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](mailto:wgh.infectiousdiseases@nhslothian.scot.nhs.uk))
* Children: email [MedicalPaediatrics@nhslothian.scot.nhs.uk](mailto: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](mailto:OHenquiries@nhslothian.scot.nhs.uk)).

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