Section 4: Appendices

**Appendix 1: Source patient BBV risk assessment letter**

Dear Patient,

I would like to inform you that a member of staff has come into contact with your blood or body fluids. When this happens we assess if the member of staff has been put at risk of any infectious diseases i.e. HIV, Hepatitis B or Hepatitis C. If this is the case we can give the member of staff treatment to prevent infection occurring. This treatment needs to be given very quickly if potential infection is to be avoided.

To make this assessment we need to ask two things of you:

1. that you answer some personal questions. These are important to help us understand if there is likely to be any risk to the staff member and if treatment is required.
2. your permission to take a blood sample to test for Hepatitis B and C, and HIV infections.

Please complete the questions below. Once you have completed them the information provided will be entered onto another form which does not have your name on it, and this letter will be destroyed. The form will be passed to the doctor looking after the injured member of staff.

A doctor/nurse will explain the blood tests to you, make arrangements to give you the results, and organise any follow up that might be required.

The results of your blood test will be sent to the doctor caring for the injured member of staff to help ensure the member of staff is getting the right treatment as quickly as possible if it is required.

We apologise for the inconvenience this has caused to you and are very grateful for your help.

Once again, thank you very much for your assistance in this matter.

Yours sincerely,

Occupational Health Service
Please answer the following questions:

**Question 1** Have you ever been diagnosed with HIV
- Yes ☐ No ☐

**Question 2** Have you ever been diagnosed with Hepatitis B
- Yes ☐ No ☐

**Question 3** Have you ever been diagnosed with Hepatitis C
- Yes ☐ No ☐

**Question 4** Have you ever injected drugs?
- Yes ☐ No ☐

**Question 5** Have you ever had sex with anyone who injected drugs?
- Yes ☐ No ☐

**Question 6** If you are male, have you ever had sex with another man?
- Yes ☐ No ☐

**Question 7** Have you ever had sex with someone from a country outside the UK, Western Europe, North America, Australia or New Zealand?
- Yes ☐ No ☐
  If so please state the country __________________________________________________________________________

**Question 8** Have you ever had a blood transfusion in a country outside UK, Western Europe, North America, Australia or New Zealand?
- Yes ☐ No ☐
  If yes, please state the country? __________________________________________________________________________

**Question 9** Have you ever had an operation or injection in a country outside UK, Western Europe, North America, Australia or New Zealand?
- Yes ☐ No ☐
  If yes, please state the country? __________________________________________________________________________

**Question 10** Are you from a country outside the UK, Western Europe, North America, Australia or New Zealand?
- Yes ☐ No ☐
  If yes please state which country you are from __________________________________________________________________________

**Question 11** For those with identified risk factors, is there any risk of a window period infection? Yes ☐ No ☐
Please give details __________________________________________________________________________

For the clinician undertaking the BBV risk assessment:

When this form has been completed with the patient please:

- Record in source patient’s case notes that assessment has been carried out. Do not record the outcome of the assessment in the patient’s case notes.
- Record your name, grade and contact details in source patient’s case notes.
- Once this has been undertaken please destroy the source patient assessment letter.
- Follow actions in the NHS GGC guidance and summarised on the source patient BBV risk assessment form (Appendix 2).
- Make arrangements for the source patient to receive the BBV test results and record these arrangements in the source patient’s case notes.
PART A: Anonymised source patient risk assessment form: for use following needlestick or similar injury

Name of injured HCW: __________________________ Location where injury took place: __________________________

Consultant/GP responsible for source patient: __________________________

Contact number: __________________________ Date: __________________________

IMMEDIATE ACTIONS (Click here for full guidance)

1. Risk assess the source patient
   a. Undertake the source patient BBV risk assessment urgently. Use source patient risk assessment letter – Appendix 1)
   b. Review of the case notes of the source patient
   c. Speak to the source patient’s medical team

2. Decide on the results
   a. Establish if the source patient is known to have a bloodborne virus or is high risk for a bloodborne virus infection. If the source patient answers ‘yes’ to any of questions 4 – 10, then they are HIGH RISK for bloodborne virus infection.
   b. Is there a risk of a source patient window period infection?

3. IMMEDIATELY COMMUNICATE THE RESULTS
   a. TELEPHONE the occupational health/A&E clinician looking after the injured HCW with an initial verbal report of the results and details of the source patient BBV risk assessment.
   b. Include details of when the source patient BBV test results will be available
   c. Complete this form and forward to Occupational Health/A&E as appropriate by fax or by giving it to the injured HCW in a sealed envelope to take with them. Do not delay referral of the injured HCW (HIV PEP should be started within one hour).

4. BBV testing
   a. Consent and test the source patient for BBVs
   b. Arrange urgent BBV testing with the lab. (Telephone the on-call virologist) tel: 0141 211 3000

5. Record your actions
   a. Record in source patient’s case notes that assessment has been carried out. Do not record the outcome of the assessment in the patient’s case notes.
   b. Record your name, grade and contact details in source patient’s case notes
   c. Destroy the source patient BBV risk assessment letter.

6. Source patient follow up
   a. Arrange follow up for the source patient to receive the BBV test results, and if any positive results make appropriate referral arrangements as per GGC guidance
   b. Advise the need for repeat testing to cover the window period if appropriate
   c. Inform the nurse in charge of the source patient and the consultant of the source patient of the results/need for follow up.

PART B: To be completed by the clinician undertaking the source patient BBV risk assessment

If no approach has been made to the source patient, please state reason(s) why this has not been done:

(Please tick appropriate box) Yes No

Outcome of risk assessment:

Has the source patient been diagnosed with a blood borne virus infection? ☐ ☐
Following discussion with the source patient’s medical team, does the patient have any possible syndrome related to HIV (could they have a new infection or acute infection)? ☐ ☐
Is the patient HIGH RISK for blood borne virus? ☐ ☐
Is the source patient at risk of a window period infection? ☐ ☐

Give details:

Communicating the source patient BBV risk assessment to the occupational health/A&E clinician looking after the injured HCW

Has the Occupational Health/A&E clinician looking after the injured HCW been informed of the BBV risk status of the source patient? ☐ ☐

Source patient BBV testing

Has consent been sought and granted for source blood to be tested for BBV? ☐ ☐
Has the sample been taken? ☐ ☐
When will the results be available? Date _________ Time _________

Source patient follow up

Has follow up to give the source patient the results of BBV testing and advice been arranged? ☐ ☐

Clinician looking after the source patient

Clinician’s name __________________________ Post __________________________

Page/contact number __________________________
PART C : To be completed by the occupational health/A&E clinician managing the injured HCW/person

ACTIONS

1. See the injured HCW/person within 1 hour of the injury

2. Assess the significance of the injury
   a. For an injury to be significant both the type of injury and the body fluid involved must be high risk.

3. Receive the source patient BBV risk assessment
   a. Discuss the result and details of the source patient BBV risk assessment with the clinician looking after the source patient.
   b. Receive the source patient risk assessment form.

4. Injured HCW/person
   a. Decide on the need for HIV PEP/ HBV immunisation/immunoglobulin/ follow up BBV testing based on the above (follow NHS GGC guidance).
   b. If giving HIV PEP or if unsure contact the Infectious Disease physician on call.
   c. Give HIV PEP/ HBV vaccination/immunoglobulin / follow up BBV testing as appropriate.
   d. Take blood for storage from the injured HCW/person.

5. Arrange all required follow up for the injured HCW/person with
   a. Infectious Disease physician at the Brownlee if HIV PEP is given.
   b. Occupational health (HCW) or GP (others) for HBV vaccination and follow up BBV testing as required.
   c. Referral to Sandyford services for support if required.
   d. Instruct the injured HCW to inform occupational health regardless of the outcome of the risk assessment.

6. Source patient blood results
   a. Advise with the clinician looking after the source patient re who is to be contacted when these are available.
   b. Inform the clinician looking after the injured HCW/person of the anonymised source patient BBV test results so that the injured HCW/person’s need for HIV PEP/ HBV/ follow up BBV testing can be reviewed.

PART D : To be completed by the occupational health/A&E clinician managing the injured HCW/person

<table>
<thead>
<tr>
<th>Management of the injured HCW/person</th>
<th>(Please tick appropriate box)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of the injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has first aid been undertaken?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the type of injury high risk?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the body fluid assessed as high risk?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this a significant injury?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source patient BBV risk assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the source patient been diagnosed with a BBV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the source patient have a syndrome related to HIV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the patient high risk for any BBV?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a risk of a window period infection?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give details:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Injured HCW/person

| HBV vaccination given? |     |    |
| HBV immunoglobulin given? |   |    |
| Follow up BBV testing |     |    |
| HIV PEP commenced?    |     |    |

Follow up of the injured HCW/ person arranged with

| Infectious Disease physician Brownlee (HIV PEP) |     |    |
| Occupational health (HCW) or GP (others)       |     |    |
| Sandyford services for support if required    |     |    |
| Occupational health for all HCWs regardless of outcome of the assessment |     |    |

Source patient BBV test results

| Have the arrangements for who is to receive the anonymised source patient BBV test results been made with the clinician looking after the source patient? |     |    |
| Has the clinician looking after the injured HCW/person been informed of the anonymised source patient BBV test results? |     |    |

Occupational health/A&E clinician managing the injured HCW/person

Clinician’s name: ___________________________ Post ___________________________

Page/contact number: ________________________ Date: __________________________

Copies of this assessment form can be downloaded from [http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/Pages/default.aspx](http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/Pages/default.aspx)