Appendix 15 – Collection Use and Disclosure of Information

Exposed Person's Information

The exposed person must be informed of the purpose for the collection of information requested on the **Exposure Incident Report Form** and who the information will be disclosed to.

The purpose for collecting information (about the exposure and the source, serology for the diseases, and risk factors) of the exposed person is to:

1. Determine what course of treatment is required following the exposure.
2. Determine what additional services or resources the individual may benefit from.
3. Determine what follow-up is required (education, hepatitis B vaccination, and follow-up serology).
4. Monitor exposures using de-identified information and determine if prevention programs can be implemented.

Follow-up services are provided by various health care providers. In order to provide follow-up of the exposed person, information will be disclosed to:

1. The local MHO when it meets the definition of an exposure.
2. The MHO will redirect the information as appropriate to:
   a. The MHO for the area in which the exposed person resides (FNIHB, NITHA, or another region), OR
   b. In the event of an occupational exposure of a health region employee, to the Health Region Occupational Health/Employee Health Department.
3. The exposed person's family physician or nurse practitioner.
4. An ID Specialist as part of the referral (only when referral is necessary).

An **HIV PEP Kit Replacement Form** is completed and returned to the Ministry of Health when the exposed person has been provided an HIV PEP Kit.
The information collected on this form includes:

- Exposed persons name, Health Services Number,
- Exposure category (occupational or non-occupational)
- Exposure date
- Health Region
- PEP Kit Site
- WCB #

This information is used by the Ministry of Health for accounting purposes and to provide required information to WCB and NIHB for exposures that are eligible for coverage.

Source Patient Information

The source person, when identified and available for interviewing, must provide informed consent for collection, use and disclosure of their personal health information. They must be informed of how the information collected will be used and who it will be disclosed to. The Appendix 16 - Consent for Source Patient Testing Following a Blood/Body Fluid Exposure should be used to obtain informed consent.

The purpose for collecting information (risk assessment questions and blood test results) is to determine the most appropriate treatment of the exposed person.

Identifying information (e.g. name, date of birth, health services number) of the source person will only be disclosed to:

1. The exposed person's attending physician in order to conduct the risk assessment of the source.
2. The Regional MHO (Exposure Incident Report Form) as part of the consultation in managing the exposed person.

NOTE: Identifying information of the source will not be disclosed by the health care provider to the exposed person or the exposed person's family physician. In the event that the source person is HIV positive, a Consent for Release of Information should be obtained in order for the source person's physician to share additional information about the source (e.g. viral loads, CD4 counts, current treatment, etc.) with the exposed person's ID Specialist in order to provide the most appropriate treatment to the exposed.

Results of the risk assessment and blood tests pertaining to the source person will be disclosed to:

1. The exposed person's family physician to determine the most appropriate care of the exposed person.
2. The Regional MHO (Exposure Incident Report Form) as part of the consultation in managing the exposed person.
3. In the event of an exposure of a health region employee, with the regional Occupational/Employee Health Department to determine follow-up required for the exposed employee.
4. Shared as part of the referral to the exposed person's ID Specialist so they can determine the most appropriate ongoing follow-up for the exposed person (i.e. if any change in HIV PEP medications is required).
5. The exposed person so they can make an informed decision of the treatment to proceed with based on the risk of the exposure.

If, in the professional opinion of the care provider, it is deemed that disclosure without consent fits the criteria of section 27(4)(a) of *The Health Information Protection Act*, information may be disclosed to appropriate care providers. In these instances, the rationale for the need to disclose this information must be documented. Documentation must also include details of who the information was disclosed to.