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** (or approved substitute) 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).

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:
    - The MHO for the area in which the exposed person resides (FNIHB, NITHA, or another region), OR
    - In the event of an occupational exposure of a Saskatchewan Health Authority employee, to the Saskatchewan Health Authority (SHA) Occupational Health/Employee Health Department.
3. The exposed person's family physician or nurse practitioner.
4. An ID Specialist, when a referral is necessary.
5. In the event an HIV PEP Kit was provided, **HIV PEP Kit Replacement Form** is completed and returned to the Ministry of Health for administrative purposes and to provide required information to Workers Compensation Board (WCB) for exposures that are eligible for coverage.
   The information collected on this form includes:
    - Exposed persons' name, Health Services Number;
    - Exposure category (occupational or non-occupational)
    - Exposure date;
    - Health Area; and
    - PEP Kit Site.

Source Patient Information

When the source person is known and available for interviewing, they must provide informed consent for collection, use and disclosure of their personal health information. Appendix 16 - Consent for Source Patient Testing Following a Blood/Body Fluid Exposure should be used to obtain informed consent.

Risk assessment questions and blood test results are collected for the purpose of determining the most appropriate treatment of the exposed person.

The source person's ***Identifying information*** (e.g. name, date of birth, health services number) will be disclosed to:

1. The exposed person's attending physician to complete the risk assessment.
2. The local MHO in the consultation of 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 verbal 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 (not identifying information of the source) will be disclosed to:

1. The exposed person's care providers (i.e. their attending physician in the Emergency Department, family physician and, if an SHA employee involved in a workplace exposure, the Occupational Health/Employee Health Department) to determine the most appropriate care of the exposed person.
2. The exposed person's ID Specialist in consultation to determine necessary ongoing follow-up of the exposed person (i.e. if any change in HIV PEP medications is required).
3. These care providers will notify the exposed person of the advised treatment and follow-up based on the results of the risk assessment and other factors the care provider is aware of so the exposed person can make an informed decision of the treatment to proceed with.

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.

REVISIONS

Date	Change
May 25, 2020	Clarified the language regarding disclosure of risk assessment results of the source person.