

Appendix 11 – Roles and Responsibilities

October, 2013

Page 1 of 5

Exposed Person

- To present to a health care facility as soon as possible following the exposure (ideally within 2 hours).
- To answer assessment questions. (Refer to [Appendix 15 – Collection Use and Disclosure of Information](#)).
- To provide samples for baseline testing for HIV, HBV, HCV, and STIs, if applicable.
- To follow HIV PEP recommendations and other prevention measures during the risk period.

Source Person

- To assist in providing information for the risk assessment (e.g., testing). (Refer to [Appendix 15 – Collection Use and Disclosure of Information](#)).
- If high risk or known positive, to provide information to the physician (attending physician or ID Specialist) on medical status (e.g., viral load, HIV medications currently taking) so appropriate follow-up and treatment of the exposed person can occur.

HIV PEP Kit Site Manager

- Manage HIV PEP Kits (e.g., monitor expiry dates, incorporate updated materials into existing kits upon direction of the Ministry of Health or of the regional Medical Health Officer [MHO]).

Attending Physician or Nurse Practitioner [RN(NP)] or Emergency Care Physician

- Obtain exposed person's informed consent. Refer to [Appendix 15 – Collection use and Disclosure of Information](#).
- Evaluate the exposure incident and make decisions concerning prescription of HIV PEP, the need for hepatitis B post-exposure prophylaxis and any follow-up required for hepatitis C or STIs considering:
 - fluid exposure type;
 - type of injury/exposure;
 - risk of source including arranging for source testing. [Appendix 14 – Source Patient Risk Assessment](#) is provided to help determine risk factors.
- Complete all fields of the [Exposure Incident Report Form](#) for all exposures that meet the criteria of an exposures ([Appendix 12 – Reporting Requirements](#)), and fax completed form to family physician or RN(NP) (if exposed person identifies or has one) and to the Regional MHO.

Appendix 11 – Roles and Responsibilities

October, 2013

Page 2 of 5

If HIV PEP is Prescribed

- Review client's current medications on the PIP.
- Prescribe and provide exposed person the HIV PEP starter kit.
- Contact ID Specialist to discuss whether ongoing HIV PEP is required. This must be completed before the exposed person is "discharged from care" and recommendations of ID Specialist must be communicated to the exposed.
- If ID Specialist determines HIV PEP is needed for 28 days:
 - ER or family physician will write the prescription and fax to the pharmacy of client's choice. Write on the prescription: "PEP" and name of the ID Specialist who was contacted.
 - Fax pages 1, 2 and 3 of the Exposure Incident Report Form to ID Specialist to facilitate ID Specialist follow-up.
- Pharmacy may contact the physician to complete EDS or First Nation client approval forms.
- Complete WCB claim form and submit to WCB.
- Complete the HIV PEP Kit Replacement Form (enclosed within the kit) and send Page 1 to Ministry of Health and Page 2 to the Pharmacy Department, Royal University Hospital (as indicated on the form).

Family Physician

- Conduct follow-up on exposed and/or source patient in consultation with the ID Specialist.
- Complete outstanding Risk Assessment or lab testing.
- Make referral to Public Health for hepatitis B vaccination (if applicable).
- Prescribes the ongoing HIV PEP if required and not already provided by the ER physician. Application for EDS should be made to the Saskatchewan Drug Plan or to the Non-Insured Health Benefits Branch for those patients who have federal drug coverage.

Regional Occupational Health/Employee Health Services

- Receive all [Exposure Incident Report Forms](#) for health region staff experiencing an occupational exposure.
- Complete WCB claim form and submit to WCB.
- Track occupational exposures and do a root cause analysis and implement measures to prevent future incidents.
- Provide employees with support and counselling as appropriate.
- Ensure follow-up tests of the employee are conducted in partnership with the family physician.

Appendix 11 – Roles and Responsibilities

October, 2013

Page 3 of 5

- Ensure health care workers have access to pre-exposure hepatitis B immunization.
- Maintain staff immunization records including anti-HBs test results.
- Facilitate hepatitis B vaccinations for staff who were non-immune at the time of the exposure.
- Facilitate coverage with WCB.
- Provide the Regional MHO with a summary of incidents on an annual basis (or as directed by the Regional MHO).

Regional Communicable Disease Coordinator or Designate

- Receive all [Exposure Incident Report Forms](#).
- Redirect forms regarding Health Region staff exposures to the Regional Occupational Health/Employee Health Services.
- Redirect forms regarding First Nations individuals living on reserve to FNIHB/NITHA as appropriate.
- Tracks the number of exposures, HIV PEP Kit initiation and ongoing HIV PEP usage by exposure setting and reports to the Ministry on an annual basis (see [Appendix 12 – Reporting Requirements](#)).
- Follow-up with the exposed individuals in all non-occupational (community) settings and all occupational settings (excluding health region staff exposures).
- Reinforce education provided in the ER and in the patient information sheet(s) ([Appendix 6a – Patient Information Following an Exposure to Blood and Body Fluids](#) and [Appendix 6b – Patient Information for HIV PEP](#)). Refer to [Section 6 – Counselling and Follow-Up](#).
- Ensure the exposed is aware of the recommended follow-up as outlined in Patient Information Following an Exposure to Blood and Body Fluids and direct them to follow-up with a physician of their choice.
- Fax [Exposure Incident Report Form](#) to exposed person's family physician.
- Facilitate referral to other supportive services and harm reduction services as necessary.
- Provide hepatitis B immunization records on request.
- Assist in arranging/providing hepatitis B immunizations as necessary.
- May work with the **HIV Case Manager** to assist the client in any follow-up that they require (e.g., follow-up testing, referrals to other agencies, etc).
- Ensure all reporting elements are included on the [Exposure Incident Report Form](#).

Appendix 11 – Roles and Responsibilities

October, 2013

Page 4 of 5

Medical Health Officer

- To provide advice to the ER physician on the initiation of HIV PEP upon request by the physician.
- To receive summary reports of occupational exposures from the Regional Occupational/Employee Health Services on an annual basis or as directed by the Regional MHO.
- To track all non-occupational (community) and occupational exposures (involving non-health region staff) in the health region.
- To provide statistics to the Ministry of Health on an annual basis (see [Appendix 12 – Reporting Requirements](#)).

ID Specialist

- To provide consultation to family physicians or ER physicians upon request and to authorize the ongoing use of HIV PEP.
- To provide ongoing follow-up of individuals requiring the 28 day course of HIV PEP.

Community Pharmacist

- To fill HIV PEP prescriptions for the client.
- To apply for EDS from the Saskatchewan Drug Plan (306-787-8744 or 1-800-667-2549 if after hours) if this has not already been done by the ER or family physician.
 - The Drug Plan will need to know the prescription is for PEP and the name of the ID Specialist who has authorized the need for ongoing PEP.

Workers' Compensation Board

- To cover the cost of HIV PEP Kits and ongoing medications for circumstances where the exposure occurred while the person was working.
- Receives WCB claims and assigns file number to each individual WCB claim.
- Provides Ministry of Health with claim numbers to enable the Ministry to process invoices.
- Submits payment to Ministry of Health for the cost of HIV PEP starter kits prescribed for WCB clients.

Royal University Hospital Pharmacy

- To assemble HIV PEP Kits on behalf of the Ministry of Health and to distribute to HIV PEP Kit sites upon receipt of [HIV PEP Kit Replacement Form](#). Includes copy of HIV PEP Kit Replacement request with the shipment.
- Maintains record of expired kits and HIV PEP kits used by health region and sends monthly record to Population Health Branch, Ministry of Health.

Appendix 11 – Roles and Responsibilities

October, 2013

Page 5 of 5

- Invoices Population Health Branch, Ministry of Health for HIV PEP kits assembled and distributed. Details included in the summary of use:
 - date shipped;
 - site shipped to;
 - date the kits were used or expired;
 - if a complete kit or in the instance of a partial kit, which medication was replaced;
 - cost of the replacement;
 - reference number from the HIV PEP Kit Replacement Form.
- Provide an annual record of HIV PEP medication distribution within regions at the end of April including:
 - the date of medication distribution;
 - the medication name and the quantity of the medication (in tablets) that were distributed; and
 - the name of the site to which the medications or kits were sent to.

Ministry of Health

- Covers the cost of HIV PEP Kits and ongoing HIV PEP medication when non-occupational exposures occur.
- Reviews and updates the program to ensure that it reflects the most current guidelines and protocols.
- Invoices WCB or other worker insurer for the cost of starter HIV PEP kit prescribed for high risk exposures in the workplace.
- Compiles aggregate data on HIV PEP Kit usage based on statistics submitted by Health Regions and First Nations jurisdictions and reports back to the regional health authorities and the HIV Provincial Leadership Team on an annual basis.