Appendix 1- Source Patient Risk Assessment.

Dear Patient,

I would like to inform you that a member of staff has come into contact with your blood or bodily fluids. When this happens we assess if the member of staff has been put at risk of any infectious disease i.e. Hepatitis B, Hepatitis C or HIV. If this is the case, we can give the member of staff treatment to prevent infection from 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, Hepatitis 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 clinical team looking after the injured member of staff.

A Doctor or a Nurse will explain the blood tests to you, make the arrangements to give you the results, and organise any follow that you might require.

The results of you blood test will be sent to the clinical team looking after the injured member of staff to help ensure that they are getting the right treatment as quickly as possible if required.

We apologise for the inconvenience this has caused 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.
Appendix 1 - Source Patient Risk Assessment.

Please answer the following questions:

Q1: Have you ever been diagnosed with HIV? ✔️ No ☐
Q2: Have you ever been diagnosed with Hepatitis B? ✔️ No ☐
Q3: Have you ever been diagnosed with Hepatitis C? ✔️ No ☐
Q4: Have you ever injected drugs? ✔️ No ☐
Q5: Have you ever had sex with anyone who has injected drugs? ✔️ No ☐
Q6: If you are male, have you ever had sex with another man? ✔️ No ☐
Q7: Have you ever had sex with someone from a country outside the UK, Western Europe, North America, Australia or New Zealand? ✔️ No ☐
If yes, please state the country:

Q8: Have you ever had a blood transfusion in a country outside the UK, Western Europe, North America, Australia or New Zealand? ✔️ No ☐
If yes, please state the country:

Q9: Have you ever had an operation or injection in a country outside the UK, Western Europe, North America, Australia or New Zealand? ✔️ No ☐
If yes, please state the country:

Q10: Are you from a country outside the UK, Western Europe, North America, Australia or New Zealand? ✔️ No ☐
If yes, please state which country you are from:

For the clinician undertaking the BBV assessment:

When this form has been completed with the patient please:
- Record in source patients case notes that the 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 including the answers to the above questions.
- Follows all required actions in the NHSGG&C Needlestick & Similar Injury Policy (2017) e.g. communicate outcome of risk assessment to Occupational Health/A&E.
- Make arrangement for the source patient to receive the BBV test results and record these arrangements in the source patient’s case notes.
## Appendix 2 – Source Patient Risk Assessment Form

### PART A: Anonymised source patient risk assessment form: for use following sharps or similar injury

<table>
<thead>
<tr>
<th>Name of injured HCW:</th>
<th>Location:</th>
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<table>
<thead>
<tr>
<th>Clinician: (responsible for source patient)</th>
<th>Contact No: Date:</th>
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### Immediate action required:

1. **Risk assess the source patient**
   - Undertake the source BBV risk assessment urgently.
   - Review case notes of source patient.
   - Speak to source patient’s medical team.

2. **Decide on the results**
   - Establish if source patient is known to have a BBV or is high risk for a BBV.
   - If the source patient answers ‘yes’ to any of the questions 4-10, they are HIGH RISK for BBV.

3. **Communicate the information**
   - Telephone the Occupational Health/A&E clinician looking after the injured HCW with an initial report of the result and details of the source patient BBV risk assessment.
   - Provide details of when the source patient test results will be available.
   - Complete this form and forward it 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 1 hour)

4. **BBV Testing**
   - Consent and test the source patient for BBV’s.
   - Arrange urgent BBV testing with the lab (Telephone RVL)

5. **Record your actions**
   - Record in source patients case notes that assessment has been carried out.
     DO NOT record the outcome of the assessment in the source patient’s case notes.
   - Record your name, grade and contact details in the patients case notes
   - Destroy the source patient BBV risk assessment letter

6. **Source patient follow up**
   - 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.
   - Inform the nurse in charge and 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 the reasons why this has not been done:

- Has the source patient been diagnosed with a BBV? Y N
- Is the patient HIGH RISK for BBV? Y N
- Has the OH/A&E clinician looking after the injured HCW been informed of the source risk status? Y N
- Has consent been sought and granted for source blood to be tested for BBV Y N
- Has follow up to give the source patient the results of BBV testing and advice been arranged? Y N