1. For both the Urgent Care / Emergency Department: *Initial Assessment of Blood and Body Fluid Worksheet and* Discharge Summary documents entering the *"Document queue":*

Patient	
Zztest, Patient	
PHIN #	11111111
Birthdate	
Health Care Reports	~
PEP	~
Created	06/14/2020
Received	07/12/2020
Reviewed	
Priority	Normal \sim
From	
	First Name
Report Author	Last Name
Description	Include filename
f.	
🛅 F	ïle Document
Walk-in Clinic, AFG	~

- a. Select Main Folder: Health Care Reports
- b. Select Sub Folder: PEP
- c. Associate with 'Date Received' also known as date stamped or date received into the clinic
- Associate with 'Date Created'- the true date for historical documents (date of the paper copy, not the date the historical document was scanned into the EMR)
- e. Select the generic WICCC provider OR continue to follow the site process to date
- 2. Upon filing the referral select the EMR Section> Encounter Notes tab
 - a. Select the green plus sign next to 'Client Services' >from the list of history select 'Post-Exposure Prophylaxis (PEP)'
 - b. In the details drop down select the site the referral directed to
 - c. In the date field select the date the referral was received
 - d. Select Save and Close

		FilterAll Items	\sim	Providers	All	Include Arc	hive
	Client S	Services		×	Ö	📄 0 👔 🔗 🖨 🛛 Open All 🛛 Hide	e Al
History	у				^	Non-Drug - Allergy - None Known	-
	Pelvic I	Pain Program		^		Drug Intolerances	
	Physio	therapy - External				Drug - Intolerance - None Known	
	POST-E	xposure Prophylaxis (PEP)				Non-Drug Intolerances	
	Produc	L/ Equipment vendor					
	Produc	m for Assertive Community Treatme	nt (PACT)	~		Non-Drug - Intolerance - None Known	
<	Produc	n / Equipment Vendor m for Assertive Community Treatme	nt (PACT)	>		Non-Drug - Intolerance - None Known	D
< Details	Produc Proora s	a r Equipment Vendor m for Assertive Community Treatme ACCESS Fort Garry	nt (PACT)	`	ŀ	Non-Drug - Intolerance - None Known - Eamily History None Recorded	Ð
C Details	Produc Proora s	A requipment vendor m for Assertive Community Treatme ACCESS Fort Garry	nt (PACT)	``	•	Non-Drug - Intolerance - None Known	Ð
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re Note ea Date	Produc Proora s	A cqupment vendor m for Assertive Community Treatme ACCESS Fort Garry I3/19/2021 IMDD/YYYY	nt (PACT)	~	ŀ	Non-Drug - Intolerance - None Known Eamily History None Recorded Lifestyle 2020-Oct-01 Tobacco - Never a User Client Services	0
re Note ea Date n End Da Status	Produc Proora s iž	A coupriment vendor for Assertive Community Treatme ACCESS Fort Garry I3/19/2021 IMDD/YYYY IMD/YYYY IMD/YYY IMD/YY IMD/YYY IMD/YYY IMD/YYY IMD/YY IMD/YYY IMD/YYY IMD/YY IMD/YY	nt (PACT)	×		Non-Drug - Intolerance - None Known Eamily History None Recorded Lifestyle 2020-Oct-01 Tobacco - Never a User Client Services Churchill Medical Clinic	0
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Details re Note a Date n End Da Status Life St	Produc Progra s 2 ate 1 s 1 tage 2	Access Fort Garry Access Fort Garry Access Fort Garry MMDD/YYYY MMDD/YYYY MMDD/YYYY Access or older Access or older Access or older	nt (PACT)	× ×		Non-Drug - Intolerance - None Known Eamily History None Recorded Lifestyle 2020-Oct-01 Tobacco - Never a User Client Services Churchill Medical Clinic External Medications None Recorded	0 0 0

- 3. Within 24 hours of receiving the referral contact with the patient and appointment MUST occur. Within the scheduler
 - a. Select the provider and date to book
 - b. Right click on the appointment time and select 'Create Appointment'
 - c. Set the Type to 'Long Visit'
 - d. Set the Reason to Trauma (Primary Care Sites) or Reproductive Health (WICCCs)
 - e. Select 1 hour for duration

Contact with patient to book must be attempted no less than 3 times

Appointment Details					×
Loads Settings from	this Patient's Previous Appointment				ACCESS Fort Garry Walk-In
Byman, Laura	rry Walk- In V	Arrived			P
Details			_		,
Appointment Date	2020-Jul-14		Туре	Long Visit	~
Appointment Time	8:00am	Ø	Reason	Reproductive Health	~
Appointment Length	60 minutes (9:00am) ~	•	Location	O Provider's Office	~
Referred By	None		Priority		~
Other Providers	~		Insurer	MHSC	~
Room	None	Q			

- 4. In situations where the patient does not present for scheduled appointment:
 - a. Right click on appointment>Select No show
 - b. PCA contacts patient to check if patient would like to rebook
 - c. PCA attempts to contact 3 times if no contact is made a letter is generated and sent to the patient
 - d. PCA documents steps within patient section notes tab

.	Intie: Dr. V SUTTX: IV V Patient Status
Traffic	Demographics Other Relationships Notes Status History
1	Written To? aadeleyeolusae
Patients	Subject
E	Note
Documents	
\$	
Claims	

- 5. Patient Presents for appointment:
 - a. PCA right clicks on appointment and selects Arrive

b. Appointment Provider initiates and completes the Post-Exposure Prophylaxis Verbal Source Consent Clinical note template

Day Sheet Encounter Notes	Chronic Conditions	Virtual Char	rt Medications Medical	History Patient Information		
Patient 🤡 Zztest, Patient		~	65 years old unknow	n	FilterAll Items	✓ Pro
Past	^					- C
[A] 2020-Jul-23 at 9:30am Telephone Visit, 1 Month 1 P Test 0	Notes Post-Exposure Prophyle	ixis Verbal	Source Consent	nst-Exposure Prophylaxis Verbal	Forms No Matches	
2020-Jul-22 at 9:45am						
	• 5 • 5 th (H FO • 1 inf syr ca	est-Expos ction I: Sour preene has id other person man Immunos REXUAL EXPC is your choice ctions can lea iptoms. - the victim - the victim - the victim	Europhylaxis Verl rece Education/Discussion lentified that they have come int should be tested for any infectio deficiency Virus), Hepatitis A, B o OSURES ONLY: Syphilis, Chlamydi et ob be tested except when order to to long-term problems for you apply for an order through The Ti- melth/tbfd.html where they wer of a crime; emergency medical assistance as	bal Source Consent Script o contact with your blood and/or body fluid ns you might have or have been exposed to r C a, Gonorrhea or other infections. ed the law but it is strongly recommended and/or them if they are not treated, even esting Bodily Fluids and Disclosure Act http e: a good Samaritan; or	ds. Both you and such as HIV because these if you don't have s://www.gov.mb.	
	psy • 4 cai • T inf	- performing chiatric nurse, chart will be c request to hic he other persc prmation.	g your duties as a firefighter, em licensed practical nurse, health created at the clinic for you, and de or <u>uphide</u> your information. on will not be told your test result	ergency medical responder, registered nur care aide or peace officer. your test results will be documented on yo ts, but they will receive treatment advice b	se, registered ur chart, but you uased on the	

c. Appointment Provider initiates and completed the Follow Up Assessment of Blood or Body Fluid Exposure Form



rgton	DOS	-None-	 Provider Test, Provider 	
í				
With Additional States of the Additional State	screening serio	koj -		
Was the potent's HV screening completely?	n II-Risk of Tra	anamission of HIV		
Continuation of previous HV influction of the second VES Had PEP medications been stanted in the LCED7 Hot PEP medications Decontinue PEP medications Control Co	n II-Risk of Tri applicable Manitoba H IV.ca/health as with all new i on III (Hepatitis	HIV Program care-providens/ dagroses Results)		

- 6. PCA books follow up appointment and prints out the patients upcoming appointments:
 - a. Load Patient chart
 - b. Select F4 on the keyboard> A quick patient appointment view window will appear
 - c. Select 'File' in the top left hand corner
 - d. Select 'Print Patient Schedule'
 - e. Select the check box for 'Include Future Appointments'
 - f. Select Print

<	Print Patient Schedule
Р	vatient: Zztest, Patient
	Include Past Appointments
💠 Quick Patient Appointments View	Include Future Appointments
File Tools	asks to Include:
Print Private Bills	2020-Jun-29: Services Required (Completed On 2020-Jun-30)
Insurer	2020-Jul-07: Contact Client (Completed On 2020-Jul-08)
Print All	
Print Patient Schedule Show All Procedures	
Appointment History Wait List History Patient Orders Archived Appointment History Private	Preview Print Cancel
Data Tima Drovidar Annt Tyna Annt Desenn Datiant Activ	

- 7. Patient arrives for Follow up appointment
 - a. PCA right clicks on appointment and selects Arrive
 - b. Provider initiates and completes the Post Exposure Prophylaxis Community Follow-up clinical note for the pertinent visit (eg. 1 week, 4 week, 12 week & 24 week) and saves to the chart

	Day Sheet Encounter Notes Chronic Conditions Virtual Chart Medications Medical History P	Patient Information
Home	Patient V Zztest, Patient V n/a old unknown	FitterAll Items V
7 Scheduler	Future Follow-up Assessment of Blood or Body Fluid Exposure (Por	st-Exposure Prophylaxis Protocol)
Traffic	Tel Post-Exposure Prophylaxis - 1 Week Follow-Up PT Post-Exposure Prophylaxis - 12 Week Follow-Up 0 Post-Exposure Prophylaxis - 24 Week Follow-Up Post-Exposure Prophylaxis - 1 W	Requisition Forms: Antenatal Home Care Postpartum Hypertension Referral Veek Follow-Up Postpartum Referral Form
2 Patients	Pat Post-Exposure Prophylaxis - 4 Week Follow-Up Post-Exposure Prophylaxis Verbal Source Consent 207 Post-Exposure Prophylaxis Verbal Source Consent Con Pach Er, Post Op Hip Class	Assessments/Plans: Edinburgh Postnatal Depression Scale (EPDS) Follow-up Assessment of Blond or Rody Fluid Exposure (Post.
Documents	US Rel-Fit - Post Op Knee Rehab Progress Note / Discharge Summary Reh-Fit - Postural Assessment	Postpartum Vaginal Delivery Care Map WRHA Public Health Nursing Postpartum Care Map
\$ Claims	PT 0 20,	
EMR	Df PT 0	

c. To open the hyperlinks within the clinical note press and hold the control button on the keyboard and left click on the link. This will open the appendix link in a browser window

	Post-Exposure Prophylaxis C One week follow-up appoir	ommunity Clinical No ntment	te Template	
	<u></u>			
	Reviewed outstanding baseline lab re- Hepatitis C Immunity status Syphilis stat	sults: [HIV Hepatitis A Immur tus Pregnancy]	nity status Hepatitis	B Immunity status
	 HIV Follow-up: o Four week follow up [appointment aminotransferase and serum creatinine] o Twelve week follow up [appointme o HIV PEP medication [was not requ been filled] as the patient has no coverage outstanding ouestions documented below https://www.gov.mb.cs/bealth/oubliches 	booked for repeat alanine an on further follow up required a ent booked in o further follow u red was prescribed but has n e. Coverage options document r: INo concerns1 alb/crd/incoro//hiv_nosteyn	ninotransaminase, as s documented below ip required as docum ot been filled was pi ted below: as the pi ndf#nage=35	spartate ¹²] hented below:] rescribed and has atient has
	incepsify in this of the second s			207
	 Hepattis A Follow up: o [Additional Hepatitis A follow up b accordance with MHSAL Hepatitis A <u>Post</u>. https://www.gov.mb.ca/health/publicheal 	ooked No further follow up re exposure Prophylaxis alth/cdc/protocol/hepa.pdf	equired as documente	ed below] in
	Hepatitis B Follow up: o [Additional Hepatitis B follow up b accordance with MHSAL Post Exposure Pr https://www.gov.mb.ca/health/publichea	ooked No further follow up re ophylaxis for HIV, HBV and HO alth/cdc/protocol/hiv_postexp	quired as document CV .pdf#page=15	ed below] in
	Additional Notes:			
40 6		16	- C Search.	
	s//www.gov.mb.ca/health/publichealth/cdc/protocol/hw_postexp.pdl=pages:	22		Q
Upgrade - Share.	P/renew.gov.mb.ca/next//publichealth/coc/protocol/hr.gottesp.gdl=pages Health 🙆 Shared Health 🖉 gov.mb.ca	gov.mb.ca X		م
🔊 Upgrade - Share	norman ga mitoka hada hada pulanciada ka pataka n⊶pataka n⊶pataka ka pataka k	APPENDIX C Laboratory Testing		م
D (ppole: Sam	Aside from for documentation problem following reasons(3, 11): Identify and clinically mana injection-related exposure to Identify any conditions that Monitor for safety or toxicit	APPENDIX C Laboratory Testing purposes, laboratory testing ge any other conditions pot potentially infected body f would affect the PEP media ies related to the regimen p	(see Table 7) is rec entially resulting fi fluids cation regimen rescribed	puired for the
D (ppole: Sam	Aside from for documentation product and the form for documentation product and the form for documentation product and the following reasons (3, 11): Identify and clinically mana injection-related exposure to Identify any conditions that Monitor for safety or toxicit Table 7 – Suggested schedule of	APPENDIX C Laboratory Testing purposes, laboratory testing ge any other conditions pot potentially infected body fu would affect the PEP media ies related to the regimen pr post-exposure laboratory e	(see Table 7) is req entially resulting fi fluids cation regimen rescribed valuations	puired for the rom sexual- or
D (ppole: Stee	Aside from for documentation p following reasons(3, 11): • Identify and clinically mana injection-related exposure to • Identify any conditions that • Monitor for safety or toxicit Table 7 – Suggested schedule of Test	APPENDIX C Laboratory Testing purposes, laboratory testing ge any other conditions pot potentially infected body 1 would affect the PEP media ies related to the regimen pr post-exposure laboratory e	(see Table 7) is rec entially resulting fi fluids cation regimen rescribed valuations Whom	puired for the rom sexual- or