

Post-Exposure Prophylaxis Verbal Source Consent

Section I: Source Education/Discussion Script

- Someone has identified that they have come into contact with your blood and/or body fluids. Both you and the other person should be tested for any infections you might have or have been exposed to such as HIV (Human Immunodeficiency Virus), Hepatitis A, B or C
FOR SEXUAL EXPOSURES ONLY: Syphilis, Chlamydia, Gonorrhea or other infections.
- It is your choice to be tested except when ordered the law but it is strongly recommended because these infections can lead to long-term problems for you and/or them if they are not treated, even if you don't have symptoms.
 - Exposed can apply for an order through The Testing Bodily Fluids and Disclosure Act <https://www.gov.mb.ca/health/publichealth/tbfd.html> where they were:
 - the victim of a crime;
 - providing emergency medical assistance as a good Samaritan; or
 - performing your duties as a firefighter, emergency medical responder, registered nurse, registered psychiatric nurse, licensed practical nurse, health care aide or peace officer.
- A chart will be created at the clinic for you, and your test results will be documented on your chart, but you can request to hide or unhide your information.
- The other person will not be told your test results, but they will receive treatment advice based on the information.
- Your name and results will not be documented on the other person's chart, but they will be linked by a confidential chart number.
- As with all lab testing your results of these tests will become part of your provincial record (eChart)
 - You can request to hide or unhide your information if you choose to do so. It's called a Disclosure Directive. This means that all health care providers may be not be able to see needed clinical information when you need care <http://www.echartmanitoba.ca/mbForms.html>

Section II: Consent

Is the source able to consent?

[Yes]

No. Needs arrangement for: Language Access Interpretive Services. Clinic will arrange within 1 day. |

No. Needs arrangement for: Legal Guardian. Clinic will arrange within 1 day. |

No. Needs arrangement for: Public Trustee for personal care. Clinic will arrange within 1 day.]

Do you agree (consent) to having your blood tested for HIV, Hepatitis A, B and C?

FOR SEXUAL EXPOSURES ONLY: blood tested for Syphilis, and urine tested for Chlamydia, Gonorrhea or other infections.

[Yes. Appointment set for: (insert date)

Note: Health Care Provider to task self to ensure appointment kept |

No. Will follow up with preferred Primary Care Provider. |

No. Declined follow up.]

If yes, do you agree (consent) to have your chart linked by a confidential number to the other person's for the purposes of treatment?

[Yes]

Yes. Via Language Access Interpretive Services |

Yes. Via Legal Guardian |

Yes. Via Public Trustee |

No. Not willing to consent.]

Do you understand what has been discussed and the explanations provided to any questions? Direct to "What you Should Know if You have Come in Contact with Blood or Body Fluids"

https://www.gov.mb.ca/health/publichealth/factsheets/pep_book.pdf

[Yes]

No. See additional notes below.]

Provider Obtaining Consent (name and designation):

Date: 2020-Jul-21