

Appendix 2**ESSEX PARTNERSHIP NHS FOUNDATION TRUST****SHARPS INJURY and CONTAMINATION INCIDENT SOURCE PATIENT PROFORMA****INFORMATION TO BE OBTAINED ABOUT THE INJURY AND THE SOURCE**

In order to assess the risks of infection following a sharps injury, information about the source patient, the nature of the injury and the recipient's health and immunity is necessary. The best practice is to commence anti HIV therapy within the hour where there is a significant risk of HIV infection. In order to facilitate an urgent but structured risk assessment, this form must be used.

This should be completed by the **MANAGER** or most senior member of staff on duty in the ward/department at the time of the incident by reference to the patient's case notes and *in consultation with the doctor* and source patient, and given to the injured/exposed employee (*in a sealed envelope*) to be taken with him/her to Accident & Emergency / Occupational Health for assessment/treatment.

The intention is to record what is already known about the source patient. Asking sensitive questions about the sexual history would be inappropriate and may make any subsequent request for serological testing more difficult.

Recipient's name		DOB	Position		Tel(H):
					Tel(w):
Date of Incident			Time		
Date Incident Reported			Time		
Time seen and date, if different from above		Accident Centre		Occupational Health	
Incident Location i.e. Ward/Dept					
Procedure involved at time of exposure					
Type of device used					
Was the device contaminated?		Contaminated	Uncontaminated	Unknown	
Mechanism of exposure		Splash		Percutaneous Injury	
Depth of Injury - did the injury bleed?		YES / NO (Circle)			
Which part of Recipient's body was exposed/injured (please specify)					

WHEN DID IT OCCUR?		During/After disposal	
Procedure Preparation		Not Known	
During Procedure		Other – please specify	
After Procedure – Before Disposal			

WEARING OF PPE (Personal Protective Equipment)	<u>YES</u>	<u>NO</u>
Gloves		
Goggles		
Other (Specify)		

FIRST AID	YES	NO
<i>By Self or other</i>		
<i>Bleeding encouraged</i>		
<i>Site Washed/Irrigated and dressed</i>		
<i>Reported to Duty Manager (Senior Staff member)</i>		
<i>Incident Form: Completed</i>		
<i>Advised</i>		

SOURCE PATIENT'S Ward/Department	
Current health problem/reason for a admission	

Is the source patient currently being investigated for an immunosuppressed condition? **YES / NO**

If YES, What? _____

Is the Patient known or suspected to have Creutzfeldt - Jakob disease? **YES / NO**

SOURCE PATIENT	KNOWN POSITIVE	NEGATIVE - PLEASE INCLUDE DATE OF LAST TEST	UNKNOWN
Hepatitis B Surface Antigen			
HIV			
Hepatitis C			

Please tick any of these high risk factors, if known, which apply to the source patient	
1. Nationality - from a country with a high incidence of HIV i.e. Sub-Saharan African, Asian, Caribbean	✓
2. History of sexual partners from a country as above	
3. Known IV Drug User or partner of IV drug user.	
4. Men who have sex with men.	
5. Received blood products/transfusion before 1991	
6. Sex Worker	

PLEASE CONTACT OCC. HEALTH OR A+E TO INFORM THEM THAT THIS EMPLOYEE IS EN ROUTE

NAME OF PERSON COMPLETING THIS FORM _____

WARD/DEPARTMENT _____ **EXT** _____

SIGNATURE _____ **DATE** _____