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

(Consider communication needs of the patient and access appropriate support as required) (UPDATED MAY 2025 - colour changed of table below)

For NUTH staff, email to nuth.newcastle.ohs@nhs.net and complete InPhase
For students/contractors onsite, contact their own external Occupational Health Service and complete InPhase

For patients, contact to GP or treating consultant and complete InPhase

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Recipient of Injury	Forename		EMAIL			
	Surname		Mobile number			
	D.O.B		Work number			
	Place of Work		VVOIR Humber			
	I ladd of Work					
Risk assessment completed by	Forename		EMAIL			
	Surname		Mobile number			
	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 nuth.newcastle.ohs@nhs.net). If out of hours