**Appendix D NEEDLESTICK INJURY RISK ASSESSMENT** – incident detail / source patient details

(Consider communication needs of the patient and access appropriate support as required) (UPDATED NOVEMBER 2021)

For staff please email to Newcastle.ohs@nhs.net and complete DATIX

For patients please email to GP or treating consultant and complete DATIX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recipient of Injury**  | Forename |  | EMAIL |  |
| Surname |  | Mobile number |  |
| D.O.B |  | Work number |  |
| Place of Work |  |
| **Risk assessment completed by**  | Forename |  | EMAIL |  |
| Surname |  | Mobile number |  |
| Date and time of assessment |  | Work number |  |
| Place of work |  |
| **Source Details**  | Forename |  | Hospital sticker  |
| Surname |  |
| DOB |  |
| Hospital number |  |
| **Questions for the source patient:** | **Yes** | **No** |
| 1) Is this source known to be HIV positive? |  |  |
| 2) Is this source known to be Hepatitis B s Antigen positive? |  |  |
| 3) Is this source known to be Hepatitis C Antibody and/or hepatitis C RNA positive? |  |  |
| 4) Is there a history of recreational drug injection? |  |  |
| 5) Has this individual received plasma products prior to 1985 (in the UK)? |  |  |
| 6) Has this individual received a blood transfusion prior to 1992 (in the UK)? |  |  |
| 7) Has this individual received treatment- major trauma or surgery in an area where BBVs are endemic? |  |  |
| 8) Does this individual have a disorder which requires transfusions of blood or blood products? |  |  |

IMPORTANT: All sources of needlestick injuries must be consented and tested for HIV antibody, Hepatitis B surface antigen and Hepatitis C antibody. If there is a high index of suspicion for Blood Bourne Viruses (BBV) infection Yes to any questions 1-4 is high index of suspicion, Yes to 5-8 requires discussion. Contact OH to discuss if within OH normal working hours, Mon-Fri 0800-1700 newcastle.ohs@nhs.net). If out of hours contact switchboard and ask for ID on-call consultant for advice about commencing PEP.