

**RISK ASSESSMENT/ACTION FORM FOLLOWING POTENTIAL BLOOD BORNE VIRUS EXPOSURE INCIDENT IN HEALTH CARE WORKER OR OTHER INJURED PERSON**

Q1 Date :  /  /

Q2 Time of assessment :  :

Q3 Assessors name :  Position :  Department :  
 A&E  Occ.Health

**SECTION 1 : DETAILS OF EXPOSURE INCIDENT**

Q4 Name of injured person :  D.O.B.  /  /

Q5 A&E Number

Q6 Healthcare worker or rescue / emergency services (please give details)  
 Occupation :  Telephone No. :   
 Department / Place of work :  Bleep Number :

Q7 Date of exposure :  /  /  Time of Exposure :  :

Q8 How did the accident happen ? (Please include where it happened, part of the body injured, activity being carried out)

Q9 Were high risk body fluids involved? Yes  No  Not Known

**Please indicate which :**

Blood <input type="checkbox"/>	Peritoneal Fluid <input type="checkbox"/>	Cerebrospinal Fluid <input type="checkbox"/>
Semen <input type="checkbox"/>	Pleural Fluid <input type="checkbox"/>	Amniotic Fluid <input type="checkbox"/>
Vaginal Secretion <input type="checkbox"/>	Synovial Fluid <input type="checkbox"/>	Human Breast Milk <input type="checkbox"/>
Pericardial fluid <input type="checkbox"/>	Unfixed tissues &organs <input type="checkbox"/>	Body fluid visible with blood <input type="checkbox"/>
Saliva in assoc. with bite (Hepatitis risk only, unless saliva has visible blood) <input type="checkbox"/>	Saliva in assoc. with dentistry <input type="checkbox"/>	Exudative or other tissue fluid from burns or skin lesions <input type="checkbox"/>

If **YES** or **NOT KNOWN**, continue with assessment.  
 If **NO**, advise injured person that exposure to blood borne virus has not occurred. No further documentation required. **STOP HERE**



## SOURCE PATIENT

Q12. The following information should be obtained about the source patient. If an inpatient, from the patients notes and medical team looking after the patient, but not by the injured person.

	Yes	No	Not known
a) Source patient HIV positive:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If HIV status is unknown, risk for HIV as follows:			
Possible HIV related illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homosexual/Bisexual man and unsafe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IVDU & needle sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native of Sub Sahara Africa or S.E Asia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisoner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostitute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or partners of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Source patient HBsAg positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hep C Ab positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Hepatitis status unknown risk factors for Hepatitis:			
Any yes boxes ticked in 12a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PMH Hepatitis unknown type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native of Asia	<input type="checkbox"/>	<input type="checkbox"/>	

## SECTION 3 : HIV RISK ASSESSMENT

If you have crossed a **YES** box in 9, 10 and 12a, then treat the incident as high risk for HIV exposure. **Post Exposure Prophylaxis (PEP) is likely to be required urgently (within 1-2 hours). THIS IS A MEDICAL EMERGENCY.** If injured person is a trust employee refer immediately to an Occupational Health Professional (during working hours). During out of hours and weekends contact the A&E dept. immediately. Then arrange a serum sample to be collected from the source patient (if known) test for HbsAG, Hep C and HIV (ensure source patients informed consent obtained by using Trust ' **Consent Form 1**').

If you have crossed a YES box in 9,10 and 12a; **but not all 3**, PEP should not be recommended: reassure the injured person that the risk of HIV infection is negligible.

## SECTION 4: HEPATITIS RISK ASSESSMENT

Q13 Injured person's Hepatitis B immunisation status :

Complete course	<input type="checkbox"/>	Incomplete course	<input type="checkbox"/>
No immunisation	<input type="checkbox"/>	Not Known	<input type="checkbox"/>

If you have ticked a YES box in 9, 10 and 12b treat the exposure as high risk for hepatitis. Follow the actions in the table below

HBV PROPHYLAXIS FOR REPORTED EXPOSURE INCIDENTS			
SIGNIFICANT EXPOSURE			
HBV status of person exposed	HbsAg positive source	Unknown source	HbsAg negative source
<1 dose HB vaccine pre-exposure	Accelerated course of HB vaccine * HBIG x 1 **	Accelerated course of HB vaccine *	Initiate course of HB vaccine
>2 doses HB vaccine pre-exposure (Anti-HBs not known)	One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine
Known responder to HB vaccine (Anti-HBs > 10miU/ml)	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider dose of HB vaccine
Known non-responder to HB vaccine (Anti-HBs <10 miU/ml 2-4 months post - immunisation)	HBIG x 1 ** Consider booster dose of HB vaccine	HBIG x 1 ** Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine

\* An accelerated course of vaccine consists of doses spaced at 0, 1, 2 months  
A booster may be given at 12 months to those continuing risk of exposure to HBV

\*\* HBIG to be obtained from consultant microbiologist on duty

Q14 Was the injured person given :

No vaccination	<input type="checkbox"/>	Accelerated course of vaccine	<input type="checkbox"/>
Hep B booster stat	<input type="checkbox"/>	Immunoglobulin HBIG stat	<input type="checkbox"/>

Q15 Was serum save taken from the injured person ?

Yes  No

Q16 Has the injured person had Tetanus immunisation within the last 10 years?

Yes  No  Not known

Q17 Was the injured person given Tetanus Booster ?

Yes  No

## SECTION 5: TO BE COMPLETED BY DOCTOR PRESCRIBING PEP

Note: PEP drugs are kept at Kingston Hospital in Occupational Health, A&E, GUM Wolverton Centre

### Step 1

- ▶ Advice staff that PEP after high risk exposure can reduce the sero-conversion by 80% based on a retrospective case control study and is recommended by the Expert Advisory Group on AIDS appointed by the Department of Health.
- ▶ Give information leaflets in the starter pack on side effects of the medications

Done

Not done

### Step 2

Is the source patient taking anti-retrovirals?

Yes

No

For female injured person:

Is pregnancy test positive or risk of pregnancy

Yes

No

Is injured person's current medication a contraindication for PEP (see p30 for guidance)

Yes

No

**If YES to any of the above, seek immediate expert help (eg. GUM Consultant)**

Has serum sample been taken from injured person?

Yes

No

### Step 3

Consent form to receive PEP - signature (use Trust '**Consent Form 1**')

Yes

No

Injured person decided to accept PEP

Yes

No

Signature of Doctor

Date

 /  / 

Print name

### Step 4

PEP administered

Yes

No

Time

 :

**SECTION 6 : FOLLOW UP**

Please give a photocopy of this document to injured person and copy to GP, GUM, Occupational Health (if seen in A&E) as appropriate. Attach original to A&E card or put in O/E file.

If injured person is a healthcare worker (HCW), they must report to Occupational Health (if seen in A&E) at the earliest opportunity and complete an untoward incident form with their manager.

**FOR OCCUPATIONAL HEALTH USE ONLY**

HCW seen in Occupational Health ?

Yes

No

Date

 :  : 

Was source patient tested for HIV, Hep B and C ?

Yes

No

Date

 :  : 

Give details :

HCW informed of source patient's results ?

Yes

No

Recorded in computer?

Yes

No

Follow – up arranged ?

Yes

No

Six weeks

Three months

Twelve weeks

Six months

**Follow-up Results**

3/12 – Blood Test done : \_\_\_\_\_

Results : HIV –

Hepatitis B –

Hepatitis C –

6/12 – Blood Test done : \_\_\_\_\_

Results : HIV –

Hepatitis B –

Hepatitis C –