

## OBTAINING INFORMED CONSENT FROM THE SOURCE PATIENT

**NOTE: This should not be undertaken by the injured healthcare worker (HCW)**

**INFORM SOURCE PATIENT OF  
NEEDLESTICK/ CONTAMINATION  
INJURY TO HCW**

### RISK ASSESS SOURCE PATIENT FOR BLOOD-BORNE VIRUSES (BBV)

High risk categories:

- Known to be positive for a BBV (HIV/ HBV/ HCV),
- East Asian origin – increased risk HBV
- Sub-Saharan African origin, Men who have sex with men, IV drug user, partner of IV drug user, partner of a person who is positive for a BBV – increased risk HIV/HCV.

### DISCUSS POSITIVE FACTORS FOR BEING TESTED

- Reduced of transmission of HIV if Post Exposure Prophylaxis (PEP) treatment is given promptly to the HCW.
- If source patient's result is HIV negative, there is reduced anxiety for the HCW and no need for repeated testing.
- If the source patient is found to be positive for HIV, HBV or HCV, these viruses now respond well to treatment thus benefits their health.
- Offer the '**Testing for Blood Borne Viruses**' patient information leaflet.

### COMMUNICATION OF RESULTS

- Confirm with the source patient's clinical team that they will inform the source patient of their blood test results, even if negative.
- Advise the source patient that the results may be shared with the Occupational Health Service/ Infectious Diseases Specialists to allow the correct treatment of the HCW.

### CONFIRM THAT THE SOURCE PATIENT GIVES INFORMED CONSENT TO BBV TESTING

- Document conversation, source patient's consent and that blood taken, in their notes.

## BLOOD SAMPLE REQUIREMENTS

CONSENT STATUS	
<b>Consent provided:</b>	<ul style="list-style-type: none"> <li>Take 4.5ml blood in serum gel (brown capped) sample tube.</li> <li>Source patient testing panel: <b>HIV antigen/ antibody, HBV surface antigen/ core antibody, HCV antigen/ HCV antibody.</b></li> <li>Indicate in clinical details: <b>'Urgent: Exposure incident- Source patient'.</b> <b>Indicate high risk factors as per point 3 above.</b></li> <li>The request should give all the patient and requestor details</li> <li>Offer <b>'Testing for Blood Borne Viruses'</b> information leaflet</li> </ul>
<b>Consent not provided:</b>	<ul style="list-style-type: none"> <li>If consent for testing is withheld or cannot be obtained from the source patient, then <b>testing cannot occur.</b> Offer <b>'Testing for Blood Borne Viruses'</b> information leaflet to source patient.</li> </ul>
<b>INCAPACITATED</b>	<ul style="list-style-type: none"> <li>If the source patient is unconscious, then consent cannot be obtained; do <b>NOT</b> carry out testing.</li> <li>If the source patient has known risk factors placing in 'HIGH RISK' category for blood borne viruses- <b>TREAT AS HIGH RISK AND CONSIDER IF PEP REQUIRED.</b> Otherwise treat as low risk.</li> </ul>

### URGENT BLOOD BORNE VIRUS TESTING IN NHS LOTHIAN

- This is almost never required. In most cases where the risk is considered to be high the HCW can be started on HIV PEP and source status confirmed by non- urgent testing.
- For HBV, the only indication for urgent testing is an unvaccinated HCW, where identifying the source as HBV+ would prompt the administration of HBIG.
- In extenuating circumstances, urgent source testing can be performed by RIE Virology (results available within 2 hours of arriving at the lab).
- Urgent testing procedure: Make a verbal request to Virology via RIE switchboard, 0131 536 1000 – either to the Duty Virologist (0900-1700 Mon-Fri) or the Biomedical Scientist on-call out with these times.

Take 4.5 ml serum gel (brown cap) blood sample tube.

Send as follows either via TRAK or paper form:

- All patient and requestor details (including contact details)
- Mark/state 'Urgent: Exposure incident - Source patient'.

