

## Guidelines for the Management of Exposures to Blood and Body Fluids

Appendix 16 – Consent for Source Patient Testing Following a Blood/Body Fluid Exposure

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The source patient testing following a blood/body fluid exposure is intended to inform the decision making process for the individual who has been exposed, and to determine the risk that may be involved for the exposed. Decisions around PEP usage and vaccination can be made from this information. The source information is verbal, informed, voluntary and documented.

Mandatory source testing in blood/body fluid exposures can occur in situations as governed by *The Mandatory Testing and Disclosure (Bodily Substances) Act*<sup>1</sup>. These situations may present in a health care center, however, this appendix will only discuss situations where the source patient is testing voluntarily to assist with the investigation and care of the exposed.

The source must express an understanding of the following:

- An individual has been exposed to the source's blood/body fluids.
- In order to assist in the care and management of the exposed person, answers to personal questions about the source allow the health care provider to assess if there is a risk for hepatitis B, hepatitis C and human immunodeficiency virus (HIV) which causes AIDS.
- A blood test will determine if there is risk for the exposed person.
- A referral will be made to the source's attending physician who will provide their results and arrange for appropriate follow-up.

The following outlines the information sharing that will occur:

- Identifying information **may** be shared with the MHO as a consultant in conducting the risk assessment.
  - In the event of positive test results, *The Public Health Act, 1994* requires health care providers to report their name, gender, age and risk factors to the MHO. Current and past sexual/drug use partners of positive cases will be offered a test.
- Identifying information (name, date of birth, health services number) **will not** be shared with the exposed individual, nor with their family physician or the occupational health/employee health department.

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<sup>1</sup> The blood and body fluid exposure assessment needs to be completed regardless of blood work results and PEP be offered if appropriate at time of initial assessment. Don't wait for court-ordered blood work.

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- Results of the risk assessment and blood test will be shared with the exposed person's care providers (i.e. their attending physician in the Emergency Department, family physician and, if an Saskatchewan Health Authority employee involved in a workplace exposure, the Occupational Health/Employee Health Department). 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.

The source should also be provided with general information for informed consent which includes:

Testing process:

- description of HIV infection, transmission and the window period;
- meaning of positive and negative HIV test results;
- need for further testing based on risks.

Reasons to be tested:

- allows earlier access to services and care;
- helps people live longer healthier lives with treatment;
- helps people become actively involved in their own care;
- decreases worry about possible infection; and
- helps prevent the spread of HIV to others.

Other considerations:

- how the results will impact the client;
- support, assistance, care and treatment options are available and will be offered;
- how to contact the client when results are ready;
- assess risk factors and develop a plan to minimize potential for transmission while awaiting results; and
- the client has the right to refuse testing.

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## REVISIONS

Date	Change
April 29, 2020	Clarified the language to ensure that the exposed receives appropriate follow-up based on the result of the source testing and risk assessment. Not that they receive the results of the source testing.