Appendix 1

Liverpool University Hospitals NHS Foundation Trust

POST EXPOSURE RISK ASSESSMENT (PERA) - URGENT ACTION REQUIRED

FOR COMPLETION AND ACTION BY THE DOCTOR IN CHARGE OF PATIENTS CARE

(Section (3.0) (Inoculation Injuries and BBV Policy)

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 EXPOSURE EVENT / INOCULATION INJURY):

Name; …… Date of Birth: ……

Job title: …… Ward / Department…

Date of injury: …… Time of Injury ……..

Contact Telephone Number …….. (home, mobile or work)

Has a DATIX form been completed YES / NO (Must be completed within 24 hours)

PATIENT DETAILS (Donor):

Affix ID Label

Patient name: ……

Date of birth: ……

Hospital Number: ……

Ward / Department: ……

PERA Risk Assessment completed by …… ……
(Please Print Name)

Contact telephone number /Bleep: ……..

Ward Doctor responsible for the donor patient is: ……
(Please Print Name)

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**
HIV	☐	☐
Hepatitis B	☐	☐
Hepatitis C	☐	☐

3. I can confirm that the permission of the above patient (donor) 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 (donor) is unable to give *consent /*has refused permission for blood tests on ……..……...……(date)

4. Keep copy of test results in Medical Records? **Yes☐ No ☐** (Patient consent)

5. 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☐**

6. PERA Risk Assessment must be given to the employee who sustained the injury and a copy should be faxed to either: Occupational Health **Fax 3598** or AED (out of hours) **Fax 2822** on ……(date)

Further information relating to the PERA Risk Assessment process can be located in the Prevention and Management of Inoculation Injuries and BBV related Incidents and Events (Appendix 2)

APPENDIX 2

Protocol for PERA Risk Assessment of Donor Patient

A risk assessment of the donor patient should be undertaken by the clinician in charge of that patient or appropriate person other than the exposed worker to ascertain if he/she presents low or high risk from HIV, Hepatitis B or Hepatitis C. Initial risk assessment is required from information and clinical history currently held and should not be delayed whilst awaiting the outcome of any serological testing. The information should be relayed to Occupational Health as soon as possible.

The donor patient should then be approached by a member of the medical team caring for the patient, or the doctor who is on-call for that patient out of hours.

Informed consent must be obtained from the donor patient prior to blood being taken for HIV, Hepatitis B and Hepatitis C. **This is particularly relevant in view of the Human Tissue Act (in force from 1 October 2006) and in view of GMC guidance on Donor Patient Testing.** In the case of a child, consent should be sought from the person with parental responsibility. Experience from other centers shows that refusal is rare.

The clinician in charge of the patient is responsible for ensuring the donor patient receives the result of the tests.

The injured healthcare worker **must not** approach the donor patient for consent.

WHAT TO DO

Assess the donor patient for risk of having HIV or other blood borne viruses to determine the risk status. This assessment should be based on Department of Health guidelines, which ask whether:

- Is there a positive HIV, HBV or HCV result in the medical record?
- Does the patient suffer from an illness suggestive of underlying HIV, HBV or HCV disease?
- Does the patient come from sub-Saharan Africa?
- Does the patient have a history of intravenous drug use?
- Is the patient a homosexual or bi-sexual man?
- Has the patient had unprotected sexual contact with a person who is HIV positive?

If the donor is unconscious, consent should be obtained when full consciousness is regained. Stored blood must not be tested without informed consent.

In line with the **Human Tissue Act 2004**, testing of stored patient samples for a serious communicable disease must be demonstrated to be in the best interests of the patient. Therefore current GMC guidance advises doctors to consult with their medical defense organisation for specific advice prior to testing.

If appropriate the staff member may be offered prophylactic treatment by Occupational Health (or AED out of hours) based on a review of the risk assessment.

Explain to the patient what has happened, while maintaining the staff member's confidentiality.

Explain that it is Trust protocol to test all patients involved in exposure incidents for HIV, HBV and HCV. Explain the reason for this i.e. emergency treatment is available for the staff member and it may need to be given immediately.

Discuss the practical implications of the test and its result (positive or negative) e.g. sexual relationships, work situations, medical follow up and life insurance.

Tell the patient that they have the right to refuse a blood test.

Inform the patient that the result is confidential and should be available within 24 – 48 hours.

Ask the patient if they want the result in their medical notes; if not this should be recorded.

With the patient's agreement take a clotted sample and clearly label the sample with the patient's first name, last name, date of birth and hospital number.

Complete the microbiology request form and state on it: ***Inoculation Injury – Donor Patient*** indicating if High, Medium or Low risk as per outcome of risk assessment. The sample should be sent to the Clinical Microbiology Service at the earliest opportunity.

Consider organising a possible follow up test after the window period if high risk behaviour has occurred within the preceding 3 months.