CONFIDENTIAL

For use following needlestick or similar injury

The source patient risk assessment should be carried out by an experienced health care professional. Guidance to approaching the source patient for risk assessment and permission to test for HIV, HBV and HCV can be found in section 2 of the NHSGGC guideline 'Management of occupational and non-occupational exposures to bloodborne viruses'.

Blood borne virus status of source patient:			
Question 1: Is the source patient known to have HIV?		Yes	No 🗌
Question 2: Is the source patient known to have Hepatitis B?		Yes 🗌	No 🗌
Question 3: Is the source patient known to have Hepatitis C?		Yes 🗌	No 🗌
Risk status of source patient:			
The source patient should be asked the following questions:			
Question 4:	For men – Have you ever had sex with a man?	Yes 🗌	No 🗌
Question 5:	For women – Have you ever had sex with a man who has had sex with a man?	Yes 🗌	No 🗌
Question 6:	Have you ever paid for or sold sex?	Yes 🗌	No 🗌
Question 7:	Have you ever had sex with someone from a country outside of Western Europe, Australia, New Zealand, Canada or the USA?	Yes 🗌	No 🗌
Question 8:	Have you ever had a blood transfusion in a country outside of Western Europe, Australia, New Zealand, Canada or the USA?	Yes 🗌	No 🗌
Question 9:	Have you ever injected any kind of drugs?	Yes 🗌	No 🗌
Question 10:	Have you ever had sex with anyone who has injected drugs?	Yes 🗌	No 🗌
If the source patient answers 'ves' to any of the questions 4 to 10, then they should be			

If the source patient answers 'yes' to any of the questions 4 to 10, then they should be considered HIGH RISK for bloodborne virus infection.

On completion of the risk assessment:

- Document the outcome of the assessment on Part B of the source patient assessment tool.
- Forward Part B to the Emergency Department or Occupational Health department responsible for managing the injured person. This can be done either by fax or by giving the form to the injured worker in a sealed envelope to take to the Emergency Department or Occupational Health.
- Record in source patient's case notes that assessment has been carried out. Do **not** record the outcome of the assessment in the patient's case notes.
- Record your name, grade and contact details in source patient's case notes.
- Destroy Part A of the source patient assessment tool (this page).