## SMDHU_bw_logo

# Post Exposure Instruction and Planning Sheet

# Hepatitis B, Hepatitis C and HIV

You have had an exposure to the blood or body fluid of another person. It is normal to feel anxious about what has happened and even overwhelmed by the amount of information received during the assessment. This sheet will review the main points about your exposure and assessment and will provide you with a record of what follow-up is recommended. If an appointment with another health care provider is advised, you may find it helpful to take this sheet with you.

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| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ was seen at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Name Date of Birth Name of Health Care Facility***  on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ following an exposure to blood or body fluids.  ***Date***  Initial assessment done by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The exposure occurred on\_\_\_\_\_\_\_\_\_\_\_  ***Name of Health Care Provider Date*** |

The infections of concern following an exposure to another person’s blood or body fluids are hepatitis B, hepatitis C and HIV (human immunodeficiency virus).

***Tests and Treatments***

Your health care provider has assessed your risk and together you have decided on the best course of action. You have had the following blood tests and treatments:

*Blood Tests*  *Treatments*

□ HIV

□ hepatitis C □ hepatitis B vaccine

□ hepatitis B antigen □ hepatitis B immune globulin

□ hepatitis B antibodies □ HIV antiretroviral medication (PEP)

List medications, dose & instructions and any other recommendations.

*Next Steps*

Your health care provider has suggested you go for follow-up blood testing or treatment:

|  |  |  |
| --- | --- | --- |
| *Follow up is recommended for* | *Location for follow-up* | *Date* |
| □ Hepatitis B (blood test) |  |  |
| □ Additional Hepatitis B vaccine |  |  |
| □ Hepatitis B Immune Globulin |  |  |
| □ Hepatitis C (blood test) |  |  |
| □ HIV (blood test) |  |  |
| □ Additional assessment if you have been started on HIV antiretroviral medications |  |  |
| □ Other |  |  |

If you become ill with any of the following symptoms, see your health care provider for assessment: ***fever, rash, jaundice (yellowing of skin or eyes) nausea or upset stomach, lack of appetite, vomiting, tiredness, muscle aches, or swollen glands***.

*Protecting Others*

Even in situations where the likelihood of becoming infected is very low, it is important for you to protect others from contact with your blood and body fluid. You can do this by taking the following precautions until all your blood test results are known, usually for a period of about 6 months:

* Do not let your blood or body fluid get on another person
* Tell your sexual partners they could be at risk.
* Abstain from having sex or use condoms during sex (including oral, vaginal and/or anal sex).
* Avoid becoming pregnant during this time
* Do not share a razor, toothbrush, nail file or tweezers
* Do not share needles or drug equipment with anyone
* Do not donate blood, semen, organs and tissues.

For questions about these infections, protecting others while waiting for follow-up testing or help with any anxiety about your exposure, you can call the Simcoe Muskoka District Health Unit to talk with a public health nurse at 705-721-7520 or 1-877-721-7520. Ask for the Sexual Health Program during business hours, 8:30 - 4:30. For enquires or concerns related to your tests or follow-up treatment, please contact your health care provider.