

Document Title: Needlestick IPC Procedure	18 of 23	Approval Date: 04 Sept 2019
Reference Number: UHB 019		Next Review Date: 04 Sept 2022
Version Number: 3		Date of Publication: 03 Dec 2019

## Appendix 2 Source patient risk assessment Form 2

You should contact the nurse or doctor managing the injured person PROMPTLY with an initial verbal report with results of risk assessment and when and to whom any lab test results will be notified. This form can be faxed to Emergency Unit or Occ Health using the safe haven procedure or injured worker could take it with them in a sealed envelope

*To be completed by practitioner performing source patient risk assessment*

Name of Injured Person \_\_\_\_\_ Place where injury happened \_\_\_\_\_

Consultant/ GP responsible for source patient \_\_\_\_\_ Date \_\_\_\_\_

Source patient reference.....

I have scrutinised the casenotes of the identified source patient	Yes/No
I have spoken to the medical team responsible for source patient	Yes/No
I have spoken to source patient and carried out risk assessment	Yes/No
<b>Outcome of Risk assessment</b>	
Has patient been diagnosed with a blood borne virus infection	Yes/No
Does patient have any possible syndrome suggesting acute HIV infection	Yes/No/Not known
Is patient HIGH RISK for BBV infection	Yes/No
Has Occupation Health or Emergency Unit been informed of risk status of source patient	Yes/No
<b>Source patient blood test</b>	
Has consent be sought and granted for blood to be taken and tested	Yes/No
Has blood been taken	Yes/No
When will result be available	
Has injured staff member been informed of source risk assessment and /or lab result	Yes/No

Document Title: Needlestick IPC Procedure	19 of 23	Approval Date: 04 Sept 2019
Reference Number: UHB 019		Next Review Date: 04 Sept 2022
Version Number: 3		Date of Publication: 03 Dec 2019

<b>Practitioner's</b> <b>name</b> _____ <b>Post</b> _____ <b>Page/contact no</b> _____	
--	--

**To be completed by doctor or nurse managing injured person**

Hepatitis B vaccine given	Yes/No	/
		/200
HBIG given	Yes/No	/
		/200
PEP for HIV started	Yes/No	/
		/200
Has follow up been arranged	Yes/No	/
		/200
<b>Name</b> _____ <b>Post</b> _____ <b>Page/contact no</b> _____		