



Blood and Body Fluid: Exposure Control Plan
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Purpose of Document

UBC is committed to providing a safe and healthy environment for staff, faculty and students. The purpose of this Exposure Control Plan (ECP) is to outline the key responsibilities and establish expectations that will effectively reduce the frequency and severity of occupational exposure to bloodborne pathogens.

Each department that has employees or students at risk for occupational exposure to blood and body fluid (BBF) will develop specific guidelines or Standard Operating Procedures (SOP's) in addition to this plan.

Please note that this document applies specifically to UBC staff, faculty, and paid students. Unpaid UBC students are recommended to follow the policies and procedures outlined by their educational program and are encouraged to follow-up with Student Health Services or a local physician.

Definitions

The following terms are used in the [WorkSafe BC Occupational Health and Safety Regulation](#) and in this plan.

“Bio-hazardous Material” A pathogenic organism, including a bloodborne pathogen, which, due to its known or reasonably believed ability to cause disease in humans, would be classified as Risk Group 2, 3, or 4 as defined by Public Health Agency of Canada, or any material contaminated with such an organism.

“Bloodborne Pathogen” Pathogenic organisms present in human blood or body fluid that can cause disease in humans. The bloodborne pathogens of greatest concern are the Hepatitis B and C Viruses (HBV, HCV) and the Human Immunodeficiency Virus (HIV).

“Blood Bodily Fluid (BBF) Exposure” Blood or body fluids (BBF) that may contain bloodborne pathogens are considered to be serum, plasma, any fluid containing visible blood, vaginal fluid, semen, and amniotic, pleural, peritoneal, synovial or cerebrospinal fluids. Tears, saliva, urine, and faeces are NOT considered to transmit bloodborne pathogens, with the exception of Hepatitis B virus (HBV), which may be transmitted via saliva.

“Communicability” The ability of the causative agent of the disease to readily transfer from one person to another.

“Contamination” The presence or reasonably anticipated presence of blood, other potentially infectious materials, or bio-hazardous material on an item or surface.

“Decontamination” The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens or other bio-hazardous material found on a surface or item so that they can no longer transmit disease and the surface or item is safe for handling, use, or disposal.

“Harmful Contact” In connection with bloodborne pathogens, an exposure incident with blood or other potentially infectious materials through:

- Percutaneous injury (injury through the skin) from:
 - a contaminated sharp item such as a needle
 - a bite which breaks the skin
- Contact with the mucous membranes of the eyes, nose, or mouth
- Contact with non-intact skin (wounds less than three days old) such as cuts, nicks, abrasions, chapped skin, eczema, or dermatitis

“Incubation Time” The elapsed time between exposure to infection and the appearance of disease symptoms.

“Occupational Exposure” Reasonably anticipated, harmful contact with blood or other potentially biohazardous material that may result from the performance of a worker’s duties.

“Other Potentially Infectious Materials” (OPIMs) Materials other than blood that can also be sources of bloodborne pathogens, such as:

- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), breast milk
- Any body fluid that is visibly contaminated with blood
- Any body fluids in situations where it is difficult or impossible to differentiate between body fluids
- Unfixed human tissues or organs other than intact skin

“Pathogen” Any disease-causing agent or organism.

“Sharp” Any object that can penetrate the skin. Some examples are needles, scalpel blades, lancets, broken glass, broken capillary tubes, razors, knives, and exposed ends of dental wires.

“Source Person” The person whose blood or body fluid came into harmful contact with the Victim.

“Suspected Bio-hazardous Material” Material to be tested for the presence of a bio-hazardous pathogenic organism, or material from a source suspected of being infected with a bio-hazardous pathogenic organism.

“Universal Precautions” An approach to infection control in which all human blood and certain other human body fluids are treated as though they were known to be positive for HIV, HBV, HCV, and other bloodborne pathogens.

“Victim” The UBC worker who experienced the BBF exposure.

Roles and Responsibilities

UBC Departmental Managers/Supervisors/PIs will:

- Determine employees at risk in consultation with the Department of Risk Management Services (RMS), Occupational & Preventive Health (OPH), and Local Health and Safety Committee.
- Administer the Exposure Control Plan through education and training, provision of safety manuals and data related to exposure management, and delivery of SOPs.
- Provide employees with current up-to-date information surrounding changes to procedural practice, facilities, and products and equipment.
- Contact OPH to initiate the enrolment of employees at risk, including all new hires, to ensure pre-exposure vaccinations are completed where appropriate.
- Ensure that appropriate personal protective equipment (PPE) is available to workers, and is properly worn, cleaned, inspected, maintained, and stored.
- Insert department-specific safe work procedures in the Exposure Control Plan, where indicated.
- Ensure appropriate [Ethics and/or Biosafety Permits](#) are obtained
- Schedule training and ensure employees attend regular educational safety courses.
- Maintain current training records.
- Ensure that prompt, accessible first aid and medical attention is available.
- If an exposure incident occurs, complete a [UBC Incident/Accident Report](#) online.
- If an exposure incident occurs and involves a known source, provide the Source Person with the [Source Information Sheet](#)

UBC Staff, Faculty and Paid Students at Risk for Exposure to BBF will:

- Maintain current up-to-date knowledge surrounding changes to procedural practice, facilities, and products and equipment.
- Attend education and information sessions, both departmental and University (RMS) required course updates.
- Consider the immunization recommendations provided by Occupational & Preventive Health (OPH) as an important contribution to their own health.
- Use control measures and follow safe work practices to eliminate or reduce their exposure to bloodborne pathogens.
- Report all safety hazards immediately upon identification.
- Report to supervisor all accident/injury incidents (this includes but is not limited to needlesticks, near misses, improperly disposed of syringes, etc.).
- Follow [Victim Checklist](#) in the event of an exposure incident.

Occupational & Preventive Health will:

- Be a resource for UBC faculty, staff and departmental managers.
- Assist supervisors, managers, Principal Investigators (PI's) in assessing workplace exposure risks.
- Provide overview of exposure management process and roles and responsibilities to those identified as being at potential risk.
- Provide pre-exposure Hepatitis B vaccinations and titres for immunity to those identified as having risk factors in the workplace.
- When advised of an exposure incident, contact the victim to initiate follow-up.
- Follow-up on exposure incidents to completion: order follow-up lab testing, access the lab results of the Source Person's testing when applicable and update vaccines where required.
- Update annually the online version of Exposure Control Plan.
- Maintain an Electronic Medical Record (EMR) in accordance with the guidelines of Occupational & Preventive Health.

Occupational and Research Safety (Biosafety) will:

- Distribute the current Exposure Control Plan where required.
- Ensure the workplace equipment and processes are inspected regularly.
- Oversee departmental compliance.
- Review all exposure incidents using the RMS Accident/Incident Online Reporting tool.
- Report to PHAC any reportable Occupational Exposure incidents.

WorkSafeBC Claims Associate will:

- File WSBC Claims promptly.

Hazard Identification

Overview of Infectious Bloodborne Pathogens

HIV, Hepatitis B and Hepatitis C

For further information on Infectious Bloodborne Pathogens, see the BC Centre for Disease Control website at <http://www.bccdc.ca/health-info/disease-types/bloodborne-diseases>.

Bloodborne pathogens, such as Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV), are viruses that may be carried in the blood, other body fluids, and tissues and organs after infection.

People carrying these viruses may not show signs of illness but may harbour the infectious agent (the virus) long term and are capable of infecting others.

Tissues and Fluids Capable of Transmitting Bloodborne Pathogens

See [Table 1 in BCCDC's Communicable Disease Control Blood and Body Fluid Exposure Management](#) for a complete list of fluids and tissues capable of transmitting bloodborne pathogens.

FLUID	HIV	HBV	HCV
Blood and fluids visibly contaminated with blood	Yes	Yes	Yes
Semen	Yes	Yes	Yes
Vaginal secretions	Yes	Yes	Yes
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
Tissue or organs, primary cells	Yes	Yes	Yes
Breast milk	Yes	Plausible, particularly if nipples are cracked or bleeding or if the mother is HBeAg positive	Plausible, particularly if nipples are cracked or bleeding
Faeces Nasal secretions Sputum Sweat Tears Urine Vomitus	No, unless they contain visible blood.		

Transmission

Individuals are at potential risk of exposure to bloodborne pathogens through:

1. Percutaneous Exposure (Needlestick injury/puncture wound or laceration) where it is potentially contaminated with human blood poses a risk that the individual may be exposed to bloodborne agent(s).
2. Broken skin – if an individual has a cut or wound or his/her skin is chapped, abraded, weeping or covered with a rash or eruption and the cut or skin comes in contact with human blood or body fluid, there is a risk that he/she could be exposed to bloodborne agent(s).
3. Splash-type Exposures: Mucous membranes of the eyes, nose or mouth should be identified as potential ports of entry for virus(es) carried in human blood and body fluid.
4. Aerosolization of tissue and bone should also be considered a risk for exposure to bloodborne pathogen(s). An example of this is the use of high speed drills or saws on human tissue or bone, creating particulate aerosolization.
5. Surface Contamination: Surfaces contaminated with human blood or body fluid (where virus is present) may potentially transmit this virus for a period of time where percutaneous or mucosal exposure occurs.

Individuals should also be made aware of other communicable diseases that are not bloodborne, such as Tuberculosis (TB) and Hepatitis A.

Universal Precautions should be applied in all cases where risks are present in the workplace.

Risk Assessment

Employees at Risk

There are a number of occupational groups within the University that have a potential risk of exposure to blood and body fluids. The level of risk is determined using the risk assessment worksheet in Appendix A. The more “yes” answers there are, the greater the relative risk associated with the specific jobs or tasks.

Each supervisor is responsible for developing and updating this list by identifying all the tasks and procedures with the potential for exposure. This must be documented and attached to your [Biosafety Permit](#). If exempt from the need for a biosafety permit, store onsite for a minimum of 5 years.

Prevention

A variety of control procedures are used to eliminate or minimize the risk of occupational exposure to bio-hazardous material. These involve:

Administrative Controls

Training and Education

Education and training are essential. Adequately trained workers and students should be able to answer the following questions:

1. What are the biohazards of your work?
2. What precautions are required to prevent exposure?
3. What must you do in case of an emergency?
4. Where would you go for further information?

Trained and educated individuals have the knowledge required to eliminate potentially hazardous situations involving bloodborne pathogens. The education and training must be appropriate to the individual's educational level, literacy, and language. It should include the following topics:

- Applicable sections of the [Regulation](#).
- Explanation of bloodborne diseases, their symptoms, modes of transmission, and long term effects.
- The Exposure Control Plan and where to access it.
- Inventory of tasks and procedures that may expose the worker to bloodborne pathogens.
- Control measures to eliminate or minimize the risk of exposure.
- The role of the Occupational & Preventive Health unit in recommending and providing immunization and lab testing to help protect the worker from vaccine-preventable diseases before an exposure occurs and in follow-up to an exposure incident.
- The role of Student Health Services in providing immunization and lab testing to help protect students from vaccine-preventable diseases before an exposure occurs and in follow-up to an exposure incident.
- Personal protective equipment, including availability, location, selection, use, limitations, care, cleaning and decontamination, inspection, maintenance, and storage.
- Emergency procedures in case of an exposure incident: getting first aid and medical attention, and reporting the incident.

Written Work Procedures

Written work procedures should be developed by specific departments for other tasks.

UBC has written procedures for the following tasks:

- What to do if harmful contact (exposure incident) occurs ([Appendix D](#))
- How to properly wash hands ([Appendix C](#))
- How to properly handle needles
- How to safely handle waste ([Laboratory Pollution Prevention and Hazardous Waste Disposal Manual](#)) – Point Grey Campus specific

Engineering Controls

Engineering controls are the preferred method of eliminating or reducing occupational exposure to any hazard, including bio-hazardous material. They work by removing or isolating the hazard or by isolating the worker from exposure.

Three common engineering controls are:

- Biosafety cabinet
- Self-sheathing needle
- Appropriately marked, closable, leak-proof and puncture-resistant disposal containers in various vehicles, buildings and sites where sharps may be encountered

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is specialized clothing or equipment that workers wear to protect them from coming into contact with hazards. PPE is required if engineering and work practice controls are unavailable, impractical, or do not completely eliminate occupational exposure to the hazards. It may also be worn when workers' exposure results from a temporary or emergency situation, e.g., first aid attendants at an accident. Examples of PPE include: full covering shoes, gloves, lab coat, long loose fitting pants or skirt, and goggles.

Employees must remove PPE before leaving the work area or whenever the PPE has become contaminated with blood or other potentially infectious materials. Used PPE must be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

The use of personal protective equipment may be foregone when its use would create a hazard, however this must be documented as part of your Risk Assessment.

Occupational & Preventive Health

At-risk employees are required to participate in the Occupational & Preventive Health (OPH) program, where the following activities are offered:

Assessment Appointment

An assessment appointment with the Occupational Health Nurse can be conducted in-person at the UBC Health Clinic location or, for off-campus sites, over the phone.

To schedule this appointment call 604-827-4713 or email oph.info@ubc.ca.

Immunization for Hepatitis B

Hepatitis B vaccination is recommended for those who are at risk of occupational exposure to Hepatitis B Virus. OPH provides this vaccine free of charge to those determined to be at risk. For more information about who is eligible for HBV vaccination, visit the website:

<http://www.hr.ubc.ca/wellbeing-benefits/workplace-health/occupational-preventive-health/who-should-enrol/>.

WorkSafeBC Occupational Health and Safety [Regulation 6.39](#) states:

6.39 Vaccination

- (1) An employer must offer vaccination against hepatitis B virus to all workers who are at risk of occupational exposure to that virus.
- (2) If the *Communicable Disease Control Immunization Program Manual* issued by the BC Centre for Disease Control, as amended from time to time, lists a vaccine that protects against infection by a biological agent that is designated as a hazardous substance in section [5.1.1](#), the employer must offer the vaccination to all workers who are at risk of occupational exposure to that biological agent.
- (3) Vaccinations offered under subsections (1) and (2) must be provided without cost to workers.

[Enacted by B.C. Reg. 319/2007, effective February 1, 2008.]

Post-vaccination Testing (Titre) for Hepatitis B

Post-vaccination testing for anti-HBs is conducted to establish antibody response and the need for re-immunization should the first course of vaccine fail to provide protection. Ideally, testing should be done at least 1 month (but no later than 6 months) after the last dose of vaccine. If an employee completed immunization against HBV more than 6 months previously, testing for anti-HBs should still be done as part of the routine occupational health assessment or when a potential exposure occurs. OPH will arrange this testing and manage results, including scheduling employees for a Booster vaccination.

Post-Exposure Follow-up

When advised of an exposure incident, OPH will contact the victim to arrange follow-up treatment and testing, which may include lab testing, accessing the lab results (including those of the Source Person's testing), updating vaccines where required, and recommending treatment.

Appendix A: BBP/OPIM Risk Identification Worksheet

ACTIVITY: _____ PI (if applicable): _____ LOCATION (Room No.): _____

DEPARTMENT: _____ ASSESSMENT UNDERTAKEN BY: _____ ASSESSMENT DATE: _____

Job/Task	Contact with Blood/OPIMs						Route of Contact				Frequency of Contact			How to Mitigate the Risk	
	Blood	Body fluids	Tissues/Organs	Infected Animals	Cultures	Culture Media	Sharp	Bite	Mucous Membrane	Skin	Routine /Daily	Non-Routine/Monthly	Random/Yearly	Engineering Control	Work Practices

Routine/Daily = exposure anticipated during normal job.
 Non-Routine/Monthly = occasional exposure during normal job.
 Random/Yearly = Rare exposure opportunity during normal job.



Appendix B: Risk Assessment Worksheet

JOB TASK Exposure and additional comments about severity or frequency of exposure	Likelihood (L)	Frequency (F)	Consequence (C)	Risk Score (LxFxC)	Risk Assessment Rating LOW, MODERATE, HIGH

LIKELIHOOD	SCORE
Most likely and expected result if the exposure takes place (high prevalence of pathogen)	10
Examine likelihood of exposure in relation to type of job task and circumstances that occur while job is being performed (Does the job task involve working with <i>potentially</i> hazardous material like human blood/body fluid, animal feces, etc.?)	6
Unusual sequence or coincidence	3
Combined circumstances creates a <i>possible coincidence</i>	1
Remotely possible coincidence. Has never happened in many years	0.5
Practically impossible coincidence.	0.1
FREQUENCY - Potential exposure event occurs:	SCORE
Continuously (or many times daily)	10
Frequently (approximately once daily)	6
Usually (once per week to once per month)	3
Occasionally (once per month to once per year)	2
Rarely (never been known to happen)	1
Very rarely (not known to have occurred but considered remotely possible)	0.5
CONSEQUENCE - Degree of consequence if left untreated:	SCORE
Catastrophic: numerous fatalities, extensive damage	100
Several fatalities	75
Fatality	50
Extremely serious injury or occupational disease (permanent disability)	30
Disabling injuries, reversible damage	10
Short term illness and discomfort	2

Risk Assessment Rating Table

LOW			MODERATE					HIGH			
0	50	90	125	150	175	200	225	250	350	450	750+



Appendix C: Hand Washing

When to Wash Hands

- Immediately after removing gloves at the end of a task, even if the gloves appear to be intact. To avoid contaminating your hands by removing gloves improperly, follow the correct procedures.
- When you tear a glove or think a glove is leaking. Remove the gloves and wash your hands immediately. If you have punctured your skin with a sharp, follow the procedure for exposure incidents.
- After handling or touching potentially contaminated items or surfaces. After removing personal protective equipment. Before eating, drinking, smoking, biting your nails, handling contact lenses, and applying personal care products such as lip balm or make-up.

When hand-washing facilities are not available

- Use a waterless hand cleanser or towelette. Follow the manufacturer's instructions.
- Thoroughly wash your hands with soap and water in a proper facility as soon as possible after using the cleanser.



Image from <http://www.cdc.gov/handwashing/>, April 29, 2015



Appendix D: BBF Exposure - VICTIM CHECKLIST

Immediate first aid:

Skin (poke, cut, etc.): Wash thoroughly with soap and water (if soap is unavailable, do not delay and proceed washing with water only) for about 10 minutes. Allow injury/wound site to bleed freely, and then cover lightly.

Do not promote bleeding of percutaneous injuries by cutting, scratching, squeezing, or puncturing the skin. This may damage the tissues and increase uptake of any pathogen(s). Do not apply bleach to the injury/wound or soak it in bleach.

Eye(s): Flush eyes for about 10 minutes. Use eyewash station if available, or flush with steady stream of tap water.

Nose, mouth or lips: Immediately rinse with steady stream of tap water for about 10 minutes.

- Report** the exposure to your Supervisor as soon as possible.
- If applicable, obtain Source Person identifying information from your Supervisor and write below:

SOURCE PERSON IDENTIFYING INFORMATION:

Name: _____ Date of Birth: _____

- Immediately (within the next 2 hours) go to your nearest Urgent Care/Emergency Room.**
- UBC Hospital: Urgent Care Centre at 2211 Wesbrook Mall
 - Vancouver General Hospital: Emergency at 920 West 10th Avenue
 - St. Paul's Hospital: Emergency at 1081 Burrard Street
 - Any hospital emergency room department nearest you
- At Urgent Care/Emergency Room:**
- Tell your physician you are a UBC employee, including your job position and location.
 - Inform the physician if you work in a laboratory setting and include a list of the species/pathogens you are working with. If you have an identifiable Source Person, provide the physician with two pieces of identifying information (see above).
 - Explain the exposure incident in detail.
 - Begin blood tests and treatment if necessary.



e. Ask for a copy of your blood test results to be forwarded to:

UBC Occupational & Preventive Health Unit

Dr. Michael Yamanaka
310-5950 University Blvd.
Vancouver, BC V6T 1Z3
Fax: 604-827-4588 Phone: 604-827-4713

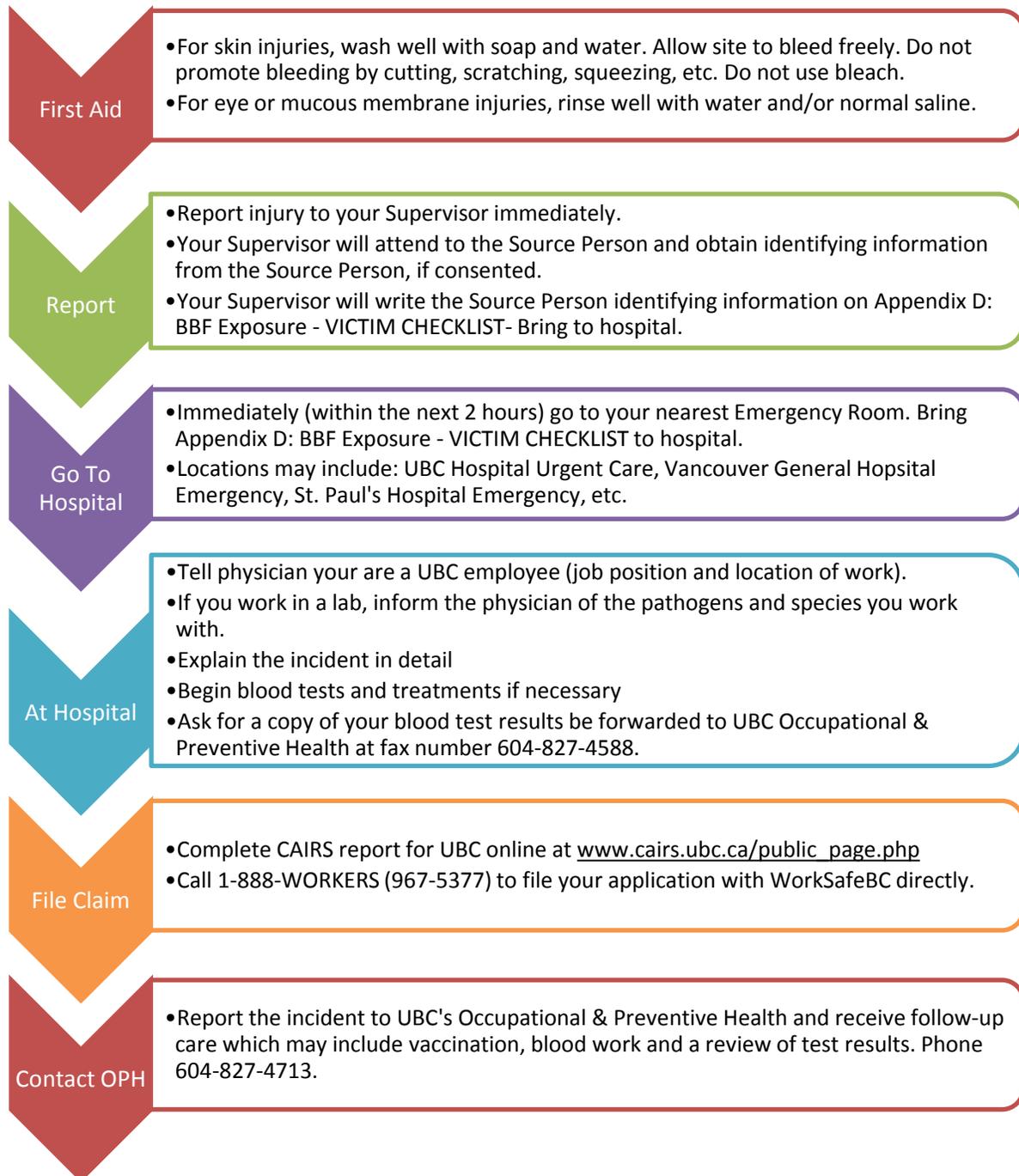
- **File a WSBC Teleclaim** by calling 1-888-workers (967-5377) to file your application with WSBC directly.
- **Complete a CAIRS report** online. This is UBC's Central Accident/Incident Reporting System: www.cairs.ubc.ca/public_page.php
- **Contact UBC's Occupational & Preventive Health Unit** to report the incident and receive follow-up care, which may include vaccination, blood work and a review of test results. Phone: 604-827-4713.

Occupational & Preventive Health will be sent a copy of your results and will contact you to follow-up with any required treatment/immunizations.

- Note: The [Employee Family Assistance Program](#) is available if you require further counseling.



Appendix E: BBF Exposure: VICTIM FLOW CHART





Appendix F: BBF Exposure – SUPERVISOR CHECKLIST

- If you have been informed of a BBF exposure incident, ensure the victim has followed appropriate first aid procedures.
- If the incident DOES NOT involve a Source Person, ensure the victim has the [VICTIM CHECKLIST](#) and attends Urgent Care/Emergency Room immediately.
- If the incident DOES involve a Source Person, you must discuss the following points with the Source Person:
 - a. A possible exposure incident has occurred. In the interest of the health and safety of both the victim and the source, the source is encouraged to go to the nearest Urgent Care/Emergency Room in order to be tested for communicable diseases including HIV, Hepatitis B and Hepatitis C.
 - b. The results of these tests will help guide the decision-making regarding the administration of post-exposure prophylaxis for the victim.
 - c. Their test results will not be revealed to the victim, the victim will only be told whether or not to continue prophylaxis treatment.
 - d. If the Source Person agrees to go to Urgent Care/Emergency Room, obtain two pieces of identifying information from the Source Person (name and date of birth) and write it on the VICTIM CHECKLIST. Now send the Victim to Urgent Care/Emergency Room.
 - e. Write two pieces of the victim's identifying information on the [SOURCE PERSON INFORMATION SHEET](#) and ask the Source Person to go to Urgent Care/Emergency Room.
 - f. If the Source Person refuses to go to the nearest Urgent Care/Emergency Room, provide them with the [SOURCE PERSON INFORMATION SHEET](#) in case they change their mind. Send the victim to Urgent Care/Emergency Room immediately and inform them that the Source has not consented to be tested.
- Complete a [UBC Incident/Accident Report](#) online (CAIRS) to report the incident.
- Complete an Incident/Accident Investigation and perform any applicable corrective actions.



Appendix G: SOURCE PERSON INFORMATION SHEET

An incident has occurred where a UBC staff/faculty member, in the course of his/her job duties, may have been exposed to your blood and/or body fluid. Universal precautions are always followed in such cases, whereby all human blood and certain other human body fluids are treated as though they were known to be positive for HIV, Hepatitis B, Hepatitis C, and other bloodborne pathogens. The exposed person must attend the nearest Urgent Care/Emergency Room as soon as possible so that the risk level can be assessed by a physician, lab testing can be initiated, and prophylaxis medication can be prescribed where necessary.

In order to best assess the level of risk, it is strongly encouraged that you, the “Source Person”, be tested for bloodborne communicable diseases. This will help guide the exposed person’s course of treatment and care.

Please attend the nearest Urgent Care/Emergency Room with the following identifying information of the exposed person so that your lab test results can be linked with one another. If you agree, the exposed person will be given your name and date of birth so that the care providers can access your test results.

Exposed Person Name: _____ **Date of Birth:** _____

The Urgent Care/Emergency Room physician will explain to you that your test results will not be shared with the exposed person in order to protect your privacy and confidentiality. Your test results will be accessed by UBC’s Occupational & Preventive Health Unit in order to determine the most suitable continuation of treatment (including HIV prophylaxis). Please also provide Urgent Care/Emergency Room with the name of your family physician so that you can find out your test results.

Your cooperation is greatly appreciated, though you do retain the right to refuse testing.