

**CONFIDENTIAL**  
**For use following needlestick or similar injury**

Name of injured person: \_\_\_\_\_ Location where injury took place: \_\_\_\_\_

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

The Occupational Health or Emergency Department responsible for managing the injured person should be contacted **promptly** with an initial verbal report of the source patient risk assessment and details of when the results of the source patient blood tests will be available. Part B of the source patient assessment tool should be completed and forwarded to the Occupational Health or Emergency Department as appropriate. This can be done by fax or by giving the form to the injured worker **in a sealed envelope** to take with them. Time is of the essence (PEP should ideally be started within one hour) and so referral of the injured person to the Occupational Health or Emergency Department should not be unduly delayed by waiting for completion of the source patient assessment.

**SECTION 1: To be completed by the practitioner carrying out the source patient assessment**

I have scrutinised the case notes of the identified source of the exposure Yes  No

I have spoken to the medical team responsible for the source patient Yes  No

I have spoken to the source patient and carried out a risk assessment Yes  No

If **no approach** has been made to the source patient please state reason(s) why this has not been done:

.....

**Outcome of risk assessment:**

Has the source patient been diagnosed with a blood borne virus infection? Yes  No

*(If yes, further information can be obtained by contacting the practitioner who carried out the source patient assessment).*

Following discussion with the source patient's medical team, does the patient have any possible syndrome related to HIV (could they have a new infection or acute infection)? Yes  No

Following the source patient risk assessment, is the patient HIGH RISK for blood borne virus infections? Yes  No

*(If yes, further information can be obtained by contacting the practitioner who carried out the source patient assessment).*

Has Occupational Health or Emergency Dept. been informed of the risk status of the source? Yes  No

**Source patient blood test:**

Has consent been sought and granted for source blood to be tested? Yes  No

Has the test been taken? Yes  No

When will the result be available? .....

**Practitioner's name** ..... **Post** ..... **Page/ contact number** .....

**SECTION 2: To be completed by doctor or nurse managing the injured person**

Hep B vaccination given? Yes  No  Date .....

HBIG given? Yes  No  Date .....

PEP commenced? Yes  No  Date .....

Has follow up been arranged? Yes  No  Details .....

**Name** ..... **Post** ..... **Page / contact number** .....

Completed form should be filed in injured health care worker's Occupational Health Record. Patients managed in Emergency Department should be given form to take to follow-up appointment at Occupational Health or ID clinic.