Trust Standing Operating Procedure

University Hospitals Plymouth NHS Trust

Management of Contamination Incidents Standard Operating Procedure

Issue Date	Review Date	Version
June 2020	June 2025	4.2

Purpose

This Standing Operating Procedure (SOP) sets out the procedures to be followed in the event of a Contamination Incident.

Who should read this document?

This procedure document is applicable to all UHPNT employees and those working on behalf of UHPNT; to include Ministry of Defence (MOD) personnel, contractors; those employed on a fixed term contract or honorary contract, agency or locum staff, volunteers and students affiliated to educational establishments.

Key Messages

This SOP aims to:

Ensure that individuals who are the recipients of a contamination injury receive effective and appropriate care.

Core accountabilities

Owner	Consultant Occupational Physician
Review	Contamination Safety Committee
Ratification	Chief Nurse
Dissemination (Raising Awareness)	All UHPNT Staff
Compliance	Contamination Safety Committee

Links to other policies and procedures

Adverse Event Policy / Incident Management SOP
First Aid at Work Policy
Health and Safety Policy
Policy for management of Sharps in Operating Theatres and Procedural Rooms
Prevention of Contamination Incidents SOP
Supporting Staff Policy
The Introduction and Management of Safer Sharps Instruments Policy

Version History

1	May 2012	Creation of SOP (from previous Control of Transmission of Blood Borne Virus Policy).
2	September 2012	Minor Amendments to page 1 on the advice of NHSLA Advisor, Julie Morgan.
3	February 2014	Amendments to Appendices A, B and C. New HIV PEP. Change of Department title with associated amendments to text.

4	June 2020	Major change to process. Switch from 'trained competent person' to senior staff member. Introduction of Contamination Incident Assessment Form. Ratifying Body changed to Health and Safety Committee.
4.1	November 2020	Amendment to Appendix C. Table 6 updated.
4.2	July 2021	Minor amendment

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

University Hospitals Plymouth NHS Trust

Standard Operating Procedure (SOP)

Management of Contamination Incidents

1 Introduction

The Trust has a duty of care to ensure that anyone who is in receipt of a contamination incident is adequately and efficiently assessed and cared for; and that the risk from contamination incidents is reduced to as low as reasonably practicable.

This SOP covers all employees or persons working on behalf of the Trust; to include Ministry of Defence (MOD) personnel, contractors; those employed on a fixed term contract, honorary contract, agency or locum staff and students affiliated to educational establishments and volunteers.

The SOP describes the process by which a contamination incident is assessed, the steps needed to ensure that appropriate care is provided to the recipient and also that appropriate information is collected to allow the Trust to further reduce the risk from contamination incidents.

2 Definitions

2.1. **Blood borne viruses (BBV)** – are viruses which can cause long-term infection, and which may be transmitted from a source patient to a recipient in a contamination incident. They include Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)

2.2. **Body fluids** – when considered within the definition of a contamination incident include:

- Blood
- Cerebrospinal fluid (CSF)
- Peritoneal fluid
- Pleural fluid
- Pericardial fluid
- Synovial fluid
- Amniotic fluid
- Breast milk
- Unfixed tissues and organs
- Semen / vaginal secretions
- Exudate from burns or skin lesions
- Any other visibly blood-stained bodily fluid
- Saliva in association with oral/dental procedures

2.3. **Contamination injury or incident** - occurs when one person is exposed to the blood or defined bodily fluid of another person (see above). This definition includes:

- penetrating injuries from a sharp object contaminated with blood/bodily fluid
- contamination of broken skin surface (e.g. cuts, grazes) with blood or bodily fluid
- splashes into the mouth or eyes of blood/bodily fluid

2.4. **DATIX -** is the Incident Reporting System used by the Trust.

2.5. **Exposure Prone Procedures (EPPs) -** are invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (eg spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

Such procedures occur mainly in surgery, obstetrics and gynaecology, dentistry and some aspects of midwifery.

2.6. **OHWB** – Occupational Health and Wellbeing Department

2.7. **Post-Exposure Prophylaxis (PEP)** – is medication or treatment given to a person after exposure to a virus which aims to reduce the risk of this person becoming infected with the virus

2.8. **Recipient -** is the person who has been contaminated

2.9. **Responsible Clinical Team** – This is the clinical team responsible for the medical care of the source patient. In case of a contamination incident, this should be a doctor looking after the patient at the time of the incident or, if appropriate, the senior nurse involved in the patient's care.

2.10. **Senior Staff Member** – This would usually be the manager of the area, or the nurse in charge if in a clinical area, to whom a contamination incident should first be reported. If no senior staff member is available in the area, then the duty senior nurse can be called on Bleep 0355.

2.11. **SHiP** – 'Sexual Health in Plymouth' – Genitourinary Medicine department based at Derriford Hospital

3 Regulatory Background

The Health and Safety at Work etc. Act 1974 states that an employer must make provision for securing the health, safety and welfare of persons at work and for protecting others against risks to health or safety in connection with the activities of persons at work. It also requires employees to take reasonable care for the health and safety of themselves and others and to co-operate with the employer in complying with the Act.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) represents the main piece of legislation covering control of the risks to employees and other people arising from exposure to harmful substances generated out of or in connection with any work activity under the employer's control.

The Health and Social Care Act 2008 provides a Code of Practice and related guidance for health and adult social care on the prevention and control of infections.

4 Key Duties

The Chief Nurse:

Seeking assurance that the preventative measures are adhered to in accordance with the SOP.

The Director of Corporate Business has responsibility for:

Source - is the person whose blood or body fluid has been transferred, or the item that is the origin of the contamination

- Seeking assurance that incidents are managed in accordance with the SOP

The Health and Safety Committee has responsibility for:

- Ensuring that appropriate procedures are in place to maintain and improve staff health, safety & welfare.
- Communicating key messages and concerns to the Human Resources and Organisational Development Committee in accordance with its terms of reference.
- Receiving reports from the Contamination Safety Group to gain assurance that Contamination Safety is being effectively managed within the Trust.

The Contamination Safety Group has a responsibility for

- Developing policy on the prevention and management of contamination incidents within the Trust.
- Reviewing data on contamination incidents within the Trust to:
    - Identify trends
    - Identify lessons that can be learnt from individual incidents and ensure that learning is shared Trust-wide
- Promoting contamination safety messages and sharing key learning
- Reporting to the Health & Safety committee following each meeting.

The Health and Safety Team have a responsibility for:

- Supporting managers in the reporting and follow up of Contamination Incidents
- Overseeing provision of summary data and trends to the Contamination Safety Group.
- Advising the Contamination Safety Group on issues relating to Health & Safety
- Assisting in the provision of training for staff in the management of contamination incidents.
- Informing the HSE of contamination incidents which fulfil the RIDDOR criteria.

Managers / Department Heads (ward manager, matron, service manager, head of service, on-call manager) have a responsibility for:

- Ensuring that this policy is implemented in all cases of contamination incident
- Ensuring, as far as is reasonably practicable, that there are safe systems of working within their own area, including suitable equipment, training, audit and staff immunisation.
- Undertaking a risk analysis of every contamination incident to identify if additional action may be required
- Ensuring that DATIX reporting is completed; root cause analysis investigation is undertaken; and an action plan is developed to share learning points as per the Trust Incident Management Policy .
- Facilitating an individual's access to the OHWB and staff counselling service following an incident, as required.
- Ensuring that all staff have access to and are familiar with their responsibilities under this SOP at all times.

All Employees have a responsibility for:

- Ensuring they are familiar and comply with this SOP and associated policies/guidance.
- Reporting any contamination injuries, near misses or unsafe systems of work that could potentially endanger themselves, colleagues or patients

The Occupational Health & Wellbeing Department (OHWB) has responsibility for:

- Providing advice regarding the medical management of recipients following any contamination injury
- Instigating appropriate follow up and health surveillance of the recipient, including onward referral to specialist teams if appropriate (SHiP and Hepatology) and review of fitness for work if required
- Providing advice to managers about an employee's fitness for work
- Supporting staff who are involved in or affected by a contamination incident
- Informing the Health and Safety team of any RIDDOR reportable incidents
- Reporting incidents to PHE as required.
- Recording contamination incidents with respect to recipient outcome.
- Reviewing and updating this SOP in line with national guidance.

The Emergency Department (ED) has responsibility for:

- Assessment and initial medical management (including post-exposure prophylaxis) of members of staff referred to them following a contamination incident.
- Referring, where appropriate, to SHiP for ongoing medical management, with appropriate risk assessment documentation
- Advising OHWB of all cases involving Trust employees or persons working on behalf of the Trust

SHiP (Sexual Health in Plymouth) has responsibility for:

- Providing expert advice, where appropriate, on the clinical management of members of staff following a contamination incident.
- Following up those high risk contamination injuries that require PEP, after referral from ED
- Advising OHWB of all cases involving Trust employees or persons working on behalf of the Trust, with appropriate consent.

The Infection Prevention & Control Microbiologist has a responsibility for:

- Providing expert advice where appropriate on the clinical management when not covered by this SOP.
- Informing the Occupational Health & Wellbeing Department of positive test results from the Source.

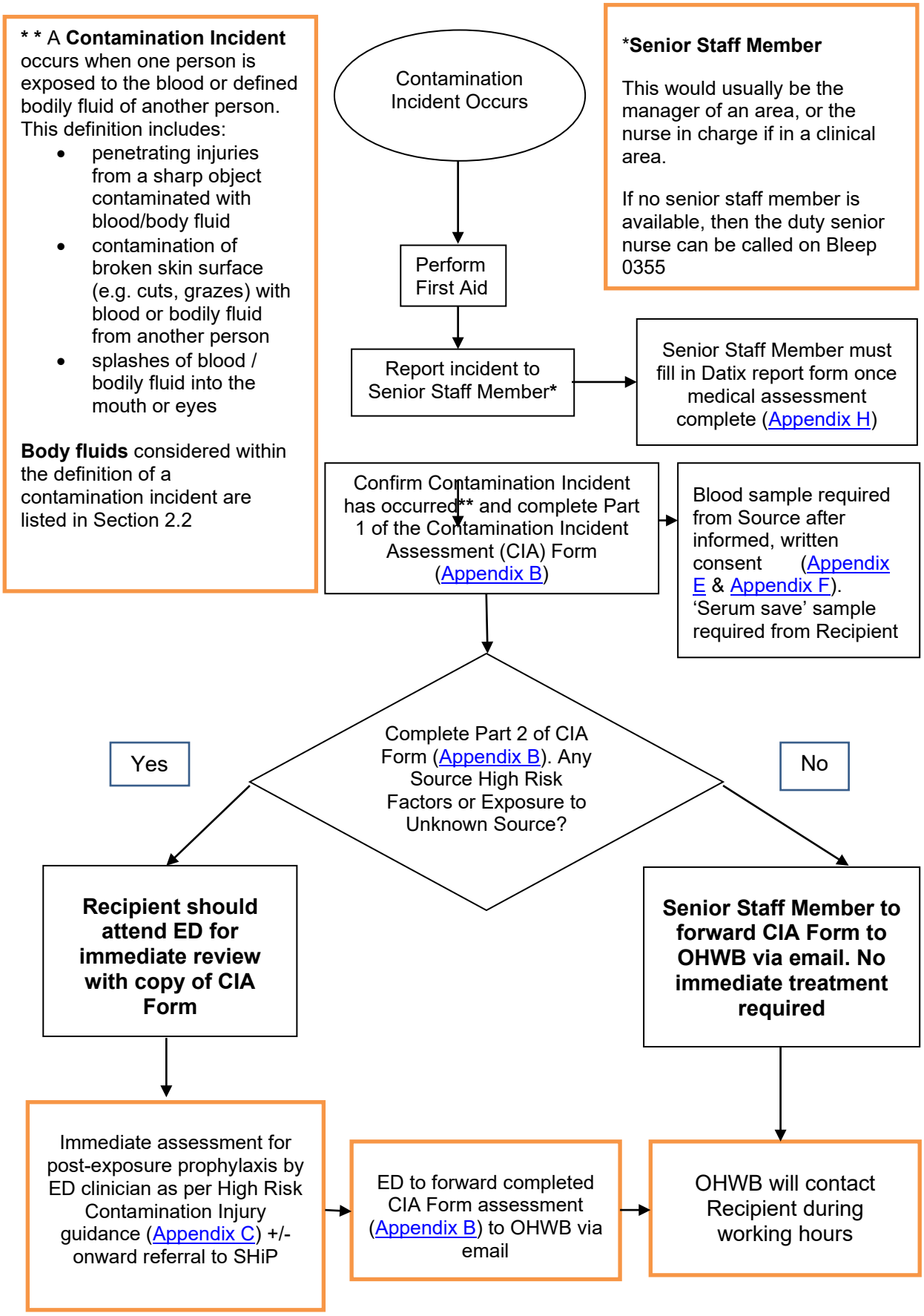
The Source Patient's clinical team has a responsibility for:

- Undertaking the steps described in this SOP necessary to support the risk-assessment and clinical management of the recipient.
- Following up on the source patient blood test results, informing the source patient of their results, and initiating clinical management / specialist referral if appropriate.

5 Procedure to Follow

5.1 Contamination Incident Summary Flowchart

This flowchart is intended as a summary only and aims to compliment the more comprehensive guidance within the following sections of the policy.



5.2 Contamination Incident Response Procedure

In the event of a Contamination Incident occurring, the following explains the sequence of events that should take place in order to ensure you are cared for appropriately and effectively. A concise poster of the management process is shown in **Appendix A**.

5.3 Immediate Actions

- **Perform First Aid**
  - Cuts and puncture wounds should be washed immediately with soap and water. Free bleeding of puncture wounds should be encouraged gently
  - Eyes and other exposed mucous membranes should be irrigated with water.
- **Inform Senior Staff Member.** This would usually be the manager of the area; or the nurse in charge if in a clinical area. If no senior staff member is available, then the duty Senior Nurse can be called on Bleep 0355.

5.4 Initial Actions by Senior Staff Member

- Confirm that the incident reported meets the definition of a Contamination Incident (Definition Section 2).
- If *not* a Contamination Incident then consider whether Datix reporting is still required as a "near miss".
  - No further medical treatment or follow up would be required in this situation and the staff member can be reassured and return to work.
- Complete Part 1 of the Contamination Incident Assessment (CIA) Form (*Word document* - Appendix B) for all Contamination Incidents. This will determine the course of action required.
- Complete a Datix Incident report form once the clinical management of the source patient and recipient is underway, giving as much information as possible.
  - Note that the Datix report relates to the *potential* outcome rather than the *actual* outcome of the incident. Hence, although one particular incident may not be assessed as clinically High Risk for BBV transmission - the outcome of the event may have the potential to be more serious. Therefore, risk assessment and investigation is required. An example would be the finding of a discarded needle in a clinical waste bin with no skin penetration on this occasion i.e. a near-miss scenario.
  - Appendix H offers additional guidance for Datix completion

5.5 Management of the Source Patient

- The clinical team responsible for the source patient should be contacted as a priority to inform the source patient of the incident and complete part 2 of the Contamination Incident Assessment (CIA) Form (Appendix B). This should be a doctor from the team looking after the source patient or, if appropriate, a senior nurse involved in the patients' care.
- Informed, written consent is required from the source patient after pre-test discussions (Appendices E and F) in order that blood can be collected for testing for blood borne viruses; this should occur in all cases of Contamination Injury
- If the source patient is unable to give consent because of mental illness, unconsciousness or any other disability, advice should be sought from their consultant or responsible clinical team. . Further guidance can be found in Appendix F.
- If source patient testing is deemed inappropriate or not possible, then a risk assessment based on available information by the clinical team can be used to guide decisions on prophylaxis and follow up. This should be recorded on the CIA Form.
- The consent form and documentation of the incident should be recorded in the source patient's medical records. This is particularly important when there is a possibility of bleeding from the injured healthcare worker into the patient's tissues (reverse contamination incident) when the source patient will also be a potential recipient. See section 5.12.

- Once consent is gained, a 10ml clotted sample (yellow tube) of blood should be collected from the source patient by the clinical team in charge of their care. The microbiology lab needs to be phoned and made aware that the sample is coming for urgent (same day) testing of HIV, Hepatitis B, Hepatitis C and other infections as appropriate. An example form is shown in Appendix G. If ordering electronically search for the test under "needlestick (donor)"
- If the source patient has already been discharged then the clinical team in charge of their care should review the case and liaise with the GP for testing of blood borne infections, if appropriate.
- The clinical team taking the source patient blood test are responsible for informing the patient of the test results and, if required, arranging further advice or treatment via an appropriate specialist. OHWB will be responsible for follow up of the source patient results solely for the purposes of ongoing management of the Recipient.

5.6 Initial Management of the Recipient

- Once risk assessment of the source patient is complete (Part 2, Appendix B), the recipient should be advised of the outcome.
- In all cases, blood needs to be taken from the recipient for 'serum save' – this is a 10 ml yellow top sample of blood which is required for storage and kept for a minimum of 2 years. This should be sent to Microbiology within 48 hours of the incident. If ordering electronically search for "needlestick (recipient)"
- The clinical team in the area of the contamination incident should take the recipient 'serum save' blood test. If this is not possible, for example if the incident occurs in a non-clinical area, then the recipient blood sample may be taken in the Emergency Department.
- **If no 'high risk source factors'** are identified on the source patient risk assessment, then the completed CIA Form should be sent to OHWB by email. OHWB will then follow up with the recipient in working hours. There is no requirement for further urgent treatment at this stage.
- The decision on referral to ED should not be deferred unnecessarily if there is delay in obtaining information on the source risk factors. The decision on PEP should be made as soon as possible and it can subsequently be stopped if investigations reveal the incident to be lower risk than initially assessed.
- **If any 'high risk source factors'** are identified on the source patient risk assessment (or there has been exposure to an unknown source) then the recipient should seek immediate review by attending the Emergency Department (ED). It is essential that the Recipient is given a copy of the completed CIA Form (Appendix B) to take to ED.
- If the exposure is from an unknown source then further guidance can be found in Appendix B, Part 2.

5.7 Management of the Recipient in ED

- Recipient to be triaged as P2 (Priority 2 – to be seen within 20 minutes).
- The decision to give HIV Post Exposure Prophylaxis (PEP) should be made as soon as possible. Decisions on Hepatitis B virus (HBV) PEP are less urgent.
- If high risk donor factors have been identified in the source patient risk assessment then the High Risk Contamination Injury Guidance should be followed (Appendix C) by the treating ED clinician.
- If the exposure is from an unknown source then further guidance can be found in Appendix B, section 2.
- If PEP for HIV is prescribed by the treating ED clinician, the recipient should then be referred to SHiP and a copy of the completed Contamination Incident Assessment (CIA) Form should be forwarded to SHiP ***and*** Occupational Health for ongoing management.

5.8 Ongoing Management of the Recipient

- SHiP will follow up the clinical management of Trust employees requiring PEP (or those working on behalf of UHPNT) and will advise OHWB of any Trust employees seen in relation to a Contamination Incident, with appropriate consent. (Appendix G).

- OHWB will refer any patients to SHiP if they have missed the initial assessment for PEP or if they should subsequently test positive for HIV.
- OHWB will be responsible for employment advice to recipients under the care of SHiP and will also carry out any BBV screening of the recipient which extends beyond normal SHiP protocols.
- If PEP is required and the employee is unable to attend work due to side effects, this will be given as Special Leave and not attributed to Sick Leave
- Occupational Health will offer to provide counselling for any staff that have had a contamination injury.

5.9 Employment of Recipients after Contamination Incidents

- Under normal circumstances employees, including EPP workers, can continue working normally after a contamination incident. If the employee develops any symptoms of BBV infection they should discuss with OHWB immediately. In this case, or if follow-up indicates that infection has occurred, OHWB will advise on fitness for work as well as any additional clinical follow-up required.
- EPP workers who do not attend for follow up testing may lose their EPP clearance until testing has been completed. This may have an impact on their work.
- BBV Infection in an EPP worker does not automatically result in permanent loss of EPP status although temporary adjustments and ongoing screening may be required.

5.10 Infection of an Employee as a Result of a Contamination Incident

- Infection may entitle employees to claim compensation under the NHS Injury Benefit Scheme.
- Infection of the employee may result in the healthcare worker not being able to undertake their contractual role. The Trust will make every effort to facilitate job modification, re-deployment or retraining in line with their obligations to any employee whose health is affected by work.
- The clinical care of any employee infected with a BBV as a result of a contamination injury will remain with their General Practitioner / SHiP although the Occupational Health Physician will advise on fitness for work issues. OHWB will follow up any staff as appropriate.

5.11 Reporting of Contamination Incidents to External Bodies

- A contamination injury where the source patient is positive for Group 3 or 4 infections, as defined by the Advisory Committee on Dangerous Pathogens, is reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. This includes all the BBVs as defined above.
- If there is subsequent infection in the healthcare worker, it is reportable as an Occupational Disease under the RIDDOR 2013. OHWB will liaise with the Health and Safety Team to report to the Health and Safety Executive (HSE) under RIDDOR.
- OHWB will advise the Health & Safety Team when such reporting is required.
- There is also a requirement to report contamination incidents from a source known, or subsequently found to be, infected with a BBV and all incidents where PEP for HIV has been commenced (whatever the HIV status of the source) to Public Health England. OHWB will undertake this reporting.

5.12 If the Recipient is a Patient: 'Reverse Contamination Incident'

- The clinical procedure should be stopped as soon as reasonably practicable and First Aid initiated.
- Report the incident to the Consultant responsible for the care of the patient/senior staff member who should liaise with a Consultant in Microbiology and/or OHWB who will co-ordinate the immediate management of the incident and provide advice as required.
- The patient's clinical team will be responsible for obtaining blood for 'serum save' from their patient and for ongoing clinical care of the patient including referral as appropriate
- The Senior staff member should complete an incident form on DATIX and inform OHWB (working hours) who will be responsible for obtaining consent and the collection of blood

from the employee for BBV testing. Out of the hours the clinical team in charge of the patient or Emergency Department can assist.

5.13 Patient Notification

- If a member of staff is found to be positive for a BBV, particularly if they are an EPP worker, it may be necessary for the Trust to undertake a patient notification exercise.
- The decision to conduct this exercise will be based on a detailed risk assessment and will be managed on a case-by-case basis by the directorate manager and human resources officer with advice from the OH&WB consultant, SHiP, Infection Control Team and Public Health England as required.

5.14 Contamination Incidents where the Recipient is a Member of the Public

- If a visitor or member of the public is the recipient of a contamination incident whilst in the Trust then they should initially be treated as for a member of staff, with completion of the Contamination Incident Assessment Form (Appendix B).
- The visitor / member of staff should then be directed to ED in all cases.
- Follow-up after ED assessment will be exclusively through their GP and/or SHiP as appropriate.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health & Safety Committee and chairman of the Health and Safety Committee (currently the Director of Corporate Business)

Significant reviews and revisions to this document will include a consultation with the following named groups, or grades across the Trust:

- Infection Prevention and Control Team
- Infection Control Committee
- Occupational Health & Wellbeing Team
- Health & Safety Committee
- Contamination Safety Group

Non-significant amendments to this policy document may be made, under delegated authority from chairman of the Health and Safety Committee (currently the Director of Corporate Business), by the nominated author. These must be ratified by the Contamination Safety Group and the chairman of the Health and Safety Committee.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process. Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents

The document author will be responsible for agreeing the training requirements associated with the newly ratified document with the Medical Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered. This will include updating the Infection Control component of the electronic Mandatory Training and specifically addressing the training needs of senior staff members, who will be vital to successful management of Contamination Incidents within the Trust.

8 Monitoring and Assurance

As with any safety related incident, it is the department manager's responsibility to ensure that the incident is appropriately risk-assessed, investigated and reported through Datix. Line Managers will complete a modified root cause analysis (RCA) assessment with any staff member who is subject to a contamination incident as per the Trust Incident Management SOP. A modified RCA tool is embedded within the DATIX report and further guidance on completion can be found in Appendix H. Key learning points will be disseminated locally by the Line Manager and reported to the Contamination Safety Group for further action as appropriate. The Group will also monitor Datix reports, on a quarterly basis, and report to the Health & Safety Committee as appropriate.

OHWB will carry out periodic (at least annual) audit of the clinical and Occupational Health management of contamination incidents which will be reported to the Contamination Safety Group.

Mandatory training is concerned with minimising risk and ensuring the organisation meets external standards such as those laid down by The Health and Social Care Act 2008 and the NHS Litigation Authority.

9 Reference Material

- Public Health England: Health clearance and management of healthcare workers infected with hepatitis B, hepatitis C and HIV and surveillance of occupational exposures. Collection Page: https://www.gov.uk/government/collections/bloodborne-viruses-bbvs-in-healthcare-workers
- Department of Health 2008 HIV post exposure prophylaxis: Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/203139/HIV_post-exposure_prophylaxis.pdf
- EAGA guidance on HIV post-exposure prophylaxis: Change to recommended regimen for PEP. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/351633/Change_to_recommended_regimen_for_PEP_starter_pack_final.pdf
- HIV-infected healthcare workers: guidance and management, January 2014. Available at: https://www.gov.uk/government/publications/hiv-infected-healthcare-workers-and-exposure-prone-procedures
- Department of Health. Hepatitis B; chapter 18. In: Immunisation against infectious diseases. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628602/Greenbook_chapter__18.pdf
- Health and Safety Executive 2001 Blood borne viruses in the workplace: Guidance for employers and employees. Available at: http://www.hse.gov.uk/pubns/indg342.pdf
- Health and Safety Executive RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. https://www.hse.gov.uk/riddor/
- UK guideline for the use of HIV Post-Exposure Prophylaxis Following Sexual Exposure, 2015. Available at: https://www.bashh.org/documents/PEPSE%202015.pdf

- Public Health England: Eye of the Needle Report, Feb 2020. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863470/Eye_of_the_Needle_Report_-_February_2020.pdf

Poster	Appendix A

Appendix A - Contamination Incident Poster

Contamination Incident Assessment (CIA) Form	Appendix B

Appendix B - Contamination Incident Assessment (CIA)

ED Management of a High Risk Contamination Incident	Appendix C

Appendix C ED Management of a High Risk Contamination Incident

PEP Patient Information Leaflet	Appendix D

Appendix D - PEP Patient Information Leaflet

Consent and Confidentiality – Testing for BBV	Appendix E

Appendix E - Consent and Confidentiality – Testing for BBV

Consent Form for Source Patient Blood Testing	Appendix F

Appendix F - Consent Form for Source Patient Blood Testing

SHiP Referral Form for Occupational Health and Wellbeing (OHWB)	Appendix G

Appendix G - SHiP Referral Form for OHWB

Datix Severity Grading for Contamination Incidents	Appendix H

Appendix H - Datix Severity Grading for Contamination Incidents