

<b>CONTAMINATED SHARPS INJURY / SPLASH EXPOSURE</b>
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<b>SOURCE / DONOR RISK ASSESSMENT</b>
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**Source Patient**

Current Ward:	Insert <u>Source Patient</u> Sticker here
Current Consultant: Team:	

**RISK FACTORS FOR BLOOD BORNE VIRUS INFECTION**

- Injecting drug users.
- Known to have or being treated for Hep B, Hep C or HIV
- Haemophiliac patients who have received unscreened blood products prior to 1991. (The great majority of these patients are aware of their HIV status).
- All those who have placed themselves at risk of HIV infection because of their sexual behaviour.
- Persons who have had invasive medical treatment or received unscreened blood transfusions in areas where HIV has a high prevalence.
- The sexual partners of all the above groups, and children born to seropositive mothers.
- People whose ethnic origins are from countries with high prevalence of Hep B, Hep C or HIV.

<b>Known HIV status:</b>	<input type="checkbox"/> Positive: <input type="checkbox"/> Negative:            on what date:    /    / <input type="checkbox"/> No Record:
<b>Known Hep B status:</b>	<input type="checkbox"/> Hep B s Antigen Positive: <input type="checkbox"/> Negative:            on what date:    /    / <input type="checkbox"/> No Record:
<b>Known Hep C status:</b>	<input type="checkbox"/> Hep C Antibody Positive: <input type="checkbox"/> Negative:            on what date:    /    / <input type="checkbox"/> No Record:
<b>Has blood been taken from source patient for above tests</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Has source patient given informed consent for blood to be taken for HepBsAg, Hep C and HIV AB ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

- Source Patient Risk Assessment forms an important part of the management of needle stick injury. It should be undertaken as soon as possible and ideally within one hour of the incident and should be given to recipient to take to ED or OHSS.
- The assessment should involve looking in the patient notes, if possible a quick relevant screening risk history from the patient, and looking on "results reporting".

- Between 08:30 and 17:00, the assessment is the responsibility of the Source Patient's clinical team.
- 'Out of hours' the assessment is the responsibility of the Medical Registrar – who may delegate the task (e.g. to Source Patients Specialty's on call cover) or perform the assessment themselves. The assessment needs to be done by a Doctor at level F2 or above.
- The Emergency Department are to do the risk assessment if the Source Patient is directly (and currently) under their care but do not provide this service for in-patients or community NSIs.

**Fax to:** Occ Health: **Fax: 01722 335143** in hours    Emergency Dept. **01722 331529** out of hours

#### **EXAMPLE OF STANDARD WORDING FOR APPROACHING DONOR/SOURCE TO GAIN CONSENT**

“Unfortunately one of the members of staff has had an accidental injury where your blood (*or specify relevant body fluid*) has been “involved”. I am here to ask if you would let me take a blood sample for testing for the viral infections, which can be transmitted to staff in this way. This is something that we ask for routinely whenever a patient's blood (*or specify relevant body fluid*) is involved in such an accident. We need your agreement to do this and would appreciate your help.

The purpose of the testing is to reassure staff where the results are negative. This may allow them to stop taking precautionary medication, which often causes unpleasant side effects. In the unlikely event that a test is positive you will receive specialist advice and management including treatment if required. The staff member may also be offered additional treatment.

The tests are for hepatitis B, hepatitis C and HIV. The test results should be available within a few days (but may take several weeks if extra investigations are required for clarification) and will normally be given to you by a member of the medical staff. The results are confidential, but they will appear in your health record and the affected staff member will also be informed.

Do you have any concerns? A common concern is whether having these tests done will affect any existing life insurance policies or future life insurance applications. The Association of British Insurers has issued guidance stating; “Existing life insurance policies will not be affected in any way by taking an HIV test, even if the result is positive.” For new life insurance applications, companies should only enquire about positive test results, not whether a test has been performed. A positive test result may affect the outcome of a life insurance policy application. Do I have your permission to take a blood sample for hepatitis B, C and HIV testing? I should remind you that you can refuse to have some or all of these tests performed and that if you do choose not to be tested it will not affect your future care. If the results are positive a meeting will be arranged to explain them to you.”

**CONSENT FROM DONOR FOR HIV, HBV AND HCV BLOOD TEST**

**WARD:**

**DEPT:**

**LOCATION:**

Name (print): \_\_\_\_\_

Signature of Donor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Give my consent to my blood being tested for **HIV, Hepatitis B and Hepatitis C.**  
(delete as appropriate). I have had the implications of these tests thoroughly  
discussed with me by:

Member of clinical team (print): \_\_\_\_\_

Signature of clinician: \_\_\_\_\_

Date: \_\_\_\_\_

**This form stays in the patient's notes.**