Appendix A- Primary Care PEP Preparedness Checklist

#X	Winnipeg Regiona Health Authority Caring for Health	al Office régional de la santé de Winnipeg À l'écoute de notre santé	Standard Operating Procedure (SOP) for Pathways	Status: Final Last Revision Date: 2-Jul-20 Owner: Primary Care
Pathway: Post Exposure Prophylaxis (PEP) Preparedness			Page <b>1</b> of <b>3</b>	

A) Overview and Goals: to ensure hub site preparedness for the provision of PEP follow up at Primary Care Clinics

## B) Glossary of Terms and Acronyms:

Post - exposure Prophylaxis (PEP) –	Medications that are given after an exposure has occurred which may reduce the risk of acquiring an infection from the exposure
Hub Sites	Designated Community Clinics within Winnipeg agreeable to providing the necessary PEP follow up within 48hrs of initial assessment in an Emergency Department or Urgent Care

## C) About this SOP:

This SOP pertains to primary care clinics providing PEP and outlines the processes and the resources required.

There are several steps within this process, and to help with role clarity of who is responsible for certain aspects within the process steps.

## D) The Process:

Person	Domain	Task	Date
<u>Responsible</u>			<b>Completed</b>
Manager	AnagerLabEnsure onsite or nearby lab servicescan accommodate the time		
	Services	sensitive testing requirements	
Manager	Clinical Identify PEP Site Champion to provide training		
	Support		
Manager Clinical Identity Site Media		Identity Site Medical Lead or Physician to provide clinical consultation	
	Support	as required.	
Clinical Team	Clinical	Aware of Manitoba Health PEP protocol and all related operating	
	Support	guidelines, workflows and decision tools.	
		https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv_postexp	
		.pdf	
Manager/Site	Medication	HIV- Ensure HIV Post Exposure Prophylaxis Kits A and B are ordered	
Medical Lead		and stocked at the clinic	
		<ul> <li>Use HSC Pharmacy Stock Med order sheet</li> </ul>	
		• Site Medical Lead to complete and sign HIV PEP Kit Order Form:	
		HIV Post – exposure Prophylaxsis Drug Order Form	

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		<ul> <li>FAX the signed order form to HSC Pharmacy. Do not</li> </ul>	
		send the Order form to Tache Pharmacy, HSC Pharmacy	
		will forward however, they need a copy for their	
		records.	
1		<ul> <li>Ensure cold chain is maintained</li> </ul>	
		Other STI- Ensure all Sexually Transmitted Infection Medications and	
		Administration Reporting Form are ordered and stocked following	
		appropriate delivery to the clinic	
		<ul> <li>Manitoba Health STI Medication Order Form:</li> </ul>	
		o Manitoba Health STI Medication Administration Form:	
		https://www.gov.mb.ca/health/publichealth/cdc/protocol/stia	
		dminform.pdf	
		Vaccinations- Ensure the following vaccinations are ordered and	
		stocked following appropirate delivery to the clinic	
		• HBIG	
		• Hepatitis B ADULT	
		<ul> <li>Hepatitis B Aboli</li> <li>Hepatatis A Vaccine: Manitoba Health will provide Havrix<sup>®</sup>1440</li> </ul>	
		(Adult) as <u>stock</u> medication to Primary Care sites providing PEP.	
		(Addit) as <u>stock</u> medication to rimary care sites providing rer.	
Manager	Reporting	Ensure surveillance forms are available all Manitoba Health Forms	
0		(surveillance forms for all positive cases and contact	
		https://www.gov.mb.ca/health/publichealth/surveillance/forms.	
		html	
		• User Guide for Completion of Surveillance Forms for Reportable	
		Diseases	
		<ul> <li>Diseases</li> <li>Hepatitis B and C, HIV, and Syphilis Investigation Form –</li> </ul>	
		Diseases	
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		<ul> <li>Diseases</li> <li>Hepatitis B and C, HIV, and Syphilis Investigation Form –</li> <li>Case Form</li> </ul>	
		<ul> <li>Diseases</li> <li>Hepatitis B and C, HIV, and Syphilis Investigation Form – Case Form</li> <li>STI Case Investigation Form For Chlamydia, Gonorrhea,</li> </ul>	
		<ul> <li>Diseases</li> <li>Hepatitis B and C, HIV, and Syphilis Investigation Form – Case Form</li> <li>STI Case Investigation Form For Chlamydia, Gonorrhea, Chancroid and LGV Infections – Case Form</li> </ul>	
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Manager	Education	<ul> <li>Diseases</li> <li>Hepatitis B and C, HIV, and Syphilis Investigation Form – Case Form</li> <li>STI Case Investigation Form For Chlamydia, Gonorrhea, Chancroid and LGV Infections – Case Form</li> <li>HIV Case Report Form for Anonymous Testing</li> <li>HIV Case Report Form for Rapid HIV Testing</li> </ul>	
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Use: Health Information Resources Order form:	
https://www.gov.mb.ca/health/jmc/hirorderform.pdf	