Blood Borne Virus Exposure Risk Assessment Form



|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Date of Birth: |       |
| Address:      | Daytime telephone: |       |
| Evening telephone: |       |
| Mobile telephone: |       |
| CHI: |       | GP Name: |       |
| Date of incident: |       | GP Address:      |
| Time of incident: |       |
| Nature of incident:  |       |
| Is the injured person a Health Care Worker? | Yes | [ ]  | No | [ ]  |

**Result of risk assessment:**

See [Needlestick Injury Immediate Care and BBV Risk Assessment flowchart](https://policyonline.nhslothian.scot/Policies/Documentation/Needlestick%20Injury%20Immediate%20Care%20and%20Risk%20Assessment.pdf)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*Serum stored (everyone) | Yes | [ ]  | No | [ ]  |
| Serum tested | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HIV risk discussed | Yes | [ ]  | No | [ ]  |
| Hepatitis C risk discussed | Yes | [ ]  | No | [ ]  |
| Hepatitis B risk discussed | Yes | [ ]  | No | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Required | Given | Comment |
| HBV immunoglobulin | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |       |
| HBV vaccination | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |       |
| HIV PEP | Yes | [ ]  | No | [ ]  | Yes | [ ]  | No | [ ]  |       |

**\*If HIV Post Exposure Prophylaxis (PEP) is required**

Patients receiving HIV PEP will also require FBC, U&Es, phosphate and LFT

**Confirm that you have discussed the following:**

|  |  |  |
| --- | --- | --- |
|  |  | Comment |
| Relative risk of HIV infection | Yes | [ ]  | No | [ ]  |  |  |       |
| Side-effects of drugs(see Patient Information Leaflet) | Yes | [ ]  | No | [ ]  |  |  |       |
| Possibility of pregnancy | Yes | [ ]  | No | [ ]  |  |  |       |
| Pregnancy Test | Pos | [ ]  | Neg | [ ]  | Not done | [ ]  |       |

**Confirm that the following has taken place:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient information leaflet given | Yes | [ ]  | No | [ ]  |
| FBC, LFTs | Yes | [ ]  | No | [ ]  |
| PEP 7 day starter pack supplied | Yes | [ ]  | No | [ ]  |

**Follow up:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Follow up offered or recommended | Yes | [ ]  | No | [ ]  |

If yes, what arrangements have been made so far? (See [NHS Lothian Needlestick Injury Management Procedure](https://policyonline.nhslothian.scot/Policies/Procedure/Needlestick%20Managment%20Procedure.pdf))

|  |  |
| --- | --- |
| Signed:      | Date/Time:      |
| Print Name:      | Designation:      |

For all significant exposure cases, email completed form to either:

* Adults commenced on HIV PEP: send to RIDU (wgh.infectiousdiseases@nhslothian.scot.nhs.uk)
* Children: email MedicalPaediatrics@nhslothian.scot.nhs.uk marked ‘FAO Paediatric ID Consultant’ in the subject line.
* Healthcare workers: send to Occupational Health: (OHenquiries@nhslothian.scot.nhs.uk).

For telephone advice, call the on call ID registrar/consultant via Switchboard: 0131 537 1000