Response Pack – To be used in conjunction with the Infection Prevention and Control Manual – Blood Borne Viruses Prevention and Management Policy

Management of Occupational Exposure to BBV

Contents:-

- Appendix 1 - Source Patient BBV Risk Assessment Letter and Questionnaire – (Form A)
- Appendix 2 – Source Patient BBV Risk Assessment (Form B1)

} for needlestick, sharps and splash injuries (pages 47-52 of the Policy)

- The Action Cards giving advice for:-

(A) Injured Healthcare Worker (HCW)	(B) Supervisor / Line Manager or Clinician responsible for completing the risk assessment
(C) Clinician undertaking the source patient risk assessment	(D) Consenting the source patient for blood borne virus (BBV) testing
(E) Occupational Health Contact Details	(F) Management of Occupational and Non-Occupational Exposure to BBV - Emergency Department (ED) – Roles and Actions

- Appendix 9 - BBV Exposure Incident – Microbiology follow-up form
- Appendix 10 – HIV Post Exposure Prophylaxis (PEP) – Patient Information Sheet
- Frequently Asked Questions (FAQs)
- Audit Form

The response pack is available by clicking on this link - http://firstport2/staff-support/needlestick-injury/default.aspx

Please print these forms as required and restock after use. If you are unable to print a Response Pack, please contact the BBV Network Administrator on:- Tel: **01698 858229** or **bbv.networks@lanarkshire.scot.nhs.uk**

Forms used eg B1, B2, Action Card F and needing replaced	Date replaced	Name	Designation	Signature	Department

This page is left blank intentionally – (may change before or after if pages change)

Section 4: Appendices

Appendix 1 - Source Patient BBV Risk Assessment Letter

The questionnaire following this letter should be completed by the source patient. However, the source patient may need support with this for example if they are unable to read/do not understand some of the words in this letter or questionnaire.

Dear Patient

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 blood borne virus infections - 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 in Form A (Source Patients Questionnaire). Once you have completed them, the information provided will be entered onto another form, Form B which does not have your name on it, and Form A will be destroyed. Form B will be passed to the clinician looking after the injured member of staff.

A clinician 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 clinician 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

Dr Iain Wallace
Medical Director

This page is left blank intentionally – (may change before or after if pages change)

Appendix 1 - Form A: Source Patient Questionnaire

Please answer the following questions:		*Please tick either 'yes' or 'no'*	
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, Canada, USA, Australia or New Zealand? If yes please state the country _____	Yes	No
Question 8	Have you ever had a blood transfusion in a country that is not listed above? If yes, please state the country _____	Yes	No
Question 9	Have you ever had an operation, injection or dental surgery in a country that is not listed above? If yes, please state the country _____	Yes	No
Question 10	Are you from a country that is not listed above? If yes, please state the country _____	Yes	No
Question 11	Have you ever had a tattoo / body piercing done by an unlicensed artist in the UK, or in a country outside the UK?	Yes	No

Thank you for completing this questionnaire

For the clinician undertaking the BBV risk assessment

Establish the level of risk. If the answer is **'YES'** to any of questions 1 – 11, then the person is considered **'HIGH RISK'** for blood borne virus infection.

- Once this *source patient BBV risk assessment letter/questionnaire* - ***Form A*** *has been completed,* the information should then be entered into *the source patient BBV risk assessment form* - ***Form B1***
- Consent and test for BBVs
- Record in source patient's case notes that assessment has been carried out. Do not record the result of the assessment in the patient's case notes
- Record your name, designation and contact details in source patient's case notes
- **DESTROY** the source patient BBV risk assessment letter/questionnaire - ***Form A***
- Make arrangements for the source patient to receive the BBV test results and record these arrangements in the source patient's case notes

This page is left blank intentionally – (may change before or after if pages change)

Appendix 2 - Form B1: Source patient BBV risk assessment form – Parts A and B

For all exposure other than sexual exposure

PART A: Anonymised source patient risk assessment form: for use following healthcare needlestick or similar injury

Name of injured HCW / Person:	PRINT NAME CLEARLY
Location where injury took place:	
Consultant/GP responsible for source patient:	PRINT NAME CLEARLY
Contact number:	**Date:** D D M M Y Y

IMMEDIATE ACTIONS

1. Risk assess the source patient

a. Undertake the source patient BBV risk assessment urgently. Use source patient risk assessment letter/questionnaire – Form A. Also ensure:

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 1 – 11, 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 OF THE RISK ASSESSMENT

a. TELEPHONE the Occupational Health if 'LOW RISK' /A&E clinician looking after the injured HCW if 'HIGH RISK' 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 (if consented to BBV testing)

c. Complete Form B1 and forward to Occupational Health/A&E as appropriate 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 laboratory via TELEPHONE

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, designation and contact details in source patient's case notes

c. Destroy the source patient BBV risk assessment letter/questionnaire - Form A

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 NHSL guidance

b. Advise the need for repeat testing to cover the window period if appropriate

c. Inform the consultant and nurse in charge 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:

Outcome of risk assessment	***(Please tick appropriate box)***	
Has the source patient been diagnosed with a blood borne virus infection?	Yes	No
Following discussion with the source patent's medical team, does the patient have any possible syndrome related to HIV (could they have a new infection or acute infection)?	Yes	No
Is the patient HIGH RISK for blood borne virus?	Yes	No
Is the source patient at risk of a window period infection?	Yes	No

Give details:

Communicating the source patient BBV risk assessment to the Occupational Health/A&E clinician looking after the injured HCW	***(Please tick appropriate box)***	
Has the Occupational Health/A&E clinician looking after the injured HCW been informed of the BBV risk status of the source patient?	Yes	No

Source patient BBV testing	***(Please tick appropriate box)***	
Has consent been sought and given for source blood to be tested for BBV?	Yes	No
Has the sample been taken?	Yes	No
When will the results be available? Date D D M M Y Y Time:	Yes	No

Source patient follow up	***(Please tick appropriate box)***	
Has follow up to give the source patient the results of BBV testing and advice been arranged?	Yes	No

Clinician assessing the source patient					
Clinician's name (PRINT):	PRINT NAME CLEARLY				
Signature:		**Designation:**			
Contact number:		**Page:**		**Date:**	D D M M Y Y

Appendix 2 - Form B1: Source patient BBV risk assessment form – Parts C and D
For all exposure other than sexual exposure

PART C: To be completed by the Occupational Health or A&E clinician managing the inured HCW/person

ACTIONS

1. **See the injured HCW/person within 1 hour of the injury (A&E only)**
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 vaccination/immunoglobulin/ follow up BBV testing based on the above (follow NHSL 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 LHAHC 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 LHAHC (or Sexual Health Services as appropriate) 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

Management of the injured HCW/person

Assessment of the injury	***(Please tick appropriate box)***	
Has first aid been undertaken?	Yes	No
Was the type of injury high risk?	Yes	No
Was the body fluid assessed as high risk?	Yes	No
Is this a significant injury?	Yes	No
Source patient BBV risk assessment	(***Please tick appropriate box***)	
Has the source patient been diagnosed with a BBV?	Yes	No
Does the source patient have a syndrome related to HIV?	Yes	No
Is the patient high risk for any BBV?	Yes	No
Is there a risk of a window period infection?	Yes	No
Give details:		
Injured HCW/person	(***Please tick appropriate box***)	
HBV vaccination given?	Yes	No
HBV immunoglobulin given?	Yes	No
Follow up BBV testing?	Yes	No
HIV PEP commenced?	Yes	No
Follow up of the injured HCW/ person arranged with	(***Please tick appropriate box***)	
Infectious Disease physician at LHAHC (HIV PEP)	Yes	No
Occupational health (HCW) or GP (others)	Yes	No
LHAHC or sexual health services for support if required	Yes	No
Occupational health for all HCWs regardless of outcome of the assessment	Yes	No
Source patient BBV test results	(***Please tick appropriate box***)	
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?	Yes	No
Has the clinician looking after the injured HCW/person been informed of the anonymised source patient BBV test results?	Yes	No

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

Clinician's name (PRINT):	PRINT NAME CLEARLY										
Signature:			**Designation:**								
Contact number:		**Page:**		**Date:**	D	D	M	M	Y	Y	

Copies of this assessment form can be downloaded from FirstPort http://firstport2/staff-support/needlestick-injury/default.aspx

Action Card A

Advice for Injured Healthcare Worker Following a Needlestick, Sharps or Splash Injury

1	Apply first aid – encourage bleeding, gently squeeze (don't suck), wash with soap and warm water (don't scrub), cover it with a water-proof dressing.
2	Treat mucosal surfaces such as mouth or eye by rinsing with warm water or saline (do not swallow mouth-rinsing water).
3	Do not put bleach on the injury.
4	Report incident to your supervisor, line manager or lead nurse of the relevant clinical area, eg night coordinator, ward manager, consultant on call, who will ensure that a qualified member of staff undertakes a risk assessment of the source patient, the person whose blood the healthcare worker may have been exposed to, or risk assess the environment.
5	Contact Occupational Health (OH) Department weekdays 08:30 to 16:30 or A&E if out-of-hours, after risk assessment has been completed, or for advice if required.

This page is left blank intentionally – (may change before or after if pages change)

Action Card B

Advice for Supervisor / Line Manager or Clinician responsible for completing the risk assessment

1	Ensure the risk associated with the source patient has been assessed using Forms A and B1 from Infection Prevention and Control Manual.

2	**Telephone:-** Occupational Health Department to arrange attendance at department within 72 hours weekdays 08:30 to 16:30 if **Low Risk**; **OR** A&E immediately if **High Risk.**

3	Ensure reporting via Datix and investigate cause of injury.

This page is left blank intentionally – (may change before or after if pages change)

Action Card C

Advice for Clinician undertaking the source patient risk assessment

1	Risk assess the source patient by completing Forms A and B1 from the Infection Prevention and Control Manual. Check the case-notes, discuss the risk with the medical team to ascertain any other BBV risk factors (then destroy Form A). If the source patient is unconscious / incapacitated / uncontactable and Form A cannot be completed by the source patient, the risk assessor must risk assess using all available information eg reviewing the source patient's case-notes, having a discussion with medical / nursing team +/- GP and complete Form B1.
2	RECORD risk assessment has been carried out in the notes (do not record outcome), then TELEPHONE Occupational Health (OH) 08:30 to 16:30 or A&E with results of the risk assessment.
3	Give completed Form B1 to the healthcare worker to take with them to OH if Low Risk or A&E Clinician if High Risk.
4	Consent the source patient for BBV testing. Verbal consent is adequate and should be documented in the notes. The sample for source patient BBV testing should be tested for HIV antibody, Hepatitis B surface antigen (HBsAg) and Hepatitis C antibody.

Action Card C - continued

Advice for Clinician undertaking the source patient risk assessment

5	Take blood from the source patient, telephone the labs, put sample in envelope marked '**URGENT**' FOR ATTENTION OF Microbiologist and insert completed lab follow-up form to provide details of named individual responsible for gaining results and passing them on to OH or A&E. Arrange prompt delivery of blood sample to specimen lab reception.
6	Telephone the local OH / A&E Clinician looking after the injured HCW as soon as the source patient test results are obtained. Do not disclose the source patient's identifying details.
7	Pass BBV test results to the source patient.
8	If the source patient is positive for a BBV, refer the person to the Lanarkshire HIV, AIDS and Hepatitis Centre, (LHAHC). The Lanarkshire HIV, AIDS and Hepatitis Centre can support you in this process Tel: 01236 712247 / 6.
9	Inform the source patient's consultant that the source patient actions have been completed.

Action Card D

Consenting the source patient for blood borne virus (BBV) testing

Informed consent for BBV testing should be sought for all source patients.

Serological testing of the source patient for Hepatitis B, Hepatitis C and HIV is the most reliable method to assess the risk of exposure and should be stronlgy encouraged. A 5ml blood sample in a gold top bottle is sufficient to test for all 3 BBVs.

Clearly explain to the patient:-

1. The decision to be tested lies entirely with them
2. They have the right to refuse
3. Refusing to be tested will have no effect on their on-going care

Benefits of Testing	**Implications of positive test result**
Access to treatment which can control or cure the infection	May make it more difficult, but not impossible, to get life policies
Can allay anxieties if person worried that they may be infected	
A negative result will give reassurance to the injured health care worker	
A negative HIV test will **not** affect insurance or mortgage application, policies or premiums	

Provide details of how (face-to-face) and when the result will be given (negative HIV result will be available within 24 hours, on a lab browser). A positive result would require confirmatory testing at the West of Scotland Specialist Virology Centre (WOSSVC).

If a patient does not consent to be tested

Record in the patient's notes that a discussion has taken place regarding testing, and that the patient did not give consent to being tested for blood borne viruses

This page is left blank intentionally – (may change before or after if pages change)

Action Card E

Occupational Health Department Contact Details:-

University Hospital Hairmyres	Eaglesham Road East Kilbride G75 8RG Tel: 01355 585360
University Hospital Monklands	Monkscourt Avenue Airdrie ML6 0JS Tel: 01236 712425
University Hospital Wishaw	50 Netherton Street Wishaw ML2 0DP Tel: 01698 366770
Primary Care Headquarters	14 Beckford Street Hamilton ML3 0TA Tel: 01698 206336

This page is left blank intentionally – (may change before or after if pages change)

Action Card F

Management of Occupational and Non-Occupational Exposure to BBV Emergency Department (ED) – Roles and Actions

ED Clinician caring for the injured Health Care Worker (HCW) / Person should:-

1	• Assess significance of exposure within 1 hour. HCW MUST have risk assessment before attending **AND** bring completed source patient BBV risk assessment form (Form B1) **ALL** high risk exposures will attend the ED. • Weekdays, 08:30 to 16:30, HCW low risk exposure to discuss with Occupational Health (OH). • If low risk, no further action taken by ED.
2	• Decide on the need for blood storage or testing / HIV PEP / HBV vaccination / immunoglobulin / antibiotics / tetanus using risk matrix. • Consult with ID physician on call (24 hours) at LHAHC via Monklands Hospital switchboard if prescribing HIV PEP or are unsure if HIV PEP is indicated.
3	• Take bloods for storage. • Treat as appropriate using treatment matrix. • Arrange follow-up with OH, LHAHC or GP. • Provide patient with GP Information Sheet (page 57) and General Information Leaflet (page 59).

Management of Occupational and Non-Occupational Exposure to BBV Emergency Department (ED) – Roles and Actions

ED Clinician caring for the injured Health Care Worker (HCW) / Person should:-

HCW

- IF HIV PEP started arrange follow-up with the Infectious Disease physician at Lanarkshire HIV, AIDS and Hepatitis Centre (LHAHC) by using the generic email
- ID - BBVservice@lanarkshire.scot.nhs.uk
- For all HCWs who have sustained a significant injury advise follow-up with Occupational Health.

Non-HCW

- For non HCWs follow-up – to be arranged with GP, or if the injury was sustained at their place of work, via their own Occupational Health Department.

Everyone

- All HCWs / Persons who have been exposed to HIV infected blood should have follow-up post exposure testing, medical evaluation and be offered specialist advice and support whether or not they have received PEP.
- Follow-up can be arranged with:

  LHAHC, Tel: 01236 712247 / 6
  Sexual & Reproductive Health Services
  Tel: 0300 303 0251

Appendix 9 - BBV Exposure Incident - Microbiology follow-up form

The following boxes must be completed to allow contact from microbiologist

Details of source patient:-

Surname:	Enter Surname Clearly	**OR**	Attach patient label here:-
Forename:	Enter Forename Clearly		
CHI Number:	D D M M Y Y		
Location:	Enter Location Clearly		

Details of supervisor, line manager or clinician undertaking the risk assessment who is responsible for gaining source patient's BBV blood results:-

Surname:	Enter Surname Clearly
Forename:	Enter Forename Clearly
Designation	Enter Designation Clearly
Location:	Enter Location Clearly
Contact Telephone Number and / or pager:	Enter Contact Telephone Number and / or Pager Clearly

Please provide details of a nominated clinician for microbiologist to contact in the absence of the above person:-

Surname:	Enter Surname Clearly
Forename:	Enter Forename Clearly
Designation	Enter Designation Clearly
Location:	Enter Location Clearly
Contact Telephone Number and / or pager:	Enter Contact Telephone Number and / or Pager Clearly

This form must be put in an envelope along with the specimen bag containing the source patient's blood sample and completed blue microbiology request form. This should then be promptly delivered to the microbiology laboratory specimen reception after making telephone contact.

Episode Number (Laboratory use only): Enter Episode Number Clearly

This page is left blank intentionally – (may change before or after if pages change)

PATIENT INFORMATION SHEET

What is my risk of acquiring HIV?

The risk of acquiring HIV following a skin puncture with HIV-infected blood is about 0.3% (3 in 1000). The risk of acquiring HIV after unprotected sex with a known HIV positive person can be up to 3% (3 in 100), but it depends on a lot of things including the type of sex and how infectious the HIV positive person is.

Can anything be done to reduce this risk?
After HIV gets into the body, it takes a few days for the infection to get established. We can use this window to give you anti-HIV medication to reduce the risk of the virus taking hold. This is called 'Post-Exposure Prophylaxis', or PEP for short, as it is trying to prevent infection after you have been exposed.

There are clear guidelines in NHS Lanarkshire (NHSL) about when to prescribe PEP. The medication itself has side-effects and can make you unwell. It is only worth prescribing this medication if the risk of HIV infection is high. You will need to tell the staff looking after you some basic facts about your exposure so they can accurately assess your risk of contracting HIV.

What is the treatment?

A combination of three active agents are given to combat HIV, but two of these are combined into a single tablet.

Drug	Dose	Notes
Truvada ® This is made up of two drugs combined into ONE tablet • Tenofovir (245 mg) • Emtricitabine (200 mg)	Take **ONE** tablet, **ONCE** a day, preferably every 24 hours	Take with or just after food or a meal.
Raltegravir 400mg (also called Isentress ®)	Take **ONE** tablet, **TWICE** a day, preferably every 12 hours	It does not matter if you take these tablets before or after food or on an empty stomach
Truvada and Raltegravir can be taken at the same time.		

When should it be started?

The quicker PEP is started after exposure the better – within hours. The longer the wait the more chance it won't work. After 72 hours PEP isn't given because it won't work.

How long is therapy for?

PEP treatment is given for **28** days. Initially you will be given a **FIVE** day supply of the medication. You will be seen for follow-up by a specialist at Lanarkshire HIV and Hepatitis Centre (LHAHC) before this runs out. If the specialist recommends that you continue on PEP, a further **23-day** supply will be arranged for you from University Hospital Monklands. It is important that you take all of your medication as directed.

Does PEP have side effects?

The newer HIV treatments we now use have less side-effects than previously. Common nuisance side effects include flatulence (passing wind) and nausea (feeling sick). These do not usually require extra treatments. More serious side effects include:-

- **Skin rash:** If you notice a rash you MUST contact the clinic you are attending for follow-up. If this is closed you should contact NHS24. Do NOT take further doses of your PEP treatment until you have been assessed.

PATIENT INFORMATION SHEET

- **Kidney problems:** One of the agents in Truvada can affect the way your kidneys work. You will have tests to make sure your kidneys are working normally when you start treatment and after two weeks.

- **Mood change & sleep disturbance:** Raltegravir can rarely cause problems sleeping and mood changes. If you feel the tablets are affecting you in this way you must discuss this with the doctor who prescribed your PEP.

If you experience any unexplained symptoms during your treatment please contact the pharmacist or clinic you are attending for follow-up (see Further Information section).

What about other medical conditions and medications?

It is important that you tell us about any medical conditions you have and particularly any prescribed medication you are taking. **Kidney or liver problems, Hepatitis B, previous pancreatitis, stomach conditions and TB treatment** are very important to know about as these conditions might affect the way in which PEP is prescribed or monitored.

It is ESSENTIAL that any medicine, supplement, herbal remedy or recreational drug use is disclosed to the doctor prescribing your PEP.

Pregnancy and contraception

- If you think you might be pregnant, tell your doctor as this may influence the frequency of blood tests while receiving PEP.

- Truvada/Raltegravir PEP will not affect your contraception method, but you should use male or female condoms to reduce the risk of transmitting HIV until you are clear of the window period and have a negative HIV test.

After completing the course – will I be HIV negative?

PEP does not always prevent HIV infection. It can fail because some anti-HIV drugs don't work against some strains of HIV and it's more likely to fail if it's not taken properly or soon enough.

It is very important that you attend for any recommended follow-up for HIV testing, and testing for other infections as needed. Please report any unexpected symptoms, particularly fever or rash to your doctor or pharmacist.

Further Information

If you have any questions about this medication please contact:-

Lanarkshire HIV, AIDS and Hepatitis Centre
University Hospital Monklands
Monkscourt Avenue
Airdrie
ML6 0JS

By telephoning: 01236 712247 during normal hours or contact NHS24 out of hours by dialling 111.

Frequently Asked Questions – FAQs

1. Who can carry out a BBV risk assessment?

The risk assessor can be any qualified member of staff (eg nurse, doctor, physiotherapist, occupational therapist). You do not need any special training to carry out a risk assessment.

2. How do I carry out a BBV risk assessment?

Risk assessment involves:-

(1) Accessing and filling in BBV risk assessment forms

(2) Consenting the source patient for BBV testing

The forms needed to risk assess are contained within the policy 'Response Packs' and should be available within your clinical area. These forms contain all the information you need to risk assess and consent the source patient for BBV testing. You can also access the BBV risk assessment forms from FirstPort (Infection Prevention and Control Manual).

http://firstport2/staff-suport/infection-prevention-control/Lists/IPC%20Policies%20Procedures%20and%20Guidelines/Attachments/46/section.pdf

Print off Form A and B1 (pages 47-52) and ask the source patient two things:-

(1) To read then complete the questions in Form A

(2) Their permission to take a blood sample to test for Hepatitis B and C, and HIV. Tell them the questions are personal and may well not apply to them. The questions are similar to the ones asked if donating blood.

The risk assessor will then ensure the information from Form A is transferred on to Form B1. Record the risk assessment has been carried out in the case-notes but do not record the result. Form A should then be destroyed.

3. Following risk assessment, the source patient is assessed as 'low risk', where do I direct the injured Health Care Worker (HCW) to?

Telephone Occupational Health (OH) Department with details of the incident and a contact follow-up number. They will arrange an appointment with the injured HCW to attend OH within 72 hours. Remember to place Form B1 in a sealed envelope and give this to the injured HCW to take with them to OH. If the incident takes place out of hours, phone the OH Department as soon as they are next open (Monday-Friday 08:30 to 16:30).

4. Following risk assessment, the source patient is deemed 'high risk', where do I direct the injured HCW to?

Telephone the local NHS Lanarkshire Accident & Emergency Department immediately with details of the incident and a contact follow-up number. The injured HCW should be triaged and treated as a priority within 1 hour. Remember to place Form B1 in a sealed envelope and give this to the injured HCW to take with them to A&E.

5. Which source patients are tested for BBV following consent?

All identifiable source patients who consent to BBV testing should be tested. Specialist counselling is not required as pre-test discussions for BBV testing should be considered as routine clinical care.

6. Can the source patient refuse to be tested?

Yes, they have a right to refuse. If a source patient refuses to be tested, provide brief details of the incident and record in the case-notes that a discussion took place with the patient regarding testing eg 'HCW sustained needlestick injury when disposing of needle in sharps bin. Discussion with patient regarding testing as per NHSL policy. Patient did not consent to being tested for BBV'.

7. How do I consent the source patient for BBV testing?

Clearly explain to the source patient:-

(1) The decision to test lies entirely with them and refusing to be tested will have no effect on their on-going care.

(2) The benefits of testing (early access to treatment and care, allaying anxieties, negative result will not affect insurance policies, mortgage applications, policies or premiums).

(3) Positive tests may make it more difficult, but not impossible, to get life policies.

(4) How the result will be given (face-to-face).

(5) When the result will be given (negative HIV result will be available on lab browser within 24 hours of lab receiving sample, a positive result will be available within 48 hours after confirmatory testing).

(6) Inform the source patient that the results of their tests will be passed to Occupational Health / A&E Clinician managing the injured HCW via TELEPHONE but that their identify will not be disclosed.

If appropriate, the 'window period' should be explained, and retesting of the source advised (see page 14).

8. What is meant by 'window period'?

All BBV tests have a window period, which is a time after infection during which the antibody response, and infection itself cannot be detected by the usual testing methods. It is important to establish whether the person being tested could be in the window period, or has been at risk of exposure to infection during the window period for each virus. If they have been at risk they should be offered re-testing.

9. Do I need to get a consent form signed?

No. Verbal consent to test for blood borne viruses is sufficient. Signed consent is not required if the source patient is an adult. A note does not need to be made in the patient's notes that verbal consent has been obtained. Testing for blood borne viruses is being normalised so the approach taken for other tests can be taken for blood borne viruses.

10. Testing when the source patient is unable to give consent for BBV testing?

When the source patient has died, is unconscious or unable to give informed consent for any other reason including anaesthetised patients, seek further advice from the on call infectious disease physician instead. The source patient's next of kin should not be asked to provide consent in this situation as this stage.

11. Risk assessment and testing when the source patient is a child or young person

Informed consent is mostly required prior to BBV testing and this should be given voluntarily. Verbal consent is adequate and should be documented in the notes.

As the route of transmission to children is usually vertical (mother to child), testing the child may be a surrogate for testing the birth mother, and so she should be made aware of this with clear explanation prior to testing.

(1) Test a child or young person age 11-16 years old if they are able to provide informed consent. Consent to test if she/she has sufficient understanding to enable them to understand fully the nature and implications of the test.

(2) Do not test a child or young person age 11-16 years old if the child refuses to be tested. A parent or responsible agency cannot over ride the decision of a competent child in Scotland. Referral to Paediatrician may be considered if the reason for refusal is due to perceived distress of venepuncture.

(3) Blood should not be taken from a young person or child who lacks capacity unless consent has been obtained from a person or agency with parental responsibility or by the court.

(4) A 5-10 year old child may be tested if consent is obtained from a responsible person first. No need for any formal explanations or why they having a blood test.

(5) A pre-school aged child or infant may be tested if consent is obtained from a responsible person first. No need for any formal explanations or why they having a blood test.

12. How do I manage the results of the BBV testing?

The clinician (or nominated deputy) taking blood must ensure that:-

(1) The results are gained from the lab browser (HIV negative results should be available within 24 hours of the lab receiving the sample. HBsAg and HCV should be available within 72 hours).

(2) The source patient is informed of their result.

(3) OH/A&E Clinician managing the injured HCW is also informed of the (anonymised) result via TELEPHONE. In the event of a source patient POSITIVE test result, specialist advice can be sought from Lanarkshire HIV, AIDS & Hepatitis Centre. A positive result should not be given to the source patient over the phone.

13. As an Occupational Health Advisor, will I be expected to give advice on Sexual Health exposures?

No. Re-direct any questions about information, advice or appointments to Lanarkshire Sexual & Reproductive Health Services www.lanarkshiresexualhealth or call 0300 303 0251 (Monday-Friday 09:00-16:45) or Lanarkshire HIV and Hepatitis website www.lanarkshirehivandhepatitis.org for further help and advice.

If you have any questions that are not addressed by the BBV Prevention and Management Policy or by these FAQs, please send a note of your question(s) to the BBV Network Administrator – bbv.networks@lanarkshire.scot.nhs.uk

This page is left blank intentionally – (may change before or after if pages change)

Management of Occupational Exposure to BBV

Audit Form

To enable us to monitor and improve implementation of policy, please fill in this audit form and return it to the BBV Network Administrator using the details overleaf.

DO NOT ATTACH ANY PATIENT / STAFF DETAILS WITH THIS FORM

1. Date and Time of injury or exposure

Date: ..... / ..... /..... Time: ..... : ..... am/pm Location: .....

2. What was the nature of the injury/exposure? ☐ Needlestick ☐ Sharps ☐ Other (please specify)

.....

3. Injured health care worker details Job title: .....

   Hospital: ..... Department/area: .....

4. Job title of the person who carried out the risk assessment? .....

5. How soon after the injury/exposure was the risk assessment carried out? .....(hours).....(minutes)

6. What was the result of the risk assessment? ☐ Low risk ☐ High risk

7. Following risk assessment, was contact made with Occupational Health (OH) Department or A&E via telephone for advice and follow-up? ☐ OH ☐ A&E ☐ Neither

8. Did the source patient consent to BBV testing? ☐ Yes ☐ No

   If yes, was contact made with the laboratory to inform them an 'urgent blood sample' needed to be sent to them? ☐ Yes ☐ No

9. Did you leave your (or person deputising) contact details to ensure contact from Consultant Microbiologist could be made with you? ☐ Yes ☐ No

10. How long was it before the BBV test results became available? .....(hours)

11. What was the result of the source patient BBV tests? ☐ All negative ☐ HIV positive ☐ Hepatitis B positive ☐ Hepatitis C positive

12. Were the test results communicated to OH and *A&E (*high risk injuries only)? ☐ Yes ☐ No

13. If the result was positive, was the source patient referred into services - ie Lanarkshire HIV, AIDS & Hepatitis Centre (LHAHC)? ☐ Yes ☐ No

14. Was the incident reported on Datix? ☐ Yes ☐ No

15. Did you encounter any difficulties or problems whilst managing the injured / exposed HCW following the injury / exposure? .....

.....

16. How confident would you be at managing an injured or exposed healthcare worker who sustains a needlestick/ sharps injury / other exposure again?

☐ Very confident ☐ Fairly confident ☐ Average confidence ☐ Poor confidence ☐ Very poor confidence

What could be done to prevent a similar type of injury or exposure happening again ?

Thank you for completing this audit form. Please see overleaf:

Please send this form to the BBV Network Administrator by using internal mail or by scanning the form and emailing it to:-

bbv.networks@lanarkshire.scot.nhs.uk

BBV Network Administrator
Department of Public Health
NHS Lanarkshire Headquarters
Kirklands Hospital
Fallside Road
Bothwell
G71 8BB

Telephone: 01698 858229 (direct line)