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

(Consider communication needs of the patient and access appropriate support as required) (UPDATED AUGUST 2024)

For staff please email to [nuth.newcastle.ohs@nhs.net](mailto:nuth.newcastle.ohs@nhs.net) and complete DATIX

For patients please email to GP or treating consultant and complete DATIX

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Recipient of Injury** | Forename |  | EMAIL |  | | | |
| Surname |  | Mobile number |  | | | |
| D.O.B |  | Work number |  | | | |
| Place 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 Borne 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](mailto:nuth.newcastle.ohs@nhs.net)). If out of hours contact switchboard and ask for ID on-call consultant for advice about commencing PEP.