

# Appendix 14 – Source Patient Risk Assessment

January, 2015

Page 1 of 1

This tool is designed to be used by the health care provider to help assess the risk that the source has a blood borne pathogen. The information gained is intended to assist with decision-making by attending health care providers only and must not be shared with the exposed person.

Ensure the source understands the information will be:

- used determine if the source is considered high risk for a blood borne pathogen
- shared with the exposed person’s care provider so the most appropriate follow-up of the exposed can be provided.

The source should be informed that confidentiality of this information will be maintained and will not be shared with the exposed person.

1. Has the source ever had a tattoo, ear or skin piercing, acupuncture, electrolysis, needle stick injury, skin graft or come into contact with someone else’s blood?  Yes  No
2. Has the source moved to Canada?  Yes  No  
If yes, where did they come from? \_\_\_\_\_  
**NOTE** to Health Care Practitioner: Consider if source country is endemic for hepatitis B or HIV.
3. Has the source:
  - had sex, even once, with someone who has had multiple sexual partners?  Yes  No
  - had sex, even once, for which they paid, or accepted, money or drugs?  Yes  No
  - had syphilis, chlamydia, gonorrhea, or any other STI?  Yes  No
  - if male, had sex with another male, even once?  Yes  No
  - shared needles or taken street drugs by needle?  Yes  No
  - had sex with anyone who has shared needles or taken street drugs by needle?  Yes  No
  - been the sexual partner of someone who has HIV/AIDS, hepatitis B or C?  Yes  No
  - been in prison?  Yes  No
4. Has the source ever had jaundice (other than at birth), hepatitis or liver disease or had a positive test for hepatitis B or C?  Yes  No
5. Has the source had an HIV/AIDS test before?  Yes  No  
If yes, when? \_\_\_\_\_  
What was the result?  Positive  Negative
6. In the last 12 months, has the source had any of the following symptoms which are continuous and unexplained?  Yes  No
  - weight loss, night sweats, fever, diarrhea or cough
  - lumps in the armpits, neck or groin
  - coloured patches on skin or inside mouth

**Results of the Risk Assessment are to be documented on the corresponding box on page 2 of the Exposure Incident Report Form**

RISK ASSESSMENT OF SOURCE IF HIV NEGATIVE OR UNKNOWN		
Consideration of risk is based on source’s IV drug use, participation in high-risk sexual practices, hepatitis C status, and if he or she is from an HIV endemic country. Refer to <a href="#">Section 2 – Risk Assessment</a> and <a href="#">Appendix 14 – Source Patient Risk Assessment</a>	Indicate if assessment of source risk is considered to be High or Low	
	High	Low