF PERCUTANEOUS EXPOSURE, WAS:	YES	NO	UNKNOWN
			BLOOD VISIBLE ON INSTRUMENT?	☐	☐	☐
BODY SITE WHERE EXPOSURE OCCURRED		TYPE OF INSTRUMENT	INSTRUMENT RECENTLY IN SOURCE'S ARTERY OR VEIN?	☐	☐	☐

Source Person (source of blood or body fluid to which the exposed person was exposed)

☐ NOMINAL HIV TESTING ☐ NON-NOMINAL HIV TESTING

KNOWN? ☐ YES ☐ NO	GENDER ☐ M ☐ F	SURNAME	GIVEN NAME	DATE OF BIRTH (YYYY / MM / DD)	PHN

INFECTIOUS STATUS OF SOURCE	YES	NO	UNKNOWN
HIV+	☐	☐	☐
HBsAg+	☐	☐	☐
HCV+	☐	☐	☐

KNOWN MEMBER OF A HIGHER RISK GROUP FOR:	YES	NO
HIV	☐	☐
HBV	☐	☐
HCV	☐	☐

DATE BLOOD COLLECTED (YYYY / MM / DD)

Exposed Person Management - The Exposed Person Was Given:

☐ HBIG (YYYY / MM / DD)	☐ HEPATITIS B VACCINE (YYYY / MM / DD)	☐ POST EXPOSURE TETANUS BOOSTER (YYYY / MM / DD)	☐ TETANUS IMMUNE GLOBULIN (YYYY / MM / DD)	☐ ANTIRETROVIRAL STARTER KIT (YYYY / MM / DD) TIME STARTED

Blood Testing (HBsAg, Anti-HBs, Anti-HBc Total, Anti-HCV, HIV Ag/Ab are done routinely.)

LAB RESULTS TO BE FAXED/PHONED TO:

		PHONE #	FAX #	NAME	MSC #
SOURCE PERSON	☐ SOURCE PERSON'S FOLLOW-UP PHYSICIAN:				
	☐ EXPOSED PERSON'S FOLLOW-UP PHYSICIAN:				
	☐ EXPOSED PERSON'S WORKSITE OCC HEALTH:		**604-953-5138**	WORKSITE **Provincial Workplace Health Call Centre**	
EXPOSED PERSON	☐ EXPOSED PERSON'S FOLLOW-UP PHYSICIAN:				
	☐ EXPOSED PERSON'S WORKSITE OCC HEALTH:		**604-953-5138**	WORKSITE **Provincial Workplace Health Call Centre**	

It is the responsibility of the requesting health care provider to obtain consent from the exposed and/or source person for all laboratory testing as indicated below and for release of information on this form to public health authorities, WorkSafeBC (if exposure is occupational), and those people listed above. Refer to back of form for guidelines for obtaining informed consent.

NAME OF HEALTH CARE PROVIDER COMPLETING ABOVE SECTION OF FORM AND REQUESTING BLOODWORK (PRINT)	DATE (YYYY / MM / DD)

WORKSAFEBC PURPOSES ONLY

MSC #	SIGNATURE OF PHYSICIAN	WORKSAFE BC BILLING CODE
		# 19909

FOR LABORATORY USE ONLY

Put a line through the tests that are not to be done

DATE RECEIVED AT LABORATORY (YYYY / MM / DD)	TIME RECEIVED	RECEIVED BY (INITIALS)

SAMPLE	TESTS (BY EIA) ▶	HBsAg	ANTI-HBs	ANTI-HBc Total	ANTI-HCV	HIV Ag/Ab
SOURCE PERSON LAB ID ONLY	RESULTS ▶					
	TRANSCRIBED BY (INITIALS) ▶					
	DATE (YYYY / MM / DD) ▶					
EXPOSED PERSON'S NAME	RESULTS ▶					
EXPOSED PERSON'S LAB ID	TRANSCRIBED BY (INITIALS) ▶					
	DATE (YYYY / MM / DD) ▶					

TIME	DATE (YYYY / MM / DD)	INITIALS	REVIEWED BY	DATE (YYYY / MM / DD)

RESULTS FAXED / PHONED TO
☐ EXPOSED PERSON'S PHYSICIAN ☐ EXPOSED PERSON'S WORKSITE OCCUPATIONAL HEALTH ☐ SOURCE PERSON'S PHYSICIAN

PG 1 / WHITE - To accompany blood to BCCDC Laboratory Services (PHSA) *PG 2 / YELLOW - Exposed Person's Worksite Occupational Health* *PG 3 / PINK - WorkSafeBC (if occupational exposure)* *PG 4 / GOLDENROD - Exposed Person's Chart*

GUIDELINES FOR OBTAINING INFORMED CONSENT

Obtaining informed consent and maintaining confidentiality of information is an integral part of all post-exposure testing procedures. Therefore, appropriate pre- and post-test discussion must accompany testing for blood and body fluid exposures.

The following should be discussed with the **SOURCE** person:

- ☐ Why/how their test results are needed for post-exposure management of the exposed person
- ☐ That consent is needed for disclosure of their test results to:
  - ☐ Their own follow-up physician
  - ☐ The exposed person's follow-up physician
  - ☐ The exposed person's worksite occupational health and to WorkSafe BC (in the instance of an occupational exposure)
  - ☐ The exposed person will not be informed of their test results, or their identity. (The exposed person will only be told whether or not to continue HIV post exposure prophylaxis.)
- ☐ How they choose to be contacted in the event of a positive test result.

(The above enables appropriate post-test follow-up management and support - especially in the event of a positive test result)

Obtain consent from the **EXPOSED** person for disclosure of their lab results to their:

- ☐ Worksite occupational health and WorkSafe BC
- ☐ Follow-up physician

Inform the **SOURCE** and **EXPOSED** person that:

- ☐ HIV testing may be done:
  - ☐ Nominally – in which the test is conducted and reported using the client's full name, address and contact information

  Or
  - ☐ Non-nominally – in which the test is conducted using initials as per agency standards
- ☐ Positive HIV results will be reported to the Medical Health Officer using the nominal or non-nominal identifiers. Non-nominal HIV reporting is identified through checking a tick box on the laboratory requisition form.
- ☐ For all HIV positive results (nominal or non-nominal), a case report will also be sent to public health. A public health nurse with specialized training will be responsible for the required follow-up by calling the testing physician to offer support for the newly positive client, and assisting with partner counseling or other identified needs. Follow-up will occur whether testing is ordered by either the nominal or non-nominal option.
- ☐ Testing for HBV and HCV can only be done nominally.
- ☐ Positive HBV and HCV test results will be forwarded to public health for appropriate follow-up and management.

PRINT RESET

BRITISH COLUMBIA | Ministry of Health

Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid Letter for Follow-Up Physician

Dear Health Care Provider,

_____ D.O.B. _____ was seen in the
Last Name *First Name* *Year/Mo./Day*

Emergency Department of _____ Hospital on _____ following an exposure
to blood or body fluid. *Year/Mo./Day*

They received the following post-exposure prophylaxis:

- ☐ Wound cleaning
- ☐ Tetanus prophylaxis
- ☐ Hepatitis B immune globulin (HBIG)
- ☐ One dose of Hepatitis B vaccine
- ☐ Started on 5 day antiretroviral starter kit
- ☐ Preliminary counselling for blood and body fluid exposure

The following baseline blood tests were performed:

- ☐ HIV Ag/Ab
- ☐ HBsAg
- ☐ anti-HBs
- ☐ anti-HBc Total
- ☐ Pregnancy test
- ☐ anti- HCV
- ☐ Other: _____

Results of the above tests will determine the need for further testing.

Information regarding these lab results can be obtained by calling _____ and asking for:
phone

- ☐ Medical Records
- ☐ Emergency Dept.
- ☐ Lab
- ☐ Other: _____
  specify contact name or department name

The following are required by you:

- ☐ Consult with the Centre for Excellence in HIV/AIDS (1-888-511-6222) as soon as possible to determine the need for the remainder of a one month's supply of antiretrovirals (and to arrange delivery if required).
- ☐ Offer or refer for further doses of Hepatitis B vaccine to complete the recommended schedule.

Arrange for the following blood tests:*

3 weeks post-exposure:
- ☐ HIV Ag/Ab
- ☐ HCV RNA *(If source HCV$^+$ or high risk group; if HCV RNA+ repeat in 6 months)*

6 weeks post-exposure:
- ☐ HIV Ag/Ab

3 months post-exposure:
- ☐ HIV Ag/Ab
- ☐ anti-HCV *(unless previous HCV RNA$^+$)*
- ☐ HBsAg
- ☐ anti-HBs
- ☐ anti-HBc Total

☐ All of the above

Other: _____

** If the result of a test changes from being negative (non-reactive) to positive (reactive), seroconversion has occurred for that viral marker.*

The exposed person may require further counselling about their risk of infection, ways to avoid transmission, and information about antiretrovirals.

Information concerning antiretrovirals can be obtained from the B.C. Centre for Excellence in HIV/AIDS (1 888 511 6222).

Information concerning counselling to avoid potential transmission can be obtained from your local health facility or from the BC Centre for Disease Control at http://www.bccdc.ca/health-info/disease-types/bloodborne-diseases.

Please refer to Chapter 1, Blood and Body Fluid Exposure Management (BCCDC Communicable Disease Control Manual) for information concerning testing for exposed persons placed on PEP, given HBIG, or HBV vaccine:
http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual

Signature | Name (print) | Date (yyyy/mm/dd)

DISTRIBUTION

WHITE:	Client
YELLOW:	Exposed Person's Worksite Occupational Health
PINK:	Exposed person's chart

HEALTH FACILITY STAMP:

PRINT RESET

GUIDELINES FOR OBTAINING INFORMED CONSENT

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  - ☐ Their own follow-up physician
  - ☐ The exposed person's follow-up physician
  - ☐ The exposed person's worksite occupational health and to WorkSafe BC (in the instance of an occupational exposure)
  - ☐ The exposed person will not be informed of their test results, or their identity. (The exposed person will only be told whether or not to continue HIV post exposure prophylaxis.)
- ☐ How they choose to be contacted in the event of a positive test result.

(The above enables appropriate post-test follow-up management and support - especially in the event of a positive test result)

Obtain consent from the **EXPOSED** person for disclosure of their lab results to their:

- ☐ Worksite occupational health and WorkSafe BC
- ☐ Follow-up physician

Inform the **SOURCE** and **EXPOSED** person that:

- ☐ HIV testing may be done:
  - ☐ Nominally – in which the test is conducted and reported using the client's full name, address and contact information

  Or
  - ☐ Non-nominally – in which the test is conducted using initials as per agency standards
- ☐ Positive HIV results will be reported to the Medical Health Officer using the nominal or non-nominal identifiers. Non-nominal HIV reporting is identified through checking a tick box on the laboratory requisition form.
- ☐ For all HIV positive results (nominal or non-nominal), a case report will also be sent to public health. A public health nurse with specialized training will be responsible for the required follow-up by calling the testing physician to offer support for the newly positive client, and assisting with partner counseling or other identified needs. Follow-up will occur whether testing is ordered by either the nominal or non-nominal option.
- ☐ Testing for HBV and HCV can only be done nominally.
- ☐ Positive HBV and HCV test results will be forwarded to public health for appropriate follow-up and management.

PRINT RESET

WORK SAFE BC (See reverse of form for submission criteria.)

Physician's Report

SELECT ONE ONLY: ☐ **Physician's First Report (F8)** ☐ **The worker's condition or treatment has changed (F11)**

(required if you suspect the worker may be disabled beyond the day of injury or if the claim is for a hernia, back condition, shoulder or knee strain/sprain, occupational disease, or mental disorder)

(required if the worker's condition or treatment has changed since last report or if the worker is ready for return to work)

Date of service (yyyy-mm-dd) - -	Date of birth (yyyy-mm-dd) - -	WorkSafeBC claim number
Employer's name	Worker's last name	
Employer's telephone number (must include area code) - -	First name	Middle initial / Gender
Operating location address	Mailing address (include postal code)	
Date of injury or when patient was first treated for this condition (yyyy-mm-dd) - -	Worker's contact telephone number (must include area code) - -	
Who rendered first treatment?	Worker's personal health number (BC Services Card/CareCard)	

8/11

Are you the worker's regular practitioner? ☐ YES ☐ NO

If YES, how long has the worker been your patient? ☐ 0–6 months ☐ 7–12 months ☐ > 1 year

Are there prior or other problems affecting injury, recovery, and disability?

From injury or last report, has the worker been disabled from work? ☐ YES ☐ NO If YES, as of what date? (yyyy-mm-dd)

Injury codes and descriptions

Diagnosis (text)		
CSA BP/AP (code)	CSA NOI (code)	ICD9 (code)

Clinical information

What happened? Subject Sx, examination, investigations, treatments/meds, specialists consult?

Return-to-work planning

Is the worker now medically capable of working full duties, full time? ☐ YES ☐ NO

If NO, what are the current physical and/or psychological restrictions?

Estimated time before the worker will be able to return to the workplace in any capacity

☐ Currently at work ☐ 1–6 days ☐ 7–13 days ☐ 14–20 days ☐ > 20 days

If appropriate, is the worker now ready for a rehabilitation program? ☐ YES ☐ NO If YES, select ☐ WCP or ☐ Other

Do you wish to consult with a WorkSafeBC physician or nurse advisor? ☐ YES ☐ NO

If possible, please estimate date of maximal medical recovery (full recovery or best possible recovery) (yyyy-mm-dd)

Payee number	Practitioner number
Payee name	Practitioner name

Additional information can be recorded on form 8/11 Addendum, Practitioner's Report/Additional Information

The *Workers Compensation Act* requires that the Physician's First Report, containing all the information requested, shall be furnished to WorkSafeBC (the Workers' Compensation Board) within **3 days** after the date of first attendance to the worker.

Practitioner — This report needs to be completed and submitted only when, in the case of a First Report (F8):

1. You suspect the worker may be disabled beyond the day of injury
2. If the claim is for a hernia, back condition, shoulder or knee strain/sprain, occupational disease, or mental disorder
3. If none of the above criteria apply and WorkSafeBC requests this report (bill fee item 19927)
4. If a First Report should have been sent by #1 and 2 being met but was not, send the report and bill a fee item 19900

In the case of a follow-up visit, submit only (F11):

1. If the worker's condition or treatment has changed since the last report or if the worker is ready for return to work
2. It is not necessary to answer the following questions if completing a report for a follow-up visit (F11)
   - Are you the worker's regular physician? If YES, how long has the worker been your patient?
   - Who rendered first treatment?

IN ALL OTHER CASES, ONLY YOUR PRACTITIONER ACCOUNT FOR PROCEDURES OR VISIT IS REQUIRED.

Completed Practitioner Reports (paper versions) should be sent by fax to:

Lower Mainland	Fax 604.233.9777
Toll-free	Fax 1.888.922.8807
or by mail to:	**WorkSafeBC** **PO Box 4700 Stn Terminal** **Vancouver BC V6B 1J1**

For claim / claimant inquiries, phone:

Call Centre	604.231.8888 or toll-free 1.888.967.5377

For invoice inquiries, phone Payment Services:

Lower Mainland	604.276.3085
Toll-free	1.888.422.2228

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

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Physician Office Use Only

CODES REQUIRED FOR PHYSICIAN'S WORKSAFEBC FORM 8/11

INJURY CODES AND DESCRIPTIONS:

CSA BP/AP (body part):

LEFT	L
RIGHT	R
Left and Right	B
Not applicable	N

Use this for body systems, a major body part such as heart or stomach or multiple body parts.

CSA NOI (nature of injury)

Wounds:

Cuts and lacerations	03400
Punctures	03700
Abrasions and scratches	04100

ICD 9:

Poisoning by drugs, medications and biological substances:

964.7	Natural blood and blood products
979.9	Other and unspecified vaccines and biological substances e.g. urine, saliva