

RISK ASSESSMENT INOCULATION INJURY - URGENT ACTION REQUIRED

FOR COMPLETION AND ACTION BY THE CLINICIAN RESPONSIBLE FOR THE PATIENT

It is important that when a member of staff sustains an inoculation injury an initial risk assessment of the patient involved in the injury should be undertaken. The assessment should ascertain from the medical history available whether the donor patient is a high or low risk for HIV, Hepatitis B or Hepatitis C. (See below *)

The patient should then be approached to request consent which must be informed, as per the Trust Consent Policy, for blood testing for HIV, Hepatitis B and C.

If the patient is unable to give consent for blood testing an assessment of their clinical history for risk of blood borne virus should be made and occupational health (or AED out of hours) informed of the outcome without delay.

To ensure the health care worker receives appropriate treatment and support it is an URGENT requirement that the following details are completed and the form forwarded immediately with the employee or by fax to either Occupational Health or AED, whoever is providing the initial management of the inoculation injury.

EMPLOYEE DETAILS (SUSTAINING INOCULATION INJURY):

Name; Date of Birth:

Job title: Ward / Department:

Date of injury: Time of Injury

Contact Telephone Number
(home, mobile or work)

PATIENT DETAILS (Donor):

Patient name: Date of birth:

Hospital Number: Ward / Department:

Donor Risk Assessment carried out by
 (Please Print Name)

Contact telephone number:

Clinician responsible for the patient is:
 (please print)

1. I can confirm that I have advised the patient of the inoculation injury which has been sustained by a member staff **Yes** **No**
2. From the current history and the information contained within the patients notes the donor is considered to be ***HIGH /*LOW** risk of having a blood borne virus:
Yes **No** **Yes** **No** **Yes** **No**
- HIV Hepatitis B Hepatitis C
3. I can confirm that the permission of the above patient has been made to test their blood as per Trust policy and that a specimen has been sent to **Clinical Microbiology** for HIV, Hepatitis B and Hepatitis C on(date) at (time)
OR
 I can confirm that the above patient is unable to give *consent /*has refused permission for blood tests on(date)
4. The donor patient has been provided with a donor patient leaflet and I have provided further advice if required **Yes** **No**
5. The donor has indicated that they wish a copy of the laboratory reports relating to their test is stored in their patient records **Yes** **No**
6. I have advised the patient that the results will be available within 48 hours and follow up (if appropriate) will be arranged by the treating consultant. **Yes** **No**
7. Risk Assessment sent with *employee or *e-mailed or faxed* to *Occupational Health (occupational.health@liverpoolft.nhs.uk) or *AED (Fax 0151 529 2822) on(date)

Name of person completing form:
(please print)

Job title: **Date:**

***Telephone/Bleep Number:**

NB. Occupational Health Physician, Clinical Microbiology Physician or AED Physician may require to discuss patient risk assessment

Further information relating to the donor risk assessment process can be located in the Inoculation Injuries Policy Appendix 2.

(*please delete as appropriate)