

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
EHCW – Exposed Health Care Worker BBFE – Blood and Body Fluid Exposure HR – Human Resources
CHECKLIST
<input type="checkbox"/> EHCW treats the exposure site. ¹
<input type="checkbox"/> EHCW reports the incident to their Manager. ¹
<input type="checkbox"/> EHCW reports incident to a clinic physician (<i>source patient's physician, if available</i>). ²
<input type="checkbox"/> EHCW provides clinic physician with BBFE Package (<i>envelope at the back of the OHS binder</i>).
<input type="checkbox"/> Clinic physician obtains consent from source patient, completes a Consent to Disclose Individually Identifying Health Information for the Purpose of Assessing a Blood/Body Fluid Exposure form. ³
<input type="checkbox"/> Clinic physician makes copy of the completed consent form and inserts a copy in the patient's chart.
<input type="checkbox"/> Clinic physician places original consent form in an envelope marked "Source Patient Consent Form – For Urgent Care/Emergency Physician Only", gives to EHCW.
<input type="checkbox"/> EHCW takes sealed envelope and Confirmation of Assessment for Blood/Body Fluid Exposure form with them to Urgent Care or Emergency Department.
<input type="checkbox"/> EHCW asks attending physician at Urgent Care/Emergency to complete Confirmation of Assessment for Blood/Body Fluid Exposure form.
<input type="checkbox"/> EHCW submits completed Confirmation of Assessment for Blood/Body Fluid Exposure form to their Manager.
<input type="checkbox"/> EHCW 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"/> EHCW books an appointment with family physician for follow-up.

¹ EHCW enlists assistance if needed.

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

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