Mandatory Blood Testing of Individuals for Bloodborne Diseases

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Introduction

The Mandatory Blood Testing Act (MBTA) was introduced in November 2005 in order to address stakeholder concerns with the existing process under the Health Protection and Promotion Act (HPPA) and to achieve faster resolution of applications. The MBTA received Royal Assent in December 2006.

When the MBTA came into force on August 10, 2007, Section 22.1 of the HPPA, and the related Ontario Regulation 166/03, were repealed.

On June 7, 2008, Ontario Regulation 449/07 was amended to include physicians and medical students as those eligible to apply. The new regulation is filed as Ontario Regulation 244/08

Purpose

To provide direction for the implementation of the Mandatory Blood Testing Act requirements by the Medical Officer of Health.

Legislative Authority

Mandatory Blood Testing Act, 2006
Ontario Regulation 449/07
Ontario Regulation 244/08

Policy Definitions and Interpretation

Calculating and understanding time: *Where there is a reference to a number of days between two events, they shall be counted by excluding the day on which the first event happens and including the day on which the second event happens. For example, the day an exposure occurs is counted as day zero.*

A “day” means all days of the week, including Saturdays, Sundays and statutory holidays. Where a deadline falls on a Saturday, Sunday or statutory holiday, the deadline may be extended by one day.

Where an application is received by a health unit other than where the respondent lives and is forwarded to the correct health unit, time is calculated as the date and time an application is received by the first health unit.

Where there is a discrepancy about the date and time of an occurrence between the applicant report and the physician report, the date and time recorded on the physician report is deemed to be correct.

An application that is faxed to the office of a Medical Officer of Health (MOH) is deemed to be received on the day it is faxed, if sent before 4 p.m. and on the day after it is faxed, if sent at or after 4 p.m.

Eligible Applicant: any person who makes an application to a MOH to have a blood sample of another person analyzed if the applicant came into contact with a bodily substance of another person in any of the following circumstances:

a) as the result of being a victim of crime

b) while providing emergency health care or emergency first aid to the person, if the person was ill, injured or unconscious as a result of an accident or emergency

c) if in the course of his or her duties, the person belongs to a prescribed class which includes:

- persons employed in correctional institutions, place of open custody or place of secure custody, as defined by the Ministry of Community Safety and Correctional Services (MCSCS)
- police officers, as defined in the Police Services Act, employees of a police force who are not police officers, First Nations Constables and auxiliary members of a police force
- firefighters as defined in the Fire Protection and Prevention Act, 1997
- Paramedics and emergency medical attendants, as defined in the Ambulance Act
- Paramedic students engaged in field training
- Members of the College of Nurses of Ontario
- Members of the College of Physicians and Surgeons of Ontario
- Medical students engaged in training

Applicant Report*:* an Applicant Report made in the form approved by the Minister (Form 2);

Applicant's disclosure*:* all information in sections "C" (Details of Occurrence) and "D" (Additional Information) of the Applicant Report and all information in Section "C" (History of Exposure) of the Physician Report;

Application: a completed Applicant Report together with a completed Physician Report

1. A <u>complete</u> Applicant report must contain:

a) the applicant’s name, address, telephone number, OHIP number, sex, age and date of birth;

b) the respondent’s name and address and, if known, the respondent’s telephone number, sex, age and date of birth;

c) a description of the occurrence, including the date and time it occurred, any injuries sustained by the applicant and whether the applicant took any precautions before the occurrence;

d) the name, office address, office telephone number and office fax number of the applicant’s family physician, if different from the reporting physician;

e) the statement that the applicant consented to an examination by the reporting physician;

f) the statement that the applicant consented to counselling respecting the occurrence, including counselling respecting prophylaxis and treatment;

g) the statement that the applicant consented to base line testing for the listed communicable diseases ordered by the reporting physician;

h) the applicant's consent to the release of his or her personal information and personal health information relating to the application to the Consent and Capacity Board (CCB) in the event that the application is referred to the CCB.*

* If the application is referred to the CCB, the applicant shall submit the results of his or her base line testing to the CCB as soon as they are available.

i) the applicant's signature and date signed

2. *Where the applicant is applying as a victim of a crime, the applicant report must state that the applicant:*

a) Reported the alleged crime to the police; and

b) has consented to the release by the police of any information from the police report to the CCB in the event that the application is referred to the CCB.

A <u>complete</u> physician report must contain:

a) the name, office address, office telephone number and office fax number of the reporting physician;

b) the applicant's name, address, telephone number, OHIP number, sex, age and date of birth;

c) the name, office address, office telephone number and office fax number of the applicant's family physician, if different from the reporting physician;

d) a description of the occurrence, including the date and time of the occurrence;

e) a statement regarding the type of exposure the applicant experienced and the type of bodily substance with which the applicant had contact;

f) the reporting physician's findings of examinations related to the occurrence, including an assessment of any injuries sustained by the applicant;

g) the applicant's immunization history and serostatus for the listed communicable diseases, if known;

h) a description of all base line testing for the listed communicable diseases ordered by the reporting physician and, if the applicant refused any such base line testing, a description of the base line testing that the applicant refused;

Note: A reporting physician shall order base line testing of the applicant for all of the listed communicable diseases; however, a reporting physician is not required to order base line testing for a listed communicable disease if the reporting physician has other evidence, satisfactory to the reporting physician, of the applicant's serostatus respecting that disease.

i) a description of all prophylaxis and treatment recommended by the reporting physician, including a statement regarding whether the applicant refused any such prophylaxis or treatment;

j) a statement that the applicant consented to counselling respecting the occurrence, including counselling respecting prophylaxis and treatment;

k) the name, office address, office telephone number and office fax number of the physician or physicians to whom the reporting physician referred the applicant for prophylaxis, treatment and follow-up, if applicable; and

l) the reporting physician's assessment of the applicant's risk of exposure to the listed communicable diseases as potentially significant, non-significant or indeterminate.

m) the signature of the reporting physician and the date signed

Appropriate health unit: the health unit for the area where the respondent resides, for the purpose of submitting an application to a Medical Officer of Health;

Bodily substance**:** not defined in the Regulation or Act but referred to in the Physician Report (Form 1), includes blood, serum, plasma, any biologic fluid/substance visibly contaminated with blood (tears, nasal secretions, sputum, vomitus, urine, feces) or pleural, pericardial, peritoneal, synovial, amniotic, cerebrospinal fluid or tissues, or uterine/vaginal secretions or semen, or saliva;

Central Public Health Laboratory**:** at the time the Act and regulations were written, labs were the responsibility of the Ministry of Health and Long Term Care Lab. Public health laboratories now fall under the Ontario Agency for Health Protection and Promotion. The new name for the CPHL is Public Health Lab -Toronto. (PHL-Toronto) Contact phone number is 1.800.640.7221

CCB*:* Consent and Capacity Board;

Exposure: not defined in the Regulation or Act but referred to in Physician Report, (Form 1) includes percutaneous injury (e.g. needle stick or cut by sharp object), bite which breaks the skin, contact with applicant's non-intact skin (e.g. cut, chapped or abraded skin), contact with applicant's vagina, contact with applicant's mucous membrane (eyes, nose, mouth or anal sexual contact). See Section "C" of Form 1-Physician Report;

Form 1: Physician Report;

Form 2: Applicant Report;

Form 3: Respondent Report;

Health Unit: has the same meaning as in the Health Protection and Promotion Act;

Laboratory requisition: the laboratory requisition provided by the Ministry of Community Safety and Correctional Services; the requisition was revised and implemented July 2008 and is now available in hard copy only. Copies of the requisition are available within the prepared testing kits in each SH program clinic site

Listed communicable disease: means HIV, hepatitis B, hepatitis C. Other diseases may be added by regulation in the future;

MBTA: Mandatory Blood Testing Act, 2006;

Minister: the Minister of Community Safety and Correctional Services;

MOH: the Medical Officer of Health and/or Associate Medical Officer of Health;

Occurrence: the events alleged by an applicant which cause him or her to come into contact with a bodily substance of a respondent;

*"****Personal health information****"* has the same meaning as in the Personal Health Information Protection Act, 2004;

*"****Personal information****"* has the same meaning as in the Freedom of Information and Protection of Privacy Act;

Persons who may take a blood sample: physicians, members of the College of Medical Laboratory Technologists of Ontario and members of the College of Nurses of Ontario who are registered nurses and who hold extended certificates of registration under the Nursing Act, 1991;

Physician Report: a Physician Report made in the form approved by the Minister and including the information specified in the Regulation (Form 1);

Report to police: a report of the facts alleging a crime made to local police authorities by a victim;

Reporting physician: a physician who prepares a Physician Report;

Respondent: a person who has been identified by an applicant as a person whose bodily substances the applicant may have come into contact with;

Respondent blood analysis report: a report on the results of the analysis of a blood sample taken from a respondent in accordance with the voluntary process or an order;

Respondent Report: a Respondent Report made in the form approved by the Minister (Form 3); used by the respondent to provide information to the CCB in advance of a hearing when the respondent is refusing to provide blood status information voluntarily

Victim of crime: a victim of an alleged crime under the Criminal Code (Canada).

Policy

Eligible applicants may apply to a Medical Officer of Health (MOH) to have a blood sample of another person analyzed if he or she has come into contact with a bodily substance of that person in any of the prescribed circumstances.

Applications can be submitted in person, or by fax, to any health unit, date and time stamped, but must be forwarded to the Medical Officer of Health in the health unit where the respondent lives.

Applicant report, respondent report and physician report forms are accessed only at the Ministry of Community Safety and Correctional Services website at:

http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/MinistryResults?Openform&SRT=T&MAX=5&ENV=WWE&STR=1&TAB=PROFILE&MIN=008&BRN=10&PRG=11

An application is screened by the MOH to ensure all requirements of the Act are met.

An application must:

- include a complete applicant report (MCSCS Form 1**)**
- include a complete physician report (MCSCS Form 2)
- be received by a health unit within 7 days of the occurrence

Where an application does not meet all requirements, the MOH or designate will notify the applicant in writing as soon as possible after making a decision to not proceed with the application. A letter will be mailed to the applicant within two days of making the decision to not proceed.

Where requirements **are met**, the Medical Officer of Health or designate will attempt to contact the respondent and request that the respondent voluntarily provide a blood sample for analysis or provide evidence of recent testing for the prescribed diseases. Blood test results or evidence of recent serostatus are collected and shared, with the consent of the respondent, with the MOH and the applicant's physician.

If the respondent **does not** provide a blood sample voluntarily, or a letter confirming evidence of recent testing with respect to the prescribed diseases within two days of the Medical Officer of Health receiving the application that meets all the requirements, the application will be referred to the Consent and Capacity Board. The CCB will hold a hearing to decide whether to issue an order.

When an application is referred to the CCB, the applicant will forward to the CCB results of baseline blood testing, as soon as they are known.

The Medical Officer of Health or designate may continue to seek voluntary compliance even after the application is referred to the Consent and Capacity Board. If the respondent provides a blood sample, or evidence of recent testing voluntarily after the application is referred to the Consent and Capacity Board (but before the CCB begins its hearing), the Medical Officer of Health will notify the CCB and withdraw the referral of the application.

The CCB is required to hold and conclude a hearing within seven days of receiving an application, although an extension is permitted when all parties agree. The CCB is required to make a decision about whether to issue an order within one day of the conclusion of the hearing. At this time, the CCB will notify each party and the MOH of the decision.

The CCB's decision is final; there is no right of appeal for the respondent.

The respondent must comply with the order within 7 days.

If a respondent does not comply with an order by the date specified in the order, the respondent may be subject to fines of up to $5,000 per day.

When the respondent fails to comply with an order, the applicant may apply to a judge of the Superior Court of Justice for an order requiring the respondent to comply with the order and take whatever other action the court considers appropriate in the circumstances.

Processes required of the CCB for the hearing, order and related requirements for the respondent, the physician taking the blood and the person named to analyze the blood are described in the MBTA and the Regulation.

Where the respondent has provided a blood sample, but that sample has not been analyzed, the applicant is permitted to re-submit the application. This may occur when the biohazard bag seal is broken or when vacutainers are damaged. The Public Health Laboratory-Toronto is required to notify the MOH when analysis of the blood was not done in the voluntary process or the CCB if blood was taken pursuant to an order. The applicant is then notified in writing by either the MOH or the CCB. The applicant is permitted to re-submit an application within seven days of the notification.

Health unit staff work with the MOH to:

- provide information to anyone within our district about the MBTA and its regulations
- provide information and support to those wishing to submit an application
- receive applications and ensure the application is forwarded to the appropriate health unit
- participate in screening applications
- implement the voluntary process as designated
- facilitate the processes by which a respondent submits a blood sample
- ensure test results are received and forwarded as required
- communicate with the CCB as needed

- respect privacy rights of all parties as per privacy legislation
- provide information and counselling about bloodborne infection prevention, treatment and testing as per health unit policy to any individual within the SMDHU jurisdiction who has experienced a potential exposure to bloodborne pathogens

Procedures

Section A:

Receipt of Application for Mandatory Blood Testing

Due to the strict time lines associated with the receipt and processing of an application under this legislation, it is important that immediate action be taken in all steps below.

(see “calculating time” in definitions)

1. **Barrie Office:**

   1.1 Immediately upon receipt of an application by SMDHU, both reports are date and time stamped directly on the forms and signed by the receiving receptionist.

   1.2 The receptionist will then immediately notify the MOH executive assistant (hereafter referred to as the executive assistant) of the receipt of the application.

   1.3 The executive assistant will retrieve the application from the reception area in the Barrie office.

   Branch Offices:

   1.4 Immediately upon receipt of an application by SMDHU, both reports are date and time stamped directly on the forms and signed by the receiving receptionist.

   1.5 A phone call is made to the MOH executive assistant followed by faxing the application forms, attention to the executive assistant – URGENT.

   1.6 The original forms are then sent to the MOH executive assistant ASAP by Purolator.

   MOH Executive Assistant:

2. The executive assistant will begin immediately to document information on the Application Documentation Form LG0106 (F1**)** on receipt of an application.
3. The executive assistant will review the application to ensure that the address of the respondent shows the respondent resides within Simcoe Muskoka.

   3.1 If the address of the respondent is in another health unit jurisdiction, the executive assistant will notify the MOH office of the appropriate health unit by phone and arrange transfer of the documents by fax and overnight courier of the originals. Letter Transfer to other Health Unit LG0106 (F2)

   3.2 The fax confirmation form and a copy of the application forwarded must be filed with the “Applications Received and Forwarded” file in the MOH area.

4. The executive assistant will create a file folder for the application (last name, first name and date of birth [DOB] of the applicant).

   4.1 The executive assistant will assign a unique identifier number and create a folder for the application. The unique identifier number will appear on the applicant record as well as any related respondent records.

4.2 The executive assistant will track and store all forms and documents related to the application.

4.3 The executive assistant will attach the Application Documentation Form to the inside front of the applicant's file.

5. Immediately on receipt of the application, the executive assistant (or designate in her absence) will review the application and complete the Application Documentation Form.

5.1 Once the data is entered on the documentation form, the summary assessment is made.

5.2 In some circumstances, missing information may be collected. This is done only in consultation with the MOH. When the MOH recommends the collection of additional information, the SH PHN assigned to MBTA investigation is asked to make the necessary contacts. It is inappropriate to change anything on the original documents; to add additional information, a separate photocopy of the pertinent section of the application can be made, the information entered where needed, then signed or initialled and dated by the applicant and stapled to the application. Where the PHN is collecting the information by phone, a progress note can be used and the written entry dated and signed by the PHN. This additional page is then stored with the application.

6. When the application review is complete, the executive assistant forwards the application and documentation form to the MOH. When the MOH is out of the office, the documents may be reviewed by phone or fax.

MOH:

7. The MOH examines the application and determines if requirements are met.

7.1 If requirements are met, the application proceeds to the Voluntary Process (Section B).

7.2 If requirements are not met, the application will not proceed and a letter LG0106 (F3) will be mailed o the applicant within two days of the decision, indicating the reason for the decision to not proceed.

7.3 If the application has not proceeded to the voluntary process, the MOH may request any PHN from the sexual team to contact the applicant to address any outstanding health concerns with respect to the exposure. The PHN will use the "Assessment of Incidents of Possible Exposure to Blood and Body fluids of Another Person" policy and procedure as a guide.

MOH Executive Assistant

8. To initiate the request for the voluntary process investigation of the respondent, the executive assistant will photocopy the applicant report, make a separate file folder for the respondent labeled with the respondent's name, DOB, and the file code to match the application code. The executive assistant will retain the original application in the filing system in the MOH area. The executive assistant notifies the sexual health program manager that the respondent record is ready to be assigned to a PHN investigator and arranges for the related documents to be delivered to the assigned PHN investigator.

9. The executive assistant will track the progress of the voluntary process on the Voluntary Process Tracking Form LG0106 (F4).

SH Program PA and PHN Investigator

10. SH Program receipt of the application:

10.1 The sexual health program assistant will consult the staff schedule and notify the scheduled PHN that an MBTA is ready to be assigned. Applications where the respondent is at the Central North Correctional Centre (CNCC) should be assigned to the Midland PHN or the Collingwood PHN as they have security clearance at CNCC.

10.2 The PHN communicates with the MOH executive assistant to arrange file transfer and to determine the date and time of the expected deadline.

Section B:

Voluntary Process

Purpose:

To obtain blood test results or known serostatus information for the prescribed diseases from the respondent on a voluntary basis, and to obtain informed consent for the disclosure of this information to the MOH and applicant's physician.

Procedure:

1. The PHN investigator uses the Voluntary Process Documentation Form LG0106 (F5) to document the voluntary process. If additional documentation space is required, a progress note may be added.
2. The PHN investigator completes the identifying information on the documentation form and proceeds to contact the respondent. The script on the form may be used to facilitate the contact with the respondent.
3. The efforts to contact the respondent are to follow usual public health practices, and must be completed within two days as defined by the regulation. See "Calculating Time" in definitions. Attempts to reach the respondent are first made by phone if a telephone number is available. If a phone number is not available, attempts to contact the respondent may be done by home visit.

    3.1 The PHN investigator should attempt to call the respondent three times per day at various times during the day including evenings. If the respondent has a voice mail option on the phone and the voice mail clearly identifies only the respondent as the user, the PHN may leave a voice message requesting the respondent call back. e.g. "This is (name) at phone number and extension. Please call back ASAP." No other identifying information is to be left. A home visit may be attempted at the discretion of the PHN investigator in consultation with the Sexual Health Program manager.

    3.2 When the PHN investigator makes a home visit and the respondent is not found, a letter, LG0106 (F6) sealed in a plain, addressed envelope, requesting the respondent to contact the investigator, may be left.

4. **When the respondent cannot be reached** within the two day deadline, the voluntary process is considered unsuccessful **at this time**. The PHN will notify the executive assistant by phone and document the action on the Voluntary Process Documentation form. When the two day deadline falls on a weekend or holiday, notification and forwarding of the application to the CCB may occur on the next business day.

    4.1 The executive assistant receives and documents the notice of failed voluntary process at the two day deadline, notifies the MOH, and faxes the application to the CCB at 1-866-777-7273. See fax cover form LG0106 (F7) CCB Referral Letter LG0106 (F8) may be used. If any futher information needs to be communicated then contact the Consent and Capacity Board contact, Deputy Registrarat 416-212-4838 or the general number for the CCB at 1-866-777-7391. 4.2 The executive assistant will retain the originals. The CCB requires only a faxed copy of the application. Any additional notes

the PHN may have made during the process of screening the application are not sent with the application, but retained on file. These notes may be requested by CCB later. When duplicate applications have been received, as when an applicant has used the incorrect HPPA forms, and later corrected this, forward only the correct MBTA forms. If the only forms available are the out-dated HPPA forms, the CCB will accept these. If consultation is required related to documents for referral, contact the Deputy Registrar at the CCB.

4.2 The PHN investigator may continue to attempt to contact the respondent for no longer than seven more days. (The CCB must start and conclude a hearing within seven days of receipt of the forwarded application to determine whether an order should be made.)

4.3 The CCB will send notice to the MOH of the date the hearing is to start. The executive assistant will notify the PHN investigator of the notice. Once the hearing has begun, the PHN investigator will discontinue the voluntary process, complete documentation and forward all documentation to the executive assistant for filing.

4.4 There is no requirement that the MOH notify the applicant of the referral of the application to the CCB. There is no requirement of the MOH to attend the hearing unless otherwise stated.

5. Should the PHN determine at any time, that the voluntary process is unsuccessful (for example, the applicant refuses, is not able to provide consent, cannot be located, the hearing process start notification has been received or any other reason), the PHN will:
    - complete all documentation including the Outcome of Voluntary Process form
    - notify the executive assistant
    - return all documents to the executive assistant for filing.
6. Where the PHN investigator is able to contact the respondent, the investigator will:
    - explain the reason for the contact
    - maintain the confidentiality of the applicant
    - request the respondent provide recent serostatus information or submit to a blood test for the prescribed diseases.
    - request the respondent give consent for the disclosure of this information to the MOH and the applicant's physician.
    - request a face-to-face meeting with the respondent where additional information can be given, the consent form completed and the MCSCS lab requisition provided. In circumstances where timelines and travel are issues, paperwork may be shared by fax.
7. **Where the respondent agrees** to provide the requested information voluntarily, the investigator will:
    - when feasible, meet with the respondent in provide information about the voluntary process
    - describe the information sought for the prescribed diseases; blood tests or evidence of prior recent tests
    - discuss implications for the respondent in having testing done which may include anticipating results, health care management, prevention issues

- explain the disclosure of information and related implications for each of the three components; disclosure to the MOH, to the applicant's physician and to the respondent's physician
- ask the respondent to read and sign the Consent for Release of Information for Voluntary Blood Testing form. LG0106 (F9)
- explain that the signed consent also allows the PHN investigator to contact the respondent's physician to provide information or direction about the voluntary process requirements
- arrange with the respondent for blood testing or provision of evidence of recent serostatus; the sexual health clinic services or the respondent's family physician may be offered for testing;
- offer the respondent the Voluntary Testing for Blood Borne Diseases Information Sheet. LG0106 (F10) this information sheet serves to reinforce in writing, the request being made, the steps the respondent should take to comply with request, the required time frames and may facilitate the respondent's approach to the family physician if one is being used
- when the client attends a SMDHU SH clinic: complete with the respondent the MBTA lab requisition, arrange an appointment in the sexual health clinic as soon as possible with the nurse practitioner or physician. A PHN can draw the blood under an order from a SMDHU NP.
- when the respondent selects the family physician, the MBTA testing kit (which contains instructions, requisition, seals, transport bag and envelope), available at each SH clinic site, will be provided. Assist the respondent by completing Section A of the requisition; ensure MOH information is clearlydocumented. Processes for family physicians are the same as for sexual health clinics in 7.2 below
- remind the respondent to bring photo ID or two pieces of ID which contains their name and signature; this is a requirement when having the blood drawn

7.1 Notify the executive assistant by phone that the voluntary process is successful.

7.2 For sexual health clinics: A prepared blood testing kit is available in each clinic site. The kits contain blood tubes (check expiry dates) the required lab requisition, labels and biohazard bags with seals and a labeled padded envelope for transporting to the PHL-Toronto. Two vacutainers of blood are adequate. The lab requisition provides detailed instructions about processes to maintain chain of evidence. Follow the instructions carefully. When the blood is obtained and packaged, call Purolator for pick up and delivery to the PHL-Toronto at 661 University Avenue, Toronto, ON, M5G 1M1. All samples must be delivered to the shipping dock. . Provide the respondent with a copy of the completed requisition (yellow), retain the physician copy (pink) for the respondent's clinic record and retain the medical officer of health's copy (green) with the respondent documentation of voluntary process record. The first page (white) is sent with the blood samples to the PHL-Toronto.

7.3 When the respondent believes evidence of recent serostatus with respect to the prescribed diseases is available, the investigator will seek consent, contact the health care provider who holds the information and facilitate access and delivery of the information to the MOH for sharing with the applicant's physician. For SMDHU purposes, the following table is followed to determine when previous testing provides valid results for the purpose of the voluntary process:

Disease	Non-infectious	Infectious
HIV	Seronegative dated not more than 4 weeks prior to the incident	Seropositive dated anytime
Hepatitis C	Seronegative dated not more than 4 weeks prior to the incident	Seropositive dated anytime
Hepatitis B	Positive anti-HBs OR Negative HBsAg not more than 4 weeks prior to the incident	Seropositive HBsAg dated not more than 4 weeks prior to the incident

8. **Where the respondent refuses to provide** the requested information voluntarily, the PHN investigator will inform the respondent that an order by the CCB may be made and provide them with a MBTA form 3, Respondent report. This allows the respondent to provide information to the CCB in advance of a hearing.
9. Once a sample from the respondent has been taken the PHN will notify the CD Data Management Assistant and SH Program Assistants that lab results will be coming in for the respondent (provide name and DOB) and that these lab results should be directed to the MOH office and a message sent to the PHN and SH Manager to inform them when the labs arrive. The "Legal Seal #" should be recorded in the Additional Info section on the lab result received. This will help to determine that the lab result is related to a MBTA.
10. Once all valid test results have been received and recorded, the PHN investigator will complete the Outcome of Voluntary Process Investigation Form LG0106 (F11) with a copy to the respondent's record.
11. The original Outcome of Voluntary Process Investigation Form (130) is delivered to the MOH via the executive assistant immediately upon completion. Where the outcome is successful, attach test results to the inside of the respondent's record. The respondent record is forwarded to the executive assistant for sharing with the MOH and filing.
12. When the voluntary process becomes successful after the two-day deadline and where the application has already been forwarded to the CCB, but no hearing has yet been held, the MOH executive assistant will inform the CCB by requesting the application be withdrawn. See Letter of Withdrawal of Application LG0106 (F12)

Section C:

Disposition of an Application

Disposition of the Application on Completion of the Voluntary Process

1. The executive assistant immediately informs the MOH that the outcome of the voluntary process has been received from the investigator.

Voluntary Process Successful

1. The MOH notifies the applicant that the respondent has voluntarily provided the testing information requested and sends the Application Discharge letter LG0106 (F13) to the applicant indicating that the application is discharged.
2. The MOH forwards a copy of the testing results to the applicant's physician with a copy of the respondent's signed consent using letter to physician results LG0106 (F14).

Voluntary Process Unsuccessful

1. Where the voluntary process is unsuccessful at the two-day deadline, but will continue beyond the deadline, follow steps as per Section B (4) above.
2. Should the PHN investigator determine, during the continuation phase of the voluntary process, that the voluntary process is unsuccessful (for example, the applicant refuses, is not able to provide consent, cannot be located, the hearing process start notification has been received or any other reason), the PHN will:
    - complete documentation including the Outcome of Voluntary Process form
    - notify the executive assistant
    - return all documents to the executive assistant for filing.

Consent and Capacity Board

1. The CCB holds the responsibility for holding a hearing and determining the application. The CCB will notify the MOH of the start of a hearing. An application referred to the CCB may be withdrawn at any time up until the time the hearing is started.
2. Should an order be written, the MOH will be notified of the order and will receive a copy of the completed lab requisition to be filed with the application.
3. When an order is made, blood analyzed and results obtained, the analyst holds the responsibility for sharing the results with the applicant's physician and notifying the applicant. There is no requirement for the MOH to take any action at this time.

Re-submission of an application

When a blood sample is not analyzed due to broken biohazard bag seals or damaged blood tubes the PHL-Toronto will notify the MOH (when blood was submitted voluntarily) or the CCB (when blood was obtained as part of an order). When the MOH receives such a notice, the MOH will notify the applicant in writing and by courier. See Letter to applicant for re-submission LG0106 (F15) The notice is deemed to be received by the applicant within 24 hours. This enables an applicant to re-submit the application to the HU of the jurisdiction where the respondent lives, within 7 days. The re-submitted application must include:

- The same applicant report included in the original application

- The same physician report included in the original application
- The results of the applicant's baseline testing if available and
- A copy of the written notice given by the MOH or the CCB of the blood not analyzed.

Forms

LG0106 (F1) 100 Application Documentation Form

LG0106 (F2) 101 Letter Transfer to Other Health Unit

LG0106 (F3) 105 Letter Will Not Proceed

LG0106 (F4) 110 Voluntary Process Tracking Form

LG0106 (F5) 115 Voluntary Process Documentation Form

LG0106 (F6) 120 Letter to Respondent Not Found

LG0106 (F7) 150 Fax Consent Capacity Board

LG0106 (F8) 102 Letter Consent and Capacity Board Referral or Hearing

LG0106 (F9) 125 Consent for Release of Information

LG0106 (F10) 140 Voluntary Testing for Bloodborne Diseases Information Sheet

LG0106 (F11) 130 Outcome of Voluntary Process Investigation Form

LG0106 (F12) 103 Letter Consent and Capacity Board Withdrawal

LG0106 (F13) 135 Application Discharged

LG0106 (F14) 145 Letter to Physician Results

LG0106 (F15) 104 Letter Sample Submit Application

Related Policies

- D7.335 Assessment and Management of Incidents of Possible Exposure to Blood and Body Fluids of Another Person.
- HS0102 Staff Exposure to Blood and Body Fluids

Final Approval Signature: _____

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